

The Many Meanings of Play

To Play or Not to Play

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To Play or Not to Play¹

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To play or not to play—that is the question that must confront every child at one developmental moment or another, even when childish spontaneity seems to suggest a total absence of conflict. Play, for all its frivolity, is very serious business indeed, as Montaigne remarked hundreds of years ago.

The factors that impede or promote play are difficult to grasp. When all goes well constitutionally and developmentally, play seems so natural that the expression “as easy as child’s play” seems to grow out of universal experience. When things go awry, play gets impeded or destroyed by etiologies that may be subtle or gross and yet difficult to pinpoint. The psychoanalytic study of one case in depth, though it lacks statistical consensual validation, does offer a glimpse of the subtle cogwheels of play as they are set in motion and gather momentum. This microanalysis of a subtle process in *statu nascendi* or in *statu morendi*² should yield not only diagnostic information but therapeutic strategies. By studying the gestation or demise of play, I hope to be able to discover ways of preserving it.

Case Presentation

I will present the case of an intelligent, precocious neurotic child and attempt to show how endowment, precocity, and trauma disturbed her playfulness and at times made her unable to play at all. I wish to show how the therapeutic process released her play from neurotic conflict.

Background

Stephanie began treatment at age seven. She sat on a grown-up chair and said she had asked her parents to see a therapist because she wanted to try to understand what it was like for her sister, Lisa, two and a half years her junior, to be handicapped (Lisa was severely retarded, a source of tragic attention for the whole family). This representation of her own needs through identification with another, even more needy than herself, was typical of Stephanie’s defensive character, largely

expressed as her style of reaction formation and self-effacement.

Stephanie informed me she knew all about treatment from her parents who were both currently undergoing psychotherapy. "You talk and find out what's inside," she said. She was not sure how that worked. When I suggested that playing and talking might help figure out what she was worried about, Stephanie made it clear that play was not one of her interests: she felt much more comfortable with language than with play.

Stephanie proceeded to describe three dreams, explaining she knew of the importance of dreams. In one, Lisa was hanging from a refrigerator door, swinging in midair over a cliff. Stephanie tried to reach for her. Lisa fell into a lake. Stephanie felt so thirsty that she drank all the water in the lake. Lisa was lying at the bottom and got up. In the second dream, Stephanie was standing in front of a wall in her room with her mother and Lisa, as if waiting for an elevator. The wall opened up and an enormous spoon appeared. Stephanie got terribly frightened and woke up. In the third dream, Stephanie was walking with her father in a forest. Her father told her to go up a tree. She did. Magnificent scenery opened up in front of her eyes, a beautiful lake with big white swans.

These dreams obviously revealed much of the child's interior landscape. In the first dream, one could see her struggle between her wish to do away with Lisa and her reaction formation that dictated that she save her; in the second one, it seemed that Stephanie felt needy, scared of her needs, and experienced anger at not being spoon-fed perhaps; the third appeared to be a reflection of the child's turning to the father exclusively because of mother's preoccupation with Lisa. I made no interpretations, very much aware that Stephanie's pseudoadult behavior, including the narration of dreams, represented compliance and defense. As a matter of fact, this was confirmed months later when Stephanie said she had first come into treatment thinking I would be like a person with a crystal ball ready to see all her secrets, something quite frightening to her.

If dreams, not to mention all revelations in analysis, can be compared to crystal balls, it is crucial for a young analyst to know that only dreamers can discover the secrets they have hidden in crystal—with a little help, to be sure, from the analyst as experienced guide and interpreter.

I explained to Stephanie that it was understandable that she had many feelings about her

troubled family; some of them she knew about, but others were unknown to her. The task would be to figure them all out in order to find ways to be less unhappy. I suggested again that we could play and talk. It seemed that Stephanie did not know about the pleasure or the healing powers of play. Each time she came, Stephanie walked straight to the grown-up chair, reiterating that she liked to converse with me, surely thinking she was an ideal patient.

Before proceeding any further with the analysis proper, let me give you some more background information. It was not surprising to hear her well-meaning parents describe Stephanie as an “ideal” child: sensitive, responsible, very communicative, and attentive to everybody’s needs. They thought she did well in school. The only negative comment they had repeatedly heard had to do with Stephanie’s extreme shyness and tendency to withdraw in peer situations. Her mother had been concerned about Stephanie’s potential aggression toward Lisa and had stopped Stephanie’s “game,” when she was about four, of lying down on top of Lisa. It was Stephanie who had called this a game.

Stephanie was a “wanted baby” after four years of marriage. As an infant, she was all smiles, very responsive, ate and slept well. Motor development followed normal or somewhat precocious lines. She sat at five months, crawled soon thereafter, and walked at twelve months. A brief period of stranger anxiety was present at seven months.

Stephanie was breast-fed. At ten months, upon finding the cup, she weaned herself promptly. Her first word at eleven months was “cookie.” The beginning of the second year reflected a typical love affair with the world as Stephanie went through her practicing phase. The rapprochement process was unremarkable except for a meaningful detail: around eighteen months Stephanie tried and succeeded in changing her own Pampers, which was much applauded by her parents. At two, Stephanie spoke in full sentences. Toilet training presented no problems. At about two and a half, she one day asked her mother to hold her on the toilet; her mother did and from that day on Stephanie went to the toilet on her own.

Very soon after Stephanie had toilet-trained herself, Lisa was born. Her parents remembered very little about Stephanie after that, so preoccupied were they with their feelings about having a

very retarded daughter and with their marital relationship, which ended in porce when Stephanie was five and a half. After the porce, Stephanie showed some intermittent clinging and dependent behavior.

Stephanie apparently was not exposed to children her age until she was three and a half, when she entered a play group. She showed no separation anxiety, perhaps helped along by her transitional object, a lilac-colored blanket that had been her constant companion since birth. In the play group, Stephanie was extremely shy and sensitive, her feelings easily hurt.

Stephanie entered school at four. She was much liked by her teachers, who were concerned about her excessive sensitivity and her tendency to befriend children with problems. Her teachers did not communicate any concern about Stephanie's problems in the area of play. It was to be Stephanie herself who described to me how uninterested she was in playing games, especially kickball.

Course of Analysis

During the first eighteen months of treatment Stephanie studiously avoided toys that most children take to readily. There was no play in evidence during this first phase of the analysis. In fact, instead of playing, Stephanie sat on a chair like a grown-up, her pseudoadult presentation of herself quite revealing in one way and quite resistant in another. I had to be acutely sensitive to this technical dilemma in which defense, fantasy, character resistance, and transference seemed to be stifling her playfulness. Let me be more specific. Stephanie talked about Lisa's disease, on the one hand, and her pet gerbil Anemone's death, on the other. Anemone had been crushed by a rock in his cage. Stephanie bemoaned the fate of little helpless creatures who can be crushed by big forces, an obvious reference to her early fears in the relationship with me. Anemone's replacement killed her own offspring, which provided Stephanie a peg on which she could hang similar and even deeper transference fears. She said this new gerbil had killed its baby because it was only a "practice baby" and therefore dispensable. The obvious connections between the "practice baby" and her retarded sister were easier for Stephanie to see than the less obvious connection in the relationship with me. In other words, she was able to remark that the damaged "practice baby" gerbil was like Lisa. But she

was not able to say, "Maybe I'm just an analytic 'practice baby' of yours who could easily be gotten rid of."

This worry that the strong, the big, the adult, could easily dispense with the weak, the small, the infantile, was revealed once again when she mentioned an idea she had had when her mother was pregnant with Lisa. At first she thought that her mother's belly would blow up if she touched it (an obvious reference to her own aggression); but then she also commented about herself being in the womb and how her growing bigger may have caused a boy, who was with her in the womb, to shrivel up. This multiple determined fantasy, or "idea," as Stephanie called it, could be understood from many angles, but at that point Stephanie seemed to be wondering and worrying about her status in the new relationship with me. Was it safe to be a child with me? Would I crush her like a helpless gerbil? Would she be dispensable as a retarded "practice child?" Was she safe? Would I be able to accept her if, instead of being the victim, she was an aggressor who made boys shrivel up?

The interpretive stance during the early months was a typical defense analysis posture well suited to help Stephanie feel understood. I sympathized with the plight of helpless small gerbils and told her one could understand a small gerbil wanting to be bigger and more adult so that the stone could never crush him. Through the interpretation of such displacements, Stephanie gradually became more comfortable with direct expression of affect in the relationship with me, though she still was unable to play. This became obvious toward the middle of the first year when Stephanie elaborated on the fantasy about Lisa in her mother's belly. This time the fantasy had a new wrinkle: the baby was punching the mother in the face. This fantasy was a response to Stephanie letting herself become aware that I saw other patients, like a little boy she noticed leaving my office. She was angry with me for spending time with the boy. In fact, she was able to say that seeing that boy made her feel like number 2 in my affections. When I interpreted the displaced aggression, saying "That will fix me!" Stephanie laughed and seemed pleased that I could tolerate the attack; in fact, she revealed even more of her aggressive wishes—mainly that Lisa should go back into her mommy's belly and "shrivel up" till she became sperm again and could go back into her father's penis.

This direct expression of anger toward her mother, toward Lisa, toward her father, and toward me led to a castration dream. In the dream, her father was a slave sawing wood and cut his penis in

half.³ Stephanie's associations made it clear that earlier she had thought she was a slave in the analysis: she had the idea I would be wearing a green Indian robe and would hypnotize her with a watch, learn her secrets, and pulge them. One meaning of this dream became clear when Stephanie mentioned an association that dealt with her wish to go to a Halloween party as a bag lady, even though her mother wanted her to disguise her gender and go as a bum. She obviously rejected her mother's projected penis envy; yet in the next breath she said she would not mind having something special, as a bum had. I completed her thought, saying, "You mean a penis?" And Stephanie laughed. She went on to say that girls have something special, too: they make babies; but they need the man's seeds. If boys could pee standing up and play with their penis, she could play with herself, too.

This sexual aspect of playing is not without significance; in conjunction with the problems of aggression, it may well have contributed much to Stephanie's inhibitions. When asked what she thought as she played with herself, she described the following fantasy: she dropped money on subway tracks; the money kept growing in quantity; she tried to get it, fighting a monster who also wanted it. In fact, Stephanie admitted that the masturbation occurred after her fantasy as a way of calming the anxieties that the fantasy evoked. All this material emerged in response to my interpretation of Stephanie's direct expression of anger in the analytic situation. Stephanie was asserting herself with me, but at the same time she worried that maybe she was being too phallic and in danger of "monstrous" retaliation and castration.

Toward the middle of the second year of treatment, there was even more graphic evidence of Stephanie's increasing spontaneity. She was more the child now and less the adult; she let me catch a glimpse of her greed as she said she wanted more time with me. But even more significant, she complained one day that she had missed a rhythm class in school to come for her analytic session.⁴ She immediately wanted to undo her aggression by saying, "But I have you." I interpreted her defensiveness, telling her I knew how important rhythm was for her; I could understand her mixed feelings when she was presented with a conflict between rhythm class and analysis. Stephanie turned to the Plasticine in the office for the first time. This was a very significant moment: my tolerance of Stephanie's conflict allowed her to feel more comfortable with very personal, even negative feelings toward a significant object. Her turning to play as a response to this intervention confirms the therapeutic power of interpretation.

Stephanie made a “duck with no brain” out of the Plasticine, describing at the same time her fantasy of being a butterfly able to fly to other planets, still checking on Lisa from time to time, the “duck with no brain.” The “duck with no brain,” which at first would seem to represent her anger at me or retaliatory anger at herself, had become displaced onto Lisa in a manner that was quite characteristic of her. (I will return to this analytic moment later in my discussion.) Stephanie could fly away from the anger, but not from its imagined consequences. As she struggled with her affects, she found a sublimated expression of them in creating a poisonous mushroom out of Plasticine, a gift that I accepted nondefensively as an important direct communication to me. This was a pivotal metaphoric moment: it allowed Stephanie to go on and review genetic material that shed new light on her current defensiveness. She described how left out she felt after Lisa was born, how her mother played with Lisa, making passageways with sheets and pillows, and she, Stephanie, made her own bigger ones, repressing anger and feelings of rejection in an orgy of industry. Stephanie also remembered other defensive precocious industriousness on her part: at eighteen months she would diaper herself—not because she was wet but to invoke the good feelings of her mother diapering her.

In this very important session, a meaningful piece of her past had been connected with her current defensiveness. Stephanie was beginning to develop insight into the precocious pseudoadult self-reliance and how it clearly screened a child self, full of need, longing, envy, and anger. Stephanie was aware of this new way of looking at and understanding things. For the first time she commented on the difference between me and other adults. Stephanie felt that I was able to help her with certain worries that other grownups could not.

Stephanie’s ability to tell me she missed the latency activity in school (rhythm class) and her newfound ability to use play materials in the analysis were important indicators that she was beginning to settle into a more age- appropriate sense of herself. This became clearer in her relationship with her peers and also found significant expression in the analysis. The child who used to sit stiffly and talk now turned to drawing and playing with Plasticine with all the industry so characteristic of this stage of development. The analysis from this point on became a mixture of playing and words.

Stephanie's newfound comfort and playfulness were not free of intrapsychic turmoil. She wondered if people moved in their dreams like Lisa, an obvious reference to her sister's condition and to her worries that wishes would not confine themselves safely to the world of dreams but might require acting out for their fullest expression. I told her that getting in touch with all her feelings would obviously frighten her if she thought she would lose control of them. She immediately turned to the Plasticine and fashioned pellets of various colors, which she placed in a container that she had made. She said the blue pellets were sad feelings, the red the mad ones, the green her mean feelings—and then there were gray pellets that were so-so feelings, the ones that were not clear to her. I commented, "These are all the feelings we are trying to understand together."

The fear that people might move in their dreams was another example of one of Stephanie's basic dilemmas: unconscious instinctual desires could become conscious expressive activity if one was not careful. For Stephanie, being careful had meant not playing at all, thereby robbing herself of one of childhood's time-honored means of seeking solutions to dilemmas such as she was facing.

A little later, Stephanie told me how comfortable she felt with me. Yet it was not long before her new comfort aroused fear in her, expressed in the recovery of an early childhood memory or fantasy in which a piece of her transitional lilac-colored blanket was given to Lisa. It felt like a friend of hers was being cut rather than a piece of cloth. The transference implication was clear: her newfound trust in me must inevitably lead to loss or something being cut off.

During the next few months—indeed, right up to the summer vacation—the analysis moved on two levels: Stephanie's deepening relationship with me and the history of her relationship with other objects. Her new ability to play with me had brought her closer to me than ever, not as a pseudoadult, but as an affective, playful, intimate child. She wanted to possess me unconditionally. She drew my bedroom with a single bed in it. She insisted that all the paintings she saw in the waiting room and in the office were done by me. While she examined this preoccupation with me, Stephanie also began to yearn for her "mother and father of old," as she put it. She longed for the relationship she had had with her mother before Lisa was born, and she envied Lisa's relationship with her father.

Stephanie's wish to recover her lost babyhood fascinated and frightened her. She noticed and tried the "baby" chairs in the playroom for the first time but retreated from her fantasy promptly by saying, "They are too hard." At that point she talked of an idea she used to have when she was little—that the baby's head would tear up the mother in the act of birth. It was clear that she was worried that her babyish regression in the analytic situation might destroy me. When this was interpreted to her, she expressed a wish that she and I might have a baby together.

As summer approached, Stephanie concocted a clever scheme that might undo some of her anticipated sadness in my absence. She would dictate her dreams to me before she left and would go on writing them down in my absence. While this material was under scrutiny, Stephanie brought a story she had written about her pet rabbit, which for the first time made me aware of what a bad speller and reader she was at nine and a half years old.

Her next association led to a genetic reconstruction: she used to dictate stories to her mother and read them to herself when she was missing her mother. She then remembered her lilac-colored blanket and how soothing it was and how the blanket was as old as herself. While she was re-creating these transitional, dyadic, blissful states in her current relationship with me, an unconscious fear emerged. She noticed two doors in my office. Maybe I had a husband. She repaired this narcissistic injury by suggesting that I marry her father. Later she said she wanted to marry me and remembered how she used to say that to her father when she was about three years old.

This wooing of me led to a dream in which she was on the balcony of a building like mine. A black-scaled monster went to her, asking for a kiss. She kissed him, but he threw her over the edge. While she spoke, she drew the dream, the act of drawing giving her some additional control when language seemed unable to carry the total affective load of the dream. The dream was an obvious punishment for her desire for me. Her plight at this point in the analysis could best be expressed in a poignant question she asked her father at that time: "How could a big penis fit into a little vagina?" Her father told her that when the vagina is lubricated the penis fits in easily. This physiologically correct answer did not address the psychological import of the child's question. But in all fairness, it was a difficult question to answer. I understood her question to reflect the transference love she held for me and whether her childish "anatomy" was good enough for me. The issue here was not

anatomy alone but self-esteem and all the other components of her personality. I chose not to address this from an id vantage point but to be supportive to the ego that was daring to express very genuine affect to a grown-up. I told her that her love was important, the fact that she was small did not make her love small, and that in time she would be as big as I was; love is not measured by size or by weight but by how much you feel. Stephanie was able to say for the first time that she felt she had enough time with me. She added that when Lisa was home she was able to play “avalanche” with her and enjoy it.⁵ Stephanie also mentioned she was worried about her reading and spelling difficulties in school. She thought her mother might help her with them.

The significance of the avalanche play can hardly be emphasized too much. When one considers that Stephanie had banished almost all expressions of rivalry and aggression from her behavior with Lisa after her mother had admonished her for the “lying-on-Lisa” game, this newfound ability to be aggressively playful with Lisa in the avalanche game was a developmental advance of the highest order. She played this game for months, as if to say she had finally found a way to topple the rival without harming or killing her. In this context, Stephanie’s ability to discuss her reading and spelling difficulties without shame was an equally significant developmental achievement. Stephanie’s reality testing had expanded considerably. Transference and play had to be given equal credit.

The post-avalanche phase of the analysis was very productive. Stephanie was less cautious in play and in transference elaborations as well. If the avalanche metaphor allowed her to revisit the lying-on-Lisa game and reclaim the imploded aggression for more adaptive expressiveness, the analysis from that point on was an attempt to claim or perhaps reclaim her lost phallic and phallic-oedipal enthusiasm.

Stephanie became interested again in the two doors in my office. She wondered if my husband used “the other door,” as she called it. She wished I had no husband. She had an immediate castration dream. “She is going to the bathroom panting and making red stuff. Two teachers tell her it is her period.” Stephanie’s associations revealed that her period was indeed on her mind. In fact, she had seen her mother taking out a tampon, and Stephanie wondered what her own vagina was like. She did not dare to put her finger in there; it was scary—or maybe not. It was clear that Stephanie

was worried about being punished for her wish to get rid of my husband, not to mention her father and mother in the positive and negative oedipal struggles. This was confirmed by Stephanie in an insight that contributed to her understanding of her oedipal conflicts and also to understanding her reading and writing difficulties. Stephanie said she had wished to undo the separation of her parents, undo her own oedipal triumph by writing letters from each parent to the other. But she had not been able to write at age five, and she had felt that she would never learn to read and write. It became clear that her inability to write the letters of reconciliation had led to the so-called learning disability.

Stephanie's self-image and body image were consolidating. She was beginning to think of her vagina not merely as castrated anatomy but as a fun feminine organ that made her the same as her mother and me. While she was becoming more comfortable with her vagina, her play repertoire expanded a little further: she became more comfortable at playing kickball with her peers.

Stephanie turned ten proudly, telling me she was now a two-digit citizen. It was not only in the schoolyard that Stephanie's freedom with playing became obvious. Play now became an ally of her associations to dreams as the next analytic hours demonstrated. She dreamed that her mother's boyfriend, Michael, and a Chinese lady were making love in a room on top of a football arena. Then, back in the apartment, Stephanie saw Michael and her mother fighting. First her mother was packing and stopped. Then Michael was leaving. As Stephanie described this dream, she made long blue nails for herself out of Plasticine. She said, "Chinese have very long nails." Then she rolled the nails into blue balls and said, "Disgusting." Then she asked me where I was from. I humorously said, "I'm not Chinese," implying that it was not within my power to grant her wish to remove the analytic situation to a faraway land where the incestuous implications of the material could be examined from a distance. Stephanie got the point: she was able to continue to unravel the meaning of her dream. She did want to make out with Michael and send her mother away. She also wanted me to be the Chinese lady and she the man. Both sides of her bisexuality could be examined. She played the recorder for the first time in my office. She remembered that when she was little she wanted to have both a penis and breasts.

Stephanie got furious about seeing a package with my name on it as "Mrs. Battin." She said now

she knew for sure I was married. A few sessions later, she “nosed” the envelopes on my desk, looking for my husband’s name. At the same time she pulled a hair out of her head, explaining that she had seen a movie in which a woman gave a lock of her hair to her lover as a token of love. She wanted to do the same with me. She also made reference to Rapunzel, who used her hair to acquire a prince and a baby. In that session she showed me she was losing a tooth and was excited about getting a new kitten. She also remembered that when she was little, she would roll toilet paper around her finger to make a tube, which she would then pee through to find out what it was like to have a penis, an example of early phallic play that must have succumbed rather quickly to conflict. In fact, Stephanie’s phallic conflicts were not resolved until her analysis.

Both sides of the Oedipus complex, both sides of her bisexuality, found expression in this hour. She wanted to be nosy and phallic, on the one hand, and wanted to be castrated with no hair, on the other. If she could not have a penis, she certainly could get her prince and her baby, not to mention her kitten. She talked about getting married, having a boy and a girl, and becoming a second Cézanne, a woman Cézanne. As she looked at my degrees on the wall, she pulled out another strand of hair. This time she also said that girls have twelve holes while boys only have nine, another example of her struggle to have more than boys—concealing the obvious worry that perhaps she had less. At that point she said my husband had to be a nice man and she would live happily ever after with him. She immediately repudiated the wish, saying she was only joking.

This frankly oedipal behavior in the hour led to a dream that allowed us to reconstruct a primal scene fantasy. In the dream, Stephanie was exploring the school together with a boy, a schoolmate. She went by a door that looked like a saloon door: you could see under it. As she passed by, she first saw a naked woman. As she went back, she saw a couple making love in public. She felt it was disgusting to make love in public. I wondered if she had seen her parents making love when she was little. When little children see their parents making love, they often think they are fighting. Stephanie lit up: she had left out a piece of the dream. In the end she thought the couple was fighting, stuck together. She probably did see her parents making love. She remembered that at the time she had drawn a blind man and his woman fighting in a sleeping bag. She drew that scene as she talked.

That was also the time when she would dream of black-scaled monsters fighting. These monsters were like the one she had had to kiss before she was thrown over the balcony. She mentioned a dream from early on in the analysis, in which the monsters were punching babies. She also spoke of the faces of a man and a woman on a record cover: those faces had frightened her when she was little; they looked unreal, distorted. Now she remembered that at the time she had wished a picture of herself as a child would be included on the cover. I told Stephanie that the faces of her parents making love might have seemed distorted, given how angry she was for being excluded. Stephanie remembered that she had felt bad about her curiosity being aroused by the parental bedroom and the sexuality of her mother and father.

The analytic work on the primal scene was most productive. It allowed us to unravel several condensed developmental images. It would seem that the forbidden lying-on-Lisa game, her drawing of the blind man and woman fighting in the sleeping bag, the memory of the man and woman on the record cover and the excluded child, and her curiosity about the sexuality in the parental bedroom and again the excluded child all blended together in a neurotic knot that made it impossible for her to play with these ideas any further. At such developmental moments, repression and inhibition seem safer than curiosity and exploration until analysis can grease the wheels of development again.

Immediately after the primal scene reconstruction, Stephanie began to play with identification, a most important kind of playing that is, of course, mainly invisible. Let me explain. Stephanie went home, found a recipe, and began to cook before her mother came home from work. This to me did not seem like Stephanie being the adult, but rather Stephanie identifying with her mother, embracing a maternal sense of herself and enjoying herself. Stephanie's new attitude appeared in the analytic situation as well: for the first time she plopped down on the rug in the playroom, threw a tennis ball at me, and said, "Catch." She was indeed more playful, more like a typical latency ten-and-a-half-year-old. At the next session when she found a deck of cards, for the first time she invited me to play. Indeed, she seemed to be acting her age with more conviction than ever. She had discovered that play was fine and an ideal way to work out childhood conflicts. This remained true throughout the rest of the analysis.

Discussion

My discussion will focus initially on play and *regression* and on play and *aggression*. In play we see a complex compromise between forces of progression and forces of regression, not unlike an artist's creativity in which regression in the service of the ego is really regression in the service of progression. Ironically, it takes a healthy ego to regress adaptively and flexibly rather than utterly and irrevocably. Stephanie's analysis makes it clear that two images of regression may have given her pause and interrupted her playfulness: (1) the image of the baby destroying the mother's body in the act of birth and its counterpart, the image of the analyst destroying the practice baby analysand in the regressive forces of analysis; and (2) the chronic experience of her sister's permanent regression, a retardation that seemed to defy all therapeutic attempts to undo it. It was as if her sister was playing dead and could not stop. If Stephanie was conflicted about the concept of regression and its consequences, the nature of aggression and its outcomes also raised many confusing questions in her mind.

It seems very probable that Stephanie's first playful (or not so playful) activities with her sister (lying on Lisa at four) were inhibited either by Stephanie's own fear of instinctual expression or by her mother's critique of this play or most likely by both. I do not mean to suggest that Stephanie's problem with aggression began with the lying-on-Lisa game; rather, the game, a product of the conflict, also reflected the conflict that must have begun before the game and certainly persisted after the disappearance of this game. If one were to draw a developmental line from the lying-on-Lisa game, to the avalanche game, to kickball, to the catch-a-ball play with me, one would have a sense of the vicissitudes her aggressive and libidinal instincts passed through from age two and a half to ten and a half.

To leave the transference out of this picture would distort the progression fundamentally, of course. In fact, the first year of Stephanie's treatment highlights the transference resistance that so inhibited her play. Each interpretation of this transference resistance seemed to grant Stephanie permission to lean on the transference as much as she wished. Stephanie's expectation was that I, the analyst, would forbid displays of aggression in transference play, just as the mother had forbidden aggression against the sibling. In this context, Stephanie's achievement in the avalanche game was most significant. It signaled her retrieval of her aggressive instincts from neurotic

inhibition and their rechanneling into age-appropriate expressions in childhood activity.

It is interesting to compare the concept of transference and the concept of play. Both concepts rely on displacement to set them in motion. In transference, unconscious attitudes toward significant early objects are displaced onto current objects, particularly so in the regressive climate of the analytic situation. In play, a child displaces intrapsychic concerns with animate objects such as parents, siblings, and peers onto the smaller, more controllable, inanimate world of toys and playthings. We know from experience with children in institutions who cannot play at all that children can invest love in playthings only after the primary care givers have invested love in them first. In libidinal as in financial economics, you cannot withdraw what has not been deposited! An analyst dealing with transference or play is basically studying displacements, sometimes promoting them, sometimes dismantling them, depending on a host of technical factors from diagnosis to stages of treatment (early or late phases of transference neurosis, and so on). The details of the technical considerations need not concern us here. The point being stressed is that transference and play are measures of psychic development. Their absence or presence is not without psychological implications. In Stephanie's case, it seems clear that the transference fears of an analytic practice baby being crushed by a powerful adult analyst need to be addressed before the analysand can feel safe enough in the analytic situation to take a chance on the displacements of play.

Stephanie's libidinal development could be outlined in a manner similar to that outlined for the aggressive instinct earlier. She believed that a child's needs were too much for a parent to handle and that children should find their own narcissistic ways of weaning themselves, diapering themselves, toilet-training themselves, amusing themselves on their own terms. Stephanie's play with sheets is a graphic example of how her dependency needs, object-related at first, began to turn toward narcissistic solutions: when Stephanie found Lisa and her mother playing with sheets, Stephanie's attempts to play with larger sheets on her own was a narcissistic strategy that could hardly be expected to bring the child any significant relief from her conflicts. The giant spoon in one of the first dreams she reported was surely a representation of the underlying deprivation that narcissistic maneuvers could never satisfy. The great needs that the spoon symbolized did in fact find preoedipal and oedipal expression in dramatic imagery, which the brief report of her analysis has outlined.

Stephanie's ability to "play" therapeutically with primal scene material and oedipal fantasy in the later stages of her analysis stands in striking contrast to the inhibition that characterized the beginning of her analysis. Her first drawing of the blind man in the sleeping bag seems to have been a furtive depiction of sexuality and its consequences (a blind man and his girlfriend in makeshift sleeping quarters) when compared to her later drawings of the analyst's imagined sexual life. Her dreams and drawings of monsters display a similar progression from preoedipal panic (a monster that punches babies) to oedipal anxieties and attempted mastery (she dares to kiss even when the monster may retaliate).

It is interesting to ponder the relationship between play in general and drawing in particular. A child's aesthetic life has many components: music, dance, drawing, coloring, sculpting with Plasticine, and so on. If sublimation is passion transformed, as Loewald (1988) put it, children have several modes of transformation at their fingertips, it would seem. Although the precise interlocking of all these aesthetic components is beyond the scope of this chapter, the relationship between Stephanie's drawings and her other play activities deserves a few comments. Her mother was an architect who forbade some of Stephanie's aggressive games. The act of drawing may have received maternal sanction in Stephanie's unconscious, whereas the act of playing may have aroused maternal disapproval. Drawing, which confines activity to a relatively small area of paper with relatively limited hand motion, may have seemed safer than play and its more far-reaching implications, geographically and psychologically. If a picture is worth a thousand words, surely it is because of its compression of a thousand affects into the narrow framework of a page of paper. In other words, drawing may seem safer than playing to certain children, depending on the nature of their conflicts and their strategies for dealing with them.

Stephanie's play with Plasticine was perhaps the most pivotal moment in the entire analysis. But the point I am stressing is that her ability to be angry with me, her analyst who interfered with her rhythm class, seemed to unlock the doors of play for her. It was with Plasticine that she was able to sculpt the affects and conflicts that had been so unspeakable up to that point. With Plasticine she could represent the duck with no brain, the poisoned mushroom, and the minipellets that were meant to signify affects of all kinds. In other words, Plasticine helped her analyze murderous wishes and guilt in relation to her sibling (the duck with no brain), and Plasticine helped her represent

murderous and loving feelings toward me (the mushroom was an aesthetic gift even though poisonous). The discovery of Plasticine represented a victory over precocity and reaction formation (diapering herself, toilet-training herself). She had rediscovered her anality in a new aesthetic creative transformation. And it was not just anality that the Plasticine allowed her to revisit but oedipal sexuality as well. When the analysis turned to oedipal issues (Stephanie becoming more and more “nosy” about my sexuality), Plasticine helped her represent her long phallic Chinese nails that could lead to oedipal triumph or humiliation.

Let us return for a little further microanalysis to what I am calling the pivotal moment. Stephanie, confronted with her own anger in the transference, reaches for a reaction formation at first. When this defense is interpreted, she reaches for Plasticine and makes a duck with no brain. If this were to happen in an adult analysis, the analyst would surely be startled by the sight of Plasticine and such concrete representation of psychic conflict. The startled analyst would reach undoubtedly for a theory such as “acting in” to get out of a clinical dilemma. By contrast, the child analyst welcomes the “acting in” which is not conceptualized in that manner, giving the phenomenon the simple designation “play.” Why is this so? This difference between adult analytic technique and child analytic technique is surely at the heart of this discussion about play. Why is play welcomed by the child analyst? From a Freudian point of view, one would argue that infantile sexuality that cannot be denied, yet cannot be expressed fully or maturely until adolescence (at least), needs active expression in the displacements of play throughout childhood. From a Piagetian point of view, one could argue that until the formal intrapsychic thought of adolescence makes hypothetical-deductive reasoning the hallmark of the teenager, the earlier preoperational and operational thought processes of the young go hand in hand with a much more action-oriented “being in the world,” which is the hallmark of childhood and its playgrounds.

When Stephanie makes the duck with no brain out of Plasticine, the analyst continues to pursue the unconscious threads of instinct and defense in the associative material. The duck with no brain may reflect an analyst with no brain, an analysand with no brain, or a sibling with no brain, depending on the conflict between direct expression and defense at any given clinical moment. But the form is different when Plasticine is available. The Plasticine with its olfactory and tactile components is a little closer to the body and its zones, a little further from the psyche and its reaction

formations, thereby giving the analysand an opportunity to wean herself from precociously chosen defense mechanisms and experiment with less fixated, more adaptive ones.

It is tempting to compare her freedom with Plasticine and her newfound freedom with contact sports (kickball). In fact, it is probably not too wild to suggest that all prelatency play with Plasticine lends some freedom to the organized games of latency, a connection that can be only inferred rather than perceived, given the disjunction the infantile amnesia wedges between prelatency and latency. When Stephanie finally felt comfortable kicking a ball in the schoolyard in competition with her peers, she was totally unaware of the role that Plasticine had played in this achievement. When I say Plasticine, I mean Plasticine in the therapeutic context of play, transference, and interpretation.

Without play, without Plasticine, would Stephanie have accomplished her developmental goals? This is, of course, an unanswerable question, but it does invite speculation about how play helps children overcome conflict and enhance their own development. Although play can help resolve conflict, conflict itself can inhibit play. When neurotic conflict is born of fear of instinctual expression, play would seem to be the ideal context in which conflict can be broken into its components and rearranged in the most adaptive manner. Play, an action by definition—not impulsive action but rather organized action—is more suited than even language for bending impulses toward its purpose. This is not meant to minimize the role of verbalization in taming instincts (Katan, 1961); I merely stress that play is a unique language that combines mastery of action and symbolic expression in unique age-appropriate titrations. When conflict overwhelms play, making it impossible for the child's natural endowment to heal her or him, a therapeutic climate has to be established in which interpretation of resistance and transference can lead the mind back to its own resources.

Toward the end of her analysis, Stephanie's skills as an artist were considerable. For instance, her drawing of a square dance was full of verve and action and had an expressive spontaneity of line that went beyond the usual naive vigor of children's drawings and stamped her as a particularly talented artist in the making. It is not easy to trace the connections between the presence or absence of early play and this later achievement of aesthetic mastery. Yet one is convinced that there is some aesthetics in the play and some play in the aesthetics. Similarly, one senses that a

drawing of a monster punching a baby, though not a work of art of the highest order, does clear the way for later, less conflictual aesthetic products by removing what Kubie (1958) called neurotic distortions of the creative process. In a sense, creative art does not spring from Zeus's head like Athena but may rely on the anxiety-reducing sketch works of early drawings and early childhood playthings. The sublime is connected with the infantile even when those connecting tracks are covered with years of repression. The aesthetic may seem to be pine, but it is a human product of the zones of the body and the conflicted and nonconflicted skills of the mind.

As a final thought, is it not interesting to speculate about the acquisition of one semiotic skill (language) as opposed to another (play)? Why would Stephanie find language so easy to acquire and maintain, and play so difficult? In this particular case one is tempted to suggest that play's closer affinity to action makes the aggressive component more difficult to disguise. One cannot generalize about this insight since language itself can succumb to aggressive conflict—for example, elective mutism or stuttering. In fact, one senses that language and play may go hand in hand, one semiotic avenue joining another in complex intersections that are as yet poorly understood. Is adult language after all not at its free associative best when informed by a playfulness of the human spirit stripped of all neurotic undermining and compromising? If play is the great experimental laboratory in which developmental scripts are refined and rehearsed before completion, then the conflict captured in the title "To Play or Not to Play" may have consequences tragic in scope, Elizabethan in intensity, Shakespearean in depth, if not addressed promptly and analytically as soon as the curtain of development is raised.

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Notes

- 1 I would like to thank Eugene J. Mahon and Peter B. Neubauer for their insightful critiques of previous versions of this chapter
- 2 I wish to find a contrapuntal phrase to capture play not only as it is born but as it may prematurely die.
- 3 This castration fantasy, or "half castration fantasy" to be more precise (Neubauer, 1989), probably had multiple determinants, but the most obvious and cogent one is that Stephanie's conflict with aggression might have led to her wish that only half of her fantasy would come true. It is as if she were saying that half of the Oedipus complex would be enough for her to handle.
- 4 Rhythm class referred to a combination of gymnastics and dance that Stephanie was beginning to like very much.
- 5 "Avalanche" was a game Stephanie had recently made up. It involved a pillow and falling down; it had multiple determinants. One can see its origin in the "game" Stephanie had devised when Lisa was a baby and her mother had interrupted for fear of Stephanie's aggression.