

## AUDITÓRIO

# Playing

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During my training I have been lucky to learn different models that have all taught me a lot, and all have progressively transformed my way of being a psychoanalyst and working with patients.

Today I will tell you about play, but not only because I am a psychoanalyst of children and adolescents, but because playing is a state of mind and, as Winnicott said, “playing is an experience, always a creative experience, and it is an experience in the space-time continuum, a basic form of living.” (Winnicott, 1971, p. 50).

While Klein or Anna Freud observed playing as an expression or representation of the conflicts and unconscious fantasies of the infant (Schacht, 1999), Winnicott stressed its nature of being a process, a transformation, a becoming.

Playing thus became a motion, the experience of creating the self, an area consigned to potential space, a place of illusion, a space for the encounter with the other both inside and outside the self, a source of creativity.

*“Let’s play with the ball”, Luigi says to me, an eight year-old boy suffering from encopresis, in the second session after the Christmas holidays. “You’re in the goal first and later I’ll go there. We’re playing for points.” I get ready to start playing, but after the first few shots I notice that his balls are all shot directly against me, made to hit me. “I think you’re angry with me today”, I remark to him while trying to dodge his shots, but I don’t stop returning the soft rubber ball to him that we are playing with. “Now I’m winning”, Luigi replies, but he passes the ball back to me low on the floor. After a short time, however, he launches it violently towards my face again. He notices that he grazed me and grows anxious, and says: “But it’s only a game! It’s only a game!”. The excitement that accompanied the game has blocked him, and caused a sudden throwback into reality. He then becomes anxious and aware that he really hit me. He needs the confinements of the game to be reestablished, and so he cries: “It’s only a game!”*

Is his having hit me deliberately therefore not part of the game? Certainly, but not only that. In fact, Luigi is also angry with me, but not in the game. But isn’t the game the best place, time and way for expressing this? Confined within

a relationship of mutual trust with the analyst, without having to feel too anxious about his aggressiveness both towards me and his mother, who is often absent or distracted.

Luigi and I are in the middle of the paradox of playing. Neither unconscious nor conscious, neither primary nor secondary process, neither reality nor fantasy, but both of all these. The two spaces are not in conflict but instead interact in a dialogue, a sort of cross-fertilisation. Leaning too closely towards the one or the other would mean leaving the healing paradox of playing in the session.

In these situations, the analyst is often confused and unsure what to do. Unable to continue suffering further blows — out of a need, of all things, to protect the patient, whom it would have hurt to feel and to be too destructive —, the analyst at the same time cannot deny or pretend anything: Luigi is angry with the analyst in the transference. The paradoxical conviction “It’s only a game” also allows to verify the survival of the object after its destruction.

The object gets up after having been dead, and proclaims, “I am alive”.

In this way, the danger of destructiveness, the fragility of the object, and its resilience can be explored.

## PLAYING WITHIN THE POTENTIAL SPACE

At the heart of playing lies the fact of its being consigned to potential space and its making use of transitional qualities.

In this way, it combines intrapsychic experiences with input coming from the outside world, and uses whatever is provided by the interlocutor or external phenomena for internal re-elaborations.

In my imagination, Winnicott encountered a dilemma during the course of his career. Unlike other analysts of his time, he noticed the importance of the environment in the development of the individual through his clinical consultations, and had observed the coexistence of two spaces, one internal, the other external. Thus he became aware that there existed phenomena and experiences taking place in and partaking

of both these spheres. He called the phenomena transitional because the child constantly commutes between one sphere and the other. Taking as starting point this discovery of transitional objects and phenomena, Winnicott began to explore this particular area of the relation between child and mother, of the encounter and superposition of the self and the other, of reality and fantasy, of subjective objects and those that are objectively perceived, of what is found and what is created to signify this extraordinary experience that the infant makes: of creating an object that the mother for her part allows him/her to find.

Transitional objects and phenomena are “not part of the infant’s body yet are not fully recognized as belonging to external reality” (Winnicott, 1971, p. 2).

Playing is also located in this area and it is to this that it owes its transformational capacities.

The paradox of the existence of the potential space itself dissolves the dichotomy of the coexistence of these two spaces, internal and external. To this effect, Winnicott asserts that “a description of the emotional development of the individual cannot be made entirely in terms of the individual, but that in certain areas, and this is one of them, perhaps the main one, the behaviour of the environment is part of the individual’s own personal development and must therefore be included” (Winnicott, 1971, p. 53).

In a sense, with these statements he created the foundations for the study of phenomena that run both between individuals and between an individual and its external world, incorporating the environment into the internal functioning of the individual from the beginning of its life.

### ILLUSION, PLAYING AND DREAMING

*“Let’s play that you’re Agata (the girl) and I’m Anna (the analyst)”, my young patient Agata tells me. “Let’s play that I’m the teacher and you’re the student and I give you homework and you make mistakes everywhere and I write lots of blue marks on them”.*

“Let’s play that you’re the mother who I need to fuse with, that you’re the father I would like to tenderly seduce, that you’re the little brother I would like to murder”. “Let’s play” is a structural paradox of the setting, dream’s and metaphor’s space. The temporal limitation of the session can provide great reassurance that whatever may occur, however terrible or wonderful it might be, doesn’t belong to the reality of the everyday world. Here it is impossible not to be reminded of what Freud said: “The opposite of play is not what is serious but what is real” (Freud, 1908, p. 144).

“Let’s play that” catapults us into a different space, one that isn’t any less real than our everyday reality, but which constitutes a different reality.

“Let’s play that” presupposes a request by the child and the adaptation to his or her needs

by the mother or the analyst.

And this is possible and permitted within the setting, in playing and in metaphor, in poetry and in film. As a creative experience of the self and a mode of mental functioning, making use of thoughts and free associations, we may encounter it also in metaphor, in drama, and in fables.

But allow me to explore this topic more deeply: what is the relation between the fiction of playing and the fiction of lying? Between acting in real life and acting on stage? They say that when being called a liar, Italian director Federico Fellini, hugely famous for “La Dolce Vita” and “Amarchord”, responded that he wasn’t a liar but that he created fictions.

We know perfectly well how much a novel, drama, or film can correspond to conflicts or fantasies that each of us harbours within our internal world. Our internal worlds are also constructed owing to worlds of fantasy. They are hence as real as our real world, just at another level and in a different fashion.

This process is very much present in games played by adolescents, for example in role-playing games on the internet, in which they take on different personalities. Sometimes they adopt another name, age, or gender, and explore different relations and identities in their fantasies and on the web. As an outcome, it might either happen that they remain entangled in identities that do not belong to them, or instead that after playing such interactive games on the internet they are capable of transforming themselves and that they become better equipped for confronting everyday reality.

The paradoxical coexistence of two spaces, that of reality and that of imagination, is a never-ceasing source of creativity and transformation.

This aspect seems to resemble the ideas of one of Winnicott’s great contemporaries, Wilfred Bion. In fact, Winnicott asserts: “In playing, the child manipulates external phenomena in the service of the dream and invests chosen external phenomena with dream meaning and feeling” (1971, p. 51).

Playing therefore partakes of the functioning of dreaming, even if only in part. We might speak of the frame of playing, just as of that of dreaming, as a frame provided in the game not only through the setting, but through the implicit or explicit agreement of the players. The confinements of playing allow us to explain the “Let’s play that...” as well as the space of dreaming as a zone where the oneiric process can be experienced.

Even if it is in a non-explicit fashion, this point also reveals the proximity between Winnicott and Bion regarding their philosophy of intervention and the reconsideration of what we might consider pathological.

In this view it becomes obvious why playing is equivalent to being free within our own minds.

Having such an ability allows one to search and study within the self as well as with the other without impediments, to change levels of functioning during the session, moving from regression towards a more integrated functioning, to touch upon aspects of chaos and to tolerate inexplicable ones. With patients lacking this kind of experience it is the duty of the analyst to let them experience it, or even to bring them to a state in which this becomes possible. All of this lets us understand why Winnicott considered even playing by oneself to have a therapeutic and transformative effect. Playing actually arises from a capacity to experience an illusion where this hadn't been possible before.

A tolerant mother will provide her child in physiological situations with a state of affairs in which they can live through an experience together as if two lines had joined from opposite directions, producing a moment of illusion that is an “interplay in the child’s mind of that which is subjective (near-hallucination) and that which is objectively perceived (actual, or shared reality)” (Winnicott, 1971, p. 52). It is therefore a sufficient amount of illusion that the mother provides which allows the child to gain access to reality.

Pathology is an inability to have access to illusion. It is generated by a rough and abrupt passage from a fusional state to reality, without a sufficient dose of illusion to allow for a more gradual encounter.

But playing is also “doing”. In sessions with children the child will do some things, and the analyst will as well. These actions, which in sessions with children “involve[...] the body” [playing involves the body] (Winnicott, 1971, p. 52), relate to a language that communicates at several levels. One of them analysts have always been willing to interpret, that of the fantasies and conflicts inhabiting the internal world. But there is also another level that finds its expression primarily through the body and through actions, and which we have today learned to consider and evaluate as an “unthought known” (Bollas, 1987). It often has traumatic origins that are given an opportunity to manifest themselves through playing.

#### **PLAYING AS A PROCESS**

*Giorgio is an eight year-old boy, adopted at the age of 3. His school teacher brings him to our attention because of his reclusive behavior, restlessness, and aggression in his interactions with classmates. His parents however, who are very caught up in their work, aren't aware of anything being amiss and display both their incredulity and their concern.*

*Giorgio is normally in the care of his father, because his mother is often away from home. The father very much insists on rules and norms in his upbringing. He seems to be a fragile and sometimes childish man,*

*worried about making mistakes with his son. He often brings him to football matches of his favorite team.*

*In the first session, taking place in the father's room who has to absent himself after a short time, Giorgio sits in his chair and responds monosyllabically. The therapist sits down on the floor and after having invited the boy to play with her, she begins to rummage inside the toy box, producing toy soldiers, little machines and figurines of wild and domestic animals. Meanwhile, she asks the boy if he knows why they are here together, and if he knows who the therapist is. Giorgio answers that he knows that she is a doctor, but that he doesn't know why they are here, perhaps because he hasn't been such a good boy at school. The therapist asks him whether that's true. He says he doesn't know and withdraws. Thinking that it is more important to create an atmosphere of trust, and in order to avoid persecutory topics, the therapist turns back to the toys. Being invited to do so, Giorgio reluctantly moves to look inside the toy box and only brightens up for a moment when the therapist pulls out a dinosaur. It is still a difficult atmosphere, but Giorgio seems to be happy to see the winged dinosaur that she is holding. He has one of them, too. “We have a similar toy, but how is yours made?”, the therapist asks, and he then describes it to her. The session concludes a little later, when the boy finally leaves with a smile, albeit timid.*

*The analyst didn't make any interpretations but just a few comments. Above all, she showed that an activity is possible in which she explores the contents of the toy box, commenting on the toys and listening to the boy's opinion on them. The aim of the first session seems to have been to establish a relation of trust and of enjoying a shared activity, while a setting is building up.*

*The inhibitions that Giorgio shows towards playing in the first session dissolve quickly enough, at the same time that the boy gradually grows more comfortable in his relation with the analyst.*

As Winnicott tells us (1971), an infant lacking these experiences, and having suffered from trauma and early loss, will not start playing and develop a false sense of self. If contact with external reality was traumatic so that it caused an impingement in the protective shield, pathological dissociative processes of denial will be so massive that no space will be provided for dreaming, for fantasy, or for playing. The child presents morphologically as an adult, he or she is a *wise baby*, and the therapy will now consist of an attempt to reconstitute trust in the containing environment, and to rediscover a possibility for experiencing the realm of creative illusion, the potential space and the freedom of playing.

“In favourable circumstances the potential space becomes filled with the products of the baby's own creative imagination” (Winnicott, 1971, p. 102). In unfavourable circumstances, when a premature disillusion has taken place, this potential space becomes “filled with what is injected into it from someone other than the baby” (Winnicott, 1971,

p. 102). Winnicott warns us that even the analyst can run a risk of causing such injections through his or her interpretations, because the potential danger exists that they may be merely products of the analyst's own imagination. Even if they are consistent with the child's history or internal functioning, these interpretive intrusions hinder the child from having an autonomous activity in the process of playing. It is necessary for this activity to develop in order to let the child rediscover the pleasure of being active and of authorizing oneself to explore.

*Some months later, Giorgio and his analyst seem to have established a good relation of mutual trust, and the boy enjoys going to the sessions. With increasing frequency, a certain repetitive game takes place during the sessions: Giorgio stages improvised and unforeseen attacks on some of the toy animals with other animals or soldiers, or he builds towers or houses that he then suddenly lets collapse. After the destruction, however, the boy will suddenly and without delay engage in acts of reparation and reconstruction.*

*This game is extremely repetitive and hardly ever ceases. While engaged with the different building phases of the game, Giorgio seems very excited and withdrawn into himself. Initially, the analyst is called upon only as the spectator of these events. Yet over the course of the sessions, she comes to be successively more involved, so that eventually she is made to witness the destruction of the toys she constructed at the invitation of the boy, or of the buildings she made from Lego or Play-Doh, while the role of their saviour always remains Giorgio's. He associates nothing with his repetitive game, nor does he attribute it to anything that he can remember. In the game, the possibility for repeating a traumatic event that the boy can only remember through these actions seems to emerge. Still at a later point in time, the game is being shifted directly towards the person of the analyst. This shift is evidence for the boy's ever stronger investment in the analyst and the progressively increasing contact with his emotions.*

*In one session, after having repeatedly destroyed the construction games played by the analyst, he wants to play the doctor who gives the injections on the analyst's arm.*

*Now Giorgio wants to play doctor. The analyst comments that maybe he would like to take care of that destructive child a little. So Giorgio picks up a little suitcase and puts inside tape, scissors, some pieces of paper, and pencils. He writes "Doctor Lino" on a post-it and sticks it on the suitcase.*

*The analyst joins in the game and says, "Hello, are you the doctor Lino who is treating Giorgio?" He answers, "No, I'm the evil doctor who'll give you poison".*

*With a little toy car that has a sharp edge the boy repeatedly scratches the chair of the analyst who remains still, almost paralyzed, because she didn't expect this behavior. He then suddenly moves to her arm but she doesn't defend herself from the scratching. He uses the*

*pencil to inject the poison into the analyst's arm, who pretends to faint and pleads for help.*

*Giorgio then immediately changes tone and says "I'm the good doctor!"*

*He asks the analyst to be both a sick girl as well as the mom. He treats the girl and interacts with the mother. (As the end of the session is approaching, while they are still playing, Giorgio asks the analyst acting as the mother whether he can have dinner with her and the girl and then later sleep in their house as well, even though he left his wife and daughter at home.*

*The analyst is very moved by this. Bordering on oedipal fantasies, Giorgio actualises very strong affections and relations in playing. Not only the fantasy of staying with the analyst, but there is also his feeling of being divided between two families, one of which, left behind just like him, belongs to his past.*

In supervision, my colleague communicates these events *en passant*. When I ask her why she allowed the boy to damage the chair and hurt her, she is unable to answer, and explains that she could never have expected Giorgio to behave like that. In the end we are able to bring to light the analyst's difficulty with using aggression and her exaggerated caution in interacting with the child because she felt sorry for him. Though my colleague came from a well-to-do family, she had not enjoyed an affectionate upbringing.

We reflect on the fact that perhaps Giorgio wanted her to feel how powerless he had felt in his history and how he had never had any hope of protecting himself, just as she had been powerless and blocked from interacting with the child when he scratched her. We conclude that, for this reason, Giorgio would have to find an analyst capable of doing this, an analyst who would not repeat the traumatic relationship that the boy had gone through in the past. This would also relieve him of the anxiety of having damaged the analyst.

In subsequent sessions, when there is a recurrence of the unexpected destructive attack on the analyst and the room, Giorgio is surprised to find a gentle but firm response, an analyst who, even if she is upset, has the courage to say, «No, you're not allowed to damage things and hurt people. You'd feel bad about it, and I won't let you do it». Giorgio asks the analyst, «Why didn't you do that before?»

We can ponder the meaning of the blockage in the analyst's response to the boy's destructive attack. My hypothesis, which I also proposed to my colleague, was that alongside her fear of damaging a child already compromised by his personal history, the colleague was acting out the inhibition to responding which Giorgio himself had had in his life since, because of his traumatic experiences, he had effected a sort of freezing of his emotions. This experience was being put into action in the link, in the transference-countertransference relationship, and found its means of expression in an analyst

rendered incapable of defending herself. At the same time we cannot rule out an experience of sympathy in the analyst for a child who represented her own deprived self. We may wonder if this response by the analyst, of which moreover she was unaware, might be considered a sort of enactment, expressed in the unconscious inhibition of her response. Furthermore, in his action and on the analyst's skin, Giorgio writes his traumatic pattern, what he has memorised in his body (and not in his mind).

In the session there is a reactivation of an external manifestation of an early failure by the patient's original environment that will be brought back to life by the analyst's failure<sup>2</sup> in his interaction with the patient. At that moment, the analyst/patient couple has the prospect of a possible new transformative experience. The analyst's response is crucial: it can either lead to a repetition of the trauma or it can instead give life to the creation of a new experience.

We are not far from what today would be called "enactment", having finally understood that we are not faced with the analyst's error, but instead with her unconscious action that arises in the link in the analytic couple.

In Giorgio's case, the analyst's later response arose from an emotional change induced by the supervision and it had a significant effect on the patient. As we can see from the appearance of the good doctor in subsequent sessions, it transformed the repetitive game, which reactivated the traumatic functioning in the session, into a game with a symbolic and innovative valence, born out of the analyst's emotional involvement and her response.

If we underline the procedural dimension of this experience, we highlight its transformation.

Not only the content of the game is important, as a communication of unconscious fantasies, but also that complex process through which the child or adult transform unconscious contents and make them usable, digestible or partially or completely aware. In this sense, "Play is itself a psychotherapy" (1971, p. 50).

#### **PLAYING BETWEEN NOVEL EXPERIENCE AND REPETITION**

Playing effectively takes different forms according to the stage of life one is in, even if the process of playing is the same whether with infants or with adults. Child analysts know this well. They are well prepared to use dolls, lego, or play-doh when playing with a child, later then they bear the endless games of draughts or with pens that youngsters in the latency phase are fond of, and progressively these will shift ever further towards adolescent dramatisations when the patient becomes interested in games on the internet, for example.

Adults, eventually, come to play with their free associations, their paintings, their music, their

theatre. Over the course of time a progression takes place, a shift from concreteness, or from doing, towards the verbal or mental realm.

Winnicott considered the most important component of playing to be its creative moment. It is not remembering and understanding that is meant here, but rather experiencing anew. The extraordinary transformative and healing powers of playing are to be found not only in its capacity for highlighting hidden meanings, something which is also characteristic of playing, but above all in its capacity for a new creation of the self and of meaning, which can only happen in relation with the other, with the external world and the analyst.

Playing always presupposes the other: as witness, as guarantor, as playing companion, as the person at whom the activity is directed, as a double and other of the self, who can both represent the self and the unknown with which to experiment.

In this dimension, unknown parts of oneself are not only brought back to life, but new meanings are acquired.

#### **TECHNICAL REVOLUTION**

"The principle is that psychotherapy takes place in the superposition of the child's playing space and that of the adult or the therapist. The squiggle game is an example for the way in which this mutual game can be facilitated." (Winnicott, 1989, p. 317).

With this formulation that he picks up again in further works, Winnicott summarises the most important of his viewpoints regarding a new model of clinical intervention.

I will give a brief summary here of some of these characteristics and the way Winnicott defines them.

By affirming that the analysis must aim to provide the patient with an ability to play with him/herself or with the analyst (an ability which he maintains is an expression of a healthy mind), and to bring the patient to actually develop that creative and free mindset that he attributed to the ability of playing, Winnicott set into motion a Copernican revolution, both at the level of the analytic technique and at that of the self-conception of psychoanalysis.

As for the objectives of psychoanalytic treatment, these no longer consist in reaching the defensive positioning, nor in the resolution of conflicts by making the unconscious conscious, nor in making progress along a path towards subjectivisation. Instead, what becomes crucial is the quality, the meaning, and the fullness of life. Bollas, one of the most original analysts inspired by Winnicott, pursues this angle further when asserting that the analysis must increase "the reach and depth of the unconscious thought processes". Enabling a process that in my view has a lot to do with internal playing, the analysis must reach a point at which the patient can lose him/herself in their

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«The operative factor is that the patient now hates the analyst for the failure that originally came as an environmental factor, outside the infant's area of omnipotent control, but that is now staged in the transference» (Winnicott, 1965, p. 258).

free associations as “a sort of personal creativity”, “without knowing which mental image will emerge at whatever day”, in order to eventually reach what defines a kind of emotive talent, like a “form of creativity in being and relating oneself to other and to the world” (Bollas, 2009, p. 56).

What we are talking about here is playing with the mind; with memories, associations, and images that come up when the patient permits him/herself this state of mind before the background of a trustful relationship forged with the analyst.

For some psychoanalysts, the clinical consequence of this is that there should be something more than interpretation. The very meaning given to interpretation has changed for many analysts because, as Levine says, he has «argued for a two-track vision of analysis» (2012, p. 19) that both decodes unconscious meanings and, transversely, runs through various models with the aim of activating the patient’s transformative processes and those of the analytic couple.

The means with which to reach these objectives have less to do with just the interpretation and rather more with several other factors that ultimately depend on the analyst’s character and his/her position in the analytic process.

The position of the analyst in the analytical relation becomes crucial, in so far as it must remain asymmetrical. At this point we must not fail to remember the great distance of this view to the humorous metaphor that Meltzer employed when he divided analysts into two groups, one of hunters and one of farmers. Those of the first group press ahead to catch their prey, to detect and ferret it out, while those of the latter plant a seedling and then wait for it to grow.

If it is the case that analysis takes place in the superposition of two playing spaces, that of the patient and that of the analyst, then the character of the analyst is crucial, but in order to reach this mental state, we must be at a level of not “organi[sing] nonsense” (Winnicott, 1971, p. 56), and instead permit ourselves “unrelated thought sequences which the analyst will do well to accept as such, not assuming the existence of a significant thread” (1971, p. 55).

In order to reach this objective, which is connected to a creative activity that consists of self-creation above all, we must allow ourselves to wait, to let ourselves be surprised and to discover the patient as well as our selves. “It is in playing and only in playing that the individual [...] is able to be creative [...], and it is only in being creative that the individual discovers the self” (Winnicott, 1971, 54). 🐾

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