

The Many Meanings of Play



Play and Illusion

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The roots of play are to be found in the conflicts between conscious and unconscious desires, on the one hand, and the frustrations and demands of the external world, on the other. The task for the developing ego, the organization in the mind to which we assign regulatory and adaptive functions, is to find creative solutions or compromises for the conflicts arising from unfulfillable desire. In play the ego makes an attempt at resolution by the creation of a world of illusion that attempts to meet the demands of both the desire and its prohibition. In Freud's phrase, "Every child at play behaves like a creative writer, in that he creates a world of his own, or, rather, re-arranges the things of his world in a new way which pleases him" (1908, p. 143f.).

In the human being, play and its attendant illusion formation do not develop adequately or flourish without a close and extended relationship with a nurturing person. Adequate functioning of the innate biological fit between the infant's need and desire for nurturing and the mother's anticipation and supplying of the need is essential. In their studies of infants in institutions, Provenca and Lipton (1962) observed that those infants who were not cared for by a single person to whom they had an attachment did not show an interest in toys, were unable to play, and lagged seriously in their mental and physical development.

The beginnings of illusory experience can be inferred from behaviors in early infancy. Winnicott (1953) placed the earliest illusory experiences in the first few months of life between the first use of fist, fingers, or thumbs in place of the breast for stimulation and satisfaction and playing with dolls or some special object to which the mother expects the infant to become attached or addicted for satisfaction in her absence. Between the thumb and the teddy bear, as he put it, Winnicott (1953) studied a wide variation in the sequence of events and filled in the steps in the process by which the infant goes from oral excitement and satisfaction with the breast to what he called the first "not me" object, which may be the infant's own fingers or sounds, the edge of the blanket, or a toy or doll offered by the mother for soothing. The infant makes use of objects that are

not part of the infant's body, yet are not fully recognized as belonging to external reality. Winnicott termed these *transitional objects*, and the behavior associated with them, *transitional phenomena*.

The transitional object belongs to an intermediate state and realm of experiencing between the inability and growing ability to recognize and accept reality, an area of experiencing engaged in the perpetual task of keeping inner and outer reality separate yet interrelated. It is an intermediate area between primary creativity and objective perception based on reality testing. The transitional phenomena that are its behavioral manifestations represent early stages of the uses of illusion without which, according to Winnicott, there is no meaning for the human being in the idea of a relationship with an object perceived by others as external to that being. The intermediate area of illusion is the indispensable bridge between the internal representation and the externally perceived object.

The infant's dependence on the nurturing adult is a basic motive force in the development of illusory experience. Freud hypothesized that the infant, in a state of unsatisfied need, hallucinates the breast. Winnicott extended and elaborated this idea, stressing that illusion is created out of the experience between mother and child. At the start, the mother's nearly total adaptation fosters the illusion that the breast is part of the infant and is under the infant's omnipotent control.² Initially, the mother has to disillusion the infant gradually. But to accomplish this successfully she must first provide sufficient opportunity for illusion. The breast can be said to be created by the infant again and again out of need. This intermediate area of illusion is necessary for the beginning of a relationship between a child and the world and is made possible by adequate mothering at this early critical phase. The capacity to love—to turn to another for satisfaction of a need—may be significantly determined by the outcome of the early illusion- disillusion experience. In this view the human being is from the beginning confronted with the problem of the relationship between what is objectively perceived and what is subjectively conceived of. The intermediate area of illusion exists between the infant's primary creation and the objective perception based on reality testing.

Implicit in the transitional phenomena as described by Winnicott are the precursors of intrapsychic conflict and transference. Intrapsychic conflict arises with the development of internal prohibitions against the desires, prohibitions that at first come from the mother and the external

world. Freud's basic concept of transference—discovered in his study of the psychology of the neuroses and of dreams—holds that an “unconscious idea is as such quite incapable of entering the preconscious and that it can only exercise any effect there by establishing a connection with an idea which already belongs to the preconscious, by transferring its intensity on to it and by getting itself ‘covered’ by it” (Freud, 1900, p. 562). In turn, the preconscious idea that takes over the intensity of the unconscious idea may be altered by it. If the outcome is the creation of an illusion, the illusion is shaped by the unconscious idea or desire that is repressed.

Apparently unnoted by Winnicott, Freud described the transference in the psychoanalytic situation in the identical terms that Winnicott used for the transitional object. In 1914 Freud spoke of admitting the compulsion to repeat into the transference as “a playground in which it is allowed to expand in almost complete freedom. . . . The transference thus creates an intermediate region between illness and real life through which the transition from the one to the other is made. The new condition has taken over all the features of the illness” (p. 154).

The transference illusion is created out of the opposition between need, desire, or wish and external reality or internalized prohibitions, and is mediated by the operation of transference. The rudiments of the same mental operation can be discovered in the transitional phenomena where the infant, upon the mother's inevitable failure to adapt perfectly, transfers the need to the illusory transitional object, to which the infant can then adapt his or her desire.

The infant who can achieve this transference to an illusory transitional object has taken a crucial step toward mental health. Via transference the baby is then able to develop toward detoured discharge of instinctual drive derivatives so necessary to the development of adaptive defenses and toward a tolerance for partial or substitute gratification essential for compromise formation in the resolution of psychic conflict. The burden of reality acceptance is never removed, and no one of us is free from the task of having to relate inner and outer reality. The intermediate illusory area of experience that provides unchallenged relief from this strain not only in childhood but throughout life is also the area of creativity, the area of imaginative experience in which the mysteriously gifted produce their world of art.

Although he eschews psychoanalytic explanations, Huizinga (1955) in his book, *Homo Ludens* (man the player), studies the play forms in culture and places them in the same intermediate area of experience. The consecrated spot of ritual cannot be distinguished from the playground. The arena, the magic circle, the temple, the stage, the court of justice, are all, in form and function, playgrounds within which special rules reign. In Huizinga's words, "All are temporary worlds within the ordinary world, dedicated to the performance of an act apart. Through this playing society expresses its interpretation of life and the world." He means not that play turns into culture but that, in its earliest phases, culture has the character of play. In the twin union of play and culture, play is primary.

There is a direct line from this intermediate area of illusion to the child absorbed in fantasy play. Bridging the internal and external worlds and partaking of both, play has a crucial developmental role throughout childhood. Via the creation of illusion and the suspension of disbelief, play offers opportunities for more direct discharge of instinctual desires than stringent reality testing would allow. The play realm offers the special feature that the gratification or discharge need not be governed by the external constraints and restrictions of the parents or, later, by the internalized prohibitions of the parents. At the same time, play does have a function in establishing and securing the prohibitions that are eventually internalized when play, for example, reaches the point at about age seven or eight when the rules of the game become sacrosanct.

Play has an important role in relation to the aggressive drives that carry dangers if expressed directly toward the parents. Their expression in creative illusion and fantasy not only seeks to avoid punishment and guilt but is given forms accepted by the culture and prepares the way toward sublimated transformations of aggression and the mastery of external difficulties.

Play serves like a theater workshop. Elaborations in play provide the child with a safe modality for integrating new maturational achievements. This can be observed most clearly in the new modes of play that accompany the acquisition of skills and capacities—for example, eye-hand-mouth coordination in the infant, sphincter control in the toddler, or the rapidly expanding ego capacities in latency. In this manner, play accompanies psychosexual development and is invaluable to the clinician in appraising whether a child is developmentally regressed and in gauging the nature and

severity of the regression. Over the course of psychosexual development, play, with its synthesis of illusion and fantasy and by virtue of its position between the inner and outer worlds, provides the opportunity for the individual to employ his or her maturational endowment to develop and organize defenses and compromise formations and thus create his or her own way of coping with normative developmental crises. It is in this context, too, that special gifts or endowments may make their appearance as unusual creative sublimations.

As the child's reality testing advances, fantasy play increasingly requires the suspension of reality and disbelief. The ability to regulate this capacity is one of the limiting factors in play. The child who is anxious about being able to control his impulses may defensively be too reality-bound and thus unable to play. The child who too readily or too completely suspends reality may likewise be unable to establish a safe and gratifying middle ground on which she can play.

Play is an essential psychosocial medium for integrating new maturational steps into the total personality. Developmentalists and educators are well aware that preschool-age children who are unable to play because they have been deprived of adequate nurturing and have not established gratifying ties with adults or because they suffer maturational lags and deficits can make impressive gains in their overall development if they can be taught to play and encouraged to fantasize via the relationship to a teacher or therapist who may substitute for the failed relationship with the original care-giver, the so-called primary object. Once the teacher is accepted and established as a person who can satisfy the child's needs, the child may be able to create an illusory play sphere to serve normal developmental functions.

Although play originates and develops in the nurturing setting of primary object relationships, play with other children also serves an important function. When observing children who have been with adults exclusively for extended periods of time, one can detect something like a hunger to be with other children. There may be a burst of energy and a palpable air of relief when they finally have the opportunity to play with others their age. They are relieved to be free of the expectation of impulse control and the restraints of reason and reality imposed by adults. Play companions do not impose the same requirements. They provide a setting that encourages and joins in with illusion and fantasy.

Although children play more freely with one another when the adult's restraining influence on drive expression is absent, they can invoke parental controls against a playmate, giving a clear indication that they have internalized parental prohibitions, particularly against the expression of aggression. For example, a four-and-a-half-year-old boy playing with his friend of about the same age killed his own pet fish by removing them from the tank and piercing them with a pointed object. His playmate became upset and rushed to tell the mother what her son had done. When the play had exceeded his internalized standard of what the adults permitted, the visiting child broke off the play and called on the external parental authority.

As soon as language is discernible, we can speak of articulated fantasies with identifiable ideational content and we can recognize a narrative quality in the play. In examining the psychological phenomenon of narrative, we should keep in mind the conventional definition that narrative is "a discourse designed to represent a *connected* succession of happenings usually with descriptions of personages and their environment."³ We can bring to the understanding of narrative play and narrative in general what we have learned from the psychoanalytic process—that the narrative the analysand proffers is a creation of the ego, which silently exercises its defensive, integrative, and synthetic capabilities in response to the danger from the continual pressing forward of the drives for discharge. In the analytic situation the danger is from the transference to the analyst of the analysand's own opposition to the instinctual drives and their derivative wishes, that is, in a reexternalization of the parental prohibitions.

Children creating a story to go with their play are formulating a discourse that varies in degree of logic and reason with their level of development. Their play gives individual expression to their perception of their wishes, influenced by the actual or anticipated attitude of the immediate listener or companion or by the transferences the children make to these persons. The narrative is constructed of a succession of connections and transferences created to give masked expression to the instinctual drive. The narrative provides forms of expression deemed acceptable to both the narrator and the narratee, to use Peter Brooks's term (1989).

This secondary process elaboration, in which illusions may abound and which may be the most creative part of the narrative, tries to present a seamless tale. But, as in the analytic hour or in the

construction and telling of a dream, the joints, connections, and transitions indicate switch points where a defense or resistance is instituted against the threat of a breakthrough of warded-off drive derivatives. The creativity of the narrator is not in the representation of the instinctual drives that simply keep pressing forward but in the creative achievement of the ego which, via transferences, invents ways of giving expression to them or weaves a tale that disguises or hides them from open view.

As Brooks (1989) pointed out, all narrative is dialogic and the transferences to the listener are vital to its construction. The responses of the listener or reader in turn contain transferences to the narrator and the tale, which influence the narrative as perceived and constructed by the narratee.

An examination of narrative fantasy play in the psychoanalytic situation— almost always accompanied by some form of enactment—gives us access to the inner lives of children. Influenced by some degree of understanding that they are there for the analyst to relieve their distress, children offer the story of their life shaped by the necessity to keep conflicted desires out of consciousness because of the painful affects associated with them. The analyst has the task of unraveling the meanings of the play in the mental and emotional life of the child. Since a direct line of questioning will get nowhere, the analyst tries to ask questions indirectly via the way he or she participates in the play—for example, in the way an assigned role is carried out or the motives of the characters are queried. The direct interpretation of meanings within the play carries the risk of intruding upon or challenging the illusion and depriving the child of the safe haven of the intermediate play space.

Play, Character, and the Development of the Play Signature

Although all play shares the intermediate region of transference, illusion, and narrative, the play of each child becomes distinctive, individualized, characteristic for that child; it carries his or her play signature.

What forces shape this individualized development? And how does the evolving style of play contribute to personality, character, creativity, health or neurosis? The variables are myriad, but for the sake of study we can divide them into two broad categories—endowment givens, or constitution, and experience.

The constitutional givens, though difficult to define, describe, or quantify, are nevertheless powerful determinants of individual differences in development. Psychoanalysts have thought of constitutional givens in terms of gender, temperament, energy levels, perceptual sensitivities, or discharge thresholds and rhythms.

Although the endowment qualities can be regarded as givens and carry potentials, their expression, whether exaggerated, distorted, or muted, is powerfully influenced by children's experience with the primary objects upon whom they are dependent for survival. In the interaction with the primary objects, children establish their individual, characteristic synthesis of internal needs and external excitation or restraints, creating their own modes of adaptation and defense in which play has a major role. Frustration and conflict generate anxiety, and the individual—child and adult alike—creates neurotic symptoms when the defenses and compromise formations fail. We need to bear in mind that a neurotic symptom—phobia, obsession, or hysterical conversion—is basically an illusion, a false perception treated as real. Because internally there is no barrier against impulses or desires, unacceptable ones can be avoided, attacked, or repudiated, as in a phobia, if they are perceived as belonging to the outer world.

As the mode of coping with the internal pressures and external stimulation or constraint becomes structuralized, the child's play, which is both a generator and a product of these processes, takes on particular characteristics that can be observed in preferred patterns and modalities of excitement and discharge, affective responses, repetitive themes, favorite characters, and the structure and outcome of narrative. The child's play incorporates the fantasies that represent the specific, individual conditions of pleasure for his or her desires, reflecting the individual bent of the child's psychosexual development.

If the conflict becomes intense and protracted and is accompanied by regression and symptom formation, the play, too, tends to become fixed, repetitive, impoverished, dominated by defensive phenomena. It loses the richness of creative illusion and imagination that nourishes progression in development. For the clinician these features of play provide useful and reliable information for diagnosis and the planning of treatment. In the treatment room, we offer the child the opportunity to relate his or her narrative with or without play. The child most often chooses play for communication

because the allusive and illusory nature of play provides rich means of representation, and the suspension of reality in play provides relative safety and control.

To illustrate the interactions among endowment, maturation, and the relationship to the primary objects and to examine their influence on the development of individual characteristics of play, I offer observations on Evelyne and Jerry, two children from a longitudinal study of child development initiated by Ernst Kris and Milton Senn at the Yale Child Study Center in 1949. Since Evelyne and Jerry were followed from the prenatal period to the ages of thirty-three and forty, they provide a unique opportunity to examine how the play signature derived from early interaction of constitution and experience contributes to personality and character formation and influences the course of life.

The study was an action research, a service-centered study in which a group of children and their families were provided pediatric, educational, and psychological services as needed from the prenatal period through the first five years of life. Educators, pediatricians, psychoanalysts, psychologists, and social workers collaborated as expert observers of child life and specialists in their own field, making direct observational data available for both prospective and retrospective examination. As formulated by Ernst Kris, such a study would advance our understanding of the way certain personality characteristics arise and how they persist—how the sameness of personality manifests itself despite developmental changes. I should add that our knowledge of Evelyne and her family is much more extensive than that of Jerry, as she was in psychoanalytic treatment with several interruptions from three until ten.

Evelyne

Evelyne's father was a steady, responsible, obsessional man, constrained in the expression of his feelings. A major issue in his life was his deep resentment of his own father's preference for his sister who was two years older than he. The resentment he bore toward his sister was transferred to Evelyne, who in his mind increasingly became the older sister. Evelyne's mother lived in an all-female household after age ten, when her father died. Shortly after her older sister married and moved away, she avoided being left with her mother and spinster aunt by marrying, replacing her

sister with her husband and then with her first child. An introspective, imaginative woman with artistic talents and a strong interest in teaching her children, she suffered from depressive moods sometimes accompanied by obsessional symptoms and at times had difficulty controlling impulsive, angry outbursts.

From birth, Evelyne and her mother seemed well suited to each other. The parents had hoped for a boy but were very happy and pleased with the baby. This sensitive, introspective young woman was paired with an infant who was receptive to the mother's care, easily satisfied and pacified. The mother had a strong empathic tie to Evelyne and constantly tried to be aware of the infant's feelings, carefully gauging and responding to her needs. The sensitive interactions between mother and child were observable in the early feeding and in the toilet training. Throughout the early feeding, the mother carefully exerted varying degrees of pressure on Evelyne to mold the child in the form the mother preferred. Evelyne seemed to adjust quite well to the mother's pressures, aided in this by her receptive temperament, which left her relaxed and relatively easily pacified. In terms of Winnicott's model, one could say that Evelyne's experience was of creating a breast almost whenever the need arose. The mother provided opportunity for the creation of illusion, and the disillusion was gradual enough that the infant could adapt to it without a major disruption.

In toilet training, the mother was much more ambiguous in her demands. When Evelyne did not comply readily to a mild pressure, the mother was unable to make a more forceful demand partly because of her guilty feelings about her own aggression, which the child manipulated with great skill.

The receptivity noted early in response to her mother's care was a prominent feature elsewhere as well. In her early motor development she was receptive and reactive in her response to the adult rather than the active initiator. She did not use activity for discharge of tension. The mother contributed to the relative underdevelopment in the motor area by her preference for visual contact over physical handling. Consequently she predominantly presented the face and eyes in her contacts with Evelyne, fostering visual alertness and discrimination, as well as an early, pronounced, and persistent interest in the human face.

Evelyne's interest in dolls and toys with faces, encouraged and shared by her mother, led to very early fantasy play with imaginary companions in which Evelyne assumed many roles. The fantasy play went quite beyond the domestic mimicry usually seen in the second year, and Evelyne used it as an effective means of coping with the arrival of a new sibling and the concomitant separation from the mother at age two. By pretending and role-playing she was able to bridge physical separations, an impressive early demonstration of the adaptive function of play.

When Evelyne entered nursery school at two and a half years, she was the most mature and predictable child in the group. Although the other children were important to her, she was demonstrative and energetic in her independence and was the least forlorn child when her mother left. Although she found little enjoyment in physical activity, her capacity for fantasy play was an asset, and the group got on better when she was there as the initiator of dramatic, narrative play.

But Evelyne's world had been severely shaken with the birth of her sister, Wendy. Both parents had wished for a boy, and the father's shame and disappointment were so great that he did not announce this baby's arrival. He soon identified her with himself, however, and saw her as a symbol of the masculinity he wished for, often calling her by a boy's name.

Within months, the father shifted his affection from Evelyne—now identified with his own disliked older sister—to Wendy. The changes in the family had a disturbing effect on Evelyne, and she developed a number of symptoms. At two and a half, she was severely frightened when, on Halloween, her great-aunt appeared as a ghost with a face cut from a white sheet. The fear spread to pictures of clowns and people in masks on television and in books. She was afraid of the dark and of her bedroom at night. All toys with faces and paintings on the wall had to be removed before she would go to bed. She was also distressed by loud noises like the doorbell, by the aggression of neighborhood children, and by her parents' arguments. It was unmistakable that the fears were related to her conflict over her own aggression and the aggression of others, primarily her parents'. Her mother stressed that Evelyne had a mind of her own, was slow to anger, but could be fierce when she became angry. Quite aware of the shift in her father's affections to Wendy, Evelyne was reluctant to go out alone with him or remain in the house with him. The mother was delighted but sometimes awed by Evelyne's very rich fantasy life. She liked to play alone with her toys and to act

out favorite stories.

The same fantasy play with special interest in the face now became the preferred means of representing the conflict and the anxiety arising from her own aggression and determined the features of her symptoms. In her fear of faces and the avoidance of situations where they were perceived, Evelyne was trying to cope with her aggression by externalizing it and then trying to avoid the externalized representation. What had been freely creative play and fantasy was now fixed in coping with neurotic conflict.

Because of the persistent anxiety and phobias, psychoanalytic treatment three times a week was started at three years four months, when Evelyne was in nursery school. Her aversion to being alone with her father was transferred to the analyst, and she was quite explicit that it was because the analyst was a man. At first she was unable to use her capacity for fantasy play to establish herself comfortably with the analyst. For the first six months she refused to come to the treatment room alone with him, insisting her teacher accompany her and remain in the room with her. In her play, her drawing, and her relationship to the analyst, she made it clear that she preferred the woman and had no room for the man. Yet there were times when she was coquettish and teasingly contrary.

After six months, in recognition of the analyst's steadfastness, Evelyne, though still declaring to the nursery school teacher that she did not want to stay with him, began to be close and cuddly, reading a book with her head in his lap and letting him know she thought about him at home. She was able to tell the teacher that she loved her analyst. After her second sister, Tammy, was born when Evelyne was four and a half, she told the analyst she had not liked him the year before but did not feel that way anymore. This declaration ushered in a positive oedipal transference that became more intense as time went on. She confided the secret that the analyst was her best friend. She played marriage games in which a new doll became her new baby while the analyst was sent out to work.

Evelyne's high capacity for gratification through illusion and fantasy in the transference during the oedipal phase when her father had turned away from her was beneficial for her feminine identity and development, as was the birth of Tammy at that time. About her birth, Evelyne

said, "That is when I had *my* baby." Tammy continued to be "her child." They drew closer to maintain a common front against Wendy—who became increasingly hostile and unruly—and their closeness has continued. As an adult, Tammy chose to live near Evelyne, looking to her for guidance, support, and intimacy more than she did to their mother; Evelyne enjoyed mothering her.

Through Evelyne's analysis we learned of the subculture within the family, formed by the three sisters, which created its own play traditions and narratives, accurately reflecting the fantasies and desires of the parents without their ever having been openly communicated. The shared fantasies shed an interesting light on mythopoesis in a particular culture. One myth, which involved gender change by metamorphosis, said that the younger the child, the greater chance she still had of becoming a boy, even if not born one. By then, at seven, Evelyne had already given up that hope for herself and Wendy, but Tammy might still achieve it. In their joint fantasy play Tammy was cast as a male. In their doctor play Wendy was the male doctor, despite the fact that their pediatrician was a woman. Evelyne was the nurse, and Tammy was a prince or other royal personage, accurately reflecting their perception of how they were identified in the minds of the parents.

Between the ages of six and eleven, Evelyne's position in the family improved as Wendy's kept sinking because of her aggression and unruliness. Evelyne's artistic activities in school were commended glowingly. Her characteristic ability to tolerate disappointment and gain the ultimate reward of mastery through persistence served her well.

In her twelfth year, on the threshold of puberty, she seemed to be considerably less imaginative and derived little satisfaction from feminine interests, a turn to concreteness frequently observed at that stage as a defense against the early intensification of the instinctual desires in preadolescence. At the age of fifteen, she gave the impression of docility, compliance, and inhibition with no hint of rebellion. There were no outward signs of imaginative or creative activity, and her fantasy life was not accessible in the interview setting. At eighteen, after her freshman year in college, she actively tried to overcome her inhibitions. She spoke of having a strict superego and of feeling guilty if she failed to please others. She wanted to feel less opposed to her desires. In this meeting with the analyst, she spontaneously expressed the realization that her father could never be close and loving toward her because he identified her with his own older sister.

Over the next several years she made the transition to adulthood with the aid of illusion and fantasy, this time in the form of religion. She joined an evangelical group led by a charismatic male teacher. In this setting, she met her future husband, an evangelical churchgoer. From this point on, she felt secure that, through her actions and feelings, she was carrying out God's will. By finding God, loving God, and being loved by him, she replaced her rejecting father with a loving father, as she had in fantasy in the transference replaced him with the analyst in the oedipal period. The sublimated oedipal gratification via religion enabled her to be more independent of both her parents without feeling guilty.

At thirty-four, Evelyne appeared to be leading a satisfying and fulfilling life, although in straitened financial circumstances because she had decided to stay at home and care for her four young children. She was in a satisfying marriage and had the close relationship with her husband she could never have with her father. She was imaginative, playful, and creative with her children. In planning to return to work, she considered changing to a field that would give her more opportunities for creative expression.

Jerry

Jerry started with an endowment vastly different from Evelyne's and grew up in a family that compromised the possibility of healthy development and did not nourish play and fantasy.

After a predelinquent childhood and a roaming, adventurous adolescence, Jerry's father, a shrewdly intelligent, compulsive gambler, enlisted in the military, where he continued his gambling. Upon discharge, a routine X ray disclosed a chronic, recurrent pulmonary infection that required several long hospitalizations and left him a semi-invalid irregularly employed.

Jerry's mother was a physically active, emotionally labile woman with shifting, tempestuous moods and poor impulse control. Her father had repeated psychotic episodes, and her mother had a history of sociopathy with several periods of protective institutionalization in adolescence.

As a newborn infant, Jerry was hyperactive and vigorous. He reacted to external stimuli and physical discomfort with massive discharge movements. Breast-feeding was distressing for mother

and infant. Feeling Jerry was not satisfied, the mother's frustration, combined with disgust at the messiness of dripping breasts, reduced her to exhaustion and tears. She was relieved when the pediatrician recommended bottle-feeding.

Both parents handled Jerry in exciting, stimulating, seductive, and punitive ways. His first words were "bad boy," and a wooden cooking spoon was the signal for an imminent spanking. The mother's furious outbursts were immediately followed by reconciliations in which she cuddled him quietly and affectionately. Rapid alternation between violent activity and quiescence later became a feature of Jerry's behavior in nursery school and in his treatment.

Neither parent was ever observed to play with Jerry. Although the objects forbidden to him were in full view in the home, his own toys were kept out of sight in a toy chest and were offered to him only in his playpen out of doors. The mother was never observed to make a toy attractive to Jerry by investing it with her own interest. On the contrary, she repeatedly interfered when Jerry engaged in play with the interviewer or when he attempted to play with an object independently.

Disturbances in Jerry's capacity to play began to appear in the developmental tests in the first year. Although earlier tests had been satisfactory, he showed increasing signs of developmental difficulties between nine and twelve months. He tended to hold or manipulate only one object at a time and did not do well on test items requiring that he combine objects or handle multiple stimuli. He had much less interest in the test materials than he had shown earlier. He accepted and explored them briefly but without the interest and energy shown before. These adaptive items reflect the infant's integrative functioning, and for the first time this aspect of Jerry's functioning was in question. On subsequent tests, his extreme activity was combined with a lack of interest in inanimate objects and an easy distractibility. By precipitating and facilitating massive discharge, his mother contributed to his decreased ability to tolerate tension. From nine months on, his failure to use toys and test materials adaptively was striking. A lost toy did not seem important enough to look for, and any obstacle made him turn away to some other object or activity. The deficit in his play with toys foreshadowed his later disturbance in play and learning.

In strong contrast to Evelyne's mother, Jerry's mother was unable to relate to him in a way that

would foster the establishment of that intermediate area of illusory experience essential to the development of play and fantasy. Because of the serious portent of Jerry's inability to play, his pediatrician recommended that he start nursery school at twenty months where he might be taught to play and would be in an environment that would mitigate the adverse effects on play and learning of the fighting and overstimulation by both parents.

From the first school session, he was hyperactive, impulsive, poorly controlled, reckless, negative, and aggressive. His only interest in play materials was to snatch, throw, or brush them out of the way. He had none of the two-year-old's sense of the possibilities of a toy for manipulation or adaptation to dramatic play interests. He was so poorly organized both in play and in behavior that it was difficult to say when ideas were at work or to study the nature of them.

By the end of the second year in school, with the aid of his gifted and devoted teacher, he began to make friends and to show an interest in manipulating materials and in quieter play. Dramatic play of an active nature became a source of pleasure and an avenue for expression of ideas, as well as for discharge of energy and tension.

This changed the following school year (three years five months) when he was very disruptive, moody, and generally ill-humored. The organization and control he had shown the previous year were lost in wild, disturbing behavior. His aggressive attacks on other children were much more directed and damaging. It was clear that anxiety played an important part in his unrest and that he was attacking head-on any object or situation that frightened him. He once bit a rabbit as if to keep it from biting him. It was evident that he was reacting strongly to the birth of a brother when he was three and the consequent loss of his exclusive relationship with his mother. Analytic treatment was begun at this time.

After his therapy was under way, his fighting diminished in frequency, but he was otherwise disorganized and difficult to handle much of the year. The content of his play was meager, and his investment in materials, low. In his final year (four years five months to five years two months), although he was functioning better, it was clear he had a learning problem. He lacked the capacity and interest to manipulate symbols or to use symbolic representation essential for play. He showed

little interest and productivity in the elaboration of self-initiated play and dramatic activity. His dramatic play, which in the early months in school could only be described as “gymnastics with sound effects” and which was merely suggestive of his fantasy, now included some identifiable fantasy around such realistic activities as housekeeping play, repairmen, cowboys, bandits, and so on. Even at five, his impulsivity and hyperactivity were predominant rather than ideas, continuity, planning, or purpose. Regression under the impact of stress was as extensive and rapid at five as it had been at two.

In the treatment room, the hyperactivity and the sexualized, exhibitionistic mode of relating to the adult were immediately in evidence. The play was a literal and direct repetition in action of scenes and sequences from his home life without much disguise or elaboration in fantasy. The most sustained play in the beginning was cooking and feeding, giving a nursing bottle to the doll, then drinking from it himself, and ending either with smashing the bottle against the wall or throwing both the bottle and the doll out the window, enacting his wish either to be in his brother’s place or to be rid of him. He vividly portrayed primal scene experiences that were abundantly stimulated at home, as his crib was next to his parents’ bed in the tiny bedroom.

Jerry’s mode of coping with the increasing anxiety over attacking and being attacked was to develop a phobic symptom in the treatment room. He feared there was a monster in the next room who would bite, scratch, and yell. The symptom also incorporated the paranoid grandfather on the other side of the wall in the next apartment. With the creation of the symptom and the illusion of the monster on whom he concentrated his aggression, his attitude toward the analyst became more friendly and less attacking. To the interpretation that he liked to be noisy and act big and strong (identify with the aggressor) because then he did not have to be afraid of the monster, he acquiesced and shouted that he was Superman.

Throughout the study the staff was concerned for Jerry’s future. The prediction was delinquency stemming from impulsivity and conflict over passive homosexual strivings. Projective tests at nine years showed an increase in his fantasy life. This might have been due to his having been hospitalized and immobilized in traction for more than a month because of a leg fracture sustained in a fall from a fence while fleeing from a policeman who was pursuing him because he

and his companions were trespassing on railroad property.

When a staff member visited his home when he was fifteen, the family situation appeared more stable than at any previous time. They had moved to the suburbs and both parents were working. Jerry was limping along academically in high school but getting much recognition from the community for his athletic skills. He had a close, supportive relationship with a teacher who was also his athletic coach, reminiscent of the devoted nursery school teacher who had coached him carefully. We learned much later, however, that under the influence of an older boy he was already involved with drugs and in difficulty with the police.

At twenty-three he initiated a visit, expressing nostalgia for the Child Study Center. In dress and manner he conveyed a self-conscious image of a relaxed, confident man of the world, but he told of the hurt of being turned down by a sixteen-year-old adolescent with whom he was in love. What we learned only later was that he had come because of trouble with the law over activities in which he engaged under the influence of an older man, just the kind of outcome the study had feared.

After extricating himself at the age of thirty-two from his dangerous illicit activities and recovering from a life-threatening illness, which he was convinced was caused by an attempt by his associate to poison him, he was left without a vocation, only a marginal position in the community, and feeling trapped in a hopeless, troubled marriage. His capacity for selfreflection was very limited. He seemed unable to take an imaginative or creative approach to planning the next steps in his life. His views of the world were cynical and concrete. What he idealized most was power. He had retained some of his early appealing qualities but seemed colorless and lacking in depth.

At forty he had a semiskilled trade but was temporarily laid off, living amicably with a porcee and her children and engaged in a bitter custody battle with his former wife over their two children. Indicative of his limitations in imagination and empathy was the difficulty he was having with his own lawyer in understanding that the court was not interested in meeting his wishes and needs to have the children but was guided by what was in the best interests of the children. For him the two were identical.

Conclusion

The prospective and retrospective views of personality development afforded by the longitudinal study of Evelyne and Jerry from the prenatal period through the fourth decade allow us to appreciate the origins of their different styles of play and fantasy in the early interactions of constitution and parenting. Although they changed with time as individuals, we can discern how the style of thought and fantasy persisted. It was for Evelyne a continuing source of enrichment of her mental and emotional life, whereas for Jerry the impoverishment of play and illusion deprived him of resources for coping more creatively with the vicissitudes of life.

The contrast between them stands out in their utilization of religious experience. Only when desperately ill did Jerry pray to God. After his recovery, religious illusion had no significant role in his life. Play had not been available to him as a child, and as an adult he was unable to create an adaptive illusional or fantasy bridge, via religion or otherwise, between the demands of his inner world and the world outside. For Evelyne, finding God through the father image in a teacher enabled her to remove childhood ties to her parents and transfer them to husband and new family—a transition from adolescence to adulthood that had been difficult for her. Religious illusion continued to be a guiding, creative spiritual force in her life with family, friends, and community.

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Notes

[1](#) Freud Lecture, Muriel Gardiner Program in Psychoanalysis and the Humanities, read on November 21, 1991.

[2](#) Here breast stands for the act of mothering as well as the mother's body.

[3](#) Webster's New International Dictionary, 2nd ed. Springfield, Mass.: G. & C. Merriam-Webster, 1956.