

The Many Meanings of Play

**From Play to
Playfulness
in Children and Adults**

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From Play to Playfulness in Children and Adults

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In 1987 a young Israeli actor, director, and scholar of drama, Shai Bar-Ya'acov, explained his view of theater to a journalist by saying, “the urge to do theatre is a very natural thing. It stems from the urge to play that exists in all of us. As we grow we have to funnel this urge into other forms. And that’s what theatre is all about” (p. 205).

In this chapter, I follow the developmental continuity of play in childhood to playfulness in adulthood as it can be observed in the psychoanalyst’s playroom and office. From illustrative observations of a child and an adult in psychoanalytic treatment, I outline this continuity as an abiding one worthy of clinical and theoretical study.

My focus on the continuity of play to playfulness, developmentally and clinically, is guided by certain theoretical assumptions and technical considerations:

1. Play begins toward the end of the first year of life, encouraged and fostered by playful attitudes of the care-giving adults.
2. Play in childhood, with rare exceptions, includes physical and mental activity.
3. Just as thought is trial action from the latency period onward, so play is trial thought in the younger child, especially in the oedipal period.
4. Play in childhood can be traced into adulthood as playfulness. Adults usually give up play, partly because they become self-critical of its regressive aspects and also because playfulness, especially playing with thoughts, fantasies, and imaginings, is more grown-up—that is, efficient, socially useful, and private.
5. Drama, dance, and music playing (as well as other artistic performances) are special forms of play that continue into adulthood with all the mental and physical combinations referred to above, and with the additional gratifications of aesthetic, rhythmic experiences being expressed and appreciated by a socially approving audience, especially when gifted performers are involved.¹ In an advertisement, an

anonymous copywriter said, "If music didn't exist, we'd never know the joy of tapping our feet" (*New York Times*, August 30, 1987).

6. Play and playfulness are inviting because they review the past, reflect on the present, and provide a constructive expression of curiosity that enables "players" to prepare for future challenges and opportunities.

Psychoanalytic Data and Concepts

The psychoanalytic observations that follow are mainly derived from selected psychoanalytic treatments and biographical data of a father (thirty-five to thirty-nine years of age) and an unrelated girl (three and a half to seven years of age). Both were involved in the longitudinal studies initiated by Ernst Kris and Milton J. E. Senn in 1948. The father also was involved in the study of simultaneous psychoanalytic treatment of all members of one family, which was reported at a Freud Lecture by Marianne Kris.

Psychoanalytic treatment of a child, an adolescent, or an adult benefits and to a certain extent requires playfulness for adult analysand and analyst, and playfulness enacted in play with a child. The adolescent is closer to playfulness in his or her psychoanalytic treatment.

If you ask a child analysand about the treatment, he or she may let you in on the pleasure, the relief, or the decrease in unpleasure that the child experiences, especially in the play component of the treatment. If you ask an adult analysand, he or she may realistically report that it is painful. The essential question is: does the adult analysand find relief through the psychoanalytic treatment by moving toward "playful"-ness through increasing use at all levels of thought as trial action? In an important sense analysands will not succeed if they cannot allow the speculative, pretending qualities of free association to be expressed. Free associations are closely related to playfulness. In Freud's terms (1905), if one's ability to jest, to joke, and to express incongruities is not available, the approximations that we call free association will be most difficult to achieve, if not impossible. Similarly, if the freedom to use figures of speech such as metaphors and similes is seriously constricted or inhibited, the capacity to free-associate will be difficult to achieve.² In an important sense, the process of freely associating in the clinical psychoanalytic situation is as dependent on the suspension of reality as are play and playfulness.

In the case of the father, Harry, it was not until his psychoanalytic treatment put him in better touch with himself that he could clarify his current perceptions and free himself from the burdensome aspects of his past memories. This process enabled him to gain a better understanding of his present dilemmas and to prepare differently (more adaptively and less defensively) for the future he was shaping as he moved ahead in his development.

Harry

Harry, thirty-five years old, accepted the recommendation of psychoanalytic treatment because of his repeated, unnecessary destructive disputes with his boss in a middle-sized manufacturing firm (Solnit, 1989). Psychoanalytic treatment revealed that he also suffered from chronic marital difficulties. He felt his wife did not respect him. There were frequent outbursts in which he sulked, felt put down, and withdrew into spiteful, stony silences, to the detriment of the marital relationship and with negative effects on his daughters, who felt rejected by him.

In the psychoanalytic treatment, two lines of memory were opened up which he had been living out neurotically but did not remember. The first was the recollection of having been sick and confined to bed for six months at the age of eleven. As he reconstructed the illness in his psychoanalytic treatment, he had been diagnosed as having a streptococcus infection, and the family doctor explained that he could damage his heart if he did not remain in bed quietly for six months. He then brought up a clear memory of his father sternly warning him not to move or he would damage himself. As we examined the clarity of this new screening memory, the patient gradually recalled that his mother and father had been very worried that he was too restless in his sleep and had tied his hands and feet to the bed frame to keep him from moving. In the transference, he felt “tied down” by the analysis. He recalled his anger at his parents and his fear of damaging himself. Later in the analysis we were able to reconstruct his deep conviction that he had made himself sick through masturbation associated with exciting fantasies of being overwhelmed by a strong woman—that is, being forced to have sex with a woman.

Although this first line of recall was far from precise, it made sense to him and explained why he had been out of school for six months, a memory gap that had always puzzled him. It also led to

his understanding why he was always trying to trap his boss into errors that led to anxious confrontations in which the patient felt put down and then became compliant and depressed.

In the next two years the patient's relationship with his boss gradually changed. He was promoted several times, until he reached a managerial level that was highly satisfying and in which he now was the boss of a large number of employees. He felt he was especially skilled in helping young "hell-raisers" when they entered the firm under his tutelage.

As the psychoanalytic treatment proceeded, there was an improvement in his working capacities and satisfaction, and he filled in further gaps in his memory. For the first time since adolescence, he recalled that when he returned to school after his six months of illness, he would play basketball after school despite his father's threatening prohibition. The father had indicated that since he had had the infection, which might have weakened his heart, he should not engage in vigorous competitive sports. He remembered that he had to play not only because he enjoyed it (he dearly loved and was highly skilled in such sports) but also because he was so anxious about falling ill again that in a counterphobic way he had to face the danger of competitive sports to find out if he was all right. Furthermore, he could not resist the pleasure it gave him once he allowed himself to think of playing the game.

In the analysis it was clear that playing basketball was also equated with masturbation. As he would begin each game, he experienced a mounting irresistible pleasure and tension with anxiety after which he felt relief that he had not died or fallen ill again. Once more he had passed through a dangerous situation. Subsequently, after graduating from high school and looking for work, he gave up sports and took what he knew would be a safe job that would not be too competitive. It was clear that he arranged for and accepted limits in his education and work that unconsciously he believed would offer safety and would avoid the danger of competition and greater satisfaction. In the analytic treatment it became clear that he felt that he had "damaged" himself and might damage himself further if he was too ambitious or competitive.

The second line of remembering was the painful feeling that his father had preferred his older sister and that his mother, though more even in her affections, never took his side when the father

and older sister seemed to gang up on him. This was reconstructed both in the transference (he was certain that I preferred the woman patient who preceded him) and in clarifying his ongoing distortions of his relationship with his wife, when he would perceive his criticism and anger at her as her lack of respect for him. His sulkiness and stony silence were updated replicas of how he had acted when he felt let down by his father's preference for the sister and especially because his mother did not seem to take his side. At those times he believed that no one really admired and cared for him.

In the third year of his psychoanalytic treatment, Harry began to build a playroom and workshop in the basement cellar for his family and himself. It could clearly be seen in the psychoanalytic treatment that this was not an acting out against his treatment, though it was transiently in the service of resistance. It was a game whose rules he made. He thought of it as a second job, after hours, almost clandestine, but it was clearly his own game plan. He also set a symbolically significant deadline for finishing it, manifestly by Thanksgiving, but unwittingly wanting it to be his rebirth—his birthday was a few days after Thanksgiving. After this birthday, his fantasies suggested that he hoped his manliness at home and at work could be asserted and enjoyed. The play/workroom was a well-planned and executed drama, written, directed, and acted in by the analysand. During this time of building a better family room and a workroom for himself, the patient's psychoanalytic treatment provided a window into his inner world, while the outer world was relatively calm and unperturbed. Structures were being altered, revised, and improved, gaining additional resources inside and outside for the analysand and his family.

Throughout the renovation and construction, he came regularly to his psychoanalytic sessions while refusing any assistance with his carpentry, plumbing, electrical work, insulating, painting, and refinishing. He became increasingly anxious about what might happen when he finished it, wondering if the city inspector would approve his electrical and plumbing work, if the fire marshal would pass on the safety standards, and if I would get fed up with this preoccupation. His wife and children were supportive. In the psychoanalytic treatment, the multiple symbolic meanings of the room were reviewed and worked through, clarifying his neurotic core in its many manifestations. As he could see his success crystallizing, he became transiently hypochondriacal, and as his anxiety was worked through in the analysis, he began to assert himself tactfully with his boss. He believed he was

as good a parent and perhaps a better “homemaker” than his wife. Until this period of his life, he had felt socially inferior, incomplete in his education (he neurotically decided not to go to college) and not as good as his father or as his wife. Gradually, his self-assessment became more realistic. He began to advance at work; he was a steady, much less sullen adult at home; and he viewed himself with approval as self-educated.

The room project, successfully completed on time, was a developmental achievement. It dramatized the analytic working through and freeing up of inhibitions of play, playfulness, and risk-taking (in the sense of the meaning of the Old English word for *play—plegan*). These neurotic inhibitions and obsessional developments had set in during the oedipal period when Harry felt displaced by his younger sister as the favorite of mother and father. He had felt inferior and unfairly treated. These traits were further elaborated and fixated by the trauma of his illness and its treatment when he was eleven years old.

In the transference, as he planned and began to build the room initially, he was resistant to the analytic treatment, feeling it interfered because of the time and energy it took. As this was interpreted and worked through, his pleasure in building his room increased. He became less anxious about the riskiness he experienced at the beginning that he might fail, that he might never complete it, or, the greatest danger, that he might succeed. Playfully, he allowed himself to know what “screwy ideas” psychoanalysts have.

A few days after he completed the room and felt satisfied by his accomplishment, he said, “In the past it was all right to know I was superior, but not to feel it, because then I couldn’t think clearly.” Playfully, teasingly, he added, “I guess it’s okay in here since it’s against the free association rule to think clearly.”

In summary, as Harry recovered these memories and replaced unconsciously motivated destructive behavior at work and at home with the conscious memories of traumas and a sense of deprivation, his recollections were worked through. He came to understand how he arranged to have his difficulties at work and at home—he had been making choices about his way of shaping his personal relationships that served unconscious motives. These motives represented a neurotic

residue of past burdens of trauma and deprivation. In his psychoanalytic treatment and in his life experiences, Harry learned that he could make other choices about his relationships once he was more aware of himself and how he behaved. Remembering liberated him. It enabled him to know the story of his life more coherently, although it did not provide him with a historically complete and accurate narrative about himself. Then he was able to gain relief from his persistently destructive behavior pattern at home and at work—especially at work.

Thus, in using the psychoanalytic treatment process, Harry uncovered the gaps in his memory and gained a more coherent view of himself in his current situation and as a preparation for future life experiences. As Freud (1914) had intimated, the patient said, “As a matter of fact I’ve always known it; only I’ve never thought of it” (p. 148).

In Harry’s case, Loewald (1978) would say, “The movement from unconscious to conscious experience, from the instinctual life of the id to the reflective, purposeful life of the ego, means taking responsibility for one’s own history, the history that has been lived and the history in the making” (p. 11).

We can add, Harry’s recovery of the capacity for playfulness, of pretending, and of going from “pretend” to the play of constructing his “dream” playroom and workshop were dramatic expressions of the working through that facilitated his translation of his psychoanalytic treatment into a “real life’s work.”

Margaret

Close to her fortieth birthday, Margaret, who had been in psychoanalytic treatment as a child and who had kept in touch with her analyst over the years, spoke of the harmony and satisfaction of her ten-year marriage to Charlie, of her clear and conflict-free decision to leave the corporate world after ten years of great success and the permanent financial security it gave her, and of how much she enjoyed playing since her liberating retirement at the age of thirty-seven and a half.

Margaret had entered psychoanalytic treatment when she was three and a half years old because of transient phobic symptoms and because her anxiety had led to a significant constriction of

her social interactions and to a sustained play inhibition. This was triggered by a traumatic separation experience in which she had felt abandoned. The psychoanalytic treatment lasted three and a half years, preparing her for a successful latency experience and enabling her to resume a progressive and normal development.

In playing as an adult, she always enjoyed dancing, music, hiking, and traveling. She developed a warm comradeship with her husband's twenty- three-year-old son and twenty-one-year-old daughter, his children by a previous marriage. Her newest hobby was making costume jewelry by hand. Fashioning the handmade jewelry was characterized by her as playful, colorful, fun, and "not very expensive." She explained that she displayed her work at jewelry fairs and that frequently it was children who brought their parents to see the "catchy" jewelry. She resisted the idea of making this into a business, although she had been successful commercially and artistically.

Spontaneously, she said to me, "You know, this interest began when I was in treatment with you." She then described a memory of her play in treatment that was factually accurate and had screen-memory characteristics of being sharp, clear, and emphatic. She continued, "I so enjoyed playing and pretending that I was a wealthy Texas oil well owner and that you, as my husband, gave me whatever I wanted. You made jewelry for me of paper, marbles, and Scotch tape. You were very clever and made me a necklace, a bracelet, a wand (I still have one with one of my dress-up costumes), and a crown (a tiara). We had a Cadillac and a Rolls-Royce." Then she laughed and said, "It all seems like a good story, a bit of a joke, but there it is."

As indicated above, Margaret's acute trauma had occurred after she began her psychoanalytic treatment as she was being driven home from nursery school by her mother. In the backseat, three-and-a-half-year-old Margaret was pretending to be a wild animal, making animal noises as she had learned with classmates at nursery school. The teachers and her analyst had been encouraged in the beginning of the treatment by Margaret's increasing spontaneity, since she had been so frozen and inhibited in play and socializing when she started nursery school. Margaret's behavior in the backseat of the car was experienced by her mother as disobedient and nasty. She abruptly stopped the car in a marshland and told the little girl to get out, threatening to abandon her in this wilderness area. Following this, Margaret again became frozen and inhibited socially and in play at

school. That trauma, as well as many other sources of Margaret's neurotic development, strengthened the analyst's conviction that she would benefit from psychoanalytic treatment, which was ongoing until after her seventh birthday.

Later, in this same follow-up interview, Margaret explained seriously that she might or might not have a child with her husband. Since he had two children by a previous marriage and the children were close to him and to Margaret, he was pleased to support whatever decision she made. Margaret was not yet ready—she might never be ready—to take on the long-term commitment to the care and raising of a child. She had no fear of pregnancy or of childbirth. She liked to be with children of all ages, loved to play with them, and was not too sensitive when their parents wondered if she was not too permissive in what she allowed children to do when they played with her. She explained to them that children need to feel free to play as an important, healthy way of growing up. On questioning, she remembered initially how apprehensive and constrained she had felt at nursery school and in her play sessions with me; but by the time she went off to kindergarten and finished her treatment, she knew it was all right to play at school but not at home. Because of her mother's discomfort, she had to take her cues from her about how playful she could be. Her father was much more relaxed. Both she and her father liked to have projects, to be busy, to use their hands, whereas mother and sister preferred to collect and to classify things. Margaret's financial security was based on hard work that required a capacity for risk-taking that involved trusting personal relationships and a playful sense of humor.

Of course, there was much more to Margaret's psychoanalytic treatment and her development. This vignette simply illustrates how a play inhibition was overcome and became a nodal point—a marker for future progressive development that elaborated in sublimated forms what had been a paralyzing identification with her mother. The unresolved positive transference was also apparent when Margaret said to me, "You've always been a second father to me, even though we don't see each other very often."

Discussion

In *The American Heritage Dictionary of the English Language* (1981), the reader is referred to

the Old English word of *plegan* as the basis for the modern word *play*. *Plegan* is defined as signifying “to exercise oneself.” Other early meanings of *plegan* include “to pledge for, to stake, to risk, to sport.”

In the same dictionary, the word *playful* is defined with an emphasis on fun, good spirits, and humor. It includes the following synonyms: *mischievous*, *impish*, *waggish*, *frivolous*, *jocular*, *good humor*, *silly*, *sportive*, and *frollicsome*. I would add to these: *humorous*, *incongruous*, *jesting*, and *teasing*. Though playful implies fun and pleasure, it also can refer to unintentional or lightly conveyed criticism, mockery, and humiliation.

Freud said:

Before there is such a thing as a joke, there is something that we may describe as “play” or as a “jest”.

“Play”—let us keep to that name—appears in children while they are learning to make use of words and to put thoughts together. . . . Play with words and thoughts, motivated by certain pleasurable effects of economy, would thus be the first stage of jokes.

This play is brought to an end [in adulthood] by the strengthening of a factor that deserves to be described as the critical faculty of reasonableness. (1905, p. 128)

Individuals, because of self-criticism, commonly judge play in late latency and thereafter as absurd. Anna Freud (1965) referred to this when she pointed out that play requires the tolerance of regression, as in child analysis where “the child’s play and his verbal expression gradually lose the characteristics of secondary process thinking such as logic, coherence, rationality, and display instead characteristics of primary process functions such as generalizations, displacements, repetitiveness, distortions, and exaggerations” (p. 100). Anna Freud is clear, however, in indicating that play in childhood is not the equivalent of adult work (p. 123), and that it is no substitute for free association—it is not the same as, nor is it equivalent to, free association (p. 29).

As indicated by Freud (1909), the direct observation of children “in all the freshness of life” (p. 150) supports the conviction that play is at its richest and most adaptive during the oedipal phase. Whether we observe children in a group setting where play is spontaneous (not directly involved with or directed by adults) or in the psychoanalytic situation where it is our task to understand the meaning, as well as to assess the readiness of the child to enter into dialogue about the play with the analyst, we continue to use observation of play for our own knowledge and not as a substitute for

free association, dreams, or language. Waelder (1933) put it this way: "Play is... a leave of absence from reality, as well as from the super-ego" (p. 222).

Eric Plaut (1979) took issue with Freud's view that play is given up in adulthood and has its place mainly in childhood. He reviewed psychoanalytic theories and deduced that there was a lack of clarity and emphasis on what he calls "generation play," that is, the "parents' ability to enjoy playing with their children" (p. 227). In summary, Plaut asserted: "In psychoanalytic theory, play has been assumed to have a subordinate role, with the exception of early childhood play. In the past 70 years much evidence has accumulated that play is of central importance throughout life" (p. 230).

Developmental Considerations

Freud (1908) established developmental foundations for his study of play when he stated:

Might we not say that every child at play behaves like a creative writer, in that he creates a world of his own, or, rather, re-arranges the things of his world in a new way which pleases him? It would be wrong to think he does not take that world seriously; on the contrary, he takes his play very seriously and he expends large amounts of emotion on it. The opposite of play is not what is serious but what is real. In spite of all the emotion with which he cathects his world of play, the child distinguishes it quite well from reality; and he likes to link his imagined objects and situations to the tangible and visible things of the real world. This linking is all that differentiates the child's "play" from "phantasying." (pp. 143-144)

It is useful to find the limits of our definitions, the boundaries covered by our concepts of play and playfulness, if we are to maintain reasonable scientific rigor and to ensure that these concepts of play can be useful and avoid the diffusion of being overextended and overgeneralized. Just as "thinking is an experimental action" (Freud, 1933, p. 89), so, conversely, are the actions of play and the effects of playfulness efforts to engage in experimental thinking. Simply, action can be a trial of thought, especially when, as in play and playfulness, the action is based on the suspension of reality—that is, the use and practice of pretending or of making believe and of trying on. In an important sense, play can be the dramatic expression of what later becomes metaphor in language.

In outlining the boundaries of play as a concept, I begin with the analytic thinking of an infant expert. In a personal communication (1984) Sally Provenge wrote:

It seems to me that what we describe as play in infants we do primarily because whatever the activity it is accompanied by signs of pleasurable affect. In the beginning one doesn't have to assume any specific mental content. As the relationship with the mother (and others) develops, and as cognition matures, those behaviors that we refer to as play in infancy go more and more toward a specific content of either ideas or fantasies.

I elect not to call the earliest infant behaviors play or playful if the affect doesn't indicate satisfaction or pleasure. If there is displeasure or uncomfortable tension, I do not call it play.

Two qualifiers may be useful in the light of this study:

1. If the activity is not pleasurable but is tension-relieving, we can still consider it play, accompanied by a sense of relief—the avoidance of displeasure.
2. If the activity (such as masturbation) and its mental content become primary, replacing the trial action by an action that is realistically meaningful, primarily sought for its own gratifications, and in which the “pretend function” is replaced by direct pleasurable gratification, it no longer is play; the gratification overshadows the mental content. In these instances, play—that is, pretending—has been replaced by direct gratification; and the requirement that play represent a vicarious approach to thinking and doing has been replaced by the activity becoming a primary route to gratification, important in its own right, rather than an activity that represents an indirect or trial approach to conflict, defense, memory, preparing for the future, or differentiating past, present, and future. Play by definition is not orgasmic, though it may lead to orgasm, at which point it ceases to be play. One might say that when metaphor becomes declarative rather than comparative, play loses its metaphoric richness.

Theoretical Considerations

In conceptualizing play on the basis of psychoanalytic observations and theoretical constructs, we bring theory closer to observation. In this context: play is between acting (behavior) and thinking, between behavior and emotions (acting and emoting).

Sally Provence indicated that much of what is called play in the first weeks and months of life comes under the heading of perceiving and exploring.³ Infants explore, at first visually and then tactually; finally, with the emerging of motor skills, they have the capacities to seek out their own novel situations and persons.

As Oliver Sacks (1990) has put it:

The infant, the human infant at least, is born into chaos, at least so far as complex perceptions and cognitions go. The infant immediately starts exploring the world, looking, feeling, touching, smelling, as all higher animals do, from the moment of birth. Sensation alone is not enough; it must be combined with movement, with emotion, with action. Movement and sensation together become integrated to form a “category,” a coherent brain response, (p. 47)

I would add that as these skills emerge, infants also can seek out repeatedly what gave them

pleasure and relief from unpleasure. “With the advent of language, the child then has a way to communicate his findings to others and a tool for symbolization, abstraction, and communication of meaning” (Sacks, p. 47). The same developmental markers have a similar significance for when “play” begins.

Mayes (1991) also points out that, as in exploration when there is gross maternal deprivation (Spitz, 1945), children do not play because play is related to persons who are significant to them (have a primary psychological relationship and attachment to them). There are other striking similarities in developmental aspects of play and curiosity (exploration):

1. Both are pleasurable and self-sustaining.
2. Both enable psychoanalytic treatment to begin when they are related to the individual's inner life and workings of the unconscious mind. Once the individual is curious about his or her inner life, or can play or be playful to the degree required for access to the inner life, then the psychoanalytic treatment can proceed.
3. Both emerge out of the affective matrix of early mother-infant interaction and are responsive to social stimulation.
4. Both depend on significant access between primary and secondary process thinking.
5. Both emerge during the second year of life, although forerunners are apparent earlier.

Thus, we seek to establish a view of play as a reflection of ego functioning, that is, between action (behavior) and mental activity (thinking and feeling). This capacity appears in an early immature form as soon as a capacity for object constancy and object permanency is available, enabling the child to expect the pretend world and the reality to be different—as in, for example, the game of peek-a-boo and the capacity to acquire and exploit transitional objects, which also assumes the difference between pretend and reality.

Similarly, the ability to recollect is dependent on this line of development; to remember a person or an event when they are not concretely present is a capacity that requires that the person imagine (pretend) that the person or event is available in the “mind’s eye.” Remembering, however, is only a first step toward pretending the person is there. Metaphorically, one can run off that movie

(or videotape) inside one's head. This ability is also expressed by the capacity to feel alone—to have private thoughts and feelings in the presence of others (Winnicott, 1958).

Again, in the use of games as a channel for play, we see the same principles, but the beginning of the game, the rules to be followed, the aim of the game, and how it facilitates winning and losing tend to allow the underlying fantasies to be more private, discreet, and less observable—and often all the more comfortable to have. Thus, many games remain playful, and others become nonplayful, increasingly approaching a pathway to direct gratification and no longer mainly a pretend world. Gambling games may be the best example of this perversion of play into nonplay activities.

The limits of our knowledge do not allow us to spell out conceptually the differences and similarities of play and playfulness in boys and girls. One example of this is the observation that in nursery school girls are more likely to hum as they play, whereas boys are more likely to be boisterous. This has not, as far as I know, been systematically studied, however. Nor have the developmental differences in the play of boys and girls been systematically investigated, though one can be certain that there is a large overlap or perhaps as much in common as there are differences.

Although there are exceptions, it is assumed that healthy development is associated with play in childhood and playfulness in adulthood; and conversely the incapacity of children to play and of adults to be playful is often a symptom of inadequate or deviant development that may be associated with symptoms, symptomatic behavior, and constricted (inhibited) or deviant development, cognitively and affectively.

And finally it becomes clear, as theory, technique, and practice are brought together, that free association, the fundamental rule of how the psychoanalytic method is applied, requires an ability to pretend, to suspend judgment, and to imagine much as we do in play and playfulness. It is expected that as a psychoanalytic treatment proceeds, the analysand, with the help of hearing himself or herself in the presence of the analyst, with the assistance provided by interpretations and working through, will become increasingly able to approximate the optimal free association capacity and expression—increasingly able to be “playful” as an adult or to play freely as a child.

In conclusion, through play and playfulness, uncertainty can become the stimulus for more

pleasurable and productive approximations of reality and for more assured continuities between the past and the present, as a reassuring preparation for the future.

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Notes

- ¹ See Reichardt (1985, p. 100): "One of the ways by which music can influence mental health and have therapeutic effect is perhaps its capacity to create transitional experiences, and a world of imagination and play."

2 The use of speech to express one's thoughts and feelings in language requires symbolizing, the major human vehicle for organizing and implementing the human experience.

3 For many of these observations and formulations, I am grateful to Linda Mayes (1991).