The Many Meanings of Play

Play Modes in Child Analysis

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e-Book 2016 International Psychotherapy Institute

From *The Many Meanings of Play* Albert J. Solnit, Donald J. Cohen, Peter B. Neubauer

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Play in child analysis is a complex and changing phenomenon. It may involve displacement, enactment, or direct interaction with the analyst. It may feature only one mode of activity, an unvarying, identifiable series, or a collection of activities under the sway of differing developmental and dynamic pressures. It may shift in terms of stages and techniques within the same child. This capacity for play, as well as the necessity for variability within the play process, is an important feature of the child's ego structure. Within each analysis, it is possible to use observations about the consistencies and variations in the play process both to reconstruct early experience and trauma that have affected ego development and to gauge the process of the analysis itself.

I shall present material from several child analyses to illustrate the ways in which play modes vary or remain stable. In doing so, I hope to document an important variable in this critical human ego function—the capacity to play—and to demonstrate its vicissitudes within the analytic situation.

I conceptualize play as the action language of doing, redoing, and undoing. It is a mode for representing, communicating, and trying on, both within the evolving self system and between the self and others. It is first and foremost a linguistic system for constructing, organizing, trying out, and revising meaning. The exercise of play involves taking oneself and one's agenda—cognitive, affective, and putative—seriously enough to be playful. The capacity for play appears to be innate, but as with almost every other human ego function, the *Umwelt* must provide a suitable haven for and response to the inchoate capacity. Just as there is no vision without stimulation by light, so play does not fully develop without an adult taking it seriously. Developmentally, this task of endorsing the child's play is performed by both parents, each with a somewhat characteristic mode of play interaction.

As analysts, we know that this average, expectable, interactively contingent development features more permutations and deviations than easily predicted and smoothly functioning

sequences. Such contingencies, exigencies, and actual experiences often constitute the determinants of a child's play repertoire—its limitations and play mode predilections.

To explicate these concepts, I shall present some play material derived from the evaluation of an extraordinarily distressed family with three preschool children. As these children were later seen in an analytic situation, it will be possible to advance certain hypotheses about the origins and variability of what Ritvo (1985) has called "play signatures"—in this case, individual as well as familial. The role of endowment, experience, responsivity of the Umwelt, and trauma will be explored in an effort to unravel the constituents and the dynamics of play.

Clinical Material

Every night at around 11:00, Jack, thirty-three months old, gets up from his bed, cries a few unintelligible sounds, and heads for the window. His parents say that his behavior is as regular as clockwork. His younger sister, Kerry, is like a whirling dervish. Her mother says that Kerry is tough, nasty, and, at twenty-three months of age, the most difficult of her three children. Robby, who at forty-three months is the oldest, clings to his father. He literally will not let go except to clobber Jack.

At the Clinic for the Development of Young Children and Parents at Children's Hospital, we were asked to evaluate and assist this young family. The referring social worker told us that the father, who is twenty-four, has a hereditary cardiac condition. He has already suffered several heart attacks and is a virtual invalid. He cannot work. Moreover, the family has been reported for child abuse, and our evaluation is to be part of the social service agency's assessment of this issue. Interestingly, the initial referral made no mention of the mother. The family's first appointment was almost canceled: the problem had been solved, we were told, because Jack had not awakened at 11:00 for two nights in a row. Tactfully, we suggested to the parents that it might be useful for us to meet anyway. Mrs. T., twenty years old, agreed and added that maybe we could help her too. Her mother, she told us, insists that she is retarded. Can we give her some tests? Then she'll show her mother a thing or two.

In our initial meeting with the family, we were impressed by how thin, ill, and wan Mr. T. was. He smiled and told us that his illness was nothing. His mother had it, and so did his son Jack. He was

not afraid of dying. “When your time comes, your time comes,” he said with a smile. Although he was twenty-four, his manner and appearance suggested a fourteen-year-old, while something else in him suggested a very old man.

He illustrated his attitude about mortality and something of his cognitive style and capacities by telling us that his mother had “died” on the table during a cardiac catheterization, but because it was not her time yet, she came back to life and was now fine. Mrs. T. did not appear to listen as her husband talked. She wanted to speak only about her mother. She was quite adamant. What does it mean to be retarded? Could we tell whether or not she was? She was not much concerned about her husband’s health but did say that it took him longer than any of the three children to climb to their third-floor flat. In contrast to her husband, who seemed affectively attuned and present, Mrs. T. had a somewhat preoccupied and absent quality. Her face seemed blank and without emotion. For example, when Mr. T. told us that there was no heat in their apartment, that they were cold, and that it was nice to be in the clinic because it was warm, Mrs. T. merely shrugged her shoulders and grinned.

As we spoke with the parents, the behavior of the children was most noteworthy. They were absolutely silent. Jack and Robby clung to their father, one on each leg; Kerry sat on his lap. It was almost impossible to see Mr. T. as he was completely covered with children, but it was possible to hear him. He spoke about how difficult the children were. They were always naughty, he said, and he had to use the belt on them a lot, especially on Jack. He didn’t like to do it—children were to be loved, not hit—but what could you do? It was strange, he said, that there was much more trouble since he was home full time after his last heart attack. He didn’t know what got into the kids, what made them so difficult. Again, Mrs. T. did not pay much attention. From time to time she muttered about her mother, who was called Angel, but she was “hell on wheels.” When Mrs. T. was a child and her mother got angry with her, she would burn her with matches. Maybe, Mrs. T. wondered, she should burn Robby and Jack and Kerry. Her husband burst in: “We don’t want to do that. That’s why we are here. We love our children and don’t want to hurt them.” Throughout all of this, the children were literally frozen to their father and watched him like a hawk. When at one point, Mr. T. coughed and put his hand on his chest, an expression of concern appeared on Robby’s face and then on Jack’s and even on Kerry’s. Mrs. T. appeared not to notice.

As is our protocol in the clinic, we then observed the family interacting behind a one-way mirror. Mother and father conversed a little bit. The subject was Angel and her cruelty to Mrs. T. Mr. T. seemed sympathetic. As his wife's anger grew, so did his own excitement. Mrs. T. began to cry as she described her mother's threats against her; Mr. T. became so upset that he said he would strangle Angel. The emotion was apparently too much for him. He clutched his chest and became silent and pale. The children, who had been playing on the floor, immediately stopped and stared intently at him. Robby said, "Ma stop," but Mrs. T. continued what had now become a monologue about her mother. We interrupted the observation at this point, concerned about Mr. T. He said it was nothing, it happened often (which his cardiologist confirmed), and he took some propranolol. The children's watchful wariness and the mother's obliviousness were particularly noteworthy to us.

After we left the room and the observation recommenced, little Kerry launched into action. She got the boys to join her, and the three began first to throw things and ultimately to fight with one another. Jack, after much provocation, pulled Kerry's hair. At this point, Mr. T., who was again looking very upset, threatened Jack with his belt. We once again intervened when Mrs. T. told Jack he was going to get it and grabbed him while Mr. T. took off his belt and prepared to strike his son. As we entered the room for the second time, it was clear that in some way Mr. T.'s gesture had decreased the tension rather than increased it. All the children, including Jack, the would-be victim, now seemed relaxed. Robby smiled, as did Jack, and little Kerry sang, "Daddy here, Daddy here."

In this segment of the observation, the interaction between the children and their parents had markedly increased. Kerry had initiated the "naughty" activity about which the parents had complained and had elicited a response from Jack, which led to their father's taking physical action. We hypothesized that her triumphant singing, "Daddy here, Daddy here," represented her reassuring herself that her father could still respond—that he was still alive. Although the concept of alive or not alive is in many ways beyond a twenty-three-month-old, her later play seemed to substantiate the notion that her father's reactivity was a central concern. Her two brothers were equally concerned with this issue.

Each of the children was seen in an individual play interview. Kerry played with some teddy bears of differing sizes. She made the little teddy bear poke the big teddy, which stayed still and did

not react. This sequence was repeated several times. I brought in another big teddy and asked, "Who is this?" "Mommy," said Kerry. The little teddy kept poking the first big teddy. "What will Mommy do?" I asked. "Lone, alone," said Kerry. After what seemed like interminable poking, the first big teddy (Daddy?) made a loud noise and started to hit the little teddy. Kerry smiled. "Good, good," she said.

Jack played at a more advanced level. He created a doll family with puppets. A big doll hit a truck. He was badly hurt and could not move. Jack thought that the truck had hit his legs. The doll mother would not or could not talk. Jack thought that the truck had maybe hit her too. Maybe it had hit her mouth. The little boy in Jack's made-up family didn't know what to do. He couldn't go to bed. What if a robber came? His father couldn't do anything; his mother couldn't say anything. The little boy puppet got up and stood by the window. Eventually, I persuaded the puppet to go back to bed. I taught Jack a lullaby and we sang the puppet to sleep. Jack turned to me and said, "Move, move, talk, talk." (I wondered if I was being asked to be both mother and father.) Finally the little boy puppet fell asleep. I took out a pen that I called my dream machine, which allowed us to look into the puppet's head. I showed Jack how to place it on the sleeping toy. Jack announced that the little boy was dreaming of a monster with a big mouth. It would tear up, eat up the little boy. I asked how the boy felt. "Scared," was the reply. "Let's get help," I suggested. "Shall I get a daddy?" "Daddy can't, he's hurt," said Jack. "I'll get a mommy," I suggested. "Mommy can't," said Jack. "Why?" I asked. "Mommy can't," he repeated. Then Jack had the little boy awaken, go over to another puppet, and hit him. Then the daddy moved his arm to hit the boy. "Is the boy still scared?" I asked. "No," beamed Jack. "Daddy better."

Robby played on the most advanced level. His was also a family scene. Robby's puppet family had a lot of trouble. The parents were both sick, and Robby told me that their mothers were to blame. Mother's mother had hit her on the head and made her sick; father's mother had fed him something bad and that had made him sick. The mother's ailment rendered her incapable of doing anything, and the father's condition was even more serious. Because of the parents' illnesses, the children had to be very quiet and do all the work in the household. The affective tone of the play was very grim.

I introduced a television reporter from "Sesame Street" into the play, using a puppet, to help

Robby reflect on the action. He had come to do a report on this unusual family where the children took care of the parents and had to be quiet all the time. (Robby told me that he had seen "Sesame Street" at a friend's house; the T. family did not have a television set. Robby said it would be nice if they had one because his dad, who must rest, would like to watch it.) When the play resumed, Robby had one of the little children begin to cry. A bigger child went over to comfort his sister. "Daddy, Daddy," Robby had her wail. "You know Daddy is sick," the bigger boy told her. "I will take care of you. Don't be sad." Then Robby had the little girl hit her brother. He started to laugh and told me he could see all the children smile. "They are saying, 'good,'" he told me. I expressed surprise. "Is it good to hit?" I asked. Robby grinned at me and said, "When we hit, then Dad hits us. Then we have a daddy." "And the rest of the time?" I asked Robby. The little boy stared at the floor. He looked very sad indeed.

This play material is, of course, not analytic. It was elaborated in a diagnostic format designed primarily to elicit information regarding the children's safety and secondarily to foster the development of a plan to aid the entire family. Nevertheless, each child's play style does tell us much about his or her most pressing individual conflicts. The play scenarios seem closely related to reality concerns as they might be conceptualized by an outside observer. The variation from one child to the next is more in the realm of causation—theory making—than in the basic dilemma depicted. Moreover, in our cursory diagnostic examination, the children were neither invited, nor did they attempt, to evolve the play beyond their most pressing real-life concerns.

After our initial interventions, which were aimed at assisting the family, decreasing the beatings, and simultaneously arranging in-home care for all five family members, each of the children entered an individual treatment situation. Mr. T. died six months after our plan went into effect, and despite serious consideration by the responsible authorities of the recommendation that the children remain together, they were separated and each went to a different new home. Their individual treatments continued for about six months following the relocations and ceased thereafter. The boys' therapists, who were not child analysts, reported that the two, seen separately, played out age-appropriate cops-and-robbers scenarios and seemed to be concerned with aggressive themes and matters of right and wrong. Kerry's therapist stated that the little girl displayed the disturbing symptom of pinching herself with resultant ecchymoses. In contrast to her play facility

during the diagnostic workup, she did not play and was often withdrawn and difficult to reach in the therapeutic situation.

I was able to monitor the ongoing experiences of the children, albeit distantly, through the good offices of the Department of Social Services, which held their guardianship. It was through this channel that Kerry, who had been adopted by a concerned family, came to me at age six. Similarly, I was able to assist the two boys, Jack and Robby, in finding child analytic placement.

Kerry's new parents introduced her to me by stating that she was a great success in school but seemed miserable at home. She pinched herself frequently, was quiet and withdrawn, and did not seem to want to have anything to do with their two older children, a boy and a girl, both also adopted, who kept reaching out to their new sister. The parents were also concerned about her extreme politeness. "If only she would have a tantrum or just cry," her adoptive mother said. "They love her in school because she is so good and compliant, but we see this as a liability, not a strength."

Kerry did not appear to recognize me when we met. She was indeed a picture of great sadness, with many visible black-and-blue marks, and of doll-like obedience and compliance. She waited for directions before taking any action and then repeated what had been said to make sure that she got it right. After five or six meetings with me, she began to explore my play cupboard. She took out some teddy bears, not the same ones that she had used at the hospital some four years earlier, and initiated an interaction between two of the bears. One bear did something to the other. The second bear screamed. The first bear laughed. Kerry had a hard-to-decipher look on her face and played on. The two bears were given names: Abra and Kadabra. It was established that they were both girls. In the second week of the analysis, I was asked to "do it to Kadabra." In response to the query, "Do what?" Kerry tried to take my foot and smash it down on Kadabra. I attempted, probably unwisely, to explore this scenario rather than to enact it. Why should Abra do this? What was Kadabra thinking, feeling, wanting? Kerry continued, "Do it!" and substituted Abra as the doer when I did not comply with her request.

The play did not seem to move forward. The sequences were repeated without any deepening of insight or understanding, and my attempts to question their meaning were not productive.

Eventually Kerry began to look ever grimmer and to pinch herself during the hours. This alarmed me, but it seemed to calm her in much the same way as the father's beatings or threats of beatings had a calming effect during the diagnostic interviews. The child then wondered if I would pinch her. I declined and asked if I should "do it to Kadabra." "Yes, yes," Kerry responded. "But what is 'doing it'?" was my next question. Kerry proceeded to stomp on Kadabra, causing the teddy to scream, just as had occurred in the initial analytic play sequence. She then touched (gently) my foot, clearly guiding it into stomping position. I allowed my foot to be so guided. Kadabra was stomped upon and once again screamed. Over the next several months, this play expanded significantly. It appeared that the partially displaced mutual enactment was required before further elaboration was possible. It is important to note that Kerry moved from the request that I do it to Kadabra, to allowing Abra to do it, to doing it to herself, to asking me to do it to her, to redoing it to Kadabra, and then to requesting again by physical gestures that I do it to the bear.

What was happening and what kind of play was this? The child allowed me to do what needed to be done to the bear rather than to her, but she insisted that I actually "do it." Could I have forestalled this event by an interpretation? Should it have been forestalled? I think that the answer to the first question is probably yes, and the answer to the second question is probably no.

It is possible that I could have posed questions or offered possible meanings of the request and attendant play that would have interrupted the ongoing process. If my thoughts about the origins of enactment in the play process and their interactive component possess validity, then my acquiescence facilitated the subsequent playing out of material—not only deepening it but also elaborating the modes by which it could be expressed and thus become accessible to consciousness and to analysis. I realize that as the analyst, I must abstain from most forms of requested gratification for ethical and technical reasons. I am positing, however, that this kind of pressure for mutual enactment represents a frequently encountered and repetitively experienced aspect of some children's play repertoire. It is always imperative to explore the meanings of the request, though it does not disappear by interpretation alone. Its origins, as in the case of the T. children, are often tragically apparent. Yet it is sometimes necessary to decline outright, as in requests to touch, hurt, and so on. But it is also often possible to accede, to enact in displacement, to "do it," and thereby allow the material to flow and the process of exploration to continue.

Material from the separate analyses of Jack and Robby came to me in a more indirect fashion. Jack's analysis began when he was seven and a half and lasted for three years. His female analyst communicated with me only after the treatment had been completed. She described an active, affable boy who suffered from nightmares and exhibited provocative behavior toward male classmates at school.

In the analytic situation, he had elaborated syntactical play, which the analyst understood to be primarily oedipal. In a variety of forms its focus had revolved around overcoming the father, winning the mother, and then fearing castrative retribution. Interpretation of this dynamic constellation and subsequent working through had proven ameliorative, according to the analyst. I wondered if there had been much enactment or press for particular interactive participation in the analysis. Jack's therapist reported that the play and discussion would occasionally be interrupted by an upsurge of tremendous depressive affect. Attempts to explore or to interpret these occurrences produced neither clarification nor resolution. On one such occasion, while in the grips of this "awful feeling," Jack had come over to hug his therapist. Somewhat to her surprise, but eventually with comfort, the analyst returned the hug. Following this "parameter," Jack's behavior in school improved dramatically.

With appropriate reserve reflecting my distance from the primary analytic data, I speculate that the analyst is describing a press for interactive enactment (mutual enactment) emanating from Jack and eliciting a "necessary response" from her. Jack does not "insist" that his analyst do something in displacement. Rather, a recurrent, refractory, affective state is eventually discharged in action, and the analyst finds herself "going along with it." Apparently, the important play that took place within the analysis did not lead to a deepening of the exploratory and reconstructive processes (although it may have happened and was just not shared in the postanalytic communication), but there was a dramatic and decisive change in Jack's behavior.

Robby entered analysis at age ten. Like his brother, he lived in a city different from the one where he had grown up. His difficulties seemed to be primarily in learning; he had particular troubles in maintaining a narrative. He apparently experienced a kind of blackout or absence, which led to his being worked up for petit mal and then receiving the diagnosis of attention deficit disorder

and being started on Ritalin. Failure to improve after a trial of pharmacotherapy led to referral to a child analyst and to a subsequent four-year treatment. Robby's analyst contacted me during the treatment, but, to the best of my knowledge, I did not influence the analytic process while it was underway.

Robby complained bitterly to his analyst about his "blackouts," and the two of them set out to understand them. An early play mode involved some shenanigans of Big Bird and Mr. Hooper. (The "Sesame Street" motif reappeared, but now in the play of a ten-year-old.) Robby asked his analyst to play the role of Mr. Hooper, who was portrayed as warm, loving, and supportive. He never became upset with Big Bird. The shenanigans appeared to be quasi-aggressive, quasi-sexual attacks or forays that always "knocked the wind out of Mr. Hooper. " These scenes were played over and over again. Mr. Hooper survived in contrast to events on the actual television program. The analyst participated in his assigned role while trying to learn more about the shenanigans.

During the play Robby often asked questions such as what time it was. When the analyst answered either by exploring the meaning of the question or by answering it forthrightly, Robby blacked out. He would not or could not or did not hear the analyst's reply. In the second year of their work, Robby began to observe that the blackouts occurred only when he and the analyst conversed, not while they were "playing." "It has to be with you," he stated. "Aren't we together when we are playing?" the analyst inquired. "It's not the same," was the boy's reply.

In the third year of the analysis, Robby asked the analyst to call out, "I'm here, I'm here," when the blackouts occurred. This was explored for a long time. Various substitutions were attempted, and eventually the analyst complied. There was no symptomatic relief, but Robby was "very happy."

The "Sesame Street" play was resumed after a long hiatus, and it was learned that Big Bird was enraged at Mr. Hooper for smoking cigarettes, which was bad for a bird's breathing. In his direct interaction with the analyst, Robby now began to ask for a new behavior: would the analyst take his hand if he reached out to him during a blackout? Once again the request was explored and attempts were made to displace and to understand. The analyst even suggested that Robby was longing for someone who was no longer there and that the blackouts were, quite literally, exactly that— the

blocking or blacking out of a very sad feeling, the feeling of loss. Just as before, Robby could not hear. His blackouts increased in frequency and duration, and he began reaching out to the analyst. One day (Casement's paper [1982] notwithstanding) the analyst took Robby's extended hand and held it. In the next hour the play reverted to displacement, and Mr. Hooper died. The analysis concluded the following year. The blackouts had been understood and no longer occurred either at school or in the treatment hours. It was necessary that the analyst and Robby physically connect, as Robby and his father had done much earlier. There were no further presses for interactive enactment.

Kerry's analysis, which lasted for three years, featured subsequent requests for me to "do it." At first these were all in the displacement mode— that I stomp on a play character—but then they overflowed into real life. Kerry wanted me to stomp on a classmate who was annoying her. Together analyst and analysand learned about the offending Samantha. I was assigned the role of Herlock Homes; the name was less suggestive of "Sherlock" than of being "locked out of her home. " During this time, Kerry's agitation and distress were very great. She berated me for my unwillingness to stomp on Samantha. She clearly recalled the episodes with Abra and Kadabra but made no connection. She felt miserable.

Eventually, to the accompaniment of several self-attacks and a few swipes at me, she changed my name first to Furrock Homes and then to Kick Out Kid. Kick Out Kid was asked to kick Sam, another classmate, in the pants, again and again. Kick Out Kid, now represented by a doll, did this to another doll named Sam, and it became clear that it both delighted and terrified Sam. The play led to the analysis of a number of sexual and aggressive fantasies that appeared to be linked to the original "sadomasochistic" sibling play in the T. family and to our understanding why Sam had been incorporated into the analysis. At the conclusion of this phase of the analysis, it appeared that the capacity to tolerate painful affect and to explore earlier formulations in displacement were developing.

Discussion

The depth of material available from these three cases varies greatly. In each, however, the emergence and handling of the press for interactive, or mutual enactment as one form of play can be

detected. What is this press? What are its origins? How ubiquitous is it in children—in children in analysis? What are the implications for understanding it and handling it technically within the child analytic situation?

I have chosen to present the T. family and to describe the presence of what I am calling mutual, or interactive enactment in each of the children's analyses because of the unique opportunity afforded by prior contact with this family and an ongoing tracking of each child's analysis. It would appear that some aspect of each of the children's experiences or of their shared experience might be involved in the genesis of, maintenance of, or necessity for the mutual enactment mode in their analytic play.

Much has been written about the role of trauma in psychological development (Furman, 1986; Kennedy, 1986; Yorke, 1986). For the purposes of this discussion, I should like to suggest that trauma occurs when what actually happens or does not happen overwhelms the ego's capacity to play—to try on, take off, orchestrate, and reorchestrate, changing both key and meter at will. The presence of trauma, so defined, can be seen either retrospectively or pari passu to coopt the play function, as in the case of the T. children, in the early diagnostic interviews—or to deform the play function as in a "shift to the left," namely, from displacement to enactment to an obligatory mutual enactment. This "shift to the left" may be conceptualized as a regression in an ego function that is the reciprocal of the original developmental sequence.

It is immediately obvious that the pervasiveness of the play interruption and the overwhelming of that function in the three children are not totally apparent by observing their initial play styles or capacities. Nor is it solely a function of their individual developmental positions before and including the loss of their father and the separation of the siblings. More information about the nature of the trauma for each emerges in the analytic situation; but here, too, it can be seen that what is learned is deeply affected by the combination of what comes from the child and how it is regarded, understood, and responded to by the analyst. In terms of what is often called the widening scope of analysis, it might also be noted that Jack's treatment did not seem to focus so much on his earlier life experiences, whereas the work with Robby and Kerry could not steer clear of them even if the analysts had been so inclined'.

In a number of earlier publications (Herzog, 1984, 1985, 1988), I have considered maternal and paternal play styles with infants and toddlers in the second year of life as possibly pertinent to evolving modes of experiencing affect, sensation, and interaction. I am inclined to wonder further about the father's role, his particular use of disruptively attuned, nonmatching play, as a provider of gear shifting and intense affect experiences in the construction of a part of the ego's capacity to roll with the punches, specifically, to resist the overwhelming, interrupting, traumatizing intrusion of actual hyperstimulation or hypostimulation on the play function. Might it be useful to consider that the paternal rough-and-tumble play mode might also allow experience with disruption against a maternally provided background safe enough to prevent the experience of what Winnicott (1971, 1974) called an "interruption of its going on being"? That the father's mode of interacting in play with his child might help to construct a protective shield against traumatogenesis is a way of stating this proposition. Were this hypothesis to be further elaborated and explored, it might lead to a nosology of paternal-child play repertoires that could be implicated in susceptibility to traumatic play disruption and to subsequent patterns and deformations (pathologies?) in each child's play.

Mr. T.'s capacity to participate in rough-and-tumble play with his children was severely constrained and sometimes nonexistent. He could not provide experience with the intense affect paradigm, with gear shifting, and with the experience of asking his children to match his style rather than his matching theirs. When he was roused to interaction with them, it was to strike them with his belt, an experience that must have elicited a wide range of responses in both the somatosensory and associational (meaning) areas of both brain and mind. The children were thus deprived not only of the normal paternal contribution through play of affect modulation and perspective shifting but also of the establishment of a zone of comfort with disruption and derailment that is posited to act as a protection against trauma.

Mrs. T.'s contribution is equally pertinent. Her lack of "homeostatically attuned" (Herzog, 1984) maternal interaction deprived the children of the "background of safety" (Sandler, 1960) against which the father's more active and disrupting play style could be profitably juxtaposed.

I hypothesize that these factors—the maternal deficiency, the lack of "disruptively attuned paternal play," and the desired but painful repetitive beating by the father—combined to lead to the

occurrence of trauma, namely, the overwhelming and disrupting of the play function and then its subsequent deformation, the shift to the left, and the press for mutual enactment. Pathogenesis and play deformation can be seen to develop as two sides of the same coin.

In every child analysis, and in most if not every adult analysis, displacement, enactment, and some press to mutual enactment and the defenses against each are encountered. In the analysis of children, where the play mode involves physical action as well as verbal play, it is particularly easy to identify these modes and to study the analyst's role in conceptualizing, utilizing, exploring, rejecting, modifying, and accepting each of them. The analytic situation as *Spielraum* then becomes a place in which the ego function of play both reveals the prehistory by which it has been shaped and reshaped and invites opportunity for repair through repetition, alteration, formulation, and interpretation. The individual's developmental line of personal meaning can be reconstructed not only by analyzing the meaning(s) of that which is played out but also by studying the modes of play encountered and the necessity for the individual child to do, redo, do differently. The work, then, involves not only mourning the losses of the past in fantasy and in fact but also assaying the state of the play function itself. The intertwining of traumatic deformation of the play function with subsequent press for interactive (mutual) enactment and concomitant experience in object relations and the vicissitudes of drive endowment and discharge opportunity all contribute to a particular constellation of adaptations, defensive patternings, and psychopathological equilibria. Whether this ego function, play, can be restored to fuller capacity or not, and if restored, how it still features its antecedent course, may be debated by those of differing theoretical or technical persuasions. The child's persistence and the very nature of the play function at least compel us to ask the question and to note that reversibility and alteration are built into the function even when developmental arrest has occurred. Thus, careful attention to play modes encountered in the child analytic situation may aid the analyst in conceptualizing pathogenesis, analytic technique, and therapeutic action.

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Notes

1 The work described in this chapter was conducted in part at the Clinic for the Development of Young Children and Parents, Department of Psychiatry, Children's Hospital Medical Center, Boston.