cal safety, was more active physically, and was more social. The intervention helped her give up her internal preoccupation with and anxiety about her medical experiences. There are other factors besides therapy that contributed to her resumption of an apparently normal developmental trajectory. These included her relief that she was feeling better physically, her opportunity in the day care center to become a "regular kid" interacting with other kids, and her parents' ability to support her assertiveness and expressiveness.

Play therapy enabled Katy to represent in play her subjective account of cancer treatment. Her play presented a story of a young child who felt frightened, helpless, and rageful, was confused by the pain of treatment that was supposed to help, and viewed herself as a victim of sadism and perhaps as deserving punishment for being bad. This affectively rich play representation was very different from her self-presentation while hospitalized, when for the most part she was subdued, compliant, and cooperative. Out of necessity, Katy had developed the ability to modulate and contain anxious reactions to all but the most painful or frightening procedures. Her precocious defenses and her ability to accept the support of her empathic and competent parents made it appear that she was coping well with her difficult medical treatment. However, as the story of her play suggests, it is important to distinguish between immediate coping and actual mastery.

Katy's play in therapy suggested that her coping capacity represented a self-protective process developed in a series of psychic emergencies, not psychological mastery of the experiences. After her medical treatment ended, the need to understand, master, and integrate her experience with cancer still remained. Paradoxically, her defenses had become organized around the need to suppress activity and affect; consequently, the normal means a preschooler uses to master and understand experience—play and fantasy—had become inhibited and were less available to Katy as vehicles for mastery. For this reason, *restoring the ability to play became an essential goal of the early stage of therapy.*

Katy's continuing reliance on the emergency-based defenses was having more pervasive effects on her development because she tended to overgeneralize them to nonemergency situations. The inhibitive strategies she developed during hospitalizations—compliance, overcontrol of affects, emotional withdrawal—became maladaptive when applied to normal tasks of preschool development such as entering into peer relations and developing the capacity for initiative through imagination and physical activity.

By abstracting the main trends of the therapy, we can see how Katy gradually mastered these developmental interferences. At first Katy was inhibited in affect, fantasy, and activity level. After I indicated interest in her hospital experiences and encouraged the expression of affect, Katy

progressively found ways to represent the negative feelings associated with cancer treatment. In the hospital play, Katy first attempted mastery through role reversal, putting me in the position of the hurt, frightened, angry child. Such role reversal was typical of preschoolers' tendency to represent anxious or traumatic experiences in compensatory ways. They try to deny and master real-life experiences of anxiety and helplessness by taking the roles of powerful, magical figures. By taking the role of the sick child, I had the opportunity to put Katy's unspoken story into words and to empathize with her experience. Essentially, Katy "taught" me how it felt to be helpless, scared, and impotently angry, and I responded by acting out and articulating those feelings in order to convey understanding of what she had been through. Once a play dialogue had been built up, with Katy in the powerful role and myself taking the weak role, I began to conceptualize her experience of medical treatment, define its limits, and differentiate it from present reality.

An important shift occurred when Katy gave up the medical play and established her "safe spot" under the chair. By controlling and repelling my play intrusions into her safe spot, Katy was mastering the repeated intrusions during her hospitalizations. I emphasized her ability to gain control. During the last phase of treatment two themes coexisted. One was oriented to the present and involved testing her physical abilities by jumping off the chair and doing somersaults. I acknowledged Katy's physical competence and used her physical activity as an opportunity to contradict her earlier belief that physical daring had been the cause of her cancer. Occurring in the context of therapy, Katy's physical activity represented her struggle to master fears of body damage. (During this period, her parents reported that she had resumed climbing on the jungle gym and was swinging again.) The second theme was play that "summarized" her experience with cancer and placed it in the context of her life. This was expressed through the kitty character, who seemed to go through cycles of intense anxiety and anger followed by relief and contentment. I interpreted this play to help her construct a view of her illness as a painful and frightening past experience that she would remember but was separate from her current life.

As she was able to represent the story of her cancer treatment and have it confirmed and then interpretively differentiated from her current experience by a therapist to whom she had become attached, Katy was gradually able to gain a significant degree of mastery over a series of extremely stressful experiences and to resume an adaptive developmental trajectory. The preschool child—because of her egocentric perspective, limited internalized coping mechanisms, and limited abilities in understanding and communicating verbally—may especially benefit from *play* interventions that help promote mastery of developmental interferences.

Observation Exercise

Spend 1 hour or more observing in a preschool or child care center. Focus on the following:

1. *Dramatic play.* Choose a group of children who are playing together. What are the themes and plots of the play? What roles do children choose or assign one another? Is the play gender-segregated or not? How do the children deal with disruptions of the play scenario caused by conflicts over whose fantasy will prevail? What reflections of the mass media do you see in the play?
2. *Peer relationships.* Choose two or three children who are playing together, either in dramatic play, building play, or other activities. Can you discern elements of friendship in the way they relate to one another? How do they resolve conflicts that arise? To what extent are other children allowed to enter or excluded from the play activity?
3. *Relationships with adults.* How much do children interact with their teachers versus other children? Do you see attachment-seeking behavior? How do children cope with separation when their parents drop them off at the center? Do you see different styles of relating to teachers—such friendly interaction, clinging, or withdrawal?
4. *Self-control.* Observe for potentially stressful situations—separation from parents, conflict with another child, having to wait to get the teacher's attention, and the like. What strategies for self-regulation do you observe? Do you see instances of aggression? What seems to have precipitated aggressive behavior? Do you see instances of prosocial behavior?