

Apart from the eventual findings of such a study, the experience of investigating a so-called normal population and of following a mother-child pair from pregnancy through the early years of development is highly instructive. It gives one a sense of balance about pathology and its incidence in the population at large; about the multiplicity of factors, both deterrent and constructive, that enter into these few short but decisive years. Although traumatic events have their impact, it is the more subtle day-by-day interplay of forces in the evolution of the equipment-environment spiral that shapes character. These observations oblige one to reconsider our therapeutic enthusiasm and our expectations of change. One gains an impression of an inexorability in the unfolding and molding of personality; a sense of humility and an awareness of the range of human adaptation. As such, observations in child development are an important component of the training of child psychiatrists.

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## ISSUES IN EARLY MOTHER-CHILD INTERACTION

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One of the principal aims of our longitudinal study of early personality development, begun at the Boston University School of Medicine-Massachusetts Memorial Hospital's Medical Center in 1954, was the investigation of the mother-child relationship. The study was of a naturalistic exploratory type, planned to provide frequent opportunities to observe mother and child together in a variety of situations over a period of the first six years of life. Most of these observational situations were structured quite consistently from contact to contact. Only primiparous mothers were selected to keep the factor of mothering experience comparable in the groups. Detailed descriptions were made at each contact of the behavior of the mother, of the child, and of the interaction between them. Thus, for each mother-child pair a longitudinal descriptive account was obtained of the progression of outstanding characteristics their interaction demonstrated in these well-defined situations over the years of the study. Comparable observations have been gathered on twenty-two of the mother-child pairs from birth through the thirty-sixth month of life. We have begun to analyze this extensive interactional material, and are presenting in this paper one of the avenues of approach to this task which we are following at present. This approach consists of dividing the interactional data gathered for each pair into a sequence of time segments and making evaluations of interactions prominent in each

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segment. We are using these evaluations to study the proposal that in this early period there are a series of issues that are being negotiated in the interaction between mother and child. The paper will present the theoretical considerations and the observational material which have suggested such a possibility.

In investigating the early mother-child relationship, we wished especially to study the way a particular maternal personality exerted its influence on the child and on the course of his development. In the original research design, primiparous mothers were chosen whose personalities showed the widest contrasts we could find along a range of emotional maturity and immaturity, in order that we might observe clear-cut contrasts in their behavior with their infants. We felt that this would make interactional behavior more readily assessed in relation to the developmental course taken. Such obvious interactional contrasts were encountered in the sample of mother-child pairs. We were faced with the task of weighing their importance in relation to the course of development that followed and of comparing similar interactions across the sample of mother-child pairs.

In 1950, Ernst Kris discussed the difficult problem of investigating the mother's personality "in order to establish a link between her behavior and the symptomatology of the child." He stated: "The situation in a specific crucial period can no longer be described only in terms of psychosexual development; equal consideration has to be given to that of the aggressive impulses, to the development of the ego, and to that of object relations . . ." (p. 36). He suggested as an example that the particular balance existing in parental relationship in respect to "the alternatives between indulgence and deprivation (discipline)" might have a phase-specific appropriateness, requiring more of one at one point and more of the other at another to improve the infant's chances for successful conflict solution.

In *A Genetic Field Theory of Ego Formation* (1959), Spitz presents in detail his concept of the part played by the adequacy or inadequacy of object relations in the epigenesis of early ego development. In this publication (p. 84), he asks the question: "Will disturbances in infantile object relations result in deficient ego formation according to the critical period at which they occur?" After describing the relationship between "synchronicity" and integration, he proposes that a "developmental imbalance" results when asynchrony exists between a maturational period of early ego development and

particular features of object relations appropriate to it. The question that at once arises is: which features of object relations are appropriate to which periods of early ego development?

This question has been extensively dealt with by Erikson (1950a, 1950b) in his presentation of stages of development and the interactions that are associated with each. He discusses the influence on later developmental outcome of cultural variations in these interactions, as well as variations stemming from individual personality characteristics of caretaking figures. In the first two stages of his schema, covering the first three years of life (which is the span we are studying in our interactional analysis), he describes in considerable detail the interactional elements we have selected for evaluation in our mother-child pairs. Furthermore, he describes these features as alternatives with a considerable range of possible variation between the extremes. He implies that, in the individual's object relations, some point of equilibrium will be struck in this range between alternatives which will be characteristic for that individual. For example, in regard to the alternative of supply vs. frustration experienced in the establishing of the particular ratio of trust vs. mistrust that will be characteristic for a given child, Erikson writes (1950b, p. 57): "Now, while it is quite clear what *must* happen to keep a baby alive (the minimum supply necessary) and what *must not* happen, lest he be physically damaged or chronically upset (the maximum early frustration tolerable), there is a certain leeway in regard to what *may* happen; and different cultures make extensive use of their prerogatives to decide what they consider workable and insist upon calling necessary." Each individual mother also possesses the same prerogative. She exercises it in accord with the consistencies that characterize her particular personality make-up. This factor touches upon certain considerations which underlie our approach to the evaluation of interactions in the various periods of early ego development, and which will be discussed now briefly before we turn to the specific interactional elements of early object relations we have selected for study.

If the behavioral consistencies that characterize a mother's particular personality make-up could be viewed from the position of the infant's experiences with them, they could be conceived as coming to be represented by certain expectancies or anticipations that he would develop in respect to these features of his relationship with the mother. It might take a certain period of time before a trend was

Logic based on understanding infants' nature & habits, contributions, determination

established and the expectancy became an accurate estimate. The simple repetitive situations that are a part of the daily life of mother and child in this early time of life should lend themselves admirably to a solid set of reliable anticipations about many dimensions of the mother's behavior. A longer span of time for the same degree of certainty to be established would be required in the face of maternal inconsistency or marked expressions of ambivalence in her activities.

The estimate should finally approach the point on the range between alternative possibilities for each element of early mother-child interaction that would be characteristic for the pair.

We have tried to capture these relationships in our evaluation of interactions by representing the reaching of such a point as the negotiation of an issue of interaction. The *New Century Dictionary* gives several definitions for the word "issue." It can mean "a point in question," or it can mean "an outcome." A third definition puts these two together as "a point, the decision of which determines the matter". The issue would be negotiated when the child's expectancy for the element of maternal behavior became crystallized. In this respect, "an average expectable environment" (Hartmann, 1939) would be one in which such expectancies would be reached in an average chronology and for average points on the range. This concept of developmental relationships has been delineated by Erikson (1950a, 1950b) in his formulation of a series of epigenetic stages determined by the points at which certain precursors of personality function come to their ascendancy, meet their crises, and find their lasting solution through decisive encounters with the environment. Deviations in timing and range of behavior in these encounters lead to the "asynchrony" referred to by Spitz (1959). In our evaluation of interactional material, for each time period of early ego development, we have worded an issue that concerns one especially prominent feature of interaction during that span of months. Rather than define the issues in terms of whether or not a given feature of interaction will appear, we have framed them in respect to the degree or extent to which the feature will appear.

Our observational material of the first eighteen months of life seemed to fall into five large time segments, each with a prominent feature which was encountered extensively in our data for that

period.<sup>1</sup> The first period corresponds to the "undifferentiated phase" of early ego development (Hartmann, Kris, & Loewenstein, 1946), namely, the first two and a half months of life. Characteristics of the mother-child relationship at this time have been discussed by many students of early development (e.g., Spitz, 1954, 1956; Escalona, 1952; A. Freud, 1936; Hartmann, Kris, & Loewenstein, 1946). A central issue in these months concerns the degree of specific appropriateness the mother can maintain in her response to the cues the baby gives of his state and needs. The second period, from two and a half to five months, is the segment most thoroughly described by Spitz and Wolf (1946), in which smiling behavior is developing and coming to play a central role in the relationship. The degree to which truly reciprocal interchanges are established between infant and mother has been selected for evaluation. The third period, between five and nine months, has interested us especially in regard to the way in which the baby's expression of initiative for social exchange and for various preferences is responded to by the mother. This formulation was suggested by Bowlby's conceptualization of the nature of the child's tie to his mother (1958). The fourth period, between nine and twelve or thirteen months, has been delimited somewhat more arbitrarily. The feature of interaction which impressed us most forcibly during this phase concerned the intensity and insistence with which the child made demands on the mother and the manner in which she dealt with them. Descriptions of this focalization of demands on the mother have been made by E. Kris (1950) and A. Freud & D. Burlingham (1944). The fifth period, extending from the twelfth to the eighteenth month, has been described in detail by Erikson (1950a) in relation to the establishing of early autonomy. We have been especially interested in evaluating for each mother-child pair precisely how the self-assertion of the child is dealt with, particularly when it is in opposition to the mother's wishes.

By arranging the data according to these time segments, descriptive features of the observations can be compared in different subjects at roughly the same point in the life of the child. Individual variations in the chronology of significant interactions then become apparent.

<sup>1</sup>It is obvious that a number of other interactions and issues might have been selected for a study. The prominence of these in our material may relate to the sample of subjects chosen and to our methods of observation and recording.

## DESCRIPTIVE CLINICAL MATERIAL

The remainder of this paper will be devoted to describing in further detail the characteristics of mother-child interaction in each of the first five periods, illustrating the range of behaviors we have observed in our sample, and indicating the issues that have been extracted relating to these elements of the emerging relationship.

1. *Period of Initial Adaptation (0-2½ months)*<sup>2</sup>

There seems general agreement that in the initial period of adaptation of the first two and a half months the primary adaptive task consists of a suitable meshing of mothering activities with the cues the baby gives of his state, necessary for him to live and thrive. This primary adaptation is usually achieved by the end of this period and is reflected in the child's adoption of some reasonably predictable rhythms of feeding, elimination, sleep, and wakefulness. If the environment is an "average expectable" one, there also emerges a capacity for discrimination, shown by the child in his responsivity to handling by the mother. He usually becomes more responsive, and quiets more readily for her than for others. A measure of the successful negotiation of the adaptive requirement may be seen as early as the third or fourth week in the mother's spontaneous comment that she now feels she "knows" her baby, which may be accompanied by a perceptible moderation of her anxieties about the baby's care.

This period is one which reveals a great many of the mother's insecurities and anxieties, and puts to test many of her attributes. The dimensions of the child's organization can remain unknown to her for a considerable time if she is not perceptive of the cues supplied in his behavioral feedback to her. Although variations of interaction in this earliest time have been extensively described, we found it a noteworthy experience to observe the striking contrasts revealed in our sample of a "normal" population: the range of adaptation achieved lies truly on a broad spectrum. The extent of adaptation ranged from the barest semblance of a behavioral synchrony between mother and child that was consistent with life<sup>3</sup> to a varied and har-

<sup>2</sup> The time span ascribed to each period is that being used in the cross-case comparisons. It represents an approximation only, inasmuch as individuals may show considerable variation.

<sup>3</sup> In one mother-child pair the mother was so preoccupied with the fear of her otherwise normal infant choking to death with feedings that she fed it a minimum amount. It had gained but a pound and a half over its birth weight by three months of life. We had real fears for its survival.

monious interaction, specific in its accuracy of matching stimulus and response, infant need and maternal care. Such synchrony might occur in only one or in many sensorimotor channels. There is quite clearly a quantitative and a qualitative dimension to the specific appropriateness of maternal ministrations in respect to the baby's state. A measure of appropriate social stimulus initiated by the mother is included here as one of the infant's needs, and is observed, for example, in her efforts to produce a smiling response in her baby.

The degree to which mutuality will be established seems to depend, in part at least, on the balance the mother can maintain between her empathy with what she feels are the child's needs and her objectivity in viewing him as an individual apart from her own projections and displacements. A measure of objectivity is essential if the mother is to pick up the unique functional qualities an infant can show from birth. The balance a given mother can maintain between empathy and objectivity is characteristic for her and stems from her particular personality structure. This balance determines the unique combination of areas in which infant need may be met by appropriate response or further intensified by inappropriate stimulation or lack of response.

Thus the evaluation we make in this first period concerns the quantitative and qualitative aspects in the dimension of "specific appropriateness." The issue has been worded thus: "To what degree in the adaptation established between mother and child will the mother's behavior be specifically appropriate to the baby's state and to the cues he gives of it?"

For each pair, a rating on a five-point scale was given, and the particular areas of inappropriate behavior were noted. In ensuing development the fate of these areas is watched and kept in mind in evaluating later unique aspects of behavioral style.<sup>4</sup>

The range of mother-child interaction that was encountered in our sample is illustrated in the following two examples.<sup>5</sup>

<sup>4</sup> In one instance, the only outstandingly inappropriate maneuver of the mother in the first period was an extraordinary amount of tactile stimulation which she gave the child. A hair-clutching gesture of the infant's, which had already been observed in the neonatal period, came to be used by the infant at seven months in response to excessive tactile stimulation. A few weeks later she began intense scratching of her own skin, and in the second year of life, the hair-clutching came to be recognized by the observers as a signal of distress.

<sup>5</sup> All the descriptions presented in this paper have been taken directly from the records of the original observation.

1. The interview with a Mrs. C. was held in the hospital after she had been shown her baby for the first time.

She was very pleased and enormously proud of her son. She said that the baby was crying intensely when he was brought to her, but when he was laid beside her, he immediately quieted and was quiet the whole time he was with her. She said she felt that her baby knew her because when the nurse came to take him again, he began crying again. She said she had stroked his cheek and he had smiled. When she had tried to feed him the water, he had known it was water as soon as it had touched his lips and he spit it out because he wanted milk.

Objectivity was at a minimum here. Her empathy with her newborn child hinged on the meanings she gave to his behavior. She viewed him to a great extent in a framework consisting chiefly of her projected feelings. The limitations of such a framework become evident when these feelings are highly ambivalent. The problem is compounded when the mother cannot decide when they match reality and when they do not.

The following report of a home visit with the same mother at four weeks is given below. The baby was asleep in an adjacent room.

After about a half hour there was a slight whimpering sound from the other room. Mrs. C. immediately alerted to this, although it was only the faintest sound and then said that she had better wait until he really cried as she half got out of her seat, then sat down again, and then immediately got up and went to the baby. I followed her into the bedroom to look at him. The infant was lying in prone, head to the right, with some slight frown which did not seem like crying to me particularly. Mrs. C. turned him over and he lay quiet again. Again Mrs. C. said, looking at me questioningly, "I'd better wait until he really wakes up" and came back into the kitchen and sat down again. At another slight sound she got up again almost immediately, picked the baby up and brought him out, holding him first against her arm. He looked very sleepy and as though discomforted at being moved and he closed his eyes again. Mrs. C. then put him back in the bassinet; soon after this he began to cry, and she picked him up again. The whole sequence had a quality of a kind of disorganized indecision about it, as though Mrs. C. never once settled on any kind of action for more than a minute. Almost before she decided on one move, she was already reversing it.

Once it was definitely ascertained that the baby was awake, Mrs. C. took him into the kitchen and held him against her arm in a sitting position. As he quieted, she tapped his nose and chin; this seemed

to be an irritant that set him off crying, and Mrs. C. now shifted him against her shoulder. He looked very cozy in this position, his legs drawn up under him so that he was curled up in a kind of little ball, and cuddled against his mother's shoulder, very quiet now.

As Mrs. C. had not given the baby his bath yet, she now decided to do this, taking him to a shelf by the sink and lying him down in supine. Actually there were a few moments of indecision again as she thought that she would give him his bath, then looked at me questioningly, and then continued to hold him, and finally got up and made the actual decision to bathe him. The baby began to cry as she laid him down, and Mrs. C. shifted him about, tapped his chin and nose—all of this with a kind of uncertainty. It seemed to me that she made a great many small movements that gave me the sense of acute discomfort in watching and seemed to have a similar effect on the baby.

As the baby activated his arms, he seemed to try to get his hand to his mouth. He seemed not able to do this and cried briefly and then quieted. Mrs. C. spoke to him, tapped his nose and he again began to cry and Mrs. C., looking very distressed, pushed a pacifier into his mouth. She said that he was hungry and that he didn't like the pacifier, but the baby quieted again. As he yawned and stretched his arms a bit, the pacifier dropped out and Mrs. C. immediately put it back in. It would drop out again soon and the baby would seem to be yawning and stretching. But Mrs. C. seemed to take this as the beginning of a cry, although the baby looked quite content to me, and pushed the pacifier in his mouth again. This was repeated several times. Mrs. C. said to me, "I'll let you watch him and go finish my cigarette," and indicated that she would like me to stand by him as she went toward the table. The pacifier very soon dropped out of the baby's mouth and I picked it up ready to put it in again; but, as he seemed to be yawning and not discomforted, I held it in my hand. Mrs. C. returned again very quickly and asked, "Doesn't he want it?" watched for a moment, and then decided that she would get the bath ready."

2. The second illustration provides a contrasting description of a mother-child interaction in a home-visit observation. Nancy, the baby, was three weeks of age.<sup>6</sup> Her mother was, in contrast to Mrs. C., at the other extreme of our personality grouping. Earlier in the visit, the mother had described how Nancy had indicated her preference for the prone position; she had told of a characteristic posture that

<sup>6</sup>The deliveries of both these babies were observed as a part of our routine. Resuscitation was uneventful in both. Lusty crying was established in the first minute and good color and muscle tone within the next three minutes.

the baby adopted before going to sleep. The mother also had been quick to pick up that her infant's wakening process was very slow. It took her daughter some time between her first whimpers of arousal until she was ready for her bottle; the mother had already learned to pace her feeding accordingly. During the visit, the baby had been sleeping until this time.

After Nancy had been sleeping for some time, she began to move about, though still asleep. She pulled her knees up under her and seemed to be stretching her arms and turning her head about on the pillow, her skin taking on a reddish tinge with the effort. Finally she made slight squealing sounds. Mrs. D. now turned Nancy over on her face, accomplishing this again with a quite easy but gentle movement. Nancy, as before, remained quiet for a few minutes, her eyes open, her mouth moving minimally; then she began moving her arms and legs about, finally putting her fingers to her mouth and then beginning to cry. As Nancy lay on her back, Mrs. D. stood beside Nancy chatting with us and holding Nancy's feet very lightly, touching rather than restraining, lifting the baby's nightgown to show how chubby Nancy was getting, and occasionally feeling the diaper to see if Nancy was wet.

Mrs. D. finally picked Nancy up, not letting her cry very long, and cradled her very comfortably and gently in her arms, looking down at her in a very warm, half-humorous, accepting expression. She held Nancy in this way for a while, pinching the infant's cheeks between her thumb and forefinger in a quick, repetitive gesture, then tapping her on the chin a few times playfully; and then, after a while, Mrs. D. put Nancy back on the couch on her stomach. At one point, while Mrs. D. was holding Nancy and the infant's fingers were going to her mouth, Mrs. D. commented, "I'd bet she'd suck my finger if I put it in her mouth." This time, as Mrs. D. placed the baby in prone on the couch, Nancy's face came into contact with the pillow, and she lifted her head slightly, twisting about and kicking her legs, and seeming a little discomforted. Mrs. D. reached out her hand and patted Nancy with gentle rhythm on her back, and the baby quieted very quickly. Mrs. D. said, "That has always worked." The infant began moving again after Mrs. D. stopped patting, and then the mother took the baby's feet in her hand, holding them very lightly as before, seeming to be establishing contact rather than restraining in any way.

We see here the mother's respect of the infant's gradual awakening and her reporting of her observations of the various idiosyncratic references of her child, her reaching out to contact the child, and a specific quieting effect of this behavior. In spite of her wish to

demonstrate the baby to the visitor and to participate in its performance, she did not seem to carry this activity too far. She put the baby down. We see also the quality of her attention: she divided it between the visitor and the baby, and she maintained tactile contact with the baby after placing her in a prone position.

It is likely that the impact on these two infants of the experiences illustrated will be profoundly different. In our cases in which a mother failed to achieve appropriateness sufficiently specific for her child, the father often could establish it. He then became the one who could more successfully quiet the baby and the one who first elicited the smile. ✱

Inasmuch as observations were recorded every two to three weeks, evaluations of the outcome of the issues were based on a review of a series of contacts. This check, which is one of the strengths of longitudinal data, served to modify extreme impressions which a single contact might elicit. In general, mothers showed a high degree of consistency within any given period.

## 2. *Period of Reciprocal Exchange (Approx. 2½-5 months)*

By the time of this second period, the mother had usually surmounted the anxieties of providing an environment adequate to sustain the life of her infant. One usually saw her now involved in the increasingly delightful experience of stimulating and responding to the emerging smiling behavior of her infant. It is one of the most pleasurable (and obvious) of the early interactional phases. We have attached importance to the crescendo quality occurring in the well-developed smiling play, in the way it spreads from the facial area to bring the whole body, including the voice, into a primitive organized effort. This extension of the response to its limits occurs as the smiling behavior of the infant is elicited in a series of repeated reciprocal activities on the part of the stimulator and the baby. A brief pause allows the infant his first response, then the mother's smiling face is brought closer, another pause for the infant to react again, another presentation of mother's face, each time with some new stimulus added—perhaps now an open mouth, or the touch of a finger, or a vocalization. The infant's initial localized facial response extends to involve arms, legs, trunk and voice in an exuberant, wriggling, infectious, joyful display.

Again, however, we discovered somewhat to our amazement that

there were some mothers in our group who never reported, and were never observed entering into, this kind of interaction with their infants. There were others who engaged in it so intensely and over such a prolonged period that the child would break into crying, a response which would bring the mother to her senses and lead her to stop the stimulation. There is, therefore, a wide range in the experiences which an infant can have in respect to this element of interaction, one which is so often taken completely for granted. Other variations include the age at which a mother will attempt first to elicit a smile from her baby, as well as the amount of effort and attention she devotes to getting the smiling response started. There is a considerable variation in the age at which smiling behavior reaches its peak.

We have operationally defined "reciprocal" interaction as that showing the quality of alternation of stimulus-response, back and forth, between mother and child in the fashion just described above. (Some mothers will stimulate their infants to smile, but the interaction is intended only to produce a reaction in the child, and not truly to begin a reciprocation with him.) In others, the interaction may consist of reciprocity of vocal exchange rather than in the general area of smiling play.) The issue for this period has been worded then as follows: "To what extent will the interaction between mother and child include reciprocal sequences of interchange between them, that is, back and forth, active-passive alternations of stimulus and response?"

*i.e. to what extent does mother stop to mirror the baby's smile than a feature of interaction*

The following extract is taken from an observation during a home visit, which was made when the infant Helen S. was three months, seventeen days old. If the mother's interaction with the child is compared in this example with the father's, the subtle differences in reciprocal quality of interaction become apparent. The observer writes:

Helen lay on her back in the bassinet, appearing pleased with the activity around. Her arms and legs moved about quite actively, and she smiled readily as Mrs. S. leaned over and spoke to her. Mrs. S. talked to Helen in a very animated, stimulating fashion, chucking her under the chin, calling her "Little Fatty." She moved her head toward Helen and back in rapid succession as she did this. Helen responded, looking at her mother with an expression of pleasure and moving arms and legs in excitement. As Mrs. S. discontinued this, the baby continued her excited movement for a bit, looking at her mother as though anticipating a return engagement. As it was not

forthcoming, she quieted her movement and began to fuss minimally. She soon turned her attention to me, looking at me, breaking into a spontaneous smile as I spoke to her. Mrs. S. leaned forward and kissed Helen on the cheek in quick pleasure as she did this, seeming very delighted at the baby's display of responsiveness to me.

Mother and visitor became involved in conversation and Helen began to fuss as no attention was paid to her, making a series of separate little cries, her arms spread wide and up as though wanting to be picked up. After a while, Mrs. S. said, "I'll hold you for a while," picked Helen up and held Helen on her lap against her left arm. The baby quieted immediately and sat looking at me for a moment, seeming very contented having reached her objective. She soon leaned well forward from her mother against the table and became interested in looking at something on the table; Mrs. S. talked to her asking, "What are you looking at? You looking at this?" She spoke in a very animated way, with Helen paying no attention, simply continuing to focus her gaze completely absorbed on something on the table. Mrs. S. said one could not distract Helen when she was interested in something. She had a mind of her own. Mrs. S. said the baby was very sensitive to know who would pick her up and who would not, implying that Helen differentiated between her father and mother in this respect. She spoke in a very definite way of her own imperviousness to the baby's "winding" (whining), implying that the infant knew who was the boss and of the uselessness of fussing.

Mr. S. came in after the mother had again placed Helen in the bassinet. He stood looking down at the infant, and she now turned to look up at her father, spreading her arms wide and a little upward as though appealing to him to pick her up, and she now began to fuss a bit again. Mr. S. made no move to pick her up, but after a while he leaned over and patted her on the stomach, moving her body back and forth very gently in a kind of quick awkward movement as though pulled to make some response to the infant's appeal. The baby made no response to this; she neither activated nor quieted, but waved her arms and legs as he spoke to her. Mr. S. made no other approach to Helen, simply standing looking down at her as he made small conversation with me.

It is difficult to illustrate a mother-child pair in which the reverse situation is exemplified, inasmuch as the judgment of a relative lack of social reciprocity can be obtained only on a review of all our material. However, we have found that in those pairs in which the mother did not take advantage of the easy opportunity for this reciprocal exchange, the delightful readiness for response in the child nevertheless

might be observed. The mother might be pleased and gratified as she watched her baby interact with others, or at the pleasure the baby showed at her approach, but she was not observed entering into the interchange herself. The following example is an illustration of this. It was taken from a home-visit observation of a mother whose personality showed strong obsessive-compulsive trends. She was restrained, gloomy, overanxious, and complaining. She had had an extremely anxious time in her initial period of adaptation. This observation was in the fourth month and the observer noted immediately that there was a lightening of the dark cloud of grave concern which had overhung the air before. The beginnings of interchange were evident, but no reciprocal play was noted. The observation reads:

There seemed to be some quality of closeness between the mother and child which had been completely missing before. For example, at some point the baby lay staring at me and then turned to his mother to look at her as though for assurance, and Mrs. K. commented, "He's asking, is it all right, Mommy," in a quite pleased tone of voice. (She was not induced to play here with the child.) At other times the baby would smile at her and was very responsive when she picked him up or touched him, quieting almost immediately. Mrs. K. seemed to enjoy his responsiveness and to be pleased at his smiling at her or at her being able to quiet him. She even talked to him spontaneously in response to his smiling or looking at her, but her behavior was still limited pretty much to asking "What's the matter?" though in a much more conversational tone, and at one point she even ventured a "Goo."

We note here that it was the mother who was responding to her baby and not the baby who was being stimulated by the mother. We observed later that this child was of unusually serious demeanor and showed relatively little spontaneity. One could sense here a separateness between child and mother. She talked to the baby without spontaneous exchange with him.

We are interested in studying the extent to which a lack of specific appropriateness in the first period can be made up for by a satisfactory experience during this second phase. We are also interested in following the later outcome in children who do not experience an easy reciprocity with their mothers at this time or until some later age. We have examples in which this reciprocal feature has not really

begun until speech is well enough developed to permit simple conversation. The mother-child relationship seems then to take on a new meaning and liveliness for both of them, and especially acquires a positive affective tone that has been missing before. In other pairs we have observed that reciprocal interaction almost disappears by the time speech is developing well in the baby. When this quality of interaction disappears from the relationship, the child appears unhappy and distressed; mother and child give the impression of having "lost" each other. It has been of interest to watch, as time moves on, the point at which reciprocal interchanges of smiling play begin to disappear from our observations; in many instances, this occurred by the eighth or ninth month.

We suspect that much of importance for the child's development hinges on the continuance of reciprocal exchanges in some other area of interaction. Whether it persists or not seems to depend a good deal upon the mother's lead in continuing this quality of interaction in a new area such as vocalization and speech, or upon her ability to play spontaneously on the level at which the baby may be in its development. This is illustrated in the following example during a home visit to a Mrs. Q., whose child was ten months old. The observer writes:

Although there was virtually no direct physical contact between Mrs. Q. and Ellen during my visit, Mrs. Q. did a lot of direct talking to Ellen, offering her a glass of milk and leaning over and whispering, in a somewhat tender and feeling way, various little unimportant statements. Ellen responded very nicely to these, paid close attention to her mother, and seemed to be very involved in their relationship.

### 3. Period of Early Directed Activity of the Infant (5-9 months)

The social interchange between mother and child has been presented to this point largely in relation to the mother's initiative in eliciting and sustaining it. However, the baby's initiative in establishing social exchange with the mother begins to come into play as the smiling response reaches its height. The child attempts to reach out to the mother and stimulate her to respond to him. The manner in which the mother responds to the baby's initiative forms the basis for the third issue, which has been worded as follows: "To what degree will the initiative of the infant be successful in establishing areas



of reciprocity in the interchange with the mother? When this effort is successful in bringing the mother into smiling play, the infant learns to anticipate her response to him and can reproduce some of the joyful excitement of the experience by actions associated with this anticipation. The mother's ability to respond to the infant's initiative for social interchange is related to her general affective spontaneity, the gratification her child's pleasurable reaching out gives her, and the general level of interchange she shows in interpersonal relations. It seems also to be related to the priority given her child in the organization of her perceptual awareness.

Subtly and easily obscured are the tender beginnings of the child's directed activities in this period, as shown in the following example of Mrs. G.C. whose baby was seven and a half months old:

I remained a while longer as Mrs. G.C. began the feeding. She held the baby on her lap with his head resting against her arm as she spooned the food to him and although she had expected that he might refuse it since he had not been eating well the past few days, Douggie took the food quite readily, and the feeding went very smoothly. Once or twice during the feeding, Douggie would seem to want a brief respite from taking the mouthfuls of food and Mrs. G.C. would wait until he was ready. A couple of times when this occurred, he put his head back and looked directly up at his mother, completely engaging her in visual contact, and Mrs. G.C. seemed extremely delighted and, I thought, quite excited by this contact, returning his gaze and then seeming a bit embarrassed and pulling herself away and offering him the next spoonful.

We first paid attention to the baby's initiative in regard to its influence in starting social exchanges with the mother. However, it seemed obvious that the mother's response to the baby's initiative in general must be a large part of the issue at stake in this period. The baby is beginning to show preferences of all sorts, and is attempting actively to control the stimulations reaching him as well as those disappearing from him. Some of his efforts in the direction of his mother encounter a response in kind from the mother, a back and forthness, or a feedback of reciprocal quality, whereas some of his other efforts do not. We have assumed that those activities which the infant initiates and which lead to a reciprocal exchange with the mother must be clearly distinct in the infant's perception from those which do not. A dimension of anticipation must therefore be set up

in the child's expectancies which reflects the balance of success or failure the child has experienced in establishing new areas of reciprocity with his mother. In our contrasting groups of maternal personalities, there was a wide variation in the respect the mother showed for early preferences stemming from the initiative of the baby, just as there was a wide variation in the mother's availability for reciprocal interactions.

The period from six to nine months is a time which demands of the mother a certain keenness in reading and appreciating the cues of her child and further demands that she responds appropriately as in the initial period of adaptation. However, it has the flavor of a more passive response in adaptation on her part than the more active role she took in the first period. This difference is frequently observed as the mother begins the feeding of solids. The average mother who has negotiated the two earlier issues adapts so readily to the new pressures of the child's budding initiative that it is usually not readily apparent that an important issue is being settled. However, when we see an infant, who has progressed solidly through the first four or five months, meeting then an implacable barrier to his initiative, the picture is different.

The following example is taken from a tape-recorded interview with the mother whose son, Ned, was approximately nine months old. Mother and child had experienced a satisfactory initial adaptation and a delightful early period of social smiling play. However, the battle of initiative had shown its first beginnings in the area of motor activity when Ned was four and a half months old. At that time, he was able to pull himself to the edge of his carriage and was promptly harnessed because the mother feared he would fall out. The struggle extended in the following months until we felt entitled to label this period for this mother-child pair as "the battle of the high chair." Some weeks before the interview, the pediatrician had suggested that the mother could try again to introduce solid foods. The interviewer reported:

I.: Well, to get back to Ned again. How is the feeding situation going?

M.: It's picked up very good. He's got the idea that he's gonna gag. You know, he's always gagging on his vegetables.

I.: Yeh.

years he showed a striking passivity and almost an avoidance of investment in the few activities he could begin himself.

#### 4. Period of Focalization on Mother (9-15 months)

The issue has been worded as: "To what degree will the child succeed in his demands that the mother alone fulfill his needs?" One of the roots of autonomy in the first year of life stems from the outcome the child experiences from the activities that he initiates. There are a series of steps by which this primordial autonomy widens its foothold vis-à-vis the outer world. Once Issue 3 is satisfactorily negotiated, the way is immediately opened in the relationship between child and mother for the next issue to come to the fore. This concerns the extension of initiative in the child to achieve something of a manipulation of the mother, especially a focalization on her as the person who meets his needs. During this period, there is a further discrimination of mother from other caretaking people. Whereas the child might have accepted a feeding before as easily from father as from mother, it is now only the mother who is clearly preferred for this activity. It is only the mother's lap that is sought for comfort or security. Such a process of focalizing interaction on the mother has been termed "monotropy" by John Bowlby (1958). He considered it an innate characteristic of developmental behavior in the animal kingdom that the specific stimulus-response patterns become focalized in one parent animal.

Although from the beginning the mother has been responding to her child's demands, these have gradually become more and more specific. Whereas the first demands of the child are diffuse expressions of discomfort, they now become directed efforts to possess and manipulate. It is one thing for a mother to come to the aid of the helpless infant, and quite another for her to yield to a clearly intended demand of her year-old baby. The demands of this period on the mother are intense and unremitting and involve the mother in the deepest threats to her integrity. One could say that this period separates the women from the girls, those with flexibility from those without, those whose sense of identity as mothers is secure from those who are only partially committed. The smooth and satisfactory negotiation seems to depend upon the mother's ability to yield or to compromise by keeping the baby in her awareness while she pursues her own in-

M.: And that's why he won't take it—and—or he didn't like the taste. If he didn't like the taste, he'd gag like. I'm disgusted. So last Friday, he was mad. He took a fit, he was mad. My husband was sitting there, and he was crying for my husband to pick him up, and I was feeding him and he was cross. I don't think he knows what I'm giving him—the mixed vegetables and the soup and his bottle.

I.: Well, what was he—spitting it out?  
M.: He just quit taking them. I don't know what's wrong.  
I.: What do you mean?

M.: He'll be happy and all. If you pick him up in the morning, he'll be so quiet and never say a word—up in his high chair. He'll just sit there and play. And we used to give him tea, a cup of tea or something. He'd be quiet, and then I'd feed him, and maybe he'd get cranky and be tired. But when I pick him up *now* and walk to the high chair [to feed him], he don't want that [makes crying sounds]. Sit down, sit down—he don't want that. He wants to go.

I.: But when you do sit him down, then he—  
M.: Then he goes, then he runs all—he pushes and he kicks and he bangs his head, and he'll just sit there. And look at him, he's crazy. I says I don't know. If he bumps his head enough times, he'll stop. Then he'll stop and he gets mad. Mm—mm—he'll start crying, and there's nothing to do but just let him cry.

I.: Uh-huh.  
M.: If you keep on picking him up, you'll get nothing done and you won't accomplish anything. So, we leave him there. Then we give him a toy to shut up.

This baby, who had been one of our most attractive infants in his fourth and fifth months, lost all signs of spontaneous, pleasurable affect in the early part of his second year of life. He was completely defeated by his mother in this early struggle. This mother-child pair provided an instance in which the usual sequence of issues had not followed in order. The threat which the initiative of her infant posed for this mother was revealed by the fact that she suddenly went to work for four months beginning in the seventh month, leaving the baby in the care of her husband. She gave up this solution and returned to resume her control in the household because the husband was now yielding to the baby's demands to be picked up. She said, "That was the last straw." The outcome of the next two issues for this mother and child could have been easily predicted at this point. The self-assertion usually seen in the early part of the second year of life submerged. In a recent follow-up at the age of five and a half

terests. Her freedom to do so depends partly on her freedom to limit. Fear of strangers, strong at this time, is an additional factor serving to push the child toward the mother. The dangers from which a child in his beginning motor explorations must be protected are another factor binding the mother's attention to the child. On the other hand, the mother who is secure enough in herself and has confidence in the ultimate separateness and integrity of her child can enjoy and yield to this possession by him. When she does so, preserving areas of reciprocity with her child, she acts as a stable base of operations for him as his growing motility and inevitable curiosity carries him away from her.

The range of interactions that can be seen here was illustrated by one of our mothers whose principal preoccupation was to maintain her child's involvement with her. She welcomed any turn of the child toward her, and kept herself always available. The period was passed with little sign of the child's demand on her mother. On the contrary, notable efforts were made by the child to move away from the mother.

We have observed that by nine months, the focus of the mother's attention is a percept which the child clearly has come to appreciate. The child struggles for her attentive involvement. One of the consequences of the perception of attentive focus of the mother and its employment in the interaction is that such a simple signal can come to represent actual exchanges of considerable duration and complexity.

The capacity to find gratification in the outside world apart from the mother, to transfer the experience of gratification from interaction with her to interaction with the world is, we feel, related in part to a certain degree of success in negotiating this fourth period. Unless a satisfactory level of certainty of the mother's availability is established before the self-assertion which follows in the early months of the second year, the child is faced with an important asynchrony in respect to his mother: he is still seeking to assure himself of her while he already must begin to assert himself against her.

A single illustration will show the way the child exerts its possessive pressure in this fourth period. It is an excerpt from a tape-recorded interview with a mother whose child was twelve months of age.

M.: But she gets into everything. She won't play by herself and she wants me to play with—and she won't stay out on the porch by herself. She likes to go out there, but she won't stay by herself.

I.: She won't play by herself?

M.: No, for a while she will, and then she always comes in to me, and she's either in the pantry or in the cabinet, or in the closet—and now she pushes the car bed away and gets into my closet.

This behavior continued as illustrated in the following example taken from a tape-recorded interview with the same mother when the child was fourteen months:

I.: Does she ever let you get away from her or—

M.: She bothers me all day. I can't do anything. I can't sit down to read a paper or do anything because she always tries to get up on me, and when I'm in the pantry, she's in the pantry; when I'm in the kitchen—if I'm sweeping, she's gotta sweep. No matter where I am she's gotta be. And she won't stay out on the porch, although she has been for the last couple of days playing at the door, but when the screen door closes, she doesn't like it. It's only a little porch. But when the door closes, she doesn't like it and she cries. And you know the bathroom has to be closed at all times.

##### 5. *Period of Self-Assertion (12-18 months)*

The clarity of this fifth issue and the timing of its onset follow on the outcome of Issue 4. The fifth issue we have stated as: "*To what extent will the child establish self-assertion in the interaction with the mother?*" We might add "*In what areas?*" and "*At what cost?*" This period extends over the early part of the second year of life and corresponds to the well-known phase of negativism. This is the time of appearance of autonomy (Erikson, 1950b; Spitz, 1957), which emerges *pari passu* with the restriction of volition that is occurring. For example, Spitz (1957) writes: "The jurisdiction of the fifteen-months-old eventually is limited practically to his own body." This factor has been described in relation to the struggle over toilet training in which the child may be pressed to retreat to a last fortress of assertion of volitional control, i.e., in control of his body functions. In these present times, however, where the least well-educated of our mothers may have read when to begin toilet training and may not begin it until the close of the second year, toilet training itself may not enter

so clearly into the picture. Yet, just as surely, the problem of self-assertion, the attempt to possess the initiative, results in conflict.

However, except in unusual instances in our material, we found, instead of a complete defeat of the child, that there are different areas in which self-assertion is achieved. Possible conflicts had been in evidence since the beginnings of self-assertion in the third phase, but now these reach an outspoken struggle. This represents the time of "decisive encounter" as Erikson (1950b) has described it in his discussion of the emergence of autonomy. The areas of self-assertion achieved are of a wide variety, unique for the mother and her household. The following example is extreme for our population but not again reflect the particular character of the mother and her household. The following picture to those acquainted with mothers who find it difficult to set limits. The description is taken from a home visit with Dora I. at seventeen months:

Dora runs the apartment and the family. Mrs. I. is unable to study for her examinations because she can't open a book when Dora is up. It has gotten to the point where Mrs. I. can hardly go down to the laundry in the basement with Dora because Dora runs around and gets into so much mischief, like opening the other washers and taking out the laundry, and so on. Dora's things are all over the apartment and the whole bedroom (only one bedroom in the apartment) belongs to Dora. Mrs. I. is constantly trying to anticipate Dora in the nicest possible way, but it is difficult for Mrs. I. and difficult for Dora. This home is almost too child-oriented. The walks outside are talked about as though it is Dora who determines where they should go. Mrs. I. is constantly at Dora's beck and call, although Dora does have trouble settling down to anything and really being satisfied with it.

The more usual state of affairs is better illustrated by the two following excerpts which are taken from observations of a Mrs. D. and her child Nancy. The first is from a home visit when Nancy was fifteen months twenty-three days, about which the observer wrote:

Mrs. D.'s handling of Nancy was warm and permissive. She was supporting, approving, and seemed to enjoy her very much. She wanted Nancy to "perform"—fold her arms, tap her nose, play peekaboo. She was not the least insistent or annoyed when Nancy wouldn't comply; said rather philosophically, "She never does things when you ask her to," quite accepting of Nancy's own will to comply or not. She relates that Nancy wants to do everything herself now; she refuses to be fed;

she insists on holding her own spoon. Mother lets her, is not concerned with lower food intake when Nancy feeds herself. Lets her do as many things for herself as possible. Mrs. D. did not seem threatened by Nancy's quest for independence, but accepting of it and supportive. She made no mention of any troubles or mess resulting from this self-feeding; she only spoke of it in terms of what Nancy wanted and needed to do. Her eating habits are changing. She no longer wants baby food, but wants to (and does) try all adult food. Mrs. D. still tries to give her baby food for lunch, sometimes opens four to five cans to give her a choice, but Nancy turns them all down. "She really likes roast beef and steak," said Mrs. D. with a chuckle. She drinks very well from a cup. She rarely wants her bottle now, except for going to sleep. She is fed a little before the parents eat, then nibbles at their food during their dinner as well. Nancy no longer naps as long as she used to. She used to sleep for two hours in a blanket on the floor; now naps one hour at the most.

The second illustration at sixteen months twelve days shows how the degree of self-assertion possible becomes ascertained by the child. The observations were recorded while the mother was conversing with the pediatrician prior to the examination of the child:

Then she looks up at camera, walks to mother's pocketbook on small table, pulls it off, vocalizing, takes it to mother. Sits on floor with it and proceeds to empty it. Takes out diaper first, then keys, at which point mother bends down and takes pocketbook. Nancy gets up and cries out in an angry squeal. Keeps crying while mother shakes keys in front of her to divert her, while continuing to talk to pediatrician. Nancy's cries become more urgent. Finally, mother gives her back the pocketbook. Nancy lets out a frustrated squeal. Mother bends down, I believe to open the pocketbook for her (here mother yields), Nancy quiets, proceeds as before. Takes out diaper, keeps rummaging inside the pocketbook. Real pleasure evident in this activity as it had been in moving screws on the table previously. Takes out box of Chiclet chewing gum, looks at it, holds it high in one hand, gives mother back pocketbook, keys, diaper. Holds chewing gum box, shakes it, and is just about to open box when mother takes it and puts it back into her pocketbook. Nancy screams loudly, inconsolably. Mother picks her up. Nancy holds arms into air, as if pulling on something, touches her hair, her ear. Angry, piercing screams as mother sets her on table. She quiets somewhat when the pediatrician hands her a roll of adhesive and scissors to play with. [This mother had always been quite concerned about the child's choking on small items, i.e., the gum, that she might put in her mouth.]

Such illustrations show the push and pull of forces between mother and child. The child wins the pocketbook and its entire contents except for the one item. Such equilibrium regarding limits is reached at a particular point on the range of possibilities for limits by each mother-child pair in an individual way. The process appears more complicated when the previous issue 4 has been unsatisfactorily negotiated. The asynchrony can be observed in the frantic efforts of such children to re-establish themselves with the mother after such a rupture, and the implications of frustration seem more total. The child is struggling for an adequate assurance of the availability of the mother, while at the same time he is struggling to assert himself against her. The possible relationship of developmental phases to levels of equilibria between infant and environment was suggested in Piaget's (1956) discussion of the part played by equilibration processes in the psychobiological development of the child. Assessment of the issues we have delineated will provide a means of exploring this concept.

The second eighteen months have been divided more arbitrarily into three six-month periods, from eighteen to twenty-four months, twenty-four to thirty months, and thirty to thirty-six months. There are four issues being studied in reference to these periods. The first two are concerned with the destructive aspects of the child's aggression and the manner in which he directly challenges the mother's will and convictions. The other two involve the way the interaction with the mother includes the emerging secondary-process activities of the child and the preoccupations he develops with his body functions. The observations and issues in this year and a half will be elaborated and illustrated in a subsequent publication.

#### SUMMARY

We have presented here our modes of organizing the complex longitudinal descriptive data of early development in respect to one of its facets, namely, that of the mother-child interaction. The approach we are utilizing was conceived in response to the necessity of making cross-case comparisons of this detailed observational material in a sizable number of cases. It also stemmed from the challenge to examine new (i.e., behavioral or observational level) elements of the child's early object relations and to look for new relationships be-

tween those elements which appeared prominently in the material. We have developed a hypothetical schema, in which these elements can be studied in a phase-specific, epigenetic context. It provides a set of dimensions in respect to object relations which occupies an intermediate position between the levels of phenomenology and of the dynamic constructs by which meaningful information about object relationships is usually communicated. This intermediate position provides a bridge for us between prenatal appraisals of maternal character, observations in chronological sequence of maternal and infant behavior, and outcome in evaluations of later ego organization in the child. Exploration into the manner in which maternal character might exert influence on the early personality development of the child was one of the original interests in launching a naturalistic study of this type.

A method of analysis based on a hypothetical schema of course must itself be exploratory. A rough scaling of interaction has been devised on the basis of the concept that the adaptation between mother and child in a given period involves the settling of an issue. This assumption determines for the period the point of equilibrium that will be characteristic for a mother-child pair in respect to a particular element or dimension of interaction. Marked variations in the range of behaviors encountered in a "normal" population of mothers, such as ours, can be quite clearly delineated by this means and thus communicated more easily. These phase-related variations can then be correlated with evaluation of variables in later ego organization in the children. We hope that the effort to represent events occurring between mother and child in terms of the anticipatory function of the developing ego will open further avenues of study, as should our attempt to relate the epigenetic phase relationships of early development to a sequence of equilibrial positions of interaction between child and environment (mother in this case).

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## OBSERVATIONS ON THE DEVELOPMENT OF IMAGINATIVE PLAY IN EARLY CHILDHOOD

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In the field of child therapy in general, much emphasis is placed on the observation and understanding of the child's play, that is, his so-called fantasy play or imaginative play. Indeed, in the younger child, this is probably one of our major tools for understanding conflicts which may bring the child into treatment. Since the child's ability to use imaginative play is significant, not only in the therapeutic situation, but also in his general development as a method of enabling him to overcome and work through areas of conflict, it seems that an understanding of the genesis of such play and what factors may influence it in a positive direction or may operate to inhibit it would enlarge and enrich our understanding of child development. With this in mind, I would like to discuss today some observations on the development of imaginative play which were made as a part of our longitudinal study of child development.

The children studied were seen from the age of eighteen months onward in a series of play sessions spaced roughly nine weeks apart. These sessions were "unstructured," that is, the child was not specifically helped to involve himself in any one particular kind of play or with any one set of play materials. In so far as possible, the same play interviewer conducted the session each time, and the same physical surroundings were used—the same room and the same toys and play

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