

The Many Meanings of Play

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Technical Implications

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It is not unexpected that the exploration of the many meanings of play leads to technical considerations. The understanding of the function of the mind affects the psychoanalytic process of intervention. As we know, any outline of psychoanalytic technique is hazardous not only because it could be mechanically applied but also because there are so many individual variations and constellations that interventions that may be useful at one time may be inappropriate at another.

Keeping this in mind, I shall discuss technical considerations under four headings: (1) the role of displacement in play, (2) the participatory role of the analyst in the play, (3) play as a preparation for the next step in development, and (4) play and playfulness in adult analysis.

The Role of Displacement in Play

Freud understood very early that the play of children transforms passivity into activity and provides a change from the experience of being a victim to that of being the aggressor. Furthermore, this change can be a replay of the original situation, or it can employ the mechanism of displacement. This serves the purpose of achieving distance from the unpleasant affect of the primary situation to allow the ego to find solutions. The first model of play is exemplified by the child who returns home from the dentist and now plays dentist. The second refers to Little Hans, in whom the fear of the father is displaced by the fear of horses. Another alternative is shown by the child playing that he is a knight or a soldier with weapons that give him the power to defeat his enemies.

If we consider the role of play to be an attempt at finding new solutions to conflicts, it is important that we permit the child to complete the play in order to observe what the acceptable solution is, or to see whether mounting anxiety will terminate the play prematurely. We can find here a parallel to the dream and dreaming that leads to a nightmare.

Many children resent vehemently the analyst's attempt to interrupt their play in order to elicit

more associations or to undo displacement, just as the daydreamer resents any interference before the wish fulfillment has been achieved. In play we can observe the powerful need for gratification of the drive components and the need of the ego to master the play. Thus we have to follow its course to its preferred solution, as we follow the dreams before we expect associations. We know of the repetitive play in which the child, over a long period of time, is unable to find a solution. The repetition can be modified only when the analyst interprets defense and finds access by other means to the unconscious fantasies. But we have to keep in mind Waelder's suggestion (1932) that the repetition of play may allow a piecemeal, slow modification of the earlier conflicts over a long period of time, thereby leading to significant psychic rearrangements.

In Winnicott's sense (1971), play is located in the mind where unconscious and preconscious wishes meet reality and where in this transitional space new formulations, new combinations, and new integrations can occur. The child playing superman or superwoman suspends reality enough to follow the wish for unnatural power, but side by side the maintenance of reality prevents the wish to go so far that he or she will fly out the window. Sometimes, when observing a child's intense and dramatic play, we find it surprising that enough reality is retained that there is no harm to the child or others.

Winnicott has shown that the inanimate world can be part of the transitional world where the "blanket" is endowed with human characteristics. Thus, to reduce play in the psychoanalytic situation to only the historically determined conditions and employ it just to reconstruct earlier experiences is to strip play of its creative element. The child who plays dentist after she has received dental treatment guides us to her original fear of being the passive victim, but she also alerts us to her capacity to use play to undo this passivity. One would surely give both experiences due recognition and appreciate the mind's ability to use play as a repair. A one-sided approach that leans on the technical aim to link the displaced content of play to the primary experience neglects those elements of play that search for solutions in an arena in which it can succeed. This raises the question of whether children can achieve solutions using the defense of displacement. The term *defense* is used here in full recognition of the psychic use of defense as a normal function. Or the question may be posed: which conflicts, or aspects of conflicts, at which time in development can be worked through in displacement? We also have to recognize the nonconflictual strivings of the ego,

the maturational and developmental pull toward reorganization.

This is an area that needs much investigation. In each individual case the analytic process will reveal the points of fixation, the relentless power of the unconscious fantasies, and the degree of flexibility available for trying out new solutions when there is distance from the original painful experience.

I do not question the value of our theoretical model of conflicts, but rather stress the *weight* we assign to the mind's search for relief and sustenance, new choices, and new integrations, while I recognize the weight of the repetition of old conflicts. One can also consider the connection between the content of a child's dream and the content of a specific wish fulfillment in play and assess the power of the censors, while we are aware of the obvious difference of the levels of consciousness in dream and in play. Play of children is bound to action; and enactment of the past and present will therefore involve the action of the analyst. Side by side our verbal responses assist in building a bridge between the present and the past in the life of the child, leading to the transformation of the act to the thought, to put into words that which the child still needs to enact.

We have again to differentiate those conditions in which the repetition does not lead to a new solution and those acts that provide discharge patterns that permit new forms of psychic constellations. It is understood that the child needs to be able to symbolize in order to fulfill the role of play and to employ the mechanism of displacement.

The following vignette illustrates this point. A four-and-a-half-year-old boy is at the beginning of his psychoanalysis. He enters and immediately announces that he is a ghostbuster. He has three cars; he declares that the analyst is his partner in busting the ghosts and assigns three other cars to him, though they are smaller than his. He proceeds to slay a ghost, demanding that the analyst participate. But he changes his aim and is satisfied to jail them. He says, "Now we are both leaders; you are on my side."

This vignette documents the displacement of the struggle from the original objects to the ghosts. The analyst is invited to participate in the play. That the boy asks the analyst to be an ally in his fight informs the analyst about his patient's ability to establish a treatment alliance. With this

alliance the child wishes to take on the fight with the ghost, and he also wishes to be the more powerful of the partners. His change from slaying the enemies to jailing them deserves notice, as we are still too early in the analysis to know whether this expresses his fear of total destruction of love objects or is a beginning compromise solution of his phallic or oedipal strivings, or whether both aims coexist. He can accompany the play-act with verbal comments, which will also allow the therapist to take part in the play on an active and a verbal level. The boy is a fighter at home, primarily with his mother; he is afraid of his father but tries heroically to have him as a friend, which only leads to further disappointments. We do not yet know the meaning of the ghost, who he is or they are, and on which developmental level the child experiences the fear and carries out his fight.

This play, in many variations, was repeated over one year, and he continued to need the help of the new ally to become more courageous in winning the fight. The question arose of how long this alliance should go on to give the patient the assistance he asked for: how far could it go to support the developmental progression? What would have happened if the analyst had instead interpreted his fears of doing it alone, his castration fears, or those that may have been prephallic? Often the analyst chooses a middle ground, chooses to open doors to unconscious fantasies while participating in the alliance. The child will guide us in the balancing act, and often enough he will insist that he has to experience the partnership “in deeds, in action,” since at that age the words alone do not have reparative power. This need for the concrete experience has many roots and varies greatly from child to child. The dependency on the adult demands expression of the adult’s availability to protect. This need emerges with increased significance when there is deprivation in the object relations of the child, or when there has been a disruption of them. Thus, the rule of abstinence, the wish for the analyst to be a real person as well, and the transference projections have to be understood in the context of the object relations, and they will color the analytic interventions.

These explorations demand an additional consideration. Is the wish to make the analyst an ally a transference expression, a repetition of the relationship with the father, or is the analyst a new object that permits new experiences where others failed? When we have evidence that there has been deprivation or developmental deviation, our model of treatment based on conflicts will have to become complemented by additional interventions. Even when there are sufficient neurotic conflicts to select analysis as the treatment of choice, there are often other pathological conditions that will

influence the scope, the when and how, of our interventions.

I referred to the role of deprivation and its effect on the technical implications. Other influences that may have to be taken into account include physical illness, maturational or developmental delays, precocity, or the unevenness of the ego apparatus.

The Participation of the Analyst in the Play

At the appropriate time the analyst may suggest that he or she wishes to help fight these threatening ghosts and, in order to help, would like to know what these ghosts want and why they are after the patient. The importance here is that during this time, these explorations are offered *within* the context of the play's aim and *within* the arena of the displacement. After this step, the analyst may become active in the assigned role, furthering new solutions or at least offering the patient's ego new choices.

Still, such approaches appear to lean too strongly on the ego's faculty to consider suggestions; we seem to be paying insufficient attention to the power of unconscious fantasies and to the defenses against them. As the playing continues and changes occur through the realignment of drive, ego, and superego influences, the analyst's participation in the reenactment and verbal expression can stress either one or the other factor, dependent on his or her understanding of the underlying conflict and defenses.

It would lead us too far away from our topic to include here all the other components of child analysis as they intersect with playing during and as part of treatment. There is the significant extra-play relationship to the analyst, which allows us to observe the difference between this relationship and the role given the analyst in the play. There are often drawings and paintings, the expression of motor action outside of the playing, the demand for direct gratification.

What I am stressing is that our understanding that play is an attempt to resolve conflicts should be employed in reaching these new solutions. We have to keep in mind that children play in order to dissolve not only old conflicts but also those normal and abnormal conflicts appropriate to the phase in which they happen to be during the period of analysis. Maturational and developmental

processes may transform conflicts during phase progression. Their appearance in the play demands a careful differentiation in order to intervene appropriately and not to confuse normal conflicts with pathological ones, new conflicts with those that are repeated. Playing gives the opportunity to make these decisions and to choose the mode of intervention.

Play as Preparation for the Future

The aim of adult analysis has at times been defined as the elimination of past influences that interfere with the appropriate ego functions, and the aim of child analysis is the undoing of those past factors that arrest or deviate development. Thus, reconstruction and construction of the past, the lifting of the repressed, and regression to points of fixation guide our interventions. The genetic point of view becomes a pivotal orientation of the analyst's work with children; after the elimination of early conflicts, development will then be able to correct itself. The increased interest in development and maturation toward new phase organizations and new integrations of psychic forces lends a new dimension to child analysis. Anna Freud's work, especially her propositions of lines of development (1965), adds this dimension to the understanding of the child's health and abnormality.

When we examine the playing of the child, we observe drive influences, ego and superego functions as they contribute to the manifestations of symptoms and the derailment of the developmental progression. I want to emphasize that the play reveals not only points of fixation but also the steps that lead the child into the future. When he turns passive into active, he accepts a role "as he wishes to be or wishes to become." He wants to be a hero, to resolve preoedipal and oedipal strivings, but he also ascribes to the hero certain faculties: how to maneuver an army, how to fence with his sword, how to pilot the airplane or drive the car, how to build bridges and jails. The latency child will spend much time improving those skills that served to solve past problems and to prepare himself for future function. What he wishes to become may be an escape from the conflicts, a denial of past failures, or a reaction formation that attempts to compensate for inadequacies. The play may reveal the influence of the ego ideal and the work of the ego to master.

Thus we attempt to understand play in the context of the child's psychic structure and where

the child locates himself in the developmental process—that is, within an orderly developmental sequence. Is the child primarily past-oriented, or is he bound to the reality and concreteness of the present, or do his strivings emphasize future attainments?

When a child's developmental and maturational pull is powerful, or when a new phase orients her toward new directions, she may resist looking at and reexperiencing the past. She wishes instead to change insight into foresight. It will influence our play participation—how the past has to be reorganized under the auspices of future goals. It will affect the tolerance for postponement of gratification while she is impatient with the present. This is different from children with strong regressive swings, who have the wish to experience now what they had wished to experience in the past; they need to repeat past pleasures to fulfill now what they had wished for in the past.

A seven-year-old boy plays that one of the Ninja turtle dolls is an attractive, very fat, "blown-up lady"; she is getting married. All the other doll turtles are present, and the turtle Michaelangelo snuggles up behind her, sniffing her "tushy." The patient gets more and more excited and anxious. Then the husband comes, and he knows if he kisses her once, they will be separated for at least ten years.

Here we see the preoedipal excitation and the banishment as punishment. The regressive pull is evident; the forward movement blocked. Here the analytic intervention will address itself to undue fixation and regression; the anal component and the separation fears intervene in the appropriate developmental task. In other children the forward pull into latency or adolescence may avoid the solution of preoedipal or oedipal conflicts or rely on the new maturation and extrafamilial expansion to overcome older conflicts.

Another form of play shows the complexity of psychic functions. It is the conscious use of play to gratify conscious interests. I refer to the doctor play of children. Under the guise of playing doctor and patient, they satisfy the sexual curiosity that cannot be pursued directly. Whether this is done as a cover should outsiders observe them or as a cover for their own guilt or shame is not always clear.

As the displacement is not unconscious, the children use an acceptable disguise that is distant from the original intent, using the appearance of sublimation to appease the superego demand. This

disguise is not uncommon; one can observe it in the play of siblings when the older one initiates “play” with the younger one to satisfy his rivalrous hostility. This often ends up in fights or in the victim crying. The older behaves “innocently” for it was only meant to be play.

There are many examples in adult life of playfulness being used as a disguise to dim the sense of guilt. Here play is an attempt not to resolve problems, to search for new creative solutions, but to retreat from reality to avoid the consequences of self-serving intentions. The “as-if” behavior or personality disorder may be based on this use of playing with the suspension of reality without psychotic disorganization. This technique of intervention requires us to know whether play is still play.

The technical implications are clear and the intervention within the play quite different from the fantasies of a child who experiences a pull into latency, avoiding the resolution of preoedipal or oedipal conflicts by building latency structures or by relying on the new organization to modify earlier conflicts.

Play and Playfulness in Adult Analysis

How can we apply our knowledge of the role of play in child analysis to the analytic process for adults? If we hold the position that play is an attribute of children only, or when our definition of play refers to action as an essential characteristic, then its application to adult analysis will be limited to the “playfulness” of the adult. If, on the other hand, we consider play to be an attempt at a solution of conflicts, of the establishment of ego mastery, whether this is done in action, words, or fantasy, then we find a more common ground that links child and adult analysis.

Freud (1905), in his earliest reference to play as a joke, regarded play as compelling children to practice their capacities, and he viewed play with words and thoughts as motivated by pleasurable affects and economy.

When play is understood as an expression of pleasurable strivings, and by the suspension of the demands of the reality principle, without losing the capacity for reality testing, play is a mental faculty that demands new mental combinations. Thus play and creativity are close associates, and

the role of imagination must be added to the role of fantasy and wish fulfillment.

It is not surprising therefore that Winnicott (1971) referred to psychoanalysis as play in which the conscious suspension of the demands of reality without losing the sense of reality is important to free preconscious and unconscious fantasies and wishes and is a necessary condition for the therapeutic endeavor.

Many of the considerations that I have outlined as having technical implications for the analysis of children can therefore be examined as to their applicability to the analysis of adults. I have stated that displacement is a significant mechanism that allows a distancing from the primary unacceptable experiences, and I have raised the question of whether and under what circumstances and to what degree one can work through and resolve conflicts in displacement. I assume that this question is of equal interest to the analysts of adults. Beyond transference as displacement, our adult patients often re-“play” primary conflicts with their siblings in their friendships and later in their rivalry with their colleagues or their mates; and thus we can observe in adult analysis the powerful mechanism of displacement. Therefore, what I have said about the child analyst’s stance and technical considerations may also be applicable in adult analysis.

This would caution us not to overemphasize or reduce the psychoanalytic process to the genetic search without supporting the opening of new vistas that span the past, the present, and the future. The freeing of association is therefore expanded from the narrower view that it is a path only to early conflicts and, by modifying the influence of the censors, enables imagination and playfulness to facilitate the psychoanalytic process. Surely, such expansion will be supported by the “playfulness” of the analyst, when we understand this to imply a collaborative search and when it is not misunderstood to be a deviation from the serious stance of the analyst or his or her neutral position. This reminds us of Freud’s formulation (1905) that the opposite of play is not what is serious but what is real.

One obvious difference between the play of adult patients and the play of the child is the collaboration of the analyst who accepts an assigned role. The analyst of adults will expose and explore the patient’s wishes, what and who he wishes the analyst to be, whether it is a repetition of

primary object choices or represents the patient's present unfulfilled needs. I have described different models of pathology and of interventions; this is not specific for children. The same widening scope, the understanding that neurotic conflict may coexist with deficiencies or developmental and maturational deviation, is to be recognized in the treatment of adults. Transference as repetition, or the analyst as a new object based on structural and extraneurotic pathology, demands widening of our intervention strategies. As the action part of the play of children is transformed to the verbal and thought arena, the participating actions of the analyst are modified as well.

Preparation for the Future

We often encounter the assumption that the developmental and maturational pull is an exclusive characteristic of childhood and adolescence. The adult organization and reorganization are different from those that occur in childhood, when phase organizations with the establishment of new primacies and discontinuities reveal qualities quite different from the changes that occur in adult life.

In old age there is even a regressive pull in which the preparation for the future is overshadowed by the reliving of the past. Still, we must keep in mind where individuals see themselves in the context of their life span, the self within the dimension of the individual sense of time. From the study of children, we are alerted to the great variations in which some wish to be as they have been and continue to seek fulfillments of past wishes, whereas others live in the present and emphasize whom they wish to become; for them, gratification lies in future achievements. This can also be observed in adult patients whose insight may lie more heavily on hindsight, present view, or foresight. The playfulness of the adult will reveal whether the conflict is located in the past, in the present, or in expectations of the future, as it is revealed in dream fantasies and how the conflict is resolved.

It is clinically self-evident that we do not consider either of these positions to be exclusive, that there will always be a mixture of or interplay among past, present, and future. I am concerned here with the relative emphasis the individual patient gives to one or the other. It points to the openness

of the analyst to the whole life process and his or her inclination not to reduce the analytic work to the resolution of past conflicts and leave the rest to the ego of the patient as it searches for new solutions.

Solnit (1984) explored how to anticipate specific events such as illness, surgery, porce, other separations, or any potentially traumatic event. I have addressed myself to how to prepare for a new step in development. Solnit writes about the knowledge of the past as a preparation for both the present and the future and therefore emphasizes the continuity in the change of developmental and psychic structure. He cites case material that demonstrates that “when the present obliterates the past [we have to help the] ongoing construction of the past as preparation for the present and future” (p. 618); and he stresses the importance of making an effort to revise the past in preparing for the future, emphasizing the search for solutions of old conflicts to safeguard the future. In his examination of the role of memory, he states that the past “can be revised in memory ... to achieve the coherency that results when traumatic or potentially traumatic experience is worked through and integrated into the fabric of a coherent personality of the developing child, adolescent, or adult” (pp. 631-632). When we include in this formulation the function of play, the revision in memory, then it confirms the need to see both in the context of the time sequences as the past is reshaped in order to adapt to the present and to prepare for the future.

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