

Play and Therapeutic Action

Multiple Perspectives

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Children's play that goes unanalyzed within a psychoanalysis, yet leads to therapeutic change, is contrasted with interpreted play that leads to conscious insight. The therapeutic and development facilitating effects of unanalyzed play suggest that substantial analytic work goes on unconsciously. Technical issues arise, therefore, if play is conceptualized as a therapeutic force in its own right. Developmental considerations and inhibitions in play become greater considerations in analytic technique. Two clinical vignettes from the analyses of a latency-age girl and boy are presented to illustrate unanalyzed play as an agent in development and mastery of anxieties.

CHILD PSYCHOANALYSTS STUDY CHILD'S PLAY IN THE CONTEXT OF AN unfolding analytic process and the child's rapidly changing development. The analytic task is to restore normative development to their young patients. During the years of treatment the analyst's functions are varied and intertwined. One is the role of interpreter of a child's play, fantasies, dreams, thoughts, and actions. The analyst often becomes part of the play itself, either invited by the child or inviting him- or herself into the play. The analyst sets limits that keep both child and analyst safe in the face of physical rage and fury, reassuring the child that one or both parties will not be destroyed. By behaving as a thinking, consistent adult able to make distinctions between reality and fantasy and to contain and name otherwise unbearable af-

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fects, the analyst offers some corrective to developmental damage suffered by the child. And of course, the analyst has a great deal of direct contact with parents, teachers, and other important people in the child's life.

Child analysts become the object of children's transferences from the important people in their lives as well as becoming important in their own right by fostering child development through their overt actions, steadiness and commitment to the child's welfare. These factors together establish a safe analytic space in which the work unfolds.

Within the context of this complex analytic space, the role of play is a central component. The strand of imaginative play in a child analysis is intertwined with and influences the analyst's interpretations, realistic discussions with the child, and the developmentally helpful aspects of the new object relationship the child forms with the analyst. Play also has a powerful capacity in and of itself to be restorative and therapeutic. Unanalyzed play (i.e., play without spoken interpretation by the analyst of its various meanings) can stand alone as a therapeutic tool. This suggests that a significant amount of analytic work and efforts at mastery go on unconsciously. This aspect of productive analytic work can be largely un verbalized and may never reach the level of conscious recognition.

Because play is such an important medium for the child's communication, analysts attend to the child's capacity, or lack thereof, to play. However, they also seek to help child patients know themselves better through verbalized, experiential insight. With children, this capacity is normatively more limited than with adults. For example, latency development is predicated on the ability to repress threatening thoughts, feelings, and impulses, allowing adaptation to school, learning, and widening socialization outside the family. Interpretation may threaten a nascent, developmentally tenuous psychological balance.

The helpfulness of unanalyzed play confronts the child analyst with the technical choice of either allowing the child to attempt to resolve difficulties via play or using the play as a guide and a prelude to verbal interpretations of the child's preconscious or unconscious thoughts and affects. Mayes and Cohen (1993) have written persuasively about the powerful "developmentally restorative" and thus therapeutic qualities of play. They discuss the inevitable tension that arises in the analyst when confronted with the decision of letting play "emerge as a therapeutic process in its own right" and interrupting the play process by verbally interpreting its meanings to the child.

LYNN

As an example of the capacity of play to facilitate change, I turn to the case of a latency-age girl, Lynn. During her analysis the uninterpreted experience of play was a major agent of therapeutic action. Throughout the three years of the analysis I was embarrassed by my relative inability to convey my understanding of her play directly back to her in ways that would satisfy the requirements for insight as we usually understand it. Lynn created elaborate fantasies and play situations, sometimes including me directly as a co-actor and other times as an appreciative audience. The play was rich and varied. It included rather transparent erotic transference fantasies, scenes of impregnation and birth, played-out peer and sibling relationships, primal scenes, and so on. However, Lynn almost always responded defensively to my efforts to link her play with her concerns about our relationship and other *relationships in her life*. For example, she often simply and abruptly halted the play and retreated into structured card games. Even when I tried to talk about the themes of the play and the concerns of the characters in their displaced form, I had little or no success in engaging her attention and collaboration. My attempts to analyze her defensiveness and attendant anxieties frequently failed, and her resistance became essentially intractable.

Among other things, Lynn could not bear the feeling that I knew something that she did not. Nevertheless, she symptomatically improved and flourished in all spheres of her life. Something organic took place in the context of the safety and ambience of the analytic situation as Lynn played out and resolved many conflicts and problems without apparent conscious integration. The correlation between the play themes and issues and changes in her life allowed me to develop a conviction that the two were related even though I could not say anything about it during her sessions. For example, Lynn played out bedtime scenes with dolls and the doll house that included themes of little girls excluding others and being themselves excluded from the conjugal bed. This was contemporary with a marked decrease and then cessation of her insistence that she be allowed to get into bed with her parents during the night.

In light of all this I was both amused and chagrined when, during one of my regular meetings with her parents, her mother told me her teacher described Lynn as a "junior Dr. Scott" in her class. She listened intently to other children's problems, empathized, and gave direct and cogent advice and guidance to her classmates. I thought it was ironic that the *real* Dr. Scott was an often frustrated and perplexed analyst

struggling to have a role other than bearing witness to partially unseen, mostly unarticulated, and unconsciously driven developmental advances in his patient. Although I believe that a greater articulation of Lynn's problems and conflicts would have had a salutary effect and that her analysis was limited by this lack, I found the results of her highly independent play persuasive.

Solnit's (1993) idea of a developmental continuity between children's play and adult playfulness enriches our efforts to understand the similarities and commonalities in the analyses of adults and children and illuminates the psychoanalytic process and its therapeutic action in general. In my clinical vignette I tried to exemplify the potency of play to effect significant psychological change. Solnit allows us to extend the therapeutic action of play conceptually into the analyses of adults. I agree with his idea that in adults "free associations are closely related to playfulness" and that one measure of the success of an analysis is the degree to which we help adult patients "allow the speculative, pretending qualities of free association to be expressed." This involves freeing a patient's mind from crippling constrictions in thinking anchored in intrapsychic conflict. We also help patients translate action communications into words and thereby make them available to playful thought. We transform what is repetitive and fixed in action to something more malleable and open to expanding exploration. This, in turn, creates the potential for new, evolving psychological integration.

Though the free associations of an adult patient and the imaginative play of a child patient look quite different, they accomplish similar goals (Peltz, 1996). To quote Anton Kris (1982): "It is the aim of free association to make conscious what is unconscious, to recall what is forgotten, to regain lost experiences, to complete mourning, to elucidate inner conflict, to expand what is condensed, to put thought and feeling into words, to clarify confusion, and to reverse disorientation" (p. 15). I would contend that a child playing in the analytic situation accomplishes much the same goal by exploring multiple levels of experience represented in the play. The primary difference in form between an adult's playful free associations and a child's play is the significant aspect of *motoric action* in play. In adults the action of play is internalized and expressed by "playing with thoughts."

In summary, the ability to play is an important developmental achievement for a child, and the ability to be playful is an equally important developmental achievement for an adult. The ability to play and to be playful are often not available at the beginning of a treatment, and the inhibitions and impairments of these capacities have to be addressed first.

TOM

I would like to present material from the analysis of a latency-age boy that illustrates this progressive move from difficulties in play, to effective play, to the use of play to master anxieties in a way unimaginable at the beginning of the analysis.

Tom began analysis at age 7 with severe anxieties, including the fear that a wolf might come and bite him at night in bed or when he used the bathroom—a projection of his intense aggression, which he expressed primarily by biting. Because of his difficulties Tom was isolated and friendless. He felt that he had to survive without help from others, and in many ways this was true. His mother described him as “looking lost” on the school playground as he withdrew from his peers into a world of frightening fantasy. Tom’s ability to play was tenuous at best; under stress he was unable to play at all or else his play was anxiously driven and overwhelmingly fearful.

After a rather quiet two months in which I saw Tom twice a week, we increased the frequency to four times a week for the analysis. Tom immediately went berserk during the hours. He came into my office on the attack, attempting to hit me or pinch me, exclaiming all the while: “You get paid to get beat up!” Curiously, Tom was more excited than aggressive. He ran out on the balcony of my office and tried to jump. He ran screaming from my office and banged on the doors of my officemates. This went on day after day. After I caught my breath, literally and figuratively, I began to interpret Tom’s intense fear of me as a projection of his aggressive internal state. Tom wasn’t “playing” in these hours. He was *literally* terrified of me and could not distinguish between his rageful fantasies and the reality of the situation with me. He could not manage to get any distance from his internal world through the medium of play. Once we began to talk metaphorically about his confusions, he gradually calmed down. In a more modulated way, through drawings, fantasies, and dreams Tom began to tell me of his frightening internal life. I came to learn that his terror was provoked and fueled by many traumatic, sexually overstimulating experiences at home and by his witnessing intense sadistic interactions between his parents. Moreover, his father’s extramarital affairs tore at him. In the following vignette, which illustrates some advance in his ability to contain his worries within the metaphor of play and transference, Tom brought these concerns into the analysis with clarity and control.

After I had cancelled two sessions in order to attend a professional

meeting in Texas, Tom asked me where I had been. I told him the facts, to which he responded: "No! You weren't in Texas at a meeting. You were with a woman who isn't your wife and you went to the movies together and slept in a motel. You just told your wife you were in Texas." During the next hour he took colored markers and "fingerprinted" me. He then cut out the fingerprints and told me he was going to put them around his house and then call the police and have me arrested.

As the analysis proceeded over the next two-and-a-half years Tom worked through many anxieties and conflicts. His ability to play in a more controlled and adaptive way increased. For example, early in the analysis Tom wanted to play checkers. The game lasted less than a minute before the board and all the pieces went flying into the air. By the end of the three-year analysis our games truly became a vehicle for expressing his wishes to be big and strong, to submit to me in various ways, and to express his love and affection. As I became the object of his transferences and these were analyzed, their manifestations in his life became much less of a problem; his angry fantasies were tamed. He advanced developmentally in appropriate ways, making steady friends for the first time in his life, controlling his emotions better, and not becoming flooded with fear.

Toward the end of his three-year analysis, it was discovered during a physical examination that Tom had an undescended testicle. By this time Tom's ability to play served him well as he contended with his upcoming surgery. In contrast to his earlier terror regarding trips to the doctor, Tom was much calmer and more reasonable as he approached his surgery. At the beginning of the analysis when Tom went to the doctor he became terrified, shrieked, and ran out of the examination room when the reflex hammer was brought out. In contrast, during an hour shortly before his surgery, well into the second year of his analysis, he played out the following scenario:

Tom built a ship out of Legos with four men on it. One man ran the computer on board, one man steered the ship, and one man "wasn't doing anything and is going to get shot in the head for not working." The fourth man was in the back of the ship and was going to "get fixed." This man had one intact hand and one hook, one normal leg and one peg leg—a clear representation of Tom's undescended testicle. This man was then "hung out to dry" at the end of a mast and while hanging off the side, was hooked up to a heart machine. Later he was laid out in the back of the ship to be "fixed." Eventually a pirate ship with a pirate who wielded a large sword (a representation of the sur-

geon) came alongside. A battle ensued that left everybody "in pieces." A human head that had been hidden for safekeeping earlier in the play sequence was saved and kept until the play men could decide where it should go. At the end of the hour we went a few minutes overtime as Tom insisted that everything be put back together the way it was before the great battle.

In the next hour, the last hour before his surgery, Tom drew a figure that he described as being "8'6" tall." The skin of this creature was heavily wrinkled, representing the skin of the scrotum. Tom said the creature was going to play in the NBA because he was so tall that he needed only two or three steps to get from one end of the court to the other. The creature's greatest skill, however, was that he could just drop the ball through the hoop. Here we see clearly Tom's denial in fantasy of the frightening aspects of the upcoming surgery, which transformed his small size into great stature and turned a passively endured trauma into a virtue. On the way out that day, Tom bravely told me that I need not call him during the few days he would be away for his surgery and recuperation.

At the first session after his surgery, Tom marched into my office, lay down on the couch, and promptly went to sleep, recapitulating the operating room scene in the analytic setting. In the next analytic hour I went out to the waiting room to greet him and found him sitting, rolling two Chinese health balls in his hand. At the end of the hour he managed to "forget" one of them in my office and had to retrieve it the next day.

Play, the ability to suspend reality, functioned in a different way now for Tom as he anticipated and mastered anxiety. This was in great contrast to his early, revved-up activity that barely, and not always, kept him in control. Play, for Tom, disguised his concerns, gave him psychological distance from his problems, and allowed him more energy and attention for the normative tasks of latency.

In my description of some clinical moments in child analysis, I have placed play in the context of an evolving process designed to help children get back on track developmentally. Play in the analytic situation is complex and raises vexing technical and theoretical questions. Should verbalization, including interpretation in the usual psychoanalytic sense, be given a lower priority, placing the restorative and maturational aspects of play over the analytic ideal of insight? Should displacements in play be allowed to stand because they facilitate ego-mastery of conflicts too unbearable to be considered consciously and directly? The answers to these questions will also inform our work with adult patients.

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