

The Many Meanings of Play

**Play, Dream, Fantasy
and Enactment
in Bornstein's
“Obsessional Child”
Then and Now**

Mortimer Ostow

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Play, Dream, Fantasy, and Enactment in Bornstein's "Obsessional Child" Then and Now

Mortimer Ostow, M.D.

In adult analysis, we attempt to learn about our patients' motivations by examining their overt behavior, that is, their actions within the world, their fantasies, and their dreams. We infer motivation in each instance ultimately from the dominant affects and the organizing fantasies to which they give rise. The process of free association provides us with these data by allusion or directly.

Since the capacity of children in analysis to give us free associations is much more limited than even the relatively limited capacity of adults, we encourage play during the child-analytic session, something that we do not tolerate in any form in adult analysis. We believe that play opens a window onto the child's world of affect and un verbalized fantasy, conscious or unconscious, and we are encouraged by the fact that what we see in play is congruent with the bits and pieces of behavior, fantasy, and dream that do reach us.

How do conscious fantasy, play, and behavior in the real world, including enactment, compare? In each instance affect achieves expression and seeks discharge in the fulfillment of specific and characteristic unconscious fantasies. These modalities differ in the degree to which they are constrained by considerations of external reality. Action in the real world is, of course, the most constrained of the three modalities. To the extent that action violates reality considerations, we consider it pathological. Conscious fantasizing is not so constrained, but even though its pleasure is amplified by the absence of these constraints, it is nevertheless limited by the absence of actual, concrete, perceptible, gratifying experience, and by superego influences. Play combines the freedom of fantasizing with the literal experience. Like fantasy, play need not conform to reality restrictions since it is so contrived that it leaves little enduring consequence. But like enactment, play offers concrete experience. To the extent that reality is permitted to intrude into play, play becomes more gratifying and exciting, but its freedom is encroached upon *pari passu* (Ostow, 1987).

In contrast, dreams are not at all limited by external reality. In dreams, the analyst perceives the affect that prevails and the attempts to regulate it. The affect in each instance is associated with Gestalten taken from the individual's repertoire of organizing fantasies. External reality is relevant only to the extent that it may determine affect; and day residue and associated memories offer images that conform to the prevailing unconscious fantasies.

Why affects and their consequences appear in dreams is not self-evident. The reason obviously relates to the psychophysiological function of dreaming. Does the dream act to contain the continuing motivational striving that would otherwise disturb sleep? Does the dream merely offer a window onto the continuing process of affect regulation? In any case, if dream contents did not faithfully reflect the continuing motivation that determines waking behavior, they could not be as helpful as they are in understanding the latter. Therefore, we assume that they do.

If these considerations are valid, then we should expect to find the same affects, the same pattern of affect regulation, and the same organizing fantasies in dream, fantasy, play, and enactment.

Bornstein's (1953) case report of Sherry, an obsessional eight-year-old child, furnishes an excellent data base for testing these suggestions. It also permits us to discern a difference between play in analysis and play outside analysis. Finally, on the basis of my years of work with this patient since Bornstein's death in 1971, I shall demonstrate that the affects and fantasies that prevailed in the eight-year-old child have continued with little change into adult life. In other words, I shall try to demonstrate that there is a continuity in manner of expression at any given time and a continuity in time.

Bornstein's report, however, is not ideal for my purposes. She tells us that her presentation focuses on the vicissitudes of the child's aggressive impulses and Sherry's defenses against them, so that we do not get a true cross-section of the analysis. Second, from the data that she provides as well as my own observations, I infer that the proper diagnosis is cyclothymic personality and that Sherry came to Bornstein with a syndrome of childhood depression. Its manifestations then were insomnia and preoccupation with thoughts of death, which pervaded much of the analytic material that

Bornstein cites. The aggressive impulses to which Bornstein refers are component manifestations of the depressive complex. In the twenty years that I have known this patient, she has presented no obsessional symptoms.

The obsessive thoughts to which Bornstein referred were depressive thoughts, essentially about death. That is, they were expressions of her depression. (I am informed by colleagues who treat children that obsessive thinking is an age-appropriate defense that serves to ward off depressive affect in children of this age, and not ordinarily a precursor of obsessive-compulsive neurosis or personality disorder.) The child speculated about the nature of human life and existence, but these speculations hardly achieved obsessional intensity or persistence and reflected merely a philosophic inquisitiveness on her part. She has always been thoughtful, but her speculations have never seemed obsessive.

I favor the diagnosis of cyclothymic disorder because during the adult years that Sherry has been with me she has exhibited a continuing succession of mood swings, mostly depressive but occasionally hypomanic, and on at least one occasion she became sufficiently high to entertain frankly delusional ideas, though for a few hours only. Her episodes of depression achieved expression as dysphoria of moderate degree, intensification of her insomnia, and irritability, which she tried to control. Occasionally, these recurrent depressive episodes were entrained by her menstrual cycle, presenting as premenstrual tension, but they did not all follow this temporal pattern, nor was every menstrual cycle preceded by depression or its derivatives. Bornstein's data did not preclude a diagnosis of cyclothymic personality, but they are not so organized as to suggest it.

Nevertheless, the data are adequate to permit me to examine the structure of the episodes of play and its process, and to compare it with the structure and process of other psychic products in which impulse and defense can be expected to become visible, principally dreams, but also fantasy and enactments.

I have observed elsewhere (Ostow, 1989a) that cyclothymic individuals, as well as borderline personalities and patients with adult attention deficit disorder, frequently exhibit dreams that display alternation of mood, a sequence of death and rebirth scenarios, as do patients with any mood

disorder who are struggling to control it. It is these alternations of mood, or rather the struggle to regulate mood, that I find readily visible in the various materials presented by Bornstein. In addition, I shall try to discern in the materials the various themes and fantasies that organize the patient's mental life.

Affect Correction

Sherry had developed insomnia and fear of death shortly after the birth of a sister when she was just over four. These symptoms and a preoccupation with death in general persisted during the entire period of treatment reported in Bornstein's essay. I shall start with the first play episode that Bornstein described.

Play item 1

At the very outset of treatment, Sherry attempted to display to Bornstein a scene in which "a married couple" was injured in a car crash. The participants were given the names of her own parents in some versions of the play. As the inevitability of injury became more apparent, the child's distress caused her to terminate the episode and try a modification.

I infer that the depression syndrome included not only anticipation of the child's own death but a quantum of anger that was directed against the parents, probably because they were seen as the causes of her depression.

Reparative efforts—or rather, in this case, efforts to control the aggressive intent—consisted of including in the scenario a doctor who declares that the crash has seriously injured no one; depersonalizing the participants, that is, attributing responsibility to the cars rather than to humans; challenging the seriousness of the play episode (it was a joke), or its reality ("Does a car know whether it is real or not?"); or terminating each episode as it seemed to be progressing to the point of visualizing the parents as seriously hurt. It is clear that in each of the efforts the child made to express her anger, anxiety caused her to arrest the process that she had set in motion and to undo whatever damage she might have thought she had done. The initial phase of each effort to arrange a car crash may be thought of as a death fantasy, and its arrest or undoing as a corrective rebirth.

Let me illustrate the same alternating death and rebirth pattern in another analytic product. Here is some material that Bornstein includes with two drawings made by the child, presumably during an analytic session. The child quoted a well-known ditty and illustrated it:

I had a little duckling
His name was Sunny Jim
I put him in the bathtub
To teach him how to swim
He drank up all the water
He ate up all the soap
He died last night
With a bubble in his throat, (legend to fig. 7)

She then elaborated the ditty into a fantasy:

Once upon a time there was a little girl who had a very nice mother. The mother was so nice that she got the little girl a duckling. But the duckling was so young that he didn't know how to swim yet. So the little girl decided to teach him how to swim. Twice she filled her tub full of water. Then she put the duckling in. But the duckling has been so far away from water that he did not know what the water was. So he ate up all the water and drank up all the soap and he was very ill. So ill that no doctor could cure him. And he became so sick that he died the very next day. In came the doctor, in came the nurse. In came the little girl's mother and also the little girl. The mother said, "Don't cry, little darling, I will buy you a duck that will know how to swim." The little girl cried anyhow. But then when the other duck came, the little girl was happy and her mother was happy. But the thing that was most happy was the other duck.

The little girl was so happy that she has gotten another duck that she called him "Hero." And then everybody was happy and nobody could be more happier than that family was that day. By now the little girl may be 21 or 22, but I'm sure that her duck is dead, (legend to fig. 8)

In the fantasy, the child, enjoying and attempting to care for her baby, the duckling, inadvertently kills it. (I shall not develop the implications of this fantasy for her ambivalence toward her younger sister and her mother.) As in the initial play episode cited above, the child calls upon the doctor and nurse to rescue the duckling, but to no avail. Here then is the effort to undo the murder, an effort that fails. However, the child's mother now provides a new duckling; essentially the duckling is reborn, thanks to the mother's kindness. In the end however, the child muses that this duckling is dead. Here we have a sequence of birth, death, rebirth, and finally death again.

In two episodes, having engaged in serious and troubled conversation with the analyst, the child abruptly began an activity that expressed her desire to reverse her negative feelings.

Play item 2

During one depressive session, the child feared that her mother might die, and that then she must die too. This sad sentiment was followed by her cutting pictures of men and women out of a magazine and arranging kissing scenes. "I like them when they flirt," she said. In that one act of play, the depressive fear of death for herself and her mother was corrected by the fantasy of her presence at a primal scene.

Play item 3

In one episode, following a talk with the analyst about her father's attempt to reconcile with her after a misunderstanding in which the child had been frightened, she abruptly began a drawing entitled, "Hard-working Man in Pioneer Times" [p. 320]. That moment captured her switch from anger and fear to love.

In these episodes of play (I call the latter play because of the drawings that the patient made during the session) we can recognize shifts in affect from negative to positive. The negative affects are associated with thoughts of death, and the positive affects with thoughts of rebirth in one form or other. In each instance, it is the discussion with the analyst that facilitated the switch in affect—a truly psychotherapeutic intervention.

Study of the dreams that Bornstein presents from the same period of analysis discloses a similar phenomenon. The following dream is given as the explanation for a drawing. It was reported some time after it had occurred and in Bornstein's essay is labeled an "Old Nightmare."

Dream 1

"Once upon a time I dreamed I was a princess. And I went walking with a prince. And on the way I met a few elfs. And then I met a joker of a pack of cards walking up to me. And then I woke up.

And when I woke up, I was not so sure what the dream was about. From then on I tried to remember what that dream was about. But I can't remember.

The dream was at a time when I had the falling downstairs dream." (legend to fig. 3)

The reference to a “falling downstairs dream” tells us that the dream dealt not only with her oedipal conflict but also with the depressive feelings that had been generated. The elves and the joker interfere with her romance. They can be interpreted as symbols for her sisters and her nurses. The subsequent falling downstairs reveals that these were merely representations of internal corrective influences initiated by a punitive superego. The dream displays clearly the conflictual interplay between erotic and punitive depressive forces. Here the dream starts with the oedipal gratification, which is interfered with by the elves and the joker. The falling downstairs, which is illustrated in the same picture as the interrupted walk, definitively terminates the oedipal gratification and symbolizes the onset of depression.

We can detect this same tendency to alternating, sequential affect correction in the child’s fantasies. Sherry reported to Bornstein that she tried to make up good “thinking stories” when she went to bed—that is, fantasies intended to overcome the depressive fears that created her insomnia. But she always ended up thinking about death; the depression was not easily overcome by the deliberately cultivated optimistic fantasies.

I shall call this phenomenon of alternation of negative and positive affects associated with ideas of death and destruction, on the one hand, and rebirth, on the other, an apocalyptic pattern. Apocalypse appeared in the ancient Jewish and Christian worlds as a prophecy presented as a revelation to a seer or prophet by a pine agent. The revelation always dealt with death and rebirth, a common concern at all times. The typical, classical apocalypse incorporates other features: dualism (good and bad); pseudepigraphy (i.e., false attribution); a tour of heaven or hell, usually by means of a vehicle, animate or inanimate; allusions to heights and depths, rising and falling; and prodigies of nature, including the expectation that at the “end” (the eschaton), time will stand still and nature will be altered. Each of these elements has dynamic significance. I use the term *apocalyptic* in connection with the death and rebirth sequence because that is, in my opinion, the essential dynamic of apocalypse and the psychobiological basis of the almost universal promulgation and acceptance of apocalyptic ideas (Ostow, 1986).

These observations apply to the individual, solipsistic *Weltuntergang* fantasy of schizophrenia and schizoaffective psychosis as well as to the socially circulated apocalypses that achieve wide

public credence. Close inspection of both individual and group apocalypses, however, discloses that in some instances one detects a success phase at first followed by a destruction phase, in which case the latter can be and frequently is interpreted as punishment for the improper ambition of the first phase. The issue of sequence becomes less problematic when these phenomena are inspected more closely. For example, in the duckling story, I see four phases: initial gratification (possessing, enjoying, and raising the duckling), followed by its death and the child's disappointment, followed by rebirth (acquisition of the new duckling), and ending with the expectation of the death of the new duckling. In many circulated apocalypses, we hear of anticipation of several alternations of defeat and victory before the final triumph. It is not uncommon to find several alternating affect corrections in dreams. I shall quote one below from the patient's adult life.

Affect alternation of this type occurs frequently in the dreams of patients whose illness is based upon affect dysregulation. I include here not only the manics, hypomanics, depressives, and cyclothymics but also—and especially—the borderlines and children and adults with attention deficit disorder, as well as the phobics and the patients with depressive character. I find descriptions of apocalyptic dreams in the accounts of patients with posttraumatic stress disorder as well. What I am not sure about is how frequently such dreams and fantasies occur in individuals other than those with these syndromes. Moreover, do they occur more commonly among children than among adults?

Affect Dysregulation and Neurotic Conflict

From a psychodynamic point of view, one can interpret each switch from gratification to deprivation or frustration as punishment, especially in an oedipal context, suggesting that the gratification was improper; and each switch from disappointment to gratification can be interpreted as reconciliation or vindication. Nevertheless, from a purely descriptive point of view, these switches can be seen as automatic mutual corrections, serving as a homeostatic mechanism to regulate affect. It is reasonable to suppose that when this affect-stabilizing mechanism functions well, its function is invisible. It becomes evident in dream, fantasy, play, and enactment only when it loses its precision and fails to correct, or corrects too soon or too late, or corrects excessively. From this point of view, one may deduce that in each of the psychic creations of this child, her play, enactments, fantasies, and dreams, we find a window onto the function of this homeostatic mechanism.

Am I speaking here of neurotic conflict as that term is ordinarily understood in psychodynamics? I believe that the apocalyptic sequence of death and rebirth differs from neurotic conflict in two significant ways. First, in neurotic conflict, resolution is sought by countering an inadmissible impulse *concurrently* with defense and achieving a compromise. Two dreams recorded by Bornstein illustrate in graphic form the contamination of gratification by defense, yielding frustration.

Dream 2

The child dreamed that she was forced to dance with a rooster “who had an awful grip” on her and was squeezing her hand.

Dream 3

A “poisonous snake, terribly slimy and cold,” is laid in her hands. (p. 323)

In each instance the desired sexual object is presented in a repulsive manner. Moreover, the mention of hands in each dream suggests that the conflict involved concern with masturbatory gratification. Masturbation and its baleful consequences were mentioned by the child explicitly, later in the analysis. The death-rebirth sequence that I am describing presents impulse and its counteractive impulse as two *successive* phases.

Second, the neurotic defense against an unacceptable impulse relates specifically to its ideational content. For example, in the two dreams just cited, the disagreeable and frustrating aspect of each of the two potentially gratifying experiences complied with the nature of that experience. Touching the phallus loses its gratifying quality and becomes frightening or disgusting. On the other hand, the death-rebirth sequence presents as a contrast of affects—despair versus hope, destruction versus construction—in which content is appropriate to the affect but not necessarily specific to the idea.

Apocalyptic Archetypes

The relation between the polar affect reversals and apocalypse transcends their common concern with death-rebirth fantasies. Among the various apocalypses, classical and modern, scriptural and

apocryphal, the rebirth fantasy assumes different forms. Within these rebirth fantasies certain archetypes can be recognized (Ostow, 1986). Some of these archetypes appear in the material we have before us. Almost all apocalypses include the image of a messianic savior as well as a seer and pine or semipine informant. Frequently these roles are combined. Sherry regards her psychoanalyst as rescuer, guide, instructor, and revealer of secrets. In addition, both in the initial play episode in which her parents are endangered and in the duckling story, the doctor and the nurse are archetypically called upon to rescue the victim.

Many apocalypses envision the rebirth or the revelation as starting with a journey, and usually a vehicle is specified. In an earlier paper (1986), I observed that the vehicle represents psychologically both the maternal claustrum and the method of reaching it. The first play episode describes the parents as endangered by the vehicles in which they are riding. In this case the vehicle not only fails to protect or to rescue but itself becomes the source of danger.

The rebirth fantasy may assume any of a number of forms, from simply reuniting with mother or a mother surrogate to becoming a member of a fraternal cultlike community. Reactivating an oedipal relationship is a favorite technique.

The preferred device usually retains its promise during most of the individual's life. As such it becomes an *organizing fantasy* that imposes its signature upon many forms of behavior subsequently. Individuals may deploy one or more such organizing fantasies throughout their lives. Although the emergence of the organizing fantasy is seen most clearly as a reaction to some frustration, in fact, in many individuals we can detect its continuing but subtle influence in a large number of activities in which it attempts to achieve enactment over long periods of their life span.

Commonly, the rebirth fantasy consists of entering into a closed area where a deity may be seen sitting on a royal throne (Ostow, 1989b). By returning to a maternal claustrum, the visitor hopes to glimpse the father and especially the paternal phallus. The attempt to enter a claustrum and there to encounter father appears several times in Bornstein's case. She describes the following dream:

Dream 4

"I saw a crocodile or alligator and I was in a small sort of cabin. The crocodile stuck his head between the bars and that looked funny. And the crocodile kept on moving from side to side and I kept on jumping from side to side too. And finally he got me. And instead of biting a chunk out of me, a sort of tooth stuck in me. And I tried to pull it out and I did not succeed. Then we went to supper and then I woke up."

Later, Sherry added, "In that cabin there was a little girl with me. I don't know her name. She was about the size of me and eight years old. But we were very small, a little bigger than a baby." (pp. 317— 318)

The dream followed some agitated and unaccustomed flirtation with the father on that day, Sunday. Previously, the parents had withdrawn into their bedroom, excluding the children. The patient had often tried to invade the parental bedroom and incurred the resentment of her father, who blamed the mother for not keeping her out. That afternoon she had, in play, grabbed his leg as if she wished to hurt him. In the dream, it is the crocodile that is attacking her. The second part of the dream report, about the twin, came almost as an afterthought, after discussion of the dream had begun. She speculated what it would be like to have a twin, or even to be one of triplets, and wondered whether these quarreled as much as ordinary brothers and sisters. In this context the child reported playing with a friend and that the doll of each of them had given birth to twins. (See play item 4.)

Finding herself in the cabin represents return to the maternal claustrum, which had always been, in childhood and later in adult life, one of her most common dream wishes. The quadrangular claustrum configuration recurs frequently in her dreams: cabins, cars (compare the first play episode), railroad cars, chairs, beds, couches, tables, rooms, buildings. (I have elsewhere [1986, 1989b] commented on the number 4 as a universal symbol of mother's body, a desired goal.) The crocodile intruding between the slats represents the father's penis intruding into the mother's body. The reciprocal, alternating dance represents her understanding of sexual intercourse. The subsequently recollected fragment about the twin sister suggests that if the sister were a clone of herself, there would be no rivalry: they could both inhabit mother's body and play with father together. The tooth play, as Bornstein indicates, represents an impregnation fantasy. This dream seems to represent the wish gratification alone. We see no antecedent or subsequent death fantasy.

Dream 5

In a dream that I see as related to the theme of encountering the paternal phallus in the maternal claustrum, the child had "ears like Pinocchio," who, she added, "met his daddy in the whale's stomach." (p. 323)

That association suggests the image of encountering the crocodile's snout in the log cabin—that is, again the father's penis intruding into the maternal claustrum. For her, that image meant sexual contact with father with mother's sanction. She did not have to choose between the two. She achieves the reconciliation of what would ordinarily be incompatible wishes. Note that the same configuration occurs in Edgar Allan Poe's "The Pit and the Pendulum," in which both the female genital pit and the phallic pendulum are terrifying and life threatening. It is interesting that the child did not refer to Pinocchio's nose, a phallic element with which she identified. The conflict between masculine and feminine identity was explicitly stated elsewhere in the analytic material. As an adult, she selected a career and performed in a way that accorded her power and that gave her command over men, although she strove consciously and successfully to be and to appear feminine. This dream too is a conciliatory dream, combining love for her mother, sexual attraction to her father, and phallic identity. The corrective or punitive elements include the trauma of having been swallowed by the whale and of the image of herself as deformed—that is, with Pinocchio's ears, representing a paired, deformed phallus.

In the child's external behavior we can recognize some symptomatic acts—enactments—that give expression to the same needs.

Enactment 1

On one occasion, Sherry's father locked the door to his study to prevent her from using what Bornstein called his gadgets. She apparently obtained and hid the key, returning it to him only after he gave her a copy of that key, which she then wore as a pendant.

Enactment 2

Sherry began nightly visits into her parents' bedroom shortly after the birth of her sister when she was a little over four.

I interpret this need as a variant of her longing for the maternal claustrum, a longing that was represented most explicitly in the cabin dream and also elsewhere. The fantasy of entering the maternal claustrum and often encountering father there appears in dream, fantasy, and enactment. Bornstein cites no play material that specifies it.

In the case of Sherry as reported by Bornstein, the organizing fantasies that we encounter include (1) the return to the maternal claustrum, usually with the hope of encountering the father's phallus there, leading to identification with the phallic father; (2) the avoidance of exposure to strangers, but also occasionally erotized flirtation with them; and (3) an exaggerated concern with danger to the point of making strong provision for medical care.

Dream, fantasy, play, and enactment constitute a series of modes of behavioral expression. They all exhibit responses to external opportunity and demand as well as to internal demand. In that order they are characterized by increasing contact with reality, increasing action upon the real world and increasingly literal experience of it, increasing intensity of feeling, and decreasing freedom from the limits of hoped-for gratification. All are susceptible to interruption by anxiety. In Bornstein's material we find that the first three exhibit succession of death and rebirth fantasies. We also find in all of these the dominant rebirth fantasies that shape much of the child's ordinary as well as neurotic behavior.

Play in and out of the Analysis

Bornstein cited two instances of play that had taken place outside the analysis but that had been reported to her:

Play item 4

In the one she and a friend had played that their dolls had each given birth to twins simultaneously, and the two dolls agreed that "I'm so glad that I have twins!" (p. 318)

The episode of play does not incorporate affect correction in its course. It replies to the envy of her sisters and jealousy of their relation to her mother. In the game each newborn has a twin sibling. Twins, she thinks, may not quarrel the way nontwin siblings do. Moreover, playing the game with

her friend who shares an identical experience simultaneously makes of the friend a twin of hers.

Play item 5

The second instance of extra-analytic play is a negative instance in a sense. The child reported that some children had accused her of not wishing to play with them, “just because they were new.” She acknowledged that she did not wish to play with them, but it was because she could not see any fun in doing it their way. But she denied that she could be mean enough to exclude someone merely because of the recency of the child’s arrival. Bornstein reminded her that she had teased her younger sister, Ann, saying that their father did not love her because she was “new.”

We see no affect shift in the course of either of these two episodes. Playing itself became the issue. I do not know why she refused to play with the other children or whether the issue had to do with her rejection of her sister. Moreover, despite her profession of wishing to have a twin, she insisted on having things done her way.

A priori one would see no reason why play outside the analysis would differ in its affect-regulating function from that within the analytic session. We may, however, consider the possibility that the presence of the analyst and the desire to invite her assistance emboldens the child to contemplate impulses that would otherwise be repressed. Such boldness does not occur in play that takes place outside the analysis and is reported to the analyst after the fact.

In the instances of play taking place during the analytic session, we can discern two separate but related aims. In the first place, the child is trying to engage the analyst in her daily life by presenting it to her, describing what is going on, drawing pictures, and enacting the fantasies that accompany her affects. Having the analyst’s attention and concern, she acquires the courage to confront her angry fantasies by turning them into dramatic play. When anxiety appears, she terminates the game and reassures herself that what is happening is not real. The analyst’s assignment in this case is implied in Sherry’s introductory statement that she is asking for help because “Mommy cannot do anything much about it either” (p. 314).

Second, at each point of elicitation of powerful negative affect—*anxiety or sadness*—she looks

to the analyst for an act of rescue. The designated victim is rescued from danger, and the patient is rescued from anxiety. In the car crash game, the doctor assures her that no one has been injured. When, after her grandmother died, she beheaded a doll, Bornstein was there to sew it up, and that repair was all that the child remembered of the play two years later.

The two extra-analytic episodes of play differed. They did not deal with anxiety-provoking material, and they did not require rescue. The analytic play dealt with the child's depression and its consequences; the extra-analytic play dealt with her inability to relate to peers. Only if the other child was a literal or symbolic twin, another self, would she be able to contemplate friendship. Because the analyst was not there, she confined her extra-analytic play to matters that did not provoke anxiety. Yet she brought the material in to promote the analyst's caring interest in her. The play that took place in the presence of the analyst dealt with the patient's illness, with the fantasies with which she was obsessed, and with the anxieties that she could not control. The doll play with her friend dealt with relations between children of the same age. It seems reasonable to see these observations as demonstrations of a general principle that the content of an act of play is likely to reflect the issues that arise between the player and his or her companions in play, especially when the object relations are problematic for the child.

The two episodes of extra-analytic play present an issue that otherwise does not come up in the material presented by Bornstein but has troubled Sherry throughout her life—her discomfort with others her age. As we can see in play item 5, she becomes anxious when called upon to associate closely with others. To deal with this discomfort, she has developed a number of strategies. She avoids close associations, except with a few people whom she thinks pose no threat to her. She appeases others by kindness and gifts and reassuring appreciation. In her pubertal and adolescent fantasies, she eroticized the experience of attack by dangerous strangers. On infrequent occasions, she has become slightly paranoid. In her analysis she has frequently expressed the wish to overcome this problem and in recent years has done so to a certain extent. It would not be relevant to the major concern of this essay to discuss the pathogenesis of this issue; I just want to point out that the issue appeared in childhood and has persisted to this day.

In a sense play in analysis is not free play at all but a means of communication with the analyst.

The child is told that the analyst will help with his or her concerns and fears, and is brought to the consulting room and placed before some materials that lend themselves to play. In that way the child is implicitly instructed: let me see what you would like to do. The youngster will sometimes make the situation more explicit by using play activities to illustrate spoken communications. At least when the child is in the mode of apocalyptic thinking, he or she sees the analyst as a rescuer, a savior, and proceeds to inform the person of the problem by acting it out. When the acting out becomes too realistic, the play must be modified or terminated. Play in analysis, whether a respite from stress, a novel occupation, or a “trying on” in anticipation of the new, is also a communication. It is more likely therefore to include pathological material than play and other mental processes that take place outside the analysis. It is driven by the child’s hope for relief from distress and by the response to the therapist as a savior and a rescuer. Both the hope and the rescue fantasy are facilitated by apocalyptic thinking.

Bornstein’s Patient as an Adult

When we consider Sherry’s adult life, we find the same elements that we found in the childhood material. The initial complaints of insomnia and concern with death continue but are now quite tolerable. She manages the insomnia by getting out of bed and doing her work at her desk or reading. The concern with death has to a large extent been replaced by concern with aging, but both are included in the apocalyptic fantasies now as they were then.

As noted above, during the entire twenty years of her analysis with me, she has exhibited frequent oscillations of mood from mild depression to mild euphoria and back. Apocalyptic fantasies and themes have continued to appear frequently in the analytic productions and in her daily life. During the period when her mother was fatally ill, Sherry reported a number of frankly apocalyptic dreams. Here is one of them:

The world was being flooded. The water was reddish and grayish. It was turbulent with white crests. I saw rocks and houses. People were drowning. We were on a high level where there were white houses. I was on a boat, a nice boat, large with blond wood lacquer floors. There was a kitchen on the boat. I became concerned that it would capsize. We landed at a house on some land. We brought things onto the boat, glasses, no, plastic cups for fear that they might break, and food.

What’s the point of living if you’re going to drown? I thought of suicide and became calmer. No, I said, there is always hope. If you die now you eliminate hope.

I saw some people drowning, some with their hands raised, some protesting, some peacefully.

The specific details of this dream are of interest for the patient's analysis, but irrelevant to the argument I am considering here. What we see is a prevailing depressive mood and recurrent attempts to overcome it: the high level, the boat, the kitchen, the food. All to no avail. The depressive process is not overcome. In the end, suicidal thoughts are pushed aside by displacing the prospect of death onto others. "Some protesting" suggests an explanation for the anger that disturbed Sherry during the segment of analysis reported by Bornstein.

The alternations of mood have served her well in her work as a business executive. The experience of these alternations has encouraged her to make decisions and to review them from different perspectives. The expression of apocalyptic anger is usually limited to scolding and shouting at home, which she regrets and tries actively to avoid. Occasionally she will turn against employees, associates, or acquaintances when she feels she has been wronged, but aware of this tendency, she reviews all such inclinations critically before acting upon them.

The organizing fantasies of her life that were detected in the early analytic material have continued to play important roles. The need to find her way into the maternal claustrum and to encounter there father's phallus so that she could identify with him has been recognizable in a number of activities. With his concurrence, she took over her father's office in the family business as well as his functions, just as in childhood she once stole the key to his study at home and would not return it until he gave her a copy of it to wear as a pendant around her neck. Her city and country homes have been important to her and were renovated and decorated attentively. In analytic sessions, she frequently has sat opposite me on the couch. Dreams have indicated clearly that this practice expresses her need to repeat her viewing of her father's phallus to which she was inadvertently exposed from time to time in childhood.

Sherry's need for messianic rescuers has found expression in her prolonged continuation in analysis. She has come not only for what she calls "real analysis" but also for help in resolving all kinds of problems with her children, husband, parents, friends, and business associates. In addition, she has promptly found competent analysts for all her children when the occasion arose and has been assiduous in finding proper physicians and adhering to their recommendations. At work, she

has tried to provide herself with reliable advisers, though she never shirks decision making.

The theme of relating to others has been dealt with least satisfactorily. She tries to cope with her problem by deliberately reaching out to make and keep friends. Nevertheless, the friendships never become very deep and are usually limited to courteous, gracious social contacts. In her philanthropic work, she is often put off by clumsy attempts to use her as a rubber stamp and to ignore her input. Infrequently, her fear of close associations escalates into paranoid attitudes. When this mechanism is demonstrated to her, she is quickly able to overcome it.

The issue of play does not arise in adult life. Her leisure-time activities are usually solitary such as reading or organizing family photos and films. She spends as much time as she can with her children and with her husband when he is available. She plays tennis only with members of her family and indulges in no other sports. She enjoys traveling, usually with her husband and her children, associating her trips with memories of being close to her mother and being loved and fed by her. The analytic play of childhood finds no homologue in her adult analysis, except perhaps in those sessions in which she consults me about specific problems.

Although it would have been difficult to predict this patient's career and interests from the data of her analysis during childhood, given that information, we find no surprises. Her cyclothymia, her apocalyptic mode of thought, and her organizing fantasies all continue unchanged. I believe that it is fair to say that the affective swings that are visible in the childhood material continue into adult life where they are clearly discerned in dreams and less obviously in fantasy and in conscious symptom change. The organizing fantasies that we saw in the material from age eight continue to find expression in the patient's dreams and in her symptomatic acts and career. So reliable is this continuity that on occasion when I am baffled by some problem in the current analysis, I can often find a precursor of the issue in the data that Bornstein provided. Given the profound alterations in condition, interest, influence, and physical structure that time brings, this continuity and consistency are impressive. As a result of analysis, she has been made acquainted with all these tendencies and has been helped to achieve sufficient control over them so that they lend spice to her life but do little damage.

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