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## A Longitudinal Study of Traumatic Play Activity Using the Children's Developmental Play Instrument (CDPI)

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### ABSTRACT

This is a longitudinal study of traumatic play activity using The Children's Developmental Play Instrument (CDPI). The CDPI is a multidimensional observational measure based upon a four-level model of play activity: Segmentation; Descriptive Analysis; Component Analysis and Functional Analysis. We studied one child and his mother, participants in a post-9/11 supportive intervention project. In this research children were filmed playing for 10 minutes with their mother and then 10 minutes with a trained clinician. Mother and child were followed for a period of eight years by viewing annual videotaped play sessions. Findings revealed the CDPI was an effective tool in assessing the evolution of traumatic play and fantasy play over time using both qualitative and quantitative analyses. Of particular interest were the effects of trauma as evidenced in coping-defensive strategies observed in the play activity as play styles.

### Background and purpose of this study

Following the terror events of September 11, 2001, and the collapse of the twin towers, Beatrice Beebe and her colleagues organized a primary prevention project to assist women with babies in utero who lost their husbands at the time of the attacks. The project provided supportive services for these families through annual visits for a decade following the events of September 11 (for more details about the project see Beebe, Cohen, & Markese, 2011; Beebe, Cohen, Sossin, & Markese, 2012). The purpose of the present study is to explore the emergence of this traumatic event into the consciousness of one mother-child dyad as expressed in the child's play activity over a period of eight years. In addition to his mother, the child also played subsequently with a stranger, a trained clinician. A second research focus is to study the differences observed between the mother-child and the clinician-child play. We named this child Billy.

### Methodology

#### *Procedures of the primary prevention project*

Billy's first "knew" of his father's loss through the spurt of stress hormones released by his mother's body as she learned about his death. Billy's awareness of the meaning of the events of September 11 and its aftermath was also communicated to him vicariously, by a gradual sharing in the emotional

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Appreciation, admiration and gratitude to the team of dedicated clinicians who formed The Project for Mothers, Infants, and Young Children of September 11, 2001 for extending to me the privilege of analyzing Billy's play. The group consisted of Beatrice Beebe, Phyllis Cohen, Anni Bergman, Sally Moskowitz, K. Mark Sossin, Rita Reisinger, Suzi Tortora and Donna Demetri Friedman.

experience of his mother. In fact, Billy would come to know his father solely through his relationship with his mother, his older brother (three years old at the time of the events of 9/11), and other family members. The provision of a place for Billy to play with his mother afforded him the possibility of a safe encounter with the overwhelming experience of loss. The clinician's presence suggested a potential counterpoint to the mother-child relationship. First, it was an opportunity to play with someone outside the family orbit and represented a significant relationship with a male not directly himself related to the events of 9/11 but someone available to share in Billy's perspective. Second, all of this activity took place in a secure play space, affording an opportunity for creativity not consistently available in everyday reality.

Mothers and infants were invited to Dr. Beebe's mother-child filming lab. In this lab, mothers and their infants or young children were videotaped using split-screen videotape technology. One camera viewed the mother and one the child, yielding a split-screen view of both at the same time. The mother was instructed to play with the child as she would at home. The session was designed to last 10–15 minutes. When the children were infants, they were seated in an infant seat or a high chair, and the mother was seated opposite. As the children grew older, mother and child sat at a small table. Following the mother-child filming, each child played with one of the project clinicians. For Billy, the clinician was always Dr. Mark Sossin (with the exception of the one-year session in which the clinician was Dr. Beebe). During the clinician-child filming, mothers were present as needed. Mothers were scripted to be quiet and only facilitate the child when absolutely needed and as briefly as possible. As the children grew older, gradually they were able to play with the clinician without the mother present. In those later sessions the mother viewed the clinician-child session through a two-way mirror. Her observations could be shared at separate group meetings with other mothers (a clinician was also present) and in separate parent-clinician meetings. A standard set of toys was available at each filming. These included a house open on one side, with an upstairs and a downstairs; a set of dolls, mother and father, boy and girl, and a baby; toy animals including a bird, a dog, and a lizard; several cars; a chair; toilet; and bed.

### ***Research focus for this exploratory project***

In this study we explore the relationship between fantasy play and traumatic play. To analyze the play activity we use categories from the Children's Developmental Play Instrument (CDPI)(2009; 2012; 2015). Analysis of each session is followed by a sampling of CDPI ratings for that session. Before proceeding to the session-by-session analysis, we define the classifications of play as traumatic play and fantasy play. Then we review the structure of the CDPI and define selected CDPI functional variables.

Play activity functions in a variety of ways to help children rework unpleasant experiences, gain self-efficacy, reduce arousal, make negative experiences more predictable, and recreate meaning from chaos (Marans et al., 1991). Traumatic play reflects intrusions into the stream of play activity of events that disturb the usual adaptive functions of play. For Billy, these threatening intrusions are observed in several ways, for example, intense and at times disruptive emotional states, and repetitive narrative themes. Traumatic play is also reflected in play styles, the pattern of coping-defensive strategies used by Billy while playing.

A body of research has been conducted on the play activity of children exposed to traumatic events (see, e.g., Nader & Pynoos, 1991; Pynoos, 1993; Scheeringa & Gaensbauer, 2000; Terr, 1990; Varkas, 1998). Posttraumatic play (PTP) has been described as play consisting of repetitive unresolved themes, increased aggressiveness and/or withdrawal, fantasies linked with rescue or revenge, reduced symbolization, and concrete thinking. Despite this emphasis on reported pathological signs of PTP, clinical and research observations have demonstrated that PTP may be potentially adaptive as well (see, e.g., Cohen, Chazan, Lerner, & Maimon, 2010a; Chazan & Cohen, 2010b). For the purposes of this research, the term posttraumatic play was broadened to also imply the presence of imagined events revealed more generally in a child's activity. In order to capture this more general

meaning, the term traumatic play was used, without implying the child had been directly exposed to the specific trauma himself.

### ***Definition of traumatic play activity***

While playing, the child persists in expressing repetitive feelings and/or narratives or in using a repetitive pattern of disharmonious coping strategies. The feelings may have a component of pressure, anxiety, or outright despair and sadness. Aggressive, sadistic, and sarcastic themes may occur and/or themes of rescue, reparation, reconciliation, and protective planning. However, the play does not usually move toward resolution; if it does, it often has a bad ending. In other instances no significant themes appear, but the play activity appears constricted, mechanistic, and inhibited to an extreme extent or results in disorganization. More generally, a lack of resolution in play activity may also be reflected in instances when several disharmonious play styles are observed within the same play segment, such as impulsive play style and inhibited/conflicted play style, or adaptive play style and disorganized play style (Chazan, 2014; Chazan & Kuchirko, 2015).

### ***Definition of fantasy play activity***

Objects, animals, and/or persons undergo transformations and perform activities and functions that are imaginary, confabulated, magical, animistic, or grossly exaggerated. The child requires the use of pretense for the play to proceed. For example, the child assumes the role of Superman or becomes Peter Pan. At younger ages, fantasy play may take the form of attributes of a fantasy character that are imitated rather than being consolidated into a complete role. Alternatively, the child may imitate aspects of a real person, animal, or object he has encountered in his daily life. At times fantasy play may be identified by the child as “make-believe.” At other times, as fantasy approaches the real, the protective transformation is lost (Chazan, CDPI/WTC Manual, p. 12).

By definition the two classifications of play activity, traumatic play and fantasy play, are not mutually exclusive.

### ***Research procedures***

The primary intervention team followed Billy from age 1 to age 8 in annual split-screen videotaped sessions as he played first with his mother and then with a trained clinician in Dr. Beebe’s mother-infant filming laboratory. Billy and his family were selected because mother and child were consistent participants and the project team agreed they knew them well. In my role as researcher, I would be blind to any information concerning the family or its experiences and extensive published information concerning the intervention project. I would be informed only of Billy’s age and the dates of videotaping. Because of these limitations, this research would not be a classical case study and would remain somewhat inconclusive, leaving the reader with unanswered questions about Billy. However, limiting the focus of this research provided a frame for yielding a detailed in-depth analysis of Billy’s play. In addition, because this was to be an exploratory study and had limited scope, the findings are suggestive rather than definitive. Therefore, inferences based on the findings can only be considered tentative.

Two further comments regarding observations of play activity. 1) Play activity potentially serves the functions of mastery and adaptation. Viewed from the perspective of adaptation, the child’s play style can be understood as a synthesis of efforts to resolve conflict, overcome obstacles, and explore possibilities. 2) Play activity takes place within the domain of play. This sphere of safety can consist of varying degrees of shared reality and personal meanings. Therefore, any observations made about the play activity of the child cannot be directly translated into an understanding of his everyday experience. It is this freedom from correspondence between play activity and events of the everyday world that becomes curtailed to some extent by the child’s exposure either directly or indirectly to traumatic events.

### The Children's Developmental Play Instrument (CDPI)

The CDPI model of play activity operationalizes play activity to complement but not replace essential process notes and description by the observer. It is an inclusive clinical and research instrument synthesizing and operationalizing new concepts as well as those described by others, for example, Bretherton's (1984) classification of the development of role play, Emde's (1989) work on affective expression, and the significance of a continuum of coping-defensive strategies observable in play as described by Fraiberg (1982), A. Freud (1965; 1966), Kernberg (1994), Murphy and Moriarty (1976), and Vaillant (1993).

The CDPI, a multidimensional tool for the analysis of children's play activity, has established reliability (Chazan, 2009) and validity (Chazan, 2012; 2015). The CDPI is an adaptation of The Children's Play Therapy Instrument-CPTI (Kernberg, Chazan, & Normandin, 1998) for the observation of mainstream children who do not have a clinical diagnosis. It consists of scales and subscales organized into four levels of analysis (see Figure 1). The levels of analysis are:

- *Segmentation* of the child's activity into chunks of time consisting of the number of minutes observed in preplay activity, play activity, and nonplay activity. Only play activity is rated going forward.
- *Descriptive* analysis of the play activity: Classification of the play activity as fantasy play and/or traumatic play; and script description describing who initiates, facilitates, inhibits, and ends play.
- *Component* analysis of play activity components: Affective; Cognitive; Narrative; and Developmental. (See Table 1 for a listing of component subscales included in this study).
- *Functional* analysis of the play activity including: Engagement in play; Symbolic functioning while playing; Coping-defensive strategies observed in the play activity; and, Awareness of the child he is playing. Four clusters of coping-defensive strategies are defined: the Adaptive play cluster; the Impulsive/Aggressive play cluster; the Inhibited/Conflicted play cluster; and the Disorganized play cluster. An individual child's ratings on each of the clusters of coping-defensive strategies form a pattern identified as the child's *play style*.

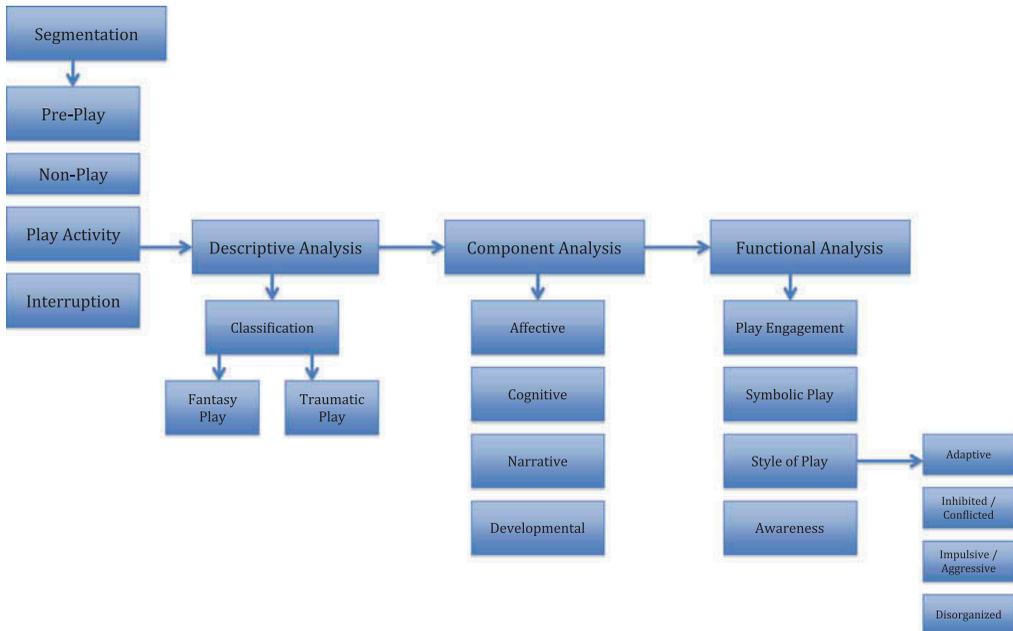


Figure 1. Children's Developmental Play Instrument (CDPI): Selected rating scales.

**Table 1.** Component analysis and functional analysis: Selected subtests.

<b>Affective Components</b>
Overall emotional tone
Regulation and modulation of feelings
Feelings expressed while playing (selected feelings)
Relationship feelings
<b>Cognitive Components</b>
Role representation
Transformation of representation—persons and objects
Use of play objects
<b>Narrative Components</b>
Themes and topics of the play activity
Use of language within play activity
<b>Developmental Components</b>
Estimated developmental level of play activity
Social level of play activity
<b>Functional Analysis of Play Activity</b>
Play engagement
Symbolic play
Style of play activity
Awareness of play

A child's play style is placed within the CDPI model of play activity as part of the Functional Analysis (refer to Table 1). Functional variables combine observations acting in concert to convey a global quality of the play activity. The various functions of play activity have been recognized as an important aspect of child development since Freud's earliest observations (1905) and have been vividly described by Solnit, Cohen, and Neubauer (1993) in the introduction to their classic book *The Many Meanings of Play*.

Following are definitions of the four variables comprising the Functional Analysis of the CDPI.

### **Defining play engagement using the CDPI**

Play engagement is implied in the initiation and/or facilitation by the child of a sustained segment of play activity. The child's engagement in play may be indicated by exhibiting one or more of the following behaviors: an expression of intent (e.g., "Let's play!"); actions indicating initiative, such as assigning of roles, or by making a suggestion; an expression of specific negative or positive affects; focused concentration with person or toy; purposeful use of toy or physical surround. In younger children play engagement is less articulated and the observer often needs to rely on movement and/or affective expression for cues.

### **Defining symbolic play using the CDPI**

Observations suggesting the presence of symbolic play may include: continuous play activity; child's ending of a play activity with satiation (suggesting the presence of a play schema with beginning, middle and end); role-play, game play, sorting and creative play; the use of smaller objects to represent larger ones (microsphere); substitution of one object for another, the use of miming; transformation of persons or objects; use of adaptive strategies while playing (such as anticipation, sublimation, identification, humor); the appearance of evocative memory, where the child can evoke the representation in memory of an absent person or object.

Younger children and infants may engage in presymbolic play, indicating they are on the path to developing symbolic play. These precursors of symbolic play are often an important component in baby games, such as peek-a-boo and searching for the hidden or partially hidden inanimate object. Symbolic precursors of emerging role-play can be observed in the partial imitation of one aspect of a

person or attribute of an inanimate object. The child indicates to the observer he has recognized attributes of a person (animal, or object) and attempts to replicate them in his play.

### *Defining play styles using the CDPI*

The *Adaptive Play Style* is synonymous with playfulness. It is the uninterrupted, forward-moving, joyful effort toward mastery referred to by Robert White (1959) as competence motivation and by J. McV. Hunt (1965) as intrinsic motivation. Joseph Lichtenberg (1989) considered play activity to be a derivative of the exploratory-assertive motivational system. While playing, the child explores adaptive possibilities that will lead to change, eventuating in increased feelings of confidence and competence. The concept of coping includes these efforts to deal with the challenges of life.

Although most mainstream children predominantly manifest the adaptive play style, some children manifest additional play styles as well. Lois Murphy and Ann Moriarty (1976) suggest that frequently adaptive strategies exist alongside defense mechanisms as part of an overall coping effort. They suggest attributes of the child that potentially contribute to adaptive outcomes include a deep capacity for sensuous gratification and delight, a capacity for resourceful manipulation and problem solving, a capacity for nonverbal communication that can lead to genuine interpersonal communication, and a capacity for representation and symbolization of disturbing experiences and fantasies.

The *Impulsive Play Style* is characterized by an absence of regularity in the flow, modulation and gradual change usually characteristic of play activity. Change, when it occurs, happens suddenly. The play activity may be marked by outbursts and abrupt interruptions. This style of playing is directly linked with expression of feelings through movement and activity. Physicality is predominant over reflectivity. The child's vulnerability and sensitivity are often masked by this tendency toward action. Because the child is processing directly through motor channels, he often misses nuances of meaning and is absorbed exclusively by his own needs. Deficits in flexibility and regulation of feelings may lead to further failure to cope with threatening circumstances.

These strategies occur frequently in the fantasy play of children who rigidly divide the world into friend and foe, the bad and the good. Many childhood themes revolve around combat between forces of good and evil. Play characters are often described as one-dimensional, with the bad ones having no redeeming features and the good ones always the winners. In other instances, the aggression and anxiety are acted out directly in behavior, without translation into symbolic representation.

The *Conflicted/Inhibited Play Style* reflects issues the child cannot readily resolve. These are issues of great concern the child, issues that alternatively fascinate him, trouble him and intrigue him and that continually preoccupy him while playing. The child seems focused on opposing tendencies and the result is a disruption in the smooth flow of play activity. The inhibited child does not express his conflict in an overt manner that would involve him in dispute with others. Rather he tends to turn inward and direct his anxieties against himself, make-believe characters, or abstract ideas. The disjuncture may occur within the narrative of the play, within interactions with others, within or between dimensions of the structure of the play activity (affective, cognitive, narrative, or developmental), or within the capacity of the child to sustain play activity over time (Segmentation). Two play strategies commonly observed, projection and sublimation are *not* considered characteristics of the conflicted/inhibited play style

The *Disorganized Play Style* is characterized by extreme anxiety. At these moments the child is communicating the dread of becoming completely overwhelmed. These children can appear to the observer as withdrawn, attuned exclusively to their own inner worlds. They may avoid interacting with other persons, using extreme avoidance as though they were threatened by danger and pain. These children's relationship to others lacks the spontaneity, warmth, and joy of human companionship. Developmentally, the disorganized play style usually represents a regression to less mature levels of play. It is play activity that is not yet represented using consensual symbols or communicated through the reciprocal use of language.

Disorganizing play activities often seem bizarre to the observer, who senses the child is being overwhelmed by feelings and events. A sampling of defenses observed in disorganized play includes fragmentation, freezing, destruction, and autistic withdrawal. Although extreme, these attributes do occur in the play activity of mainstream children, often in tandem or in sequence with attributes of the adaptive play style. While in the state of playing, a child may experience self-states that would otherwise seem extreme. It is important to realize that these children are mainstream children and it is from their imaginary world, or from the reality of their traumatic life experience, or a combination of both, that these images are evoked. The affective dimensions of the play activity often determine the fate of the narrative material. Will the child be capable of regulating and modulating his feelings to enable him to cope with what otherwise would be overwhelming thoughts and feelings? It is the survival of play activity at these moments that is critical for the progressive development of the child.

During the course of a ten-minute observation, some children exhibit attributes of more than one play style, calling our attention to the shift in play styles and the context within which these shifts occurred. Each style of playing documents an expression of the child's experience of himself, of others and of his surroundings in combination, viewed within the context of a series of moments in time. Unlike the concept of cognitive styles (Shapiro, 1999; Witkin & Goodenough, 1981), the concept of play styles is not introduced to explain pervasive, longstanding differences between children. Rather, play styles articulate the overall function of the play activity for a given child within a specific time frame. Play styles are *state* variables rather than *trait* variables. They tell us something about the predisposition and interests of the child, his social relationships, his feelings and his activities as viewed during these moments. (For further description of play styles see Chazan, 2009).

### ***Defining child's awareness of himself as playing using the CDPI***

A child's awareness of the play boundary may be observed in the following ways: a verbal invitation: "Let's play!"; a child's affect becomes playful, more intense, or pleasurable and communicates a sense of changed relationship or reality of which the he/she is aware; a child makes verbal or nonverbal (eye contact, or touch) that communicates to the other person, "Do you see me now?" implying something has changed. Or, alternatively "now I/we are . . ." Denoting something significant should be noticed and shared, implying in some instances an emergent capacity for self-reflection. Or, a child may shift to an introspective mode where he/she is focused and aware he/she is intently pursuing a private activity. Or, a child may tell the story of the play, either before playing or during play. In other instances a child may communicate in his/her own way an awareness he/she is playing. (Chazan, CDPI/WTC Manual, p. 33). As we proceed this variable will be referred to as Awareness.

### ***Play sessions, CDPI ratings and reliability***

Billy was observed annually from 1 year to 8 years of age. We selected ratings from Mother-Child and Therapist-Child sessions at two years and at seven years to sample for reliability. A total of 4 ten-minute sessions were rated: 2 of mother and child, and 2 of clinician and child. Most CDPI subscales use a 5-point Likert rating scale. The rating points are: 5 = All of the time; 4 = Most of the time; 3 = Some of the time; 2 = At times; 1 = None of the time. Segmentation of play and several cognitive subscales use a 2-point scale: 1 = Not Observed; 2 = Observed. However, for the purpose of assessing reliability in this study we opted to use the Kappa statistic (Cohen, J. A., 1960; Landis & Koch, 1977). To enable our use of the Kappa statistic the ratings on 5-point subscales were regrouped into 2 groups: ratings 1&2 = 0, Not Observed; ratings 3, 4 & 5 = 1 Observed. The regrouping resulted in categorical ratings of Billy's play, enabling us to use the reliability measure Kappa to assess consensus between us. Sessions were rated by the first author. Reliability was achieved with the second author, previously trained in the use of the CDPI. Kappa levels of agreement for Mother-Child sessions at age 2 years ranged from 1.0 (perfect) to .62 (substantial), mean = .75 (substantial). Kappa levels of agreement for Dr. Mark-Child sessions at age 2 years

ranged from 1.0 (perfect) to .44 (moderate), mean = .73 (substantial). These results indicate that although both measures of central tendency were well within acceptable limits the range of ratings was wide. The Mother-Child situation had 4 lower subscale ratings, while the Dr. Mark-Child sessions were more consistent, with only one lower score. It is notable the means for both Mother-Child ratings (.75) and Dr. Mark-Child ratings (.73) were close. Kappa levels of agreement for Mother-Child sessions at age 7 years ranged from 1.0 (perfect) to .51 (moderate), mean = .81 (almost perfect). Kappa levels of agreement for Dr. Mark-Child sessions at age 7 years ranged from 1.0 (perfect) to .64 (substantial), mean = .89 (almost perfect). Again the pattern observed was of a wide range of ratings. At seven years in both instances the range was distorted by one deviant rating, the lower subscale rating was different in each situation. The wide range of agreement/disagreement reflected the ease in rating Segmentation (Play vs. NonPlay) as compared with rating Components of Play. In the next section we will use selected scales of the CDPI to describe videotaped play session-by-session. For emphasis, specific affects as well as coping-defensive strategies are italicized in the text. Ratings of traumatic play and fantasy play as well as ratings of functional variables follow each of the 8 pairs of play sessions. For these ratings we use the usual 5-point scales for selected subtests, and the 2-point scale only for Segmentation. Since this was an exploratory study no formal hypotheses were stated.

### **Session-by-session description of Billy's play activity using the CDPI**

*Play Sessions between 1–3 years.* During these initial visits, Billy grows from infant to toddler to young child. Although avoidant at year one, he warms up at year two and by year three in a reversal is rejecting of his mother's invitations to play and has formed a strong play interest in Dr. Mark. When engaged in play with mother, Billy demonstrates a capacity to be genuinely playful. The play becomes centered about baby games and the search for hidden and fallen objects, all with a slight competitive edge. At age 3, Billy refuses to play with mother; while in session with Dr. Mark lively play ensues.

#### ***Mother-child play session at one year***

In this earliest session, Dr. Beebe was present in the room along with Billy and his mother. Billy's experiences were communicated from moment to moment in body movement, facial expression, and vocal utterances. He expressed fearfulness through a still face and wide-eyed gaze. It sent an immediate message to this observer that something scary was happening. He reached out toward his mother for a soothing touch and then gestured by touching his own lips (a nonverbal signal he had been taught to request a drink). Touching his lips was insufficient comfort and he cried again, wanting to be held. Quiet cries became a whimper, wariness an avoidant stare, leading to some mild aggressive outbursts, followed by withdrawal and fatigue. Billy refused to engage in puppet play and turned to quiet moaning, interpreted by Dr. Beebe and mother to mean Billy was thirsty. Even the opportunity to drink did not diminish Billy's fearful protest (understood by this observer as a repetition of "... but something scary is happening"). Mother initiated a game of "This Little Piggy." Billy's still, somber face gradually responded to the quality of her voice and the gentle touch of her fingers on his toes. He warmed to her soothing as she described the little piggy going all the way home. He laughed with an explosive, forced quality and became part of the search for the lost piggy. The activity of searching was repeated again and again. The anxiety over disappearance was diminished with each repetition. Billy's nonverbal responses suggested early precursors of traumatic play—the recurring threat of loss, followed subsequently by a tactile awakening to the search for the missing object, and the subsequent return to home and safety. This was a shared experience prompted by mother. Gradually, mother's soothing touch blended traumatic feelings with adaptive engagement in sensory based play. Most of the time during this play session Billy demonstrated an inhibited/conflicted style of playing. At those moments, he would not participate in shared

interaction, remaining *oppositional* and *constricted*. His adaptive style was limited and was observed only at times when he could use laughter in response to his mother's soothing touch.

### **Clinician-child play session at one year**

The first clinician-child play session was with Dr. Beebe. Mother was present primarily as a passive observer. Subsequent, clinician-child play sessions were with Dr. Mark Sossin. Billy avoided playing and interacting with Dr. Beebe. He was crying most of the time and very unhappy. Occasionally he drank from a cup given to him by his mother. Billy was both anxious and angry. Gradually, in response to Dr. Beebe's playful invitations, he became curious and registered a brief moment of surprise with a smile. After the 10-minute session went overtime, Billy became engaged with Dr. Beebe in a searching game. As Billy forcefully demanded to leave, he represented part of a role, as the *protesting player*. In other moments he was the *avoidant player*. Objects were responded to on a visual and tactile sensory level. Elements of a narrative included themes of protection/danger. They were conveyed through Billy's avoidant stance and his anxiety in the new situation. As he slowly responded to Dr. Beebe's gentle prodding and his mother's soothing, a change to perceiving Dr. Beebe as a "Good Guy" occurred. Then, gradual signs of approach continued unabated after the time limit lapsed (Table 2).

### **Mother-child play session at two years**

In his second play session with mother, Billy's initial anxiety of a new situation had abated. Evidence of early precursors of traumatic play resurfaced in the recurrent search for missing objects. The search was for missing toys, usually the dog and the baby. There was repeated unsteadiness as characters continuously fell and objects needed to be searched for and found. At age 2, Billy was using small replicas of persons and objects to create a small world for his characters, reflecting an advance toward make-believe play. In addition to this transformation in size, there was the suggestion of a transformation in function as the session ended in overtime when the baby flew away and disappeared in the sky and the monkey went in search of the missing dog.

A "baby who flies away" was a combined image with two parts: a baby and the action of flying. It was a partial transformation (as would be anticipated at age two years), reflecting a transformation in function and not a corresponding transformation in structure, for instance, as in "a baby with wings who flies." At this magical stage no further elaboration or conceptual integration was needed for the action to occur. Taking a closer look at this image of the flying baby leads to traumatic as well as fantasy play implications. Could this phenomenon have been related to the recurring search game? Could this image have been the first trace of a very early identification of Billy himself, the baby, with the lost, hidden father, who "flew away" and became the object of endless searching? Billy also applied his new skills of *transformation* to a male doll whose actions suggested a bad guy theme. Billy playfully then re-presented these aggressive, scary actions in their inverse form as humorous

**Table 2.** Mother-child and clinician-child play sessions at one year.

Mother-Child Session at One Year	Clinician-Child Session at One Year
Traumatic play precursors 4	Traumatic play precursors 4
Fantasy play 2	Fantasy play 2
Play engagement 2	Play engagement 2
Precursors to symbolic play 2	Precursors to symbolic play 2
Adaptive style 2	Adaptive style 3
Impulsive-aggressive style 1	Impulsive-aggressive style 2
Inhibited/conflicted style 3	Inhibited/conflicted style 4
Disorganized style 1	Disorganized style 1
Awareness 2	Awareness 2

Rating points: 5 = all of the time; 4 = most of the time; 3 = some of the time; 2 = at times; 1 = none of the time.

(*reaction formation*). It was another early example of trauma being diffused resulting in a playful transformation in order to cope with scary feelings.

Billy actively initiated play and resisted mother's efforts to intervene, for example, when mother enlivened the girl doll and introduced the search for lost animals. She especially acted to counter Billy's aggressive actions (as when Billy's boy doll knocked down the girl doll and then, hit the mother doll). At times mother's attempts to dominate the play had the effect of inhibiting play and angering Billy. In this session, Billy's spoken language was limited, despite his developing play skills. Most of the dialogue and description of the play was communicated by mother. She often framed the narrative by speaking for both characters. This dependent linguistic aspect of Billy's play was observed to reoccur with both mother and Dr. Mark. It was to be a continuing feature of annual play sessions. There was no record of a generalized language delay outside of these meetings.

At 2 years old, while playing with his mother, Billy demonstrated adaptive qualities. He used materials available to him in the room, including the house and other small characters that he enlivened. Billy was able to engage with his mother, modifying aggression to meet her expectations, while at the same time making his feelings known. An occasional smile conveyed an emerging capacity for *self-awareness* (a referencing "look-at-me" moment), as well as a sense of *humor*. These qualities added an element of shared experience to his play. Billy demonstrated that he was comfortable playing within the boundaries of a small world. Billy's impulsivity was observed in moments of aggression and involved hitting and throwing. These impulsive actions (*identification with the aggressor*) were completely contained within the play script. However, there was no rationale given in the narrative for the character's aggressive actions.

In this session as noted, Billy did not engage in prolonged opposition to his mother and the flow of the play was fluent. However, initially he was reserved and slow to warm up. Billy used *avoidance* (hiding) to cope with frustrations. Overall, Billy's play suggested the dyad was beginning to very slowly acknowledge their loss and were *searching* not only for lost objects, and for Billy, but also for memories of his lost father.

### ***Clinician-child play session at two years***

This was Billy's first session with Dr. Mark; his mother was also present in the room. It was a marked contrast to his meeting with Dr. Beebe at age one year. He was immediately responsive to Dr. Mark and quickly set up an exchange of giving and taking stuffed animals. It became apparent this reciprocity was really a game: "I want what you have." Billy played his role as collector of "stuff" relentlessly, storing all the stuffed animal toys in a pile by his chair. Exploring other toys in the room and referencing mother to share in his enjoyment were two other play themes. Both activities conveyed a nascent sense of security with and interest in Dr. Mark. The repetitive collection of toys and hungry possessiveness for supplies also suggested a sense of emptiness that was being filled by playing with Dr. Mark. There was no impulsivity, ambivalence or disorganization observed in this session. Billy was very aware all of the time that he was playing. In fact, Billy created two secure bases. One was referencing mother and wanting to share with her; the second was the sphere of play with Dr. Mark. Both spheres of interaction afforded him a feeling of safety. Looking at mother, his nonverbal gestures and facial expressions conveyed the message "Look at me!" placing her firmly in the role of participant observer. This proud, pleasurable moment seemed to reflect Billy's clear *awareness* of himself in a triadic relationship. An implied understanding was that a relationship also existed between mother and Dr. Mark. Although Billy remained silent most of the session, he occasionally used sounds and single words to communicate. Billy became energized from the give and take in play with Dr. Mark. Needing to keep all the supplies (accumulation of animals), however, introduced an element of *constriction* into the exchange that at times limited the robustness of the activity (see Table 3).

**Table 3.** Mother-child and clinician-child play sessions at two years.

Mother-Child Session at Two Years	Clinician-Child Session at Two Years
Traumatic play precursors 2	Traumatic play precursors 3
Fantasy play 4	Fantasy play 3
Play engagement 4	Play engagement 5
Precursors to symbolic play 3	Precursors to symbolic play 3
Adaptive style 4	Adaptive style 5
Impulsive-aggressive style 3	Impulsive-aggressive style 1
Inhibited/conflicted style 3	Inhibited/conflicted style 1
Disorganized style 1	Disorganized style 1
Awareness 3	Awareness 5

Rating points: 5 = All of the time; 4 = Most of the time; 3 = Some of the time; 2 = At times; 1 = None of the time.

### **Mother-child play session at three years**

There was no play activity observed in this session; only nonplay was observed and rated.

The pendulum shifted once again at age 3. Billy now refused to play with mother. He grunted and moaned in anger as he screamed, “No, we go home!” Whimpering alternated with slamming of toys as Billy became adamant in his *negativity*. He ignored limits placed on him and pursued his *protest*, culminating in a spread eagle body gesture while lying on the play table. Billy’s abject gesture of surrender captured the helplessness, as well as the presence of extreme danger. This fighting response and refusal to play seemed to be efforts to ward off a perceived threat. The threat posed by remaining and playing with mother could not be assuaged; Billy did not relent, he would not turn to mother for comfort. Could this outburst be a toddler’s memory of his mother’s grieving at the time of her husband’s death?

Dr. Mark’s appearance, when it was time for Billy’s clinician-child session, totally obliterated Billy’s experience of intolerable pain. In response to Dr. Mark’s playful invitation to drive an imaginary car, Billy immediately became curious and engaged. He seemed hungry for play with a male playmate, as unhappiness transformed to joy. The shift in relationship to mother repeated a sharp reversal of Billy’s adaptive capacities observed at previous points of transition (see shifts from year one to year two to year three). The abrupt changes in Billy’s feelings may have reflected in part a response to his mother’s mental state, as she continued to cope with her own grief and the demands of two children.

Another explanation makes reference to Billy’s cognitive and emotional development. The perplexing reversals can also be understood as occurring prior to Billy’s attainment of *mentalization*, a developmental process that depends on cognitive understanding of the relationship between oneself and others, a delineation of reality from fantasy, and a history of secure attachment (Fonagy & Target, 1996). Viewed from this developmental perspective, Billy, at 3 years old, could not yet integrate his experiences with mother and Dr. Mark and perceive each as a prospective play partner. One would be perceived as a source of threat and disorganization, while the other would be perceived as a source of joy and fun. The term used to describe this emotional compartmentalizing is *splitting*. In narrative form, this defensive maneuver might be described by the child while playing as: I keep the strong guys over here and the weak guys all the way over here. That way they can’t hurt me or each other and I always know where to find them.

In this session, nonverbal expressions, gestures, and sounds as well as two words (“go home”) were used by Billy to express *frustration* and *protest*. *Negativity* and *avoidance* enabled Billy to gain some measure of control over the interaction and to defend against feelings of helplessness. His efforts to ward off anxiety co-opted any opportunities to co-create a sense of shared security and safe space for play. As noted, there was no play activity observed in this session. Attributes of impulsive/aggressive nonplay behavior were observed most of the time and disorganized nonplay was observed some of the time.

### **Clinician-child play session at three years**

As Dr. Mark appeared, Billy's protest came to an abrupt halt. His mother was a quiet presence in the room for the entire session. In response to Dr. Mark's playful invitation to drive an imaginary car, Billy immediately became curious and engaged, his resistance morphed to become eagerness. Traumatic play was observed, usually involving the search for toy characters. Concurrently, fantasy play occurred all of the time. During this session Billy's play was active, boisterous, and full of energy, with cars racing other cars and people getting knocked down. Dr. Mark amplified the play with loud noises and, then, even the house collapsed (fell down). Although the number of characters increased, the play themes were repetitive. Action-oriented crashing, hitting, and falling were the central focus, all contained within the play activity. There was no satiation derived from the play or closure of play schemas. Instead, the same aggressive dynamics appeared and reappeared again and again. At times, Billy's serious facial expression reflected moments of sadness amidst the turmoil.

Themes depicted in the play included danger, bad guy, and breaking. As in sessions with mother, Billy inhibited his use of expressive language and depended on Dr. Mark to narrate the actions. In his role as narrator Dr. Neal spoke for the characters, emphasized sounds of motors running and crashing, and inquired about what would happen next. His words seemed to take on the function of nutrients, enriching the play and nurturing Billy's confidence. In addition, the nuances of Dr. Mark's words gave substance to the play and clothed the actions with meaning. Billy supplied Dr. Mark with actions serving to further extend and perpetuate in his role as "nurturer-in language." Billy used sounds and single words some of the time. At the end of the session Billy slammed a toy car door angrily, saying clearly: Getting him back! A second narrative thread was the hiding of cars under the table and knocking to summon the presence of the missing objects and small replicas of people. The association between violent events and missing persons would be an important fragment in Billy's later development of traumatic play. Over time, these brief repetitive actions of knocking and searching would reappear, suggesting the emergence of a defensive strategy to ward off the threat of disorganizing loss. Fantasy played an important role in a strong, immediate positive acceptance of Dr. Mark as a masculine co-creator of active play.

In this session, indicators of traumatic play included equal ratings on opposing play styles and a high level of awareness. Billy was aware he was playing all of the time; in this instance, his awareness served the function of vigilance. The state of playing was strongly supported in his partnering with Dr. Mark. With the boundary between fantasy play and real events firmly drawn (as conveyed in Dr. Mark's playful exaggerated stance), Billy was free to participate in playing about frightening images (Table 4).

*Play sessions between 4 and 6 years.* By this point Billy and his mother had established a secure relationship with the support team as they continued to participate in regular annual visits. Billy turns away from the enactments of baby games and begins to imagine characters with more clearly described identities. The characters belong to separate narrative play worlds; one co-created with mother and the other co-created separately with Dr. Mark. Billy's mother observed the clinician-

**Table 4.** Mother-child and clinician-child play sessions at three years.

Mother-Child Session at Three Years	Clinician-Child Session at Three Years
Nonplay traumatic (precursors) 5	Traumatic play 5
Fantasy play 1	Fantasy play 5
Play engagement 1	Play engagement 5
Nonplay precursors to symbolic play 1	Symbolic play 5
Nonplay adaptive style 1	Adaptive style 2
Nonplay impulsive-aggressive style 4	Impulsive-aggressive style 4
Nonplay inhibited/conflicted style 1	Inhibited/conflicted style 4
Nonplay disorganized style 3	Disorganized style 1
Nonplay awareness 3	Awareness 5

Rating points: 5 = all of the time; 4 = most of the time; 3 = some of the time; 2 = at times; 1 = none of the time.

child play through a two-way mirror. The following year, her sessions with Billy often resonated with the feelings expressed in session with Dr. Mark the previous year. Also of note were the “holding-in-mind” of toys and their associated attributes retained and replicated from year to year. Expressive language was curtailed, with Billy depending upon his partner in play to narrate the activity. There was no record of language delay or suppression outside of these sessions.

### ***Mother-child play session at four years***

At 4 years old, Billy invented a character that had a dual role of ordinary and heroic powers. It was a tow-truck, which he called a “carplane,” whose hoisting equipment could become extended sideways into wings. The carplane was truly an imaginary creation that served two functions: It rescued cars in need of repair and flew passengers about (persons and creatures), often lifting them to safety. The carplane underwent a complete transformation of form with the sprouting of wings. When flying, it carried passengers on its back, rather than towing them from behind. The total transformation of the carplane differentiated it from the earlier percept of a “baby who flies.” The earlier “baby who flies” suggests an effort to imagine a positive outcome for a loved one, and possibly for himself (the baby in the family). Also relevant was the introduction, as early as two years, of the actions of *avoidance* (flying away) and flying in general that recurred frequently in these annual play sessions. However, at four years of age the imagined transformation does not contain representations of parts of images joined together in an additive fashion to form a new image. Moreover, the tow-truck’s total transformation was magically reversible (aka superman). Both in the air and on land the representation was of an integrated single role, each slightly different from the other, one dealing in repairs, the other in saving creatures and persons from disaster (*altruism; heroic*). It was the reversibility in function that reflected a growing flexibility in Billy’s cognitive functioning and a heightening of imaginary prowess. Although the narrative of the play remained brief, characterized by short bursts of activity and shifts in focus, the fourth and fifth annual visits marked a transitional step toward an increasingly cohesive and recurring story.

The session with mother at four years also revealed new flexibility in Billy’s emotional regulation. Fear and anxiety were observed only at times; anger and/or aggression were observed some of the time. There were glimpses of Billy expressing affection and happiness as relating to his mother became infused with positive feelings. Curiosity was Billy’s hallmark and was observable at all times. At 4 years old, Billy had achieved gains in several areas of development with the exclusion of spoken language. For example, in interaction with his mother reciprocity and cooperation were frequently observed. A parallel development in Billy’s cognitive skills was his use of miming, it was evident in his play of zooming cars. Billy signified the cars presence totally through actions and roaring sounds, an advance in evocative memory.

Adaptive strategies while playing re-emerged, a sharp contrast to the rigid oppositional behaviors evidenced in mother-child play at 3 years of age. Billy was able to make use of toys and to *solve problems* that challenged him. His hero demonstrated a level of *altruism* performing heroic rescues and as in previous sessions Billy used *humor* to allay anxiety. Defensive splitting was observed in Billy’s *identification with the aggressor*, as well as his *identification with the hero* and in his use of *denial* of the implications aggressive feelings and actions. The narrative also involved the suggestion of oedipal themes as Billy portrayed himself as a manly hero. These more expected fantasies beginning to emerge at age four were an indication Billy’s emotional life was not completely dominated by the traumatic events of 9/11. His attempts to appear attractive to mother in a manly guise probably also previewed a lightening of mother’s own sense of loss and mourning. Note Billy was aware of himself in his new role as “player” all of the time.

### **Clinician-child play session at four years**

The session at 4 years of age was the first session Billy's mother was not present during his playtime with Dr. Mark. Traumatic play was observed all of the time, mostly in the fury of cars hitting, crashing and being destroyed. At other moments, for example when Billy hit Dr. Mark's car with his own, he seemed to approach the boundary between play and direct expression of aggression, but never exceeded it. Both players balanced the roles they played in the interaction. Billy initiated, facilitated, and inhibited play and shifted focus of play some of the time. Dr. Mark initiated play most of the time, facilitated play all of the time, inhibited and shifted the focus of play at times. There was no satiation, ending or closure to play observed. Billy's overall emotional tone while playing was somber all of the time. His emotional regulation was rigid all of the time. Billy expressed anxiety and anger all of the time and sadness most of the time. Fear and anxiety were observed in wariness, avoidance, and withdrawal; anger and aggression were expressed in negativity and spitefulness. Billy expressed affection and curiosity only at times. Billy expressed neutral feelings when relating to Dr. Mark most of the time and positive feelings at times. Dr. Mark in turn expressed neutral feelings most of the time and positive feelings at times when relating with Billy. The rigidity and aggression observed in this session were markedly different from the emotional dynamics observed at 4 years in mother-child play. The morbid events lacked the whimsical quality and flexibility observed in play with mother. This difference in emotional atmosphere opened the door to more direct confrontation with trauma in play with Dr. Mark.

In this session at 4 years old, Billy played with a single object, a helicopter, that flew up and came down which he took apart and then repaired. Then, the helicopter encountered another object that it swooped down upon and destroyed. A series of soldiers and cars appeared; however, all interactions took place on a dyadic level. Cars transformed in function as they took flight and became substitutes for planes. Billy reluctantly responded to Dr. Neal's efforts to have him draw. Dr. Mark demonstrated a circular pattern. Billy briefly engaged in the drawing of recurrent circular patterns and then returned to the circling helicopter. Representation of recycling circles mirrored the recurrent dynamics in Billy's trauma-based feelings and story narratives. At four years the narrative theme focused upon ever-present danger and the attack on bad guys. There was no humor observed but some minor evidence of a sarcastic smile, suggesting sadism was an important emerging component in his story.

As noted, in this session Billy's play activity had a repetitive, compulsive, driven quality (e.g., the swooping actions of the helicopter) and at the same time Billy regarded the play activity with a subdued reflective stance (still posture, thoughtful musing facial expression). It seemed as though he was watching his play actions as if they were imperative, but remained a distant observer of the destruction and suffering that was happening. This quality of aloofness, or *detachment*, shielded him from full exposure to the extent of his *identification with (and fear of) the role of the aggressor*. The stillness of his posture suggested he was traumatized (almost *frozen*) by the desire to kill and destroy. On the other hand, at times Billy sharpened his perceptions, focusing considerable attention on differentiating characteristics of dolls and toys (for instance, the girl doll from the boy doll; the spotted cat from the grey cat). Recognition of these differences (*differentiation*) was associated with a growing sense of competence (*mastery*) and diminution in anxiety. Billy's use of defensive distancing was reflected his awareness of himself as playing, observed in this session only some of the time (Table 5).

### **Mother-child play session at five years**

This session was fun for both mother and child. Good eye contact was observed and the sharing of varied sounds. Dialogue was fluid with mother and Billy at times using *language* to describe playful interactions. Shared *bursts of laughter* acted to dispel anxiety and heighten a feeling of pleasurable intimacy. Although less the super hero, Billy was a tad more human (although still in the guise of a

**Table 5.** Mother-child and clinician-child play sessions at four years.

Mother-Child Session at Four Years	Clinician-Child Session at Four Years
Traumatic play 3	Traumatic play 5
Fantasy play 5	Fantasy play 4
Play engagement 4	Play engagement 3
Symbolic play 5	Symbolic play 4
Adaptive style 4	Adaptive style 3
Impulsive-aggressive style 3	Impulsive-aggressive style 4
Inhibited/conflicted style 2	Inhibited/conflicted style 4
Disorganized style 1	Disorganized style 1
Awareness 5	Awareness 3

Rating points: 5 = all of the time; 4 = most of the time; 3 = some of the time; 2 = at times; 1 = none of the time.

car) and close to swaggering as he chewed gum, in a confident grown-up way. Crashing cars and speedy, competitive car racing reflected impulsivity and aggression. Defensive *splitting* was observed in Billy's *identification with the aggressor*, as well as in his *identification with the hero* and in his *denial* of the implications of his aggressive feelings and play actions. These patterned emotional responses were no longer momentary; rather they were "built in," constructed as integral characteristics of the play characters.

Billy continued to demonstrate a heightened *awareness* of being in the state of play. A large step forward in acknowledging this boundary occurred in his curiosity about the intrusion of a small object, a microphone on his mother's lapel. He was able to adapt to the situation by accepting his mother's reassurance and returning to play. The moment captured progress Billy had made toward trusting his mother and accepting soothing from her, resulting in an easing of vigilance. Mother and child were co-creating a more secure boundary between the imagined and the real, thereby enabling scary feelings to be more fully contained within the play. In this session Billy was aware he was playing all of the time.

Shared laughter between Billy and his mother alerted the observer to a newly acquired affective flexibility (*transformation of affect*), enabling both mother and Billy to gain cathartic release from traumatic tensions enacted in play. The session at five years of age also marked an advance in Billy's use of language. Although silent at times, he used sounds and single words to communicate. In addition, at times he described the play activity and spoke for a play character.

### **Clinician-child play session at five years**

At 5 years of age, traumatic play and fantasy play were observed together most of the time. The traumatic activity of destruction (things falling and being knocked down) and its counterpart in heroism were all contained within the sphere of play. Interaction during this session indicated a shift between play partners. Billy was an active participant all of the time, while Dr. Mark was active only at times. Billy inhibited the play at times by turning away and briefly withdrawing. He shifted the focus of the play all of the time. Dr. Mark facilitated play all of the time. He also inhibited play at times by attempting to interest Billy in drawing. Despite the deepening of destructive impulses imbued in his play, Billy was able to use the *differentiation* (a positive split) between his role as observer and his active role as player to continue to invest in symbolic thought more fully. Enhanced control of his impulsivity and an increased curiosity and eagerness to learn "how things work" (*intellectualization, mastery*) enabled Billy to demonstrate a sense of genuine competence. Billy was aware he was playing most of the time.

Inhibition was observed at the beginning of the session when Billy was quiet and a bit removed from the play action. Once the brief reluctance subsided, he engaged in an intensifying crescendo of repetitive cycles of destruction. Billy represented himself through the guise of the helicopter, a flying machine that was both protective (of a female character) and at the same time hugely destructive. Billy was less fearful in these aggressive scenarios and smiled in recognition at the fierce, assertive

**Table 6.** Mother-child and clinician-child play sessions at five years.

Mother-Child Session at Five Years	Clinician-Child Session at Five Years
Traumatic play 4	Traumatic play 4
Fantasy play 4	Fantasy play 4
Play engagement 5	Play engagement 5
Symbolic play 4	Symbolic play 5
Adaptive style 3	Adaptive style 3
Impulsive-aggressive style 4	Impulsive-aggressive style 4
Inhibited/conflicted style 2	Inhibited/conflicted style 3
Disorganized style 1	Disorganized style 1
Awareness 5	Awareness 4

Rating points: 5 = all of the time; 4 = most of the time; 3 = some of the time; 2 = at times; 1 = none of the time.

actions of his hero helicopter. Another repetitive theme, that appeared when Billy was a toddler and continued to reappear in moderation, was related to the action of “knocking down.” Objects and people often got knocked down and fell during the play. In addition, Billy would introduce knocking to see if anyone was there, for example, at home in the house. In the play situations, there was never an answer. Although Billy used a few descriptive phrases dialogue in the play was primarily expressed by Dr. Mark who described and inquired about the play activity. Defensive avoidance of language continued to result in a significant lag in development of the play narrative, as Billy limited himself to sparse verbal communication (Table 6).

### ***Mother-child play session at six years***

Both traumatic play and fantasy play were observed most of the time in this session. Billy’s play became cognitively complex as he portrayed three or more interacting roles all of the time. He assigned roles to the cars (yellow car, black car, police car) and then at times reversed them. He also activated several animals, including the dog, bird, and lizards. Miniature toy family members and a doctor-minister were activated by mother. As the play unfolded, the house also acquired an identity as a church; and the doctor became a priest. Protection and good guy/bad guy were the central play themes. The roles of good and bad were reversible; for example, the “good” police car became ruthless and ran over other vehicles. Although rules were broken, they were reinstated. Humor and laughter were used to minimize the effect of these “outrageous, weird” transforming actions that seemed to occur outside of Billy’s control. Billy was concerned with maintaining the house and setting it back up after it fell. Multiple creatures, (bird, dog, lizard), kept falling, and Billy took care to put them back into place.

Billy was silent most of the time. However, as at year five, at times he also made noises for zooming vehicles and used single words to describe the play.

Billy’s emotional tone was generally pleasant, with complex undertones suggesting an attitude of irony and absurdity attempting to discredit threats imposed by the play narrative. This attitude of disbelief toward play events is an unusual perspective for a child of Billy’s age. He was alternately somber and then silly, laughing nervously at the foolishness of the play actions. These responses seemed not to be a devaluation of play events but rather a way of distancing himself from intense frightening feelings and moving toward coping with an incomprehensible reality. The issue was a quandary induced in part by the diminished influence of denial and the struggle to make meaning when multiple imaginings were imposed upon the real world by life events.

### ***Clinician-child play session at six years***

During the session at 6 years old, traumatic play activity and fantasy play were both observed all of the time. Billy initiated play some of the time and inhibited play most of the time. Dr. Mark partnered him in both initiating play and inhibiting play, at times by being overly intrusive. Billy

opposed some of Dr. Mark's suggestions and wanted to limit his role to passive observer and narrator to describing the actions. Billy's overall emotional tone included a wide range of feelings. He was pleasant at times, neutral some of the time and somber most of the time. His emotional regulation also ran the gamut from being flexible at times, to being rigid most of the time. Trauma-related feelings intensified and generalized to include fear, anxiety, anger, aggression and oppositional feelings expressed most of the time. Sadness and remorse were expressed some of the time. Billy often transformed into these feelings into their opposite (*reaction formation*), for example a gleeful exclamation upon the discovery of a dead animal. Billy also expressed apathy and feigned indifference, some of the time. Adaptation-related feelings included: affection and happiness with satisfaction at times; for example, those moments when he felt confident about his ability to mend and connect parts of toys (*identification with the aggressor; reparation*).

Billy represented several interacting roles in his play. Transformations occurred in size for objects and people as in previous sessions, to form a protective microsphere for play. However, in this session objects also transformed in function becoming more fantastical. People also transformed in form, for example, an implied transformation of a male figure to a bird, often a self-reference (also another reference to flying). People also transformed in state, for example, the doctor figure from living to falling to death. This was an oppositional session as Billy refused to tell a story when prompted by Dr. Mark (perhaps represented in the doctor figure). Billy, then, reluctantly enacted and briefly narrated a story of destructive aggression that ended in massacre. Other narrative themes in this session included: good guys and bad guys, protection and danger, and the destruction of rules. Most pronounced was the use of fantasy in the depiction of aggression, cruelty and death.

Adaptive play style attributes, observed only at times, were curtailed by impulsiveness and aggression, observed most of the time. Inhibition of play, also observed most of the time, was broken at times by disorganized play observed in outbursts of rage and destruction. These painful moments conveyed a sense of overwhelming frustration and loss. The total massacre of people and animals ended in *denial* ("I don't know"), as Dr. Mark inquired about the outcome for other play characters. There was a slight suggestion by Billy of a ridiculing smile as Dr. Mark complied and continued to narrate the story. It ended when everyone in the scene perished. Billy was aware he was playing most of the time and seemed to emerge empowered by the destructive scenarios, perhaps a defensive posturing against the fears aroused by his play, as well as Dr. Mark's compliance with his demand he remain in the role of narrator.

*Play Sessions Between 7 and 8 Years.* Billy continued to struggle with morbidity, violence, and an increasing preoccupation with death. The dynamics of his sessions with mother appeared to follow the content of Dr. Mark's sessions in a sequential pattern. However, in these concluding sessions the relationship between Billy and his mother was less ambivalent and more playful than Billy's relationship with Dr. Mark. It is probable that Billy was informed that the eighth session would be his last regularly scheduled meeting with Dr. Mark. Unfortunately, since this was primarily a service-oriented support project and not a clinical setting, formal detailed accounts were not available. Although funding was ending, all aspects of the project were informally available for families that wanted to continue to receive services. Billy's family maintained contact with the project and after a period of time opted to enter treatment with a member of the research team (Table 7).

### ***Mother-child play session at seven years***

At 7 years old, Billy clearly enjoyed playing. Traumatic play was observed most of the time and fantasy play observed all of the time. Billy giggled with excitement but was subtle in his movements and relatively subdued. At other times he seemed serious and somber. Billy retained flexibility in regulating his feelings. However, repetitious laughter appeared to also reflect some rigidity, as Billy persisted in presenting himself with an impish, friendly demeanor, disguising the threat of sadistic impulses. Billy expressed anxiety and caution at times trying to keep toys in balance on the front of the house-garage; there was no evidence of fearfulness. Aggression was a major feature in

**Table 7.** Mother-child and clinician-child play sessions at six years.

Mother-Child Session at Six Years	Clinician-Child Session at Six Years
Traumatic play 4	Traumatic play 5
Fantasy play 4	Fantasy play 5
Play engagement 5	Play engagement 4
Symbolic play 4	Symbolic play 5
Adaptive style 4	Adaptive style 2
Impulsive-aggressive style 4	Impulsive-aggressive style 4
Inhibited/conflicted style 2	Inhibited/conflicted style 4
Disorganized style 1	Disorganized style 2
Awareness 5	Awareness 4

Rating points: 5 = all of the time; 4 = most of the time; 3 = some of the time; 2 = at times; 1 = none of the time.

competitive play with cars, as mother and Billy faced off with opposing vehicles. Anger was specifically targeted as Billy's car successfully knocked down first a female and then a male figure. Billy was happy playing with his mother, as he was clearly having fun. He responded warmly to mother's appreciative comments and most of the time demonstrated interest and curiosity while playing with toys.

Cognitively, Billy enacted three or more interacting roles in his play most of the time; some of the time he used only two interacting characters. The characters were various cars, a male figure, a female figure and several animals. The characters expressed themselves through actions, rather than dialogue. Billy directed the play most of the time. Objects and persons were represented in miniature as part of the microsphere. Persons and objects did not transform in form. Objects were used realistically in the play. In addition, the house was used to substitute for a garage. Cars circled around the house, going in and out through the doorway. The house seemed to represent a passageway for both people and vehicles. Billy animated the cars in an almost human fashion, attributing feelings and motives to them. Most marked was when the cars acted out emotions of revenge. This was an elaboration of the characteristics of toy cars. Cars that could fly were first introduced in clinician-child play at 4 years old and in mother-child play at 5 years. Protection and danger were the play theme for the entire session. The danger was of falling down and the challenge was to stay balanced on the roof. The bird and two lizards were the protagonists engaged in this activity at different points in the session. Also, racing the cars could result in bumping and injury to the vehicles, responded to with laughter by Billy and mother.

The bad guy/good guy theme was also approached with hilarity and was converted into a game. In these competitive situations Billy's vehicles were usually the winners, as he successfully knocked over mother's cars. Then, as the winner and the co-creator of a structured game, Billy earned mother's praise. The game involved a car racing toward and knocking down a figure by breaking through a barricade (similar to a bowling alley). The mother doll was set up as the first target and was knocked down, followed by the father figure being set in place. (Note: the dolls were assigned family roles). The session was timed out before the run could be take place.

At 7 years of age, Billy played adaptively when he set up a competitive game of racing cars and knocking down targeted toys (*displacement*); he used *humor* to maintain enjoyment and he clearly felt like a competent player, a winner (*positive identification*). Impulsivity and aggression were manifested first in animated vengeful play with toy cars and then, within the context of the competitive game (*sublimation*) with rules. Attributes of the inhibited/conflicted play style were observed primarily in Billy's cautious repositioning of cars, and *avoidance* of spoken dialogue among play characters.

### **Clinician-child play session at seven years**

The session began with Dr. Mark introducing the use of new toys—a plastic fence and farm animals. No reason is given to account for this change. The toys were welcomed by Billy who was excited to

receive them. A repetitive theme was the building up of a fence and the setting up of animals, only to be destroyed by two flying planes that crash into the farm area. After every incident, Billy carefully examined each plane and set the animals and fence upright again. This repetitive theme of destruction and resurrection was narrated by Dr. Mark's monologue since Billy refused to tell the story. The enactment kept recurring without an end. After the time limit was reached, in response to Dr. Mark's prodding for closure, the story finally ended with total destruction. Billy used more than three interacting roles and multiple themes for his story. Themes included: protection/danger all of the time; good /bad guys and making/breaking rules some of the time; and, humor at times. Replica toys again represented transformations in size. There were no other transformations in the play. Although the play narrative was fantasy, the actions of the planes replicated the tragic events of 9/11. Billy's general emotional tone was pleasant at times, and somber some of the time. Emotional regulation was flexible some of the time and rigid at times. Trauma-related feelings included: anxiety (wariness and caution) some of the time; anger and aggression all of the time and apathy (feigned) at times. Adaptation-related feelings included: curiosity some of the time; and happiness at times.

Billy clearly did not want to own this story; he repeated the actions over and over in a deliberate manner but would not describe them or respond to questions asked by Dr. Mark. Finally, the three planes succeeded at destroying not only the animals and cars but also the house. That was the end of the story. The aggressors were clearly intruders, enemies from without. The events were enacted as if externally imposed, rather than being under Billy's control. This time there were no heroic figures to intervene with the relentlessly destructive narrative. Billy continued a narrative symbiosis with Dr. Mark, dependent upon him to understand and imbue the play events with words. In this session, Billy's partial muteness clearly functioned to protect him from becoming overwhelmed by play events. Although a session ending with destruction, the briefly observed expressions of happiness noted probably reflected some small relief at ending the story (Table 8).

**Mother-child play session at eight years**

Play activity in this session with mother was vigorous and contained aggressive moves toward the police car that Billy both hit and threw. Animals transformed into weapons and were thrown about. At times, cars seemed to function like planes (flying around and leaping over buildings) or had acquired super powers (not stated explicitly). At other times, cars were used realistically. Despite mother's protests (within her role as observer), a potentially threatening small animal was persistently attacked and died. A scene of carnage ensued where everyone was dead. This outburst of aggression and disarray, all contained within the frame of play, was in sharp contrast with the well-mannered and controlled demeanor of Billy's usual stance. The aggressive energy dispersed through the play activity (*catharsis*) barely veiled the image retained in mind by Billy of a threat to his existence posed by perpetrators of evil. Trauma and adaptive feelings were kept in balance throughout the session. Anger and aggression were expressed in a rigid pattern of competitive zeal, muted somewhat by the fear and anxiety associated with not winning. These negative feelings were offset by

**Table 8.** Mother-child and clinician-child play sessions at seven years.

Mother-Child Session at Seven Years	Clinician-Child Session at Seven Years
Traumatic play 4	Traumatic play 5
Fantasy play 5	Fantasy play 4
Play engagement 5	Play engagement 5
Symbolic play 5	Symbolic play 5
Adaptive style 3	Adaptive style 2
Impulsive-aggressive style 4	Impulsive-aggressive style 4
Inhibited/conflicted style 2	Inhibited/conflicted style 4
Disorganized style 1	Disorganized style 2
Awareness 5	Awareness 5

Rating points: 5 = all of the time; 4 = most of the time; 3 = some of the time; 2 = at times; 1 = none of the time

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curiosity, surprise and ongoing participation in the play, as well as clear expressions of affection by mother and child for each other.

This traumatic play activity was the closest approximation to an enactment of an imagined 9/11 scenario in Billy's play with mother. It marked the culmination of a progressive scenario over eight years that ended in destruction and devastation. In assuming the *role of aggressor* (enacted by a car in the play), Billy defended against a linked memory—his *identification with the victim*. As the play continued with cars jumping and zooming about, the small animal, alive again, quietly re-entered and was covered protectively by Billy with his hand, this gesture an expression of *identification with the caregiver*. Another dimension to the interactions observed were nonverbal asides, comments on the play scene using gestures and facial expressions. In this way, Billy was simultaneously an active participant as well as an observer of play events. At times, Billy conveyed he was confused about what was happening in the play and not totally consumed by the momentum of aggression.

Despite the chaos depicted in the play scenario, Billy sustained the use of play activity as a means to represent his thoughts and feelings, relying on *humor* and a growing sense of security (*attachment*) to his mother to maintain emotional balance. Billy also felt increasingly competent at solving problems and comfortable engaging in imaginary play. Although at times exaggerated, he had come to perceive himself playfully as a hero, who succeeded on his own merits. Moreover, while playing with mother the previous year, at seven years of age, Billy had demonstrated how chaos and destruction could be restored by a challenging game with rules. This thread of affective regulation using rules and turn-taking was observed as early as years one and two in infant/toddler searching games played between Billy and his mother. In this session there was also a return of the theme of *reversibility*. The good guy could become the bad guy and vice versa. For Billy this new awareness added an element of the unknown with the dual possibilities of surprise with pleasure and/or surprise with dread. At eight years of age, a continuing obstacle to Billy's development was his use of *avoidance* of drawing and language to independently represent the complexities of his symbolic experience.

### ***Clinician-child play session at eight years***

This was the last archived videotaped session. There was no discussion of, or preparation for, an ending during the play session. At 8 years old, Billy continued the theme of competition observed in his earlier session with his mother. He set up rules for a game involving a showdown between himself (the policeman's car) and Dr. Neal (the motorcycle). Billy won the competition and also assumed the role as competent repairer of cars. Then, in response to Dr. Mark's firm insistence, he engaged in drawing and story-telling. Billy drew two pictures. In the first story two men were killed (one is the policeman) when their cars crashed. In a second story, two mean guys were killed in cold blood by a third person, who walked away free from the crime. Even observing witnesses in a passing car did nothing to stop the murder. Core themes in these stories centered on protection/danger, good guy/bad guy, and making/breaking rules. Language was limited to single words and short sentences spoken some of the time and was used to describe and explain the meaning of the play. Objects were used mainly in realistic ways; however, cars retained their magical ability to fly like planes and swoop downwards. Billy initiated, facilitated, and inhibited the play some of the time. He shifted the focus of play some of the time. He seemed to be avoiding full involvement with play activity. At times he was a passive observer; some of the time he was a passive participant and other times, an active participant. Dr. Mark initiated play most of the time; he also facilitated and inhibited play some of the time. Dr. Mark shifted the focus of playing by introducing writing and drawing tasks. The session reached closure within the 10-minute time limit with a definite conclusion to the narrative.

Billy's emotions were relatively diffuse and led to a wide range of emotions expressed. His overall tone reflected this lack of definition. He was pleasant some of the time, neutral at times, somber some of the time and expressed unpleasantness and distress at times. Billy's emotional regulation was

**Table 9.** Mother-child and clinician-child play sessions at eight years.

Mother-Child Play at Eight Years	Clinician-Child Play at Eight Years
Traumatic play 5	Traumatic play 5
Fantasy play 4	Fantasy play 4
Play engagement 5	Play engagement 4
Symbolic play 5	Symbolic play 5
Adaptive style 3	Adaptive style 3
Impulsive-aggressive style 4	Impulsive-aggressive style 4
Inhibited/conflicted style 2	Inhibited/conflicted style 3
Disorganized style 2	Disorganized style 1
Awareness 5	Awareness 4

Rating points: 5 = all of the time; 4 = most of the time; 3 = some of the time; 2 = at times; 1 = none of the time.

flexible some of the time, medium at times and rigid some of the time. Trauma-related feelings expressed by Billy included: anxiety and fear some of the time; anger and aggression some of the time; sadness at times; and, apathy at times. Adaptation-related feelings observed included: affection at times; curiosity at times; and, happiness with satisfaction at times. Ambivalence was observed in Billy's relationship with Dr. Mark, he expressed both positive feelings some of the time and negative feelings some of the time. Dr. Mark expressed positive feelings in his relating to Billy most of the time and neutral feelings at times. With the direction and support of Dr. Mark, Billy was able to consistently play on a symbolic level. At the end of his original story, Billy verbalized murderous rage toward culprits who could not be depended upon. Even protective characters proved to be unreliable. Murder of Billy's characters, the culprits, was reluctantly described by Billy as narrator, and then, only in response to questions raised by Dr. Mark. Billy made clear that the third person at the scene and the narrator of the story had murdered the culprits. Was this Billy representing himself? He does not tell us. We wonder if this quiet person emerging from the shadows watching the characters, good and bad, as they turn the bend in the road, is the embodiment of justice and represents a heroic figure, the voice of a conscience who has learned the rules the game, competes in the game of life and wins? Has the long-awaited hero finally arrived? We do not know and are left wondering. We do know Billy has used representations (verbal and drawn) as well as actions to tell the story of his play. Moreover, Billy's story has a climactic ending; an ending that leaves many questions unresolved (Table 9).

## Discussion

The data for this research comprised a series of videotaped segments recording the story of Billy and his mother as they struggled to cope with their loss after 9/11. The project group, led by Beatrice Beebe, offered a varied menu of interventions to their widowed pregnant mothers. Peer support groups as well as parental and family counseling were crucial ancillary services; therapeutic play sessions occurring as part of annual visits formed the hub for services rendered (Beebe, Cohen, Sossin, & Markese, 2012; Sossin, Cohen, & Beebe, 2014). Although the sequential sessions were each dyadic, they included Billy in a triadic relationship, as the process implied a relationship between Dr. Mark and Billy's mother. One of the positive consequences of this paradigm for Billy was to free him from the constraints of a dyadic relationship with mother and her grief so he could explore another pathway to play. The trusting relationships imbued in the project framework made playful and painful exploration both possible.

## Comments by Dr. Mark Sossin

The detailed set of longitudinal descriptions of mother-child play and clinician-child play, employing the CDPI, offers a specialized port of entry into Billy's evolving mind. Through the CDPI lens, we see Billy's ideation, relational style, and predominant needs, states, wishes, and fears. Focus on play

style informs us of Billy's disposition to follow his mother's lead early on. Sharing a noted tendency among mothers in the Project, Billy's mother used action to protect against her own sorrow and anxiety that emerged when pausing for a moment during the play (Sossin & Cohen, 2011). Pauses and moments of silence were to be avoided because of the painful affects they made room for. Yet her positive intent seemed clear and was absorbed by Billy.

The advantages of Billy playing with both mother and me were clear. At some points in his development, the traumatic aspects of Billy's experience could be seen in his play with his mother, and the play with me afforded a view into his more adaptive and resilient capacities. At other times it was reversed. For example, Billy's resistance to and avoidance of mother in a play context by age three was indicative of a relational crisis with his mother. But at this same moment, Billy showed his capacity to play and represent his feelings with me. Channels for aggression, sadness, his feelings regarding absence/loss of his father, as well as his awareness of his mother's grief, were created. Mother's ability to reflect and to utilize the preventative group intervention and video-feedback consultations unfolded into her own capacity to make room for Billy's intense destructive ideation. She developed a working model of Billy's mind allowing her to effectively scaffold and respond to his play.

The positive shift in mother-child play by age 4 appeared to reflect mother's growing capacity to create a space for Billy's representation of his lost father. Her capacity to join and elaborate his play heightened his feeling of being authentically known. Despite the brevity and infrequency of visits to the lab playroom, I became known as someone who recognized meaning in his play. Billy's mother continued to make steady progress in her capacity to sustain interest in and tolerance for Billy's aggressive play. In doing so, she was increasingly able to see him in a separate light.

Another crisis emerged at age 6, when death, cruelty, and loss thematically dominated his play. There was increased use of fantasy and increased enactment of 9/11 and father-loss. Over multiple visits through age 8, there were times when mother was accepting and uncritical, but she looked for cause-and-effect explanations that Billy could not join. The clinician-child play was vulnerable to the pressure of multiple assessment goals in a limited timeframe. We had very little opportunity for a sense of continuity with follow-up of heightened aggressive, destructive, and/or despairing themes. These families were reluctant to come more than once per year. The clinician's overarching goal of "following the child's lead" competed with getting enough information in 15–20 minutes to garner useful information that would further inform the feedback consultation with the mother.

### **Continuing the discussion ... Dr. Chazan**

Dr. Sossin's comments highlight the developmental pathways that emerge over the eight years of intervention by the project team. Following Billy's styles of playing over time in the session-by-session analysis reveals a gradual convergence between mother-child play and clinician-child play. Dr. Sossin cites two major turning points at age 3 and age 6. Our descriptive analysis based on ratings of CDPI subtests detailed the convergence between mother-child and clinician-child play. As Dr. Sossin followed Billy's lead in playing, mother seemed to pattern her play with Billy following Dr. Sossin's lead. She became able to tolerate Billy's aggression and allow him the space to play about violence and destruction.

Two CDPI variables are described to illustrate the ongoing process of change in both mother-child and clinician-child dyads. Over time Billy's fantasy play became increasingly infused with trauma. One indication of confusion while playing was observed beginning at age 6 in the *transformation of toy characters*. Reversibility of roles, a cognitive advance first observed at age 4, became fluid by age 6 and increasingly out of Billy's control by age 7 and age 8. Transforming roles did not add interest; instead it created chaos and loss of orientation. The confusion gave way to violent feelings as the "good guy" became a "bad guy," and even the doctor became unpredictable. In the last clinician-child play session, Billy attempted to restore order with the murder of both characters, the good and the bad. From a clinical perspective, this upset may in large part have reflected his

knowledge the meetings with Dr. Mark would end soon and the violent narrative was an attempt by Billy to gain closure.

Following the variable *awareness of the child he is playing* over time clarifies how the same attribute of play can serve different functions. Awareness is first observed at 2 years of age when Billy references mother while playing with Dr. Mark. “Look-at-Me” moments reveal Billy sharing his happiness with mother. This sharing is in sharp contrast with Billy’s opposition to play with mother at 3 years. The difference between play styles suggests Billy was keenly aware of the difference between being and not-being in a state of play. At 3 years this sensitivity is used by Billy to refuse mother’s games (games in which at 2 years he actively participated). He now actively desires to play something else. When Dr. Mark appears, it becomes clear the “something else” is to play with Dr. Mark. He wants to play with Dr. Mark and to play Dr. Mark’s active games.

The variable awareness is noted again at age 5 when Billy notices something different, an object pinned onto his mother’s lapel. Mother reassures him “all is well” and he returns to play. Here awareness takes on an additional quality, the quality of vigilance. Despite being engaged in play, Billy remained alert to his surroundings. He was not completely absorbed in play. With Dr. Mark we observed vigilance emerge gradually as play unfolded and became increasingly violent. We noted Billy seemed to take a protective step back at times to distance himself from aggressive and violent actions. By year 6, clinician-child sessions revealed a shift toward being less vigilant—as Billy became more completely engaged with aggressive and violent play—while remaining fully aware he was playing. In these instances, awareness implied the emergence of a margin of safety and security with Dr. Mark. We noted mother also had become more comfortable partnering in aggressive and violent play scenes. With this new knowledge of “safety in play,” Billy began to create intense competitive games—games with rules. He did not, however, abandon traumatic play. It continued in counterpoint with game play—a traumatic narrative infused with the dramatic fate of fantasy characters. We have traced how for Billy awareness of himself as playing functioned in two possible ways, either to reflect heightened vigilance (as a defense against anxiety), or as an expression of comfort, safety and fun experienced by Billy while in the state of playing.

The research design of the intervention study was intriguing. It seemed an excellent match for the task of following the emergence of Billy’s awareness of danger, trauma, and loss. It focused upon dyadic play and the mutual influence of the players upon each other. Mother’s observation of Billy’s play with Dr. Mark opened the possibility for indirect three-way conversation, with Dr. Mark’s play informing both mother and child. The procedure of mother’s session with Billy consistently preceding Dr. Mark’s session with Billy while mother observed the clinician-child session made this triadic communication possible. The revisions in play script between mother and child going forward were carried out actively in part at mother’s own initiative as she internalized the meaning of Dr. Mark’s play. I found myself wondering if the clinician were a woman whether the difference would lead to a difference in the ensuing play. And finally I wondered about all the imponderables concerning this family that remained unknown to myself and the reader. This wondering led me to reflect about all the challenges Billy would confront in life as he would repeatedly be challenged with refashioning the unknown.

### Summary and limitations of this exploratory research study

Our research inquiry was limited to a single child. We had the unusual opportunity of having access to longitudinal data over an eight-year period. During that time, Billy and his mother participated in an intervention project involving mother-child and clinician-child videotaped play sessions. These videotapes were archived and available for analysis. Our study focused solely upon Billy’s play activity as co-created in separate dyadic play sessions with his mother and a trained clinician. We followed the developmental course of Billy’s play activity through the lens of the CDPI. We learned a considerable amount about Billy and his mother and their evolving relationship as expressed in their play. The past was always present in their play together. However, its effects were elusive in the early

years, becoming clearer as Billy and mother felt sufficiently secure to explore violent feelings and actions. Understanding the meaning of Billy's play was limited due to an absence of information available to us about the context of Billy's life. Lacking background information focused our attention on the amount of substantive data that could be gathered simply by observing and rating 16 ten-minute taped play sessions. A second positive outcome of these limitations was to attune and focus our attention more keenly on understanding the meaning of this tragedy for Billy and mother as it unfolded in play year by year.

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