

Uncertainty in Early Life – Implications for the Future

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Abstract: Uncertainty is the driving force of modern society and its source of energy. The existence of uncertainty in life, and the need and difficulty in evaluating it, are the basic conditions of our consciousness which we must learn to know and live with. The purpose of this article is to examine the time in life when, during normal development, the child begins to experience personal uncertainty and what the future consequences are. A case is presented of a child born prematurely and underweight.

Keywords: uncertainty, certainty, intermediate space, born prematurely

Uncertainty is the mother of doubt, fear, and despair. Certainty and uncertainty are not opposing concepts, but rather complement each other (Yanai, 1992). Our lives are full of uncertainty. Many decisions in important areas such as medicine, business, military, and law must be postponed until the uncertainty is removed. Despite the central importance that the question of certainty occupies in human consciousness, this certainty of both the past and the present is beyond our attainment. Certainty and uncertainty are subjective entities that relate primarily to four areas: knowledge, belief, action, and existential stability. The incessant growth of knowledge and the ability to control environmental factors through technology have created a constant

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revolution in all dimensions of existence (Yanai, 1992).

The constant revolution brought about by science and technology has weakened existential stability—thus increasing uncertainty about life patterns and the connection between present, past, and future. The increase in uncertainty is a necessary condition for the functioning of modern society and essential to its character.

Uncertainty is the driving force of a modern, capitalist society and its source of energy. It is essential to its ideals and individuality, and is a necessary condition for freedom of expression, the pursuit of excellence, and material growth. Uncertainty is inherent in the democratic political process, through which society establishes its institutions and makes its decisions. The existence of uncertainty in life and the need and difficulty in evaluating it are the basic conditions of our consciousness and we must learn to know them and live with them.

Transitional Phenomena and Transitional Objects

Transitional phenomena are hypothetical areas that exist (or do not exist) between the baby and the object—the mother/gestational parent or part of the mother—during the recognition phase of the object as not-me. This not-me object can become an area of separation that the baby, child, adolescent, and adult may creatively fill with playing. Transitional phenomena are constituted in the first year of life when the baby endows certain ordinary objects with significant personal meaning. By latching on to this object, the baby gains a measure of independence from their primary caregiver, which enables them to create a sense of the primary caregiver's presence and responsiveness during their absence (Winnicott, 1971). The transitional object (usually a soft object or a cot cover) is part of the external world that stands for the breast or the object of the relationship (primary caregiver/mother). This is neither an internal nor an external object; rather, it is the baby's first not-me possession. In healthy situations, the level of interest in transitional objects gradually increases with age (Winnicott, 1971). This stage is necessary for the initiation of a relationship between the child and the world. The child discovers their personal existence leading to building up what might be called continuity of going-on-being (Winnicott, 1979). In this process, the child begins to perceive the environment in a way that develops their capacity to be alone, which is one of the most important signs of maturity (Winnicott, 1979).

The creation of potential space – a third mental area between inner reality and outer reality – is an area of subjective experience from which the baby develops as a human being. This is an important turning point for the future creation of relationships with others, and the ability to experience one's own aloneness, connection, and separation, as opposed to that of merger throughout life. This important area deals

with the basic question of the meaning of the value of life (Kulka, 1997). Continual presence in the intermediate space facilitates ongoing movement between connectedness and separateness, between identity and differentiation, as well as maintaining an infinite number of intermediate hues (Aharoni, 2012). The transition from infancy to creating an intermediate space, to the ability to play and experience the cultural milieu, encapsulates the basic forms of the feeling of “continuity of being” (Winnicott, 1979, p. 54). When the child is aware of separation, they can have a dialogue with their primary caregiver, and that’s where they begin to feel a sense of personal uncertainty.

Case Study (Described first in the *Journal of ISPPM*, 2001)

A 10-year-old boy was born on the 26th week of pregnancy. He weighed 600 grams (1.32 pounds) and spent several months in the neonatal intensive care unit. He suffered from severe medical complications. After birth, his mother became very sick and underwent a prolonged recovery. Because of her poor health and the possibility that the infant might not survive, the mother was afraid of becoming attached to the child and avoided visiting him. After three months, when the infant got stronger and was out of danger, the mother started to visit him and said that she felt like the recipient of a “gift.” When the parents brought him home, his brother and sister rejected him and reacted with anger, protest, and antagonism because they believed he would not survive. When he turned 9, the boy began psychological treatment because of adjustment difficulties in many areas.

During the first 20 months of the long treatment, he spent his time drawing. He established a procedure of drawing on a number of pages and joining them together—a process he kept repeating. This activity was accompanied by strange sounds, such as “boom, trach, path, dug, and bug,” followed by various body movements. The figures were drawn schematically with a few simple thin lines. The adult figures were drawn with gigantic faces and big open mouths. The boy called his drawing sequences “movies.” The “movies” were divided into three parts.

Part one contained three movies, each consisting of a series of repetitions of a subject. The first part was called “No Name.” These drawings were made very quickly and were accompanied by explosion sounds like “ha, boom, puk, and bzz.” The child’s drawing showed chaos, disorder, struggles, and much excitement. He repeated this procedure many times. The second movie in part one was called “Barak the Nervous” (Barak in Hebrew means “lightning”). This movie was more organized than the first. In it, Little Barak wanted to fight the Big Man. He was filled with air and turned into a Big Man who could fight back.

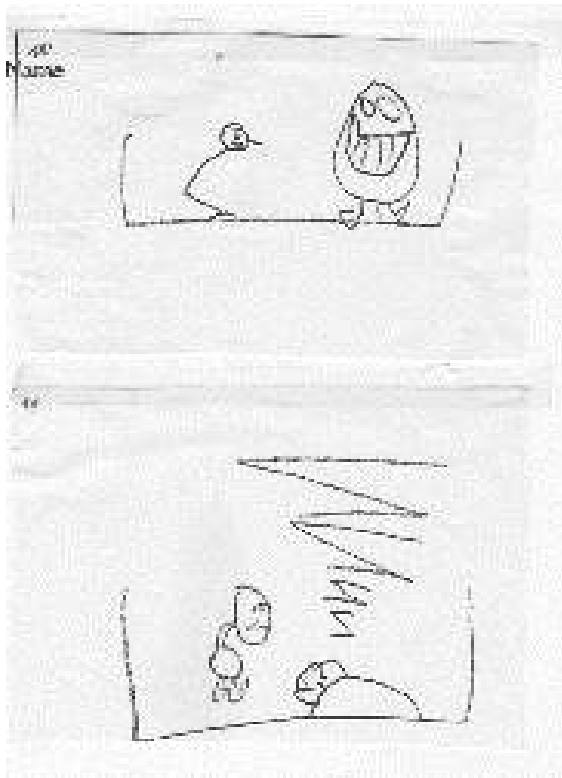
Then suddenly, like a deflated balloon, Barak shrank back to being small. The Big Man smashed him against the wall, but little Barak woke up and the entire situation repeated itself over and over. The third movie in part one was called *The End*. It was the longest of the three and had many versions. The movie presented three characters: Mickey the Kid, the Angel of Death—who was holding a pitchfork, and the Angel of God—who had wings. The main theme was: The Angel of Death shot Mickey, Mickey went into a grave and pled with the Angel of God for wings with which he could fly back up. This pattern repeated itself in different variations. In one of the variations, the Angel of Death shot Mickey who screamed, died, and went to hell with a pitchfork embedded in him. Mickey felt hot and drowned in the lava. He pled to the Angel of God, who promised him wings. Mickey received wings and escaped the inferno. Suddenly a long hand grabbed him and pulled him down again. Mickey called, “Daga daga!” but Mickey was dead and in a grave. “God!” shouted Mickey, pleading for help. “You will receive wings,” God said. Mickey received wings and flew. Mickey was tired and fell asleep. Then he took a plane and landed near his home. *The End*.

In part two, the boy expressed his daily difficulties, such as going to school, and characterized personal traits such as “the one who knows everything,” “the stupidest boy in the world,” and so on. In part three, the boy summarized the experiences he had undergone. He started with *The History of Super Mickey*, and ended with a movie called *Me*, in which he drew himself in a familiar environment.

When drawing the “movies” ended, the boy began two years of play therapy and psychotherapeutic treatment. The content of the series of movies presented above seems to show that the boy was reliving his traumatic birth experiences and feeling of existing uncertainty. The 10-year-old boy had constructed a kind of voyage, which began with a series of movies called *No Name* and ended with the *Me* series. In the first movie, the boy’s body movements had a high level of excitement. The boy may have been recreating his very early nonverbal chaotic experiences. The ability to accept him without any demands and to adapt to his needs gave him the opportunity he needed to start his treatment at the phase of the primary unintegration state. It’s possible the boy called his first movie *No Name* because it expressed traumatic experiences that had left their mark from the non-verbalized early period and had remained uncertain. Also, the *No Name* phase could be explained by the fact that the boy had not been given a name for several months while he was in the incubator, his chances of survival were slim, and his family didn’t expect him to survive. The second and third series seemed to express the struggle with the threat to life and the fear of personal death. This struggle was converted into strength and a feeling that it overcame the possible danger. In the third movie, *The End*, the boy was preoccupied more intensively with the threat to life and uncertainty experienced in

the beginning and the struggle between life and death. The use of the words “I die,” “going down into the grave,” “drawn,” and the “struggle to escape the inferno,” indicate his fear of death and the fight for survival. Those were issues he had dealt with even before forming a relationship with a loved figure—his mother. The therapy experience facilitated the transfer of the very early uncertainty from the traumatic early period into thought and words, which he had not been able to think up until then. Finally, in the last series called Me, he showed that he can feel real and exist and that he had the sense of his being including accepted his normal personal uncertainty.

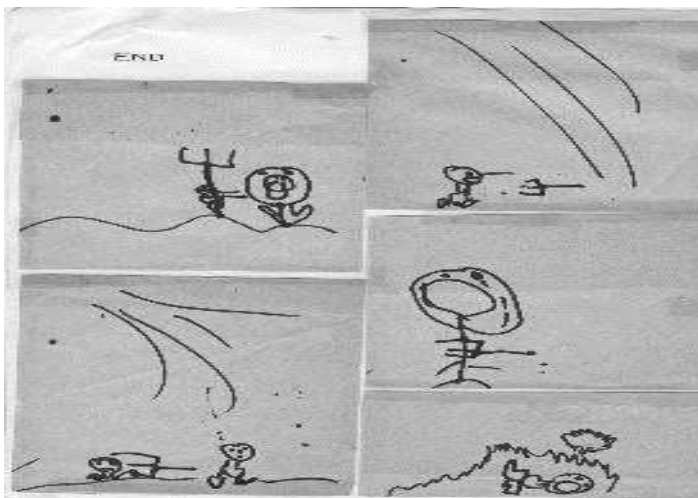
Movie #1: No



Movie #2: Barak the Nervous



Movie #3: The End



This case explores one example of how premature birth, severe medical complications, a long period of staying in the incubator, and the mother's emotional and physical state, may all indicate future psychotherapy work needed for the infant and the caregiver. This case begins to explore how deep uncovered uncertainty can become a part of a child's life. Psychotherapy can also help liberate children from traumatic early experiences, the fear of death, and the hopeless feeling of existence uncertainty during the perinatal period.

Conclusion

The purpose of the case study is to examine where in life the child begins to experience his personal uncertainty and what the potential benefits and consequences may be for the future. In this case study, the child began to feel a sense of personal uncertainty when he became aware of separation with his mother and started having a dialogue with his mother. The case contributes to our comprehension of how traumatic uncertainty traces from prenatal, perinatal, and postnatal memory. There may be a direct linear relationship between experiences at the beginning of life and the material the patient brings to treatments. This traumatic experience could be reconstructed in psychotherapy and help to build a deep feeling of being and discovering the true self and personal uncertainty. The therapeutic environment can make it possible to facilitate the transfer of very early uncertainty into normal, age-appropriate uncertainty. Uncertainty opens a door to a deeper knowledge of ourselves.

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