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## The Psychoanalytic Study of the Child

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### The Concept of Developmental Lines

*Anna Freud* 

The diagnostic Profile which we have set up serves the systematic assessment of childhood disturbances by seeing the picture of any given child against the background of a developmental norm into which the state of his inner agencies, his various functions, conflicts, attitudes, and achievements have to be fitted. In our psychoanalytic theory such developmental sequences are laid down so far as certain circumscribed parts of the child's personality are concerned. With regard to the development of the sexual drive, for example, we possess the sequence of libidinal phases (oral, anal, phallic, latency period, preadolescence, adolescent genitality) which, in spite of considerable overlapping, correspond roughly with specific ages. With regard to the aggressive drive we are already less precise and are usually content to correlate specific aggressive expressions with specific libidinal phases (such as biting, spitting, devouring with orality; sadistic torturing, hitting, kicking, destroying with anality; overbearing, domineering, forceful behavior with the phallic phase;

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The individual lines of development have been discussed in detail with the Diagnostic Research Committee of the Hampstead Child-Therapy Clinic, and I have incorporated suggestions and amendments made by John Bolland, Liselotte Frankl, Ilse Hellman, Martin James, Maria Kawenoka, Humberto Nagera, Joseph Sandler, Ruth Thomas, Doris Wills.

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inconsiderateness, mental cruelty, dissocial outbursts with adolescence, etc.). On the side of the ego, the analytically known stages and levels of the sense of reality, in the chronology of defense activity and in the growth of a moral sense, lay down a norm. The intellectual functions themselves are measured and graded by the psychologist by means of the age-related scales of the various intelligence tests.

On the other hand, it is true that we need more for our assessments than these selected developmental scales which are valid for isolated parts of the child's personality only, not for its totality. What we are looking for are the basic interactions between id and ego and their various developmental levels, and also age-related sequences of them which, in importance, frequency, and regularity, are comparable to the maturational sequence of libidinal stages or the gradual unfolding of the ego functions. Naturally, such sequences of interaction between the two sides of the personality can be best established where both are well studied, as they are, for example, with regard to the libidinal phases and aggressive expressions on the id side and the corresponding object-related attitudes on the ego side. Here we can trace the combinations which lead from the infant's complete emotional dependence to the adult's comparative self-reliance and mature sex and object relationships, a graded developmental line which provides the indispensable basis for any assessment of emotional maturity or immaturity, normality or abnormality.

Even if perhaps less easily established, there are similar lines of development which can be shown to be valid for almost every other area of the individual's personality. In every instance they trace the child's gradual outgrowing of dependent, irrational, id- and object-determined attitudes to an increasing ego mastery of his internal and external world. Such lines—always contributed to from the side of both id and ego development—lead, for example, from the infant's suckling and weaning experiences to the adult's rational rather than emotional attitude to food intake; from cleanliness training enforced on the child by environmental pressure to the adult's more or less ingrained and unshakable bladder and bowel control; from the child's sharing possession of his body with his mother to the adolescent's claim for independence and self-determination in body management; from the young child's egocentric

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view of the world and his fellow beings to empathy, mutuality, and companionship with his contemporaries; from the first erotic play on his own and his mother's body by way of the transitional objects (**Winnicott, 1953**) to the toys, games, hobbies, and finally

to work, etc.

Whatever level has been reached by any given child in any of these respects represents the results of interaction between drive and ego-superego development and their reaction to environmental influences, i.e., between maturation, adaptation, and structuralization. Far from being theoretical abstractions, developmental lines, in the sense here used, are historical realities which, when assembled, convey a convincing picture of an individual child's personal achievements or, on the other hand, of his failures in personality development.

## PROTOTYPE OF A DEVELOPMENTAL LINE: FROM DEPENDENCY TO EMOTIONAL SELF-RELIANCE AND ADULT OBJECT RELATIONSHIPS

To serve as the prototype for all others, there is one basic developmental line which has received attention from analysts from the beginning. This is the sequence which leads from the newborn's utter dependence on maternal care to the young adult's emotional and material self-reliance—a sequence for which the successive stages of libido development (oral, anal, phallic) merely form the inborn, maturational base. The steps on this way are well documented from the analyses of adults and children, as well as from direct analytic infant observations:

1. The biological unity between the mother-infant couple, with the mother's narcissism extending to the child, and the child including the mother in his internal "narcissistic milieu" (**Hoffer, 1952**), the whole period being further subdivided (**according to Margaret Mahler, 1952**) into the autistic, symbiotic and separation-individuation phases with significant danger points for developmental disturbances lodged in each individual phase;
2. the part object (Melanie Klein), or need-fulfilling, anaclitic relationship, which is based on the urgency of the child's body needs and drive derivatives and is intermittent and fluctuating,

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since object cathexis is sent out under the impact of imperative desires, and withdrawn again when satisfaction has been reached;

3. the stage of object constancy, which enables a positive inner image of the object to be maintained, irrespective of dissatisfactions and frustrations;
4. the ambivalent relationship of the preoedipal, anal-sadistic stage, characterized by the ego attitudes of clinging, torturing, dominating, and controlling the objects;
5. the completely object-centered phallic-oedipal phase, characterized by possessiveness of the parent of the opposite sex, jealousy and rivalry with the parent of the same sex, protectiveness, generosity, curiosity, bids for admiration and exhibitionistic attitudes; with girls a phallic-oedipal (masculine) relationship to the mother precedes the oedipal relationship to the father;
6. the latency period, i.e., the postoedipal lessening of drive urgency and the transfer of libido from the parental figures to contemporaries, community groups, teachers, leaders, impersonal ideals, and aim-inhibited, sublimated interests, with fantasy manifestations giving evidence of disillusionment with and denigration of the parents ("family romance," twin fantasies, etc.);
7. the preadolescent prelude to the "adolescent revolt," i.e., a return to early attitudes and behavior, especially of the part-object, need-fulfilling, and ambivalent type;
8. the adolescent struggle around denying, reversing, loosening, and shedding the tie to the infantile objects, defending against pregenitality, and finally establishing genital supremacy with libidinal cathexis transferred to objects of the opposite sex, outside the family.

While the details of these positions have long been common knowledge in analytic circles, their relevance for practical problems is being explored increasingly in recent years. As regards, for example, the much-discussed consequences of a child's separation from the mother, the parents or the home, a mere glance at the unfolding of the developmental line will be sufficient to show convincingly why the common reactions to, respectively, the pathological consequences of, such happenings are as varied as they are, following the

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<sup>1</sup> If, by "mourning" we understand not the various manifestations of anxiety, distress, and malfunction which accompany object loss in the earliest phases but the painful, gradual process of detaching libido from an internal image, this, of course, cannot be expected to occur before object constancy (phase 3) has been established.

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varying psychic reality of the child on the different levels. Infringements of the biological mother-infant tie (phase 1), for whatever reason they are undertaken, will thus give rise to separation anxiety (**Bowlby, 1960**) proper; failure of the mother to play her part as

a reliable need-fulfilling and comfort-giving agency (phase 2) will cause breakdowns in individuation (**Mahler, 1952**) or anaclitic depression (**Spitz, 1946**), or other manifestations of deprivation (**Alpert, 1959**), or precocious ego development (James, 1960), or what has been called a "false self" (**Winnicott, 1954**). Unsatisfactory libidinal relations to unstable or otherwise unsuitable love objects during anal sadism (phase 4) will disturb the balanced fusion between libido and aggression and give rise to uncontrollable aggressivity, destructiveness, etc. (**A. Freud, 1949**). It is only after object constancy (phase 3) has been reached that the external absence of the object is substituted for, at least in part, by the presence of an internal image which remains stable; on the strength of this achievement temporary separations can be lengthened, commensurate with the advances in object constancy. Thus, even if it remains impossible to name the chronological age when separations can be tolerated, according to the developmental line it can be stated when they become phase-adequate and nontraumatic, a point of practical importance for the purposes of holidays for the parents, hospitalization of the child, convalescence, entry into nursery school, etc.<sup>1</sup>

There are other practical lessons which have been learned from the same developmental sequence, such as the following:

- that the clinging attitudes of the toddler stage (phase 4) are the result of preoedipal ambivalence, not of maternal spoiling;
- that it is unrealistic on the part of parents to expect of the preoedipal period (up to the end of phase 4) the mutuality in object relations which belongs to the next level (phase 5) only;
- that no child can be fully integrated in school before libido has been transferred from the parents to the community (phase 6).

Where the passing of the oedipus complex is delayed and phase 5 is protracted as the result of an infantile neurosis, disturbances in

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adaptation to the group, lack of interest, school phobias (in day school), extreme homesickness (in boarding school) will be the order of the day;

- that reactions to adoption are most severe in the later part of the latency period (phase 6) when, according to the normal disillusionment with the parents, all children feel as if adopted and the feelings about the reality of adoption merge with the occurrence of the "family romance";

- that sublimations, foreshadowed on the oedipal level (phase 5) and developed during latency (phase 6), may be lost during preadolescence (phase 7), not through any developmental or educational failure, but owing to the phase-adequate regression to early levels (phases 2, 3, and 4);

- that it is as unrealistic on the part of the parents to oppose the loosening of the tie to the family or the young person's battle against pregenital impulses in adolescence (phase 8) as it is to break the biological tie in phase 1, or oppose pregenital autoerotism in the phases 1, 2, 3, 4, and 7.

## SOME DEVELOPMENTAL LINES TOWARD BODY INDEPENDENCE

That the ego of an individual begins first and foremost as a body ego does not imply that bodily independence of the parents is reached earlier than emotional or moral self-reliance. On the contrary: the mother's narcissistic possessiveness of her infant's body is matched from the child's side by his archaic wishes to merge with the mother and by the confusion concerning body limits which arises from the fact that in early life the distinctions between the internal and external world are based not on objective reality but on the subjective experiences of pleasure and unpleasure. Thus, while the mother's breast, or face, hands or hair, may be treated (or maltreated) by the infant as parts of his own organization, his hunger, his tiredness, his discomforts are her concern as much as they are his own. Although for the whole of early childhood, the child's life will be dominated by body needs, body impulses, and their derivatives, the quantities and qualities of satisfactions and dissatisfactions are determined not by himself but by environmental influence. The only exceptions to this rule are the autoerotic gratifications which

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from the beginning are under the child's own management and, therefore, provide for him a certain circumscribed measure of independence of the object world. In contrast to these, the processes of feeding, sleeping, evacuation, body hygiene, and prevention of injury and illness have to undergo complex and lengthy developments before they become the growing individual's own concern.

### From Suckling to Rational Eating

A long line has to be passed through before a child arrives at the point where, for example, he can regulate his own food intake actively and rationally, quantitatively and qualitatively, on the basis of his own needs and appetites and irrespective of his relations to the provider of food, and of conscious and unconscious fantasies. The steps on the way are approximately as follows:

1. Being nursed at the breast or bottle, by the clock or on demand, with the common difficulties about intake caused partly by the infant's normal fluctuations of appetite and intestinal upsets, partly by the mother's attitudes and anxieties regarding feeding; interference with need-satisfaction caused by hunger periods, undue waiting for meals,

rationing or forced feeding set up the first—and often lasting—disturbances in the positive relationship to food. Pleasure sucking appears as a forerunner, by-product of, substitute for, or interference with feeding;

2. weaning from breast or bottle, initiated either by the infant himself or according to the mother's wishes. In the latter instance, and especially if carried out abruptly, the infant's protest against oral deprivation has adverse results for the normal pleasure in food. Difficulties over the introduction of solids, new tastes, and consistencies being either welcomed or rejected;
3. the transition from being fed to self-feeding, with or without implements, "food" and "mother" still being identified with each other;
4. self-feeding with the use of spoon, fork, etc., the disagreements with the mother about the quantity of intake being shifted often to the form of intake, i.e., table manners; meals as a general battleground on which the difficulties of the mother-child relationship can be fought out; craving for sweets as a phase-adequate

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substitute for oral sucking pleasures; food fads as a result of anal training, i.e., of the newly acquired reaction formation of disgust;

5. gradual fading out of the equation food-mother in the oedipal period. Irrational attitudes toward eating are now determined by infantile sexual theories, i.e., fantasies of impregnation through the mouth (fear of poison), pregnancy (fear of getting fat), anal birth (fear of intake and output), as well as by reaction formations against cannibalism and sadism;
6. gradual fading out of the sexualization of eating in the latency period, with pleasure in eating retained or even increased. Increase in the rational attitudes to food and self-determination in eating, the earlier experiences on this line being decisive in shaping the individual's food habits in adult life, his tastes, preferences, as well as eventual addictions or aversions with regard to food and drink.

The infant's reactions to the changes in phase 2 (i.e., to weaning and to the introduction of new tastes and consistencies) reflect for the first time his leaning toward either progression and adventurousness (when new experiences are welcomed) or a tenacious clinging to existing pleasures (when every change is experienced as threat and deprivation). It is to be expected that whichever attitude dominates the feeding process will also become important in other developmental areas.

The equation food-mother, which persists through phases 1-4, provides the rational background for the mother's subjective conviction that every food refusal of the child is aimed at her personally, i.e., expresses the child's rejection of her maternal care and attention, a conviction which causes much oversensitiveness in handling the feeding process and underlies the battle about food on the mother's side. It explains also why in these phases food refusal and extreme food fads can be circumvented by temporarily substituting a stranger, i.e., a noncathected or differently cathected person, for the maternal figure in the feeding situation. Children will then eat, in hospital, in nursery school, or as visitors, but this will not cure their eating difficulties at home, in the presence of the mother. It explains also why traumatic separations from the mother are often followed by

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refusal of food (rejection of the mother substitute), or by greed and overeating (treating food as a substitute for mother love).

The eating disturbances of phase 5, which are not related to an external object but are caused by internal, structural conflicts, are not affected by either the material presence or the material absence of the mother, a fact which can be utilized for differential diagnosis.

After phase 6, when the arrangements for food intake have become the mature individual's personal concern, the former food battle with the mother may be replaced by internal disagreements between the manifest wish to eat and an unconsciously determined inability to tolerate certain foods, i.e., the various neurotic food fads and digestive upsets.

## From Wetting and Soiling to Bladder and Bowel Control

Since the desired aim on this line is not the comparatively intact survival of drive derivatives but the control, modification, and transformation of the urethral and anal trends, the conflicts between id, ego, superego, and environmental forces become particularly obvious.

1. The duration of the first phase, during which the infant has complete freedom to wet and soil, is determined not maturationally but environmentally, i.e., by the mother's timing of her interference, in which she in her turn is under the influence of personal needs, familial, social, or medical conventions. Under present conditions this phase may last from a few days (training from birth based on reflex action) to two or three years (training based on object relatedness and ego control).
2. In contrast to phase one, the second phase is initiated by a step in maturation. The dominant role in drive activity

passes from the oral to the anal zone, and due to this transition the child stiffens his opposition to any interference with concerns which have become emotionally vital to him. Since in this phase the body products are highly cathected with libido, they are precious to the child and are treated as "gifts" which are surrendered to the mother as a sign of love; since they are cathected also with aggression, they are weapons by means of which rage, anger, disappointment can be discharged within the object relationship. In correspondence to this double cathexis of the body products, the toddler's entire attitude toward the object world is dominated by ambivalence, i.e., by violent swings

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between love and hate (libido and aggression not fused with each other). This again is matched on the ego side by curiosity directed toward the inside of the body, pleasure in messing, molding, play with retaining, emptying, hoarding, as well as dominating, possessing, destroying, etc. While the trends shown by the children in this phase are fairly uniform, the actual events vary with the differences in the mother's attitude. If she succeeds in remaining sensitive to the child's needs and as identified with them as she is usually with regard to feeding, she will mediate sympathetically between the environmental demand for cleanliness and the child's opposite anal and urethral tendencies; in that case toilet training will proceed gradually, uneventfully, and without upheavals. On the other hand, such empathy with the child in the anal stage may be impossible for the mother due to her own training, her own reaction formations of disgust, orderliness, and punctiliousness, or other obsessional elements in her personality. If she is dominated by these, she will represent the demand for urethral and anal control in a harsh and uncompromising manner and a major battle will ensue, with the child as intent to defend his right over unrestricted evacuation as the mother is on achieving cleanliness and regularity and with them the rudiments and *sine qua non* of socialization.

3. In a third phase the child accepts and takes over the mother's and the environment's attitudes to cleanliness and, through identification, makes them an integral part of his ego and superego demands; from then onward, the striving for cleanliness is an internal, not an external, precept, and inner barriers against urethral and anal wishes are set up through the defense activity of the ego, in the well-known form of repression and reaction formation. Disgust, orderliness, tidiness, dislike of dirty hands guard against the return of the repressed; punctuality, conscientiousness, and reliability appear as by-products of anal regularity; inclinations to save, to collect, give evidence of high anal evaluation displaced to other matters. In short, what takes place in this period is the far-reaching modification and transformation of the pregenital anal drive derivatives which—if kept within normal limits—supply the individual personality with a backbone of highly valuable qualities.

It is important to remember in respect to these achievements that they are based on identifications and internalizations and, as such,

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are not fully secure before the passing of the oedipus complex. Preoedipal anal control remains vulnerable and, especially in the beginning of the third phase, remains dependent on the objects and the stability of positive relations to them. For example, a child who is trained to use the chamberpot or toilet in his home does not exchange them automatically for unfamiliar ones, away from the mother. A child who is severely disappointed in his mother, or separated from her, or suffering from object loss in any form, may not only lose the internalized urge to be clean but also reactivate the aggressive use of elimination. Both together will result in incidents of wetting and soiling which appear as "accidents."

4. It is only in a fourth phase that bladder and bowel control become wholly secure. This is brought about when the concern for cleanliness is disconnected from object ties and attains the status of a fully neutralized, autonomous ego and superego concern.<sup>2</sup>

## From Irresponsibility to Responsibility in Body Management

That the satisfaction of such essential physical needs as feeding and evacuation<sup>3</sup> remains for years under external control and emerges from it in such slow steps corresponds well with the equally slow and gradual manner in which children assume responsibility for the care of their own body and its protection against harm. As described at length elsewhere (A. Freud, 1952), the well-mothered child leaves these concerns largely to the mother, while he allows himself attitudes of indifference and unconcern, or, as a weapon in a battle with her, downright recklessness. It is only the badly mothered or the motherless who adopt the mother's role in health matters and play "mother and child" with their own bodies as the hypochondriacs do.

On the positive progressive line, here too, there are several consecutive phases to be distinguished from each other, though our present knowledge of them is more sketchy than in other areas.

1. What comes first, as a maturational step in the first few months of life, is an alteration in the direction of aggression

from being lived out on the body to being turned toward the external

<sup>2</sup> See H. Hartmann (1950) on "secondary autonomy of the ego."

<sup>3</sup> Also sleep.

<sup>4</sup> Such remnants should not be confused with the later "turning of aggression against the self" which is not a defect in maturation but a defense mechanism used by the ego under the impact of conflict.

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world. This vital step sets limits to self-injury from biting, scratching, etc., although indications of such tendencies can be seen in many children as genuine remnants also at later ages.<sup>4</sup> The normal forward move happens partly due to the setting up of the pain barrier, partly due to the child's answering to the mother's libidinal cathexis of his body with a narcissistic cathexis of his own (according to Hoffer, 1950).

2. What makes itself felt next are the advances in ego functioning such as orientation in the external world, understanding of cause and effect, control of dangerous wishes in the service of the reality principle. Together with the pain barrier and the narcissistic cathexis of the body, these newly acquired functions protect the child against such external dangers as water, fire, heights, etc. But there are many instances of children where—owing to a deficiency in any one of these ego functions—this advance is retarded so that they remain unusually vulnerable and exposed if not protected by the adult world.
3. What comes last normally is the child's voluntary endorsement of the rules of hygiene and of medical necessities. So far as the avoidance of unwholesome food, overeating, and keeping the body clean are concerned, this is inconclusive here since the relevant attitudes belong to the vicissitudes of the oral and anal component instinct rather than to the present line. It is different with the avoidance of ill-health or the compliance with doctor's orders concerning the intake of medicines, and motor or dietary restrictions. Fear, guilt, castration anxiety, of course, may motivate any child to be careful (i.e., fearful) for the safety of his body. But when not under the influence of these, normal children will be remarkably uncompromising and obstructive in health matters. According to their mothers' frequent complaints, they behave as if they claimed it as their right to endanger their health while they left it to the mother to protect and restore it, an attitude which lasts often until the end of adolescence and may represent the last residue of the original symbiosis between child and mother.

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## FURTHER EXAMPLES OF DEVELOPMENTAL LINES

There are many other examples of developmental lines, such as the two given below, where every step is known to the analyst, and which can be traced without difficulty, either through working backward by reconstruction from the adult picture, or through working forward by means of longitudinal analytic exploration and observation of the child.

### The Line from Egocentricity to Companionship

When describing a child's growth in this particular respect, a sequence can be traced which runs as follows:

1. a selfish, narcissistically orientated outlook on the object world, in which other children either do not figure at all or are perceived only in their role as disturbers of the mother-child relationship and rivals for the parents' love;
2. other children related to as lifeless objects, i.e., toys which can be handled, pushed around, sought out, and discarded as the mood demands, with no positive or negative response expected from them;
3. other children related to as helpmates in carrying out a desired task such as playing, building, destroying, causing mischief of some kind, etc., the duration of the partnership being determined by the task, and secondary to it;
4. other children as partners and objects in their own right, whom the child can admire, fear, or compete with, whom he loves or hates, with whose feelings he identifies, whose wishes he acknowledges and often respects, and with whom he can share possessions on a basis of equality.

In the first two phases, even if cherished and tolerated as the baby by older siblings, the toddler is by necessity asocial, whatever efforts to the contrary the mother may make; community life at this stage may be endured but will not be profitable. The third stage represents the minimum requirement for socialization in the form of acceptance into a home community of older siblings or entry into a

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nursery group of contemporaries. But it is only the fourth stage which equips the child for companionship, enmities and

friendships of any type and duration.

## The Line from the Body to the Toy and from Play to Work

1. Play begins with the infant as an activity yielding erotic pleasure, involving the mouth, the fingers, vision, the whole surface of the skin. It is carried out on the child's own body (autoerotic play) or on the mother's body (usually in connection with feeding) with no clear distinction between the two, and with no obvious order or precedence in this respect.
2. The properties of the mother's and the child's body are transferred to some soft substance, such as a nappy, a pillow, a rug, a teddy, which serves as the infant's first plaything, the "transitional object" (**according to Winnicott, 1953**) which is cathected both with narcissistic and with object libido.
3. Clinging to one specific transitional object develops further into a more indiscriminate liking for soft toys of various kinds which, as symbolic objects, are cuddled and maltreated alternately (cathected with libido and aggression). That they are inanimate objects, and therefore do not retaliate, enables the toddler to express the full range of his ambivalence toward them.
4. Cuddly toys fade out gradually, except at bedtime, when—in their capacity as transitional objects—they continue to facilitate the child's passing from active participation in the external world to the narcissistic withdrawal necessary for sleep.

In daytime their place is taken increasingly by play material which does not itself possess object status but which serves ego activities and the fantasies underlying them. Such activities either directly gratify a component instinct or are invested with displaced and sublimated drive energies, their chronological sequence being approximately the following:

- a. toys offering opportunities for ego activities such as filling-emptying, opening-shutting, fitting in, messing, etc., interest in them being displaced from the body openings and their functions;
- b. movable toys providing pleasure in motility;

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- c. building material offering equal opportunities for construction and destruction (in correspondence with the ambivalent trends of the anal-sadistic phase);
- d. toys serving the expression of masculine and feminine trends and attitudes, to be used
  - i. in solitary role play,
  - ii. for display to the oedipal object (serving phallic exhibitionism),
  - iii. for staging the various situations of the oedipus complex in group play (provided that stage 3 on the developmental line toward companionship has been reached).

Expression of masculinity can be taken over also by the ego activities of gymnastics and acrobatics, in which the child's entire body and its skillful manipulation represent, display, and provide symbolic enjoyment from phallic activities and phallic mastery.

5. Direct or displaced satisfaction from the play activity itself gives way increasingly to the pleasure in the finished product of the activity, a pleasure which has been described in academic psychology as pleasure in task completion, in problem solving, etc. By some authors it is taken as the indispensable prerequisite for the child's successful performance in school (Bühler, 1935).

The exact manner in which this pleasure in achievement is linked with the child's instinctual life is an open question still in our theoretical thinking, although various operative factors seem unmistakable such as imitation and identification in the early mother-child relationship, the influence of the ego ideal, the turning of passive into active as a mechanism of defense and adaptation, and the inner urge toward maturation, i.e., toward progressive development.

That pleasure in achievement, linked only secondarily with object relations, is present in very young children as a latent capacity is demonstrated in a practical manner by the successes of the Montessori method. In this nursery-school method the play material is selected so as to afford the child the maximum increase in self-esteem and gratification by means of task completion and independent problem solving, and children can be observed to respond positively to such opportunities almost from the toddler stage onward.

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Where this source of gratification is not tapped to the same degree with the help of external arrangements, the pleasure derived from achievement in play remains more directly connected with praise and approval given by the object

world, and satisfaction from the finished product takes first place at a later date only, probably as the result of internalization of external sources of self-esteem.

6. Ability to play changes into ability to *work*<sup>5</sup> when a number of additional faculties are acquired, such as the following:
- to control, inhibit, or modify the impulses to use given material aggressively and destructively (not to throw, to take apart, to mess, to hoard), and to use them positively and constructively instead (to build, to plan, to learn, and—in communal life—to share);
  - to carry out preconceived plans with a minimum regard for the lack of immediate pleasure yield, intervening frustrations, etc., and the maximum regard for the pleasure in the ultimate outcome;
  - to achieve thereby not only the transition from primitive instinctual to sublimated pleasure, together with a high grade of neutralization of the energy employed, but equally the transition from the pleasure principle to the reality principle, a development which is essential for success in work during latency, adolescence, and in maturity.

Derived from the line from the body to the toy and from play to work and based predominantly on its later stages are a number of allied activities which are significant for personality development such as daydreaming, games, and hobbies.

## Daydreaming

When toys and the activities connected with them fade into the background, the wishes formerly put into action with the help of material objects, i.e., fulfilled in play, can be spun out imaginatively

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<sup>5</sup> What is attempted here is not a definition of work with all its social as well as psychological implications, but merely a description of the advances in ego development and drive control which seem to be the necessary forerunners of any individual's acquisition of the capacity to work.

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in the form of conscious daydreams, a fantasy activity which may persist until adolescence, and far beyond it.

## Games

Games derive their origin from the imaginative group activities of the oedipal period (see stage 4, d, iii) from which they develop into the symbolic and highly formalized expression of trends toward aggressive attack, defense, competition, etc. Since they are governed by inflexible rules to which the individual participant has to submit, they cannot be entered successfully by any child before some adaptation to reality and some frustration tolerance have been acquired and, naturally, not before stage 3 on the developmental line toward companionship has been reached.

Games may require equipment (as distinct from toys). Since this is in many instances of symbolic phallic, i.e., masculine-aggressive, significance, it is highly valued by the child.

In many competitive games the child's own body and the body skills in themselves play the role of indispensable tools.

Proficiency and pleasure in games are, thus, a complex achievement, dependent on contributions from many areas of the child's personality such as the endowment and intactness of the motor apparatus; a positive cathexis of the body and its skills; acceptance of companionship and group life; positive employment of controlled aggression in the service of ambition, etc. Correspondingly, functioning in this area is open to an equally large number of disturbances which may result from developmental difficulties and inadequacies in any of these areas, as well as from the phase-determined inhibitions of anal aggression and phallic-oedipal masculinity.

## Hobbies

Halfway between play and work is the place of the hobbies, which have certain aspects in common with both activities. With play they share a number of characteristics:

- of being undertaken for purposes of pleasure with comparative disregard for external pressures and necessities;
- of pursuing displaced, i.e., sublimated, aims, but aims which are not too far removed from the gratification of either erotic or aggressive drives;

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- of pursuing these aims with a combination of unmodified drive energies plus energies in various states and degrees of neutralization.

With working attitudes as described above, the hobbies share the important feature of a preconceived plan being undertaken in a reality-adapted way and carried on over a considerable period of time if necessary in the face of external difficulties and frustrations.

Hobbies appear for the first time at the beginning of the latency period (collecting, spotting, specializing of interests), undergo any number of changes of content, but may persist as this specific form of activity throughout life.

## CORRESPONDENCE BETWEEN DEVELOPMENTAL LINES

If we examine our notions of average normality in detail, we find that we expect a fairly close correspondence between growth on the individual developmental lines. In clinical terms this means that, to be a harmonious personality, a child who has reached a specific stage in the sequence toward emotional maturity (for example, object constancy), should have attained also corresponding levels in his growth toward bodily independence (such as bladder and bowel control, loosening of the tie between food and mother), in the lines toward companionship, constructive play, etc. We maintain this expectation of a norm even though reality presents us with many examples to the contrary. There are numerous children, undoubtedly, who show a very irregular pattern in their growth. They may stand high on some levels (such as maturity of emotional relations, bodily independence, etc.) while lagging behind in others (such as play where they continue to cling to transitional objects, cuddly toys, or development of companionship where they persist in treating contemporaries as disturbances or inanimate objects). Some children are well developed toward secondary thought, speech, play, work, community life while remaining in a state of dependency with regard to the management of their own bodily processes, etc.

Such imbalance between developmental lines causes sufficient friction in childhood to justify a closer inquiry into the circumstances

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which give rise to it, especially into the question how far it is determined by innate and how far by environmental reasons.

As in all similar instances, our task is not to isolate the two factors and to ascribe to each a separate field of influence but to trace their interactions, which may be described as follows in the present case:

We assume that with all normally endowed, organically undamaged children the lines of development indicated above are included in their constitution as inherent possibilities. What endowment lays down for them on the side of the id are, obviously, the maturational sequences in the development of libido and aggression; on the side of the ego, less obviously and less well studied, certain innate tendencies toward organization, defense, and structuralization; perhaps also, though we know less still about this, some given quantitative differences of emphasis on progress in one direction or another. For the rest, that is, for what singles out individual lines for special promotion in development, we have to look to accidental environmental influences. In the analysis of older children and the reconstructions from adult analysis we have found these forces embodied in the parents' personalities, their actions and ideals, the family atmosphere, the impact of the cultural setting as a whole. In the analytic observation of young infants it has been demonstrated that it is the individual mother's interest and predilection which act as stimulants. In the beginning of life, at least, the infant seems to concentrate on development along those lines which call forth most ostensibly the mother's love and approval, i.e., her spontaneous pleasure in the child's achievement and, in comparison, to neglect others where such approval is not given. This implies that activities which are acclaimed by the mother are repeated more frequently, become libidinalized, and thereby stimulated into further growth.

For example, it seems to make a difference to the timing of speech development and the quality of early verbalization if a mother, for reasons of her own personality structure, makes contact with her infant not through bodily channels but through talking. Some mothers find no pleasure in the growing infant's adventurousness and bodily unruliness and have their happiest and most intimate moments when the infant smiles. We have seen at least one such mother whose infant made constant and inordinate use of smiling

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in his approaches to the whole environment. It is not unknown that early contact with the mother through her singing has consequences for the later attitudes to music and may promote special musical aptitudes. On the other hand, marked disinterest of the mother in the infant's body and his developing motility may result in clumsiness, lack of grace in movement, etc.

It has been known in psychoanalysis long before such infant observations that depressive moods of the mother during the first two years after birth create in the child a tendency to depression (although this may not manifest itself until many years later). What happens is that such infants achieve their sense of unity and harmony with the depressed mother not by means of their developmental achievements but by producing the mother's mood in themselves.

All this means no more than that tendencies, inclinations, predilections (including the tendency to depression, to masochistic attitudes, etc.) which are present in all human beings can be eroticized and stimulated toward growth through forming emotional links between the child and his first object.

The disequilibrium between developmental lines which is created in this manner is not pathological as such, though it becomes a pathogenic agent where the imbalance is excessive. Moderate disharmony does no more than produce the many *variations of normality* with which we have to count.

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