Two People Playing Together

Some Thoughts on Play, Playing, and Playfulness in Psychoanalytic Work

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Children's play and the playfulness of adolescents and adults are important indicators of personal growth and development. When a child is not able to play, or an adolescent/adult is not able to be playful with thoughts and ideas, psychotherapy can help to find a more playful and creative stance.

Elaborating Winnicott's (1968, p. 591) statement that "psychotherapy has to do with two people playing together," three perspectives on play in psychotherapy are discussed. In the first point of view, the child gets in touch with and can work through aspects of his or her inner world, while playing in the presence of the therapist. The power of play is then rooted in the playful communication with the self. In a second perspective, in play the child is communicating aspects of his or her inner world to the therapist as a significant other. In a third view, in playing together child and therapist are co-constructing new meanings. These three perspectives on play are valid at different moments of a therapy process or for different children, depending on the complex vicissitudes of the child's constitution, life experiences, development, and psychic structure.

Concerning these three perspectives, a parallel can be drawn between the therapist's attitude toward the child's play and the way the therapist responds to the verbal play of an adolescent or adult. We illustrate this with the case of Jacob, a late adolescent hardly able to play with ideas.
INTRODUCTION

Children build cities on their plates, play flute on the toothbrush, organize races in the bathroom, and shoot each other with finger-guns. Children play while being alone or in the presence of another; they play with imaginary friends, with peers, siblings, or adults.

While playing, they negotiate within a potential space (Winnicott, 1971) between the realities of their inner and outer worlds. For example, being brought to bed as a horseman on Daddy’s back enables a child to tolerate the reality of the day coming to an end and the subsequent separation from favorite possessions and attachment figures. Or playing chess with Father can help the child cope with the rules of the game as well as with feelings of rivalry and competition. And the sexual content of a song that accompanies rope skipping or hand clapping makes early sexual desires thinkable and bearable. Children also engage in large fragments of fantasy play, working out lively scenes about knights and princesses, about wars or family scenes, and so on.

While playing, the child is trying out new ideas (such as “Maybe I can conquer my daddy”), is giving form to new feelings of sexual excitement or aggression, and is experimenting with new images of self and other (such as “How would I look if I were a musician?”). Furthermore these play scenes entail messages to others in the environment about emerging new feelings and the mastery of developmental tasks: “Be aware, I’m a sexual being, I’m becoming your rival,” and so on.

In play, fantasies and conflicts can move between inside and outside worlds. Play finds place “on a stage set in suspended reality” (Marans, Mayes & Colonna, 1993). Desmarais (2006) indicates that play makes room for conflicts and wishes to be expressed in the presence of a responsive and “containing” other. Abon’s (1996, p. 545) emphasizes that “play is a vehicle for symbolism and a metaphor which the mind in turn utilizes to provide a scaffolding for structuralization, integration, and organization of affectively charged experience.”

While playing, as Britton (1945) states, the child builds his or her own conception of reality and interpretation of the world—in other words, his or her own philosophy of life. Britton also points out that play is important at two levels of experience—at the level of a person’s inner experience and at the level of a person’s relation to external reality (ibid.). Winnicott (1971) situates play in the transitional space between internal and external reality. Play aims at the achievement of harmony between the individual and his environment. For example, Rebecca, five years old, is punished by her mother and has to stand in the corner of the room for a couple of minutes. Later that day, she takes her blocks and builds a house, speaking clearly, so that Mother can hear it: “My house doesn’t have any corners.” This play of a well-developing five-year-old girl, implying a loud and clear message for her mother, has several functions. Rebecca is working through the experience of being punished, and expresses her wish that it never happens again. Furthermore, she explicitly communicates that she doesn’t like to be punished and that she longs for a home without corners and for a mother that never punishes.

Recently, theory concerning the development of mentalizing capacities gives a central role to the development of play and playfulness and to the ability to “pretend” (Fonagy, Gergely, Jurist & Target, 2003; Fonagy & Target, 1996) and adds as such a new perspective to the role of play in psychotherapy.

This paper addresses play in a child psychotherapeutic context. Play is an important aspect of the child’s interaction with his early environment as well as an important resource enabling the child to work through the difficulties and conflicts of daily life. It is a crucial piece of normal development and a vehicle for personal growth and change. That is why play received a central role in psychoanalytic theory from the beginning of child psychoanalytic writing. Consequently, play deserves a central role in the child psychotherapist’s work. Gilmore (2005) states that even young children realize within a short time that playing in psychotherapy is a different business from playing alone or even from playing with another child or adult. A lot of our work takes place on the floor, where “real things” are waiting to be played with and where “wild things” are waiting to be played out. In our therapy room, play material is available for the child to be used in a way that may fit his or her inner world and interpretation of external reality. It seems almost impossible to find a way to the child’s inner experiences, to communicate about these experiences, and to open new perspectives without those “real things” to play with. In the psychotherapy room, these toys personalize parts of the inner objects of the child. Or, in Winnicott’s words (1968, p. 591): “Child analysis . . . is built around the child’s playing.” By stating that “psychotherapy has to do with two people playing together,” Winnicott (ibid.) himself already broadened this view to adolescent and adult work. Later on, authors such as Lanyado (2004), Malion (2004), Meares (1993), and Sanville (1991), among others, further elabo-
rated this view by putting a lot of emphasis on the metaphor of play in the adult psychoanalytic work and suggesting a narrow link between the child’s playfulness and the adult’s ability for free association.

While the child’s capacity to play and the adult’s ability to free-associate are considered by the therapist as basic necessities and as building blocks for psychoanalytic work, we often meet a challenging inability to play or to free-associate. In this paper, we argue that in psychotherapy, becoming able to play or to free-associate is not only a major vehicle toward change, but can also be a goal of therapy when the patient’s capacity to play is limited. Consequently, a flexible therapeutic stance, matching the patient’s playful abilities, is required. Shifting phases of treatment call for different ways of being with the patient in regard to his or her capacity to play.

THREE PERSPECTIVES ON PLAY IN PSYCHOTHERAPY

In line with Lewin (1955, cited in Gilmore, 2005), who observed more than half a century ago that there are several types of free association depending on context and intention, there are different types of play. Within a psychotherapeutic context, one can look at the child’s play in the presence of the therapist from three perspectives. First, when playing, children express aspects of their inner world. Secondly, play can be a way of communicating with and relating to the therapist. And thirdly, while playing together, child and therapist can create meanings. We discuss how these three perspectives of play can be at stake in the playroom of the therapist.

PLAY AS DISCOVERY AND WORKING-THROUGH OF ASPECTS OF THE CHILD’S INNER WORLD

In psychotherapy a child usually plays in the presence of the therapist. We think about this situation in terms of a child playing and a therapist observing, listening, clarifying, and interpreting. The therapeutic presence creates a space that enables the child to play in a free and associative way. Sitting on the floor, observing the child, and listening carefully to what the child shows while playing comprise a major part of the psychoanalytic job. The toys become carriers of aspects of the child’s inner world; they become personifications (Klein, 1928), animated and meaningful toys. According to Winnicott (1968), in the child’s play he or she manipulates external phenomena in the service of the dream and invests chosen external phenomena with dream meaning and feeling. That is also what Freud discovered when observing his grandson, who played fort und da [“peekaboo”] with a reel and a piece of string; and it is similar to what the pioneers of child analysis described. In the 1920s, Klein found a way of reaching the child’s unconscious by using a method similar to free association in an adult analysis. She observed and tried to understand the deep unconscious meaning of the child’s symbolic play content (Alvarez & Phillips, 1998). Klein (1929) considered play as the area in which sexual and aggressive impulses and fantasies can securely be explored. In the child’s play, conflictual and impulsive aspects of the inner world are reflected and opportunities are offered to express and integrate these aspects. This is what Freud (1908, p. 144) described, when he wrote:

The creative writer does the same as the child at play. He creates a world of phantasy, which he takes very seriously—that is, which he invests with large amounts of emotion—while separating it sharply from reality. Language has preserved this relationship between children’s play and poetic creation. It gives [in German] the name “Spiel” [play] to those forms of imaginative writing, which require to be linked to tangible objects and which are capable of representation.

Play can be approached as a source of information about the child’s inner world, about the experiences and internal objects in his familial and social environment, and about his past and present preoccupations, something like a dramatized projective technique (Alvarez & Phillips, 1998). Desmarais (2006, p. 349) frames this perspective on play as rooted in an “individualistic rather than in a transactional view of development.”

From this point of view, merely playing, discovering a space and an ability to play, can be therapeutic and meaningful. Or, as Winnicott worded it:

It is good to remember that playing is itself a therapy. To arrange for children to be able to play is itself a psychotherapy that has immediate and universal application and includes the establishment of a positive social attitude towards playing. (. . . ) Responsible persons must be available when children play; but this does not mean that the responsible person need enter into the children’s play. (1968, p. 597; italics added)

Ablon (1996) says in this respect that affect can be experienced, organized, and communicated in play without conscious awareness or a reflective cognitive component. Summarizing this first perspective, we can state that—in the presence of the therapist—the child can develop his own free play and by doing so reveal and explore im-
important issues of his or her inner world. Instinctive impulses can be played out and worked through and consequently disowned, and anxiety-provoking impulses can be owned again. However, this presumes ego qualities that enable the child to be the motor of his or her play and activities. This way of playing does occur within the context of child psychotherapy, particularly in rather well-skilled children or in more progressed stages of a psychotherapeutic process. It’s the way of playing that resembles most the everyday play of a child who is developing well.

PLAY AS COMMUNICATION ABOUT ONE’S INNER WORLD

The second perspective on play in psychotherapy is that of a child communicating aspects of his or her inner world to the therapist as a significant other. Most of the time, a child playing in the therapy room is aware of the presence of the therapist. Here, play is not merely meant to be play, but the child also wants to be seen, heard, and understood in conscious as well as unconscious aspects of his play expressions. The child wants to share his or her feelings and thoughts, world view, and understanding of life. Often, the child expects a reaction, an answer, a new perspective, an alternative interpretation, and so on. For Desmarais (2006) the experience of being seen and heard is one of the most important functions of playing with a child. This is in line with Vallino (2004), stating that an adult "entering in the 'play-world' of a child, is a fundamental recognition of the subjectiveness of the child." Gilmore (2005) believes that despite the considerable controversy about the therapeutic value of playing, the transformation that child analysis facilitates and that the child anticipates is achieved primarily through verbalization while in the state of playing.

Children in psychotherapy often play with the intention to communicate. The nonjudging look of the therapist can facilitate the child’s attempts to own his or her sexual and aggressive impulses. Sometimes, the therapist receives a role in the story the child is directing, and it may happen that the therapist-actor has to play those facets that the child has split off. For example, the therapist may become a strong and dangerous knight in the play of a child who struggles to contain and master aggressive impulses. Similarly, the therapist can receive the role of a stupid, weak little fool in relation to a child struggling with intense and anxiety-provoking feelings of impotence.

Here, play can also be used to communicate that relationships feel too insecure to convey any aspect of a child’s inner world. In that case the child doesn’t address the therapist as potential spectator of the play or as a discussion partner. Sometimes children even hide their play: “I don’t want you to watch me playing.” The therapist receives the role of the intrusive and threatening adult and often has to struggle for a while with this difficult role. This may be done in order to provide the possibility for the child to explore and to find out how it feels to play in the presence of an adult. In this case “hiding what is played” as well as the gaze of the observing therapist become important themes of the communication. Therefore, it is crucial that the therapist is able to accept this role and to tolerate the affect implied. The therapist’s willingness to take this role and to accept the harsh feelings of being the intrusive adult help the child bear these difficult disowned aspects and to own them in a later phase.

In summary, according to this second perspective, the child is able to play and to take the role of the director of the play. The therapist tries to understand the scenario, often by accepting the roles the child offers him: “You were the bad guy, and you tried to kill me. But I was one too many for you.”

PLAYING TOGETHER AS A WAY TO BUILD UP NEW IDEAS AND STORIES

A third way of playing is with someone in shared play. Sometimes a child needs a therapist willing to engage in setting up a scene, in shared play with shared meanings. Quoting Slade (1994), we tend to think of our work as uncovering meaning, but sometimes by playing in psychotherapy, we are helping children to “make meaning.” Or, as stated by Barish:

Our attention is focused not on the meaning of the child’s play (for example, its symbolic or resistant aspects) but on the affect and activity of the child’s playing. Our focus is on recognizing and sharing, with appropriately modulated enthusiasm, the child’s initiative and interest and his or her associated affects of excitement and enjoyment. (2004, p. 391)

This perspective is at stake in psychotherapeutic work with children who are less capable to play, due to limited mentalizing capacities. These children often get stuck in reality (Fonagy & Target, 1996; Verheugt-Pleiter, Schneets & Zevalkink, 2005). But also Freud has stated:

In spite of all the emotion with which he cathects his world of play, the child distinguishes it quite well from reality; and he likes to link
his imagined objects and situations to the tangible and visible things of the real world. This linking is all that differentiates the child's "play" from fantasizing." (1908, p. 144)

However, this statement is only true when the child is able to experience a certain degree of basic strength in his or her personal functioning and of basic trust in relationships. Some children (and adults) are not able to play (Britton, 1945; Sanville, 1991) because their attempts to think or to speak in a playful "as-if" manner bring to the fore how they are stuck in reality. Attempts to "pretend" make clear how the difference between fantasy and reality fades away, and they get stuck in a sometimes traumatizing repetition of reality.

Children with a history of neglect or abuse are often inhibited in their ability to play. When children live in emotional chaos, symbolization and play are often impossible (Slade, 1994). Pretending to be scared or angry is not possible when anxiety or anger is established in the child's body with an overwhelming force. The absence of an "as-if" mode (Fonagy & Target, 1996) disables communication about being scared or angry. For example, you never "play" nor "think" about a scary snake when this play or thought would bring the snake under your chair and would threaten you in reality. Or, you never play about hurting the other when the concept of "as-if-hurt" does not exist and instead you find yourself really hitting the other person hard. For some children, each threat is so real that it overwhelms the inner world as well as the relationship with the other. In adults, not being able to play is expressed in a disability to play with words, images, and ideas, and not being able to free-associate (Lanyado, 2004). Here the therapy session becomes a kind of a diary, a day-by-day report about what the patient did and where he was, elements of which have been described in French psychoanalysis as la pensée opératoire ("operative thinking") (Marty, de M'Uzan & David, 1963).

Taken together, according to this third perspective, the therapist enters the child's play as a real person, attempting to create and discover new meanings. The scenario then is co-constructed by both directors in the playroom—the child and the therapist.

THREE PERSPECTIVES ON PLAY AND THE WAY THEY RELATE TO ONE ANOTHER

These three perspectives on play may be valid at different moments of a therapy process or for different children. At some moments, the mere presence of the therapist reassures the child that, in this potential space, the child gets in touch with his or her inner world and creates a play scene on the child's own, and affective aspects and instinctive impulses present in the play content can be worked through. At other moments, the child needs a receptive therapist who observes and witnesses the experiences the child wants to communicate. At other moments, we have to take a more active role as co-player. According to Ablon (1996) this depends on the individual child and the complex vicissitudes of the child's constitution, life experiences, development, and psychic structure.

Here it seems meaningful to take into account a psychoanalytic developmental point of view. A child's ability to play can be present in psychotherapy, but he or she merely needs a sensitive listening psychotherapist. However, some children enter therapy without being able to play. The ability to play can be lost temporarily due to conflicts and actual burdensome emotions. Or their endowed playful abilities have been lost earlier and more profoundly, due to a non-playful, reality-oriented, depressed, or psychotic environment, in which they became anxious about their playful impulses, because it made the mother angry or anxious, sad, or crazy. These children often have limited mentalizing capacities and are in need of a therapist or co-director who can assist them in building the narrative script as closely as possible to what they are able to communicate in nonverbal ways. This kind of inability to play is in part due to a developmental disturbance.

Furthermore, an acquired ability to play can vary due to unconscious conflicts or overwhelming or paralyzing anxieties. An inhibition in the capacity to play can be linked with excessive anxiety, as Klein (1955) described, or with a breakthrough of instinctive excitement, as Winnicott (1971) has indicated.

Finally, play can have a variety of shapes and meanings throughout a therapeutic process, according to the psychotherapeutic phase as well as to the themes the child is working with. Sometimes the therapist only has to create the space wherein the child can get in touch with his or her inner world. In other episodes, it is important that the therapist is present and witnesses what the child is communicating without a more active intervention. And finally, at other moments, the therapist has to be present in an active way, as the co-player in the game and the co-constructor of meanings.

PSYCHOTHERAPY AS "TWO PEOPLE PLAYING TOGETHER"

In line with several authors (Lanyado, 2004; Mahon, 2004; Mears, 1993; Sanville, 1991), a parallel can be drawn between these three
perspectives on the therapist's attitude toward the child's play and on the way the therapist can respond to an adult's verbal play. For a certain patient or in a specific phase of a psychotherapeutic process, it is crucial to merely listen. The patient is then able to fully associate and to find often his or her own creative and playful solutions. Sometimes we need to do more, for example to communicate that we did hear the message, the pain, the feelings of deep confusion or loneliness, the happiness concerning changes, and so on. We are needed to help explore and understand what the play is revealing. Here, the patient needs to experience the therapist as "being there." Finally, there are moments in which the therapist is co-creating meanings out of confused feelings, bearable elements out of chaos, and playful new solutions to problematic old ways of solving problems.

While Vallino (2004) considers the parent entering the play world of the child as recognition of the subjectiveness of the child, I would like to state that entering the metaphorical or imaginary communication of an adolescent or adult reflects a comparable recognition of the subjectiveness of that adolescent or adult.

Psychoanalysis and psychoanalytic psychotherapy incorporate many of the characteristics of play (Sanville, 1991). The patient is offered a maximum of freedom to express thoughts, feelings, wishes, and dreads. A special time and place are set aside so as to constitute a sort of interlude from real life, and a sense of secrecy is fostered by the promise of confidentiality. The two participants design the arrangements that they feel will best serve their search. According to Winnicott (1968, p. 591), psychotherapy has to do with two people playing together. Play is situated in the overlap of two play areas—that of the patient and that of the therapist (Winnicott, 1971, p. 54). But not all patients are able to use this "verbal playground":

If the therapist cannot play, then he is not suitable for the work. If the patient cannot play, then something needs to be done to enable the patient to become able to play, after which psychotherapy may begin. (ibid.)

Or, quoting Lanyado:

In older children, young people and adults, the quality of playfulness takes over from play itself as an indicator of emotional growth. By this I mean the ability to play with ideas and make unexpected connections between them in the free flowing manner which characterizes creative play. Ultimately, this kind of playfulness is the essence of freedom of thought and expression, such as is experienced in great cultural and scientific achievements. (2004, p. 83)

In the following paragraph, we illustrate an evolving process from "being stuck in reality" to "free and playful thinking and talking," by describing the case of a young man on the threshold of adulthood.

**Jacob, or Emerging Playfulness in Late Adolescence**

The opposite of play is not what is serious but what is real (Freud, 1908). Children (and adults) that are not able to play (Britton, 1945; Sanville, 1991) often get stuck in reality. Winnicott (1968) stated that where playing is not possible, the therapeutic goal is to bring the patient from a state of not being able to play into a state of being able to play. In adults, not being able to play is expressed in a disability to play with words, images, and ideas, and not being able to free-associate (Lanyado, 2004). As indicated earlier, in that case, the therapy session can become a kind of a day-by-day report about what the patient did and where he was, or it becomes a well-prepared story, logical and chronological. We will illustrate this with the case of Jacob.

Jacob is a very gifted and intelligent young man who was in his late adolescence (twenty-one years of age) and who didn't succeed in his first year of high school, even after several attempts. He came into the consultation room with what he called "a depression." Later on in this therapeutic process, it struck me how he spoke about "his depression" as a part of himself, as a kind of an object he carried with him and even took care of. I often thought "having a depression" enabled him to take care of himself, but it certainly burdened him as well.

We engaged in a psychoanalytic psychotherapy, face-to-face, twice a week. The therapy began about eight weeks after he started his study in a new discipline, and Jacob was afraid of failing once again. His anxieties were so compelling that I started creating a therapeutic alliance by making some arrangements for how to manage school: how to organize his life in a way that he could be present in the courses, how to prepare his tasks, how to study, and so on.

Some weeks later, it became clear that it would be a "lost year" once again. The depressed feelings were too burdensome, and Jacob was not able to invest in his study well enough. He found it hard to get out of his bed in the morning, so he often didn't attend courses.

For the teachers, Jacob's engagement was too unstable, and they didn't want to invest any longer in what they considered a difficult student. The decision to quit once again made life a little less burdensome for a while and released the therapeutic process. We were
able to work without the large burden of external reality. However, there remained a longing for academic achievement.

After the summer break, Jacob started the same program in a new high school. Very soon, he became anxious again about not being able to manage his schoolwork as well as not being able to establish good relations with teachers and student-colleagues. He was often tired and sad. It was hard for him to persist and to stay in touch with his own experiences during the first months. As a therapist, it was hard to witness his suffering. In this period, I felt like I was taking on many different roles and tasks. Sometimes I found myself feeling and acting like a mother, concerned about how harsh life was for Jacob, worried about whether this was "containable" for him. I felt happy when Jacob received a good evaluation, and I felt relieved and more hopeful about the future, even a little proud: We were managing this. Sometimes I found myself taking the role of a severe father, requiring achievement: He had to attend courses, even if he felt depressed and tired; he couldn't permit himself to make a mess of his relations with teachers and colleague-students. At other moments I behaved more as a supportive and directive therapist, working out time schedules for studying, arranging his life. When he felt very bad and was afraid he couldn't get out of his bed and go to school, I expected him to send me an e-mail about whether he attended school or not. If he didn't show up for his twice-weekly therapy session, I contacted him by phone and realized he really forgot about the appointment. All these different roles had in common that they are "parental" tasks, in which sometimes a more maternal attitude was emphasized and at other times a more paternal demanding one. It drove me to conclude that Jacob, on the threshold of adulthood, did not find the receptive role in the script of his play. I only received permission to help regulate his actual suffering. He was not open to playroom experiences of the child-psychotherapeutic work wherein teachers and pupil-colleagues. It made me wonder how he experienced his parents in childhood, and how school responsibilities. I often doubted the as-if character of the roles I took on. I had doubts about whether I was being too real a parental figure. Did I discuss enough about what was happening between him and me? Meanwhile, I often experienced a lack of space to step out of the roles, as if there were no alternative. It was exactly this compelling quality of the roles I took on that evoked in me the playroom experiences of the child-psychotherapeutic work wherein the therapist has no other choice than to accept the allotted role, as long as the child isn't able to own it as a part of himself. Jacob was not open to questions about the meaning and the background of the problems with regard to high school achievement, nor to exploring how school and achievement were experienced during childhood. It indicated that he had split off certain aspects of himself. I decided to continue on this road, as long as Jacob needed to allocate these parental parts to me. Meanwhile, I hoped that sooner or later he would be able to integrate these aspects into his own person and into his own life and to keep in mind his own personal development and future perspective. And then, rather unexpectedly, a moment of change came about.

Jacob entered my consulting room very happy about the permission he received to delay a part of his first-year program to the second year. In this way, his first year could be a bit easier, he argued. Jacob explained—pleading as an advocate—that he wanted to delay the traineeship. Next year, he would be "better prepared" for this practical training. As mentioned earlier, this part of the training, re-
In the preceding, very supportive phase of the psychotherapy, these conflicts and feelings were among the most important—however rare—entries into a more introspective stance toward himself and his life. Consequently, as a therapist, I was not so happy with his decision to delay part of his studies. I felt concerned about the further therapeutic progress, if Jacob would close down these explorations of his conflicting feelings. Furthermore, I was not convinced that this delay was constructive at all for his study process. I learned about how destructive all kinds of delays had been for him in the past. Once Jacob delayed important new steps, he usually didn't pick them up again. Being “better prepared” was mainly a way to avoid difficult tasks, due to a defensive attitude toward the task, combined with an unrealistic hope that merely “time” (and not the intrapsychic work done within this time) could solve problems. And lastly, I was afraid that this delay of practical training would become a new affirmation of his own negative self-esteem and self-image as well as a new breach in the rather fragile confidence of teachers and parents in his capacity to hold on to a constructive perspective. In sum, I considered this delay as a destructive enactment of his conflicts concerning growing up. So I decided to reveal some of my thoughts on this matter. Jacob, as a gifted speaker, neglected my arguments and went on to explain his happiness with this opportunity to have an “easier” first academic year. My words seemed to have no impact, as Jacob explained once again how he expected to be “better prepared” for this difficult part of his training next year.

As I was already a bit confident about the therapeutic alliance, I could tell him about my concerns about his decisive stance. I told him I could imagine it must be hard for him to listen to what I said, and asked him very clearly to try to hear what I was telling him. It would be his decision, and I would respect it, but only after he had listened to the questions I had about it. Now Jacob gave me the space to talk about my concerns. He listened seriously, made intense eye contact, and said, deeply sighing: “Morituri te salutant. Those that are going to die are greeting you.” You send me straight to the forefront, you.”

We could laugh with this striking metaphor and felt the relief it brought in our contact. This metaphor was both a way out of the direct earnestness of our standing in “front” of each other and connected us in what was at play between us. He felt he was being sent to his inner war, not receiving the space to delay this, while I experienced myself in this phase of the psychotherapy as the one that had to send him to his inner war, which was not the most comfortable aspect of my being a therapist. However, what happened was more than relief. It was the first time after one year of intense work that a metaphor entered the therapeutic interaction. Jacob’s “finding” this metaphor indicated a moment of change. A new, more playful stance became possible, and from this session on, I felt more free of the compelling reality, free to think and to speak more in “as-if” terms.

In the next period, Jacob struggled intensely with conflicting feelings about growing up. On the one hand, he seemed to prefer holding on to his adolescent dreams and fantasies about a brilliant future, hating the perspective of being an ordinary and responsible grown-up. On the other hand, he wanted to finalize his studies, as a way to accept a more realistic future and as a way to leave behind his actual academic failures. I decided to lend him a novel to read (Het boek van Bod Pa [The book of Bod Pa]) (Quintana, 1995). It is a book about the challenges of adolescence, telling the story of an adolescent boy who has to make a journey through the desert as part of his initiation ritual into adulthood. He has to make this journey all on his own, with only Bod Pa as a kind of background figure who is there in moments the boy needs support. Lending adolescents a book concerning their developmental tasks and transition into adulthood is an indirect and metaphoric way to approach them, an expression of my adult understanding of their difficult journey without being too near or intrusive. It is a way of communicating that the hard period they are going through is part of life, moreover, it is also a way of “triangulating” the dual therapeutic situation, entering the author in the therapeutic relationship with his story about the difficult pathways of adolescence and the transition into adulthood. And at last, it is playful, because it looks at the hard adolescent challenges in a metaphorical way.

In this period, Jacob started to speak about “his desert” or “his war,” referring to his difficult feelings about growing up and his attempts to differentiate from his emotionally unavailable parents. This heralded a new phase of the therapeutic work. The therapeutic interaction was no longer restricted to aspects of and events in reality. Jacob started to speak about his history, about significant relationships, and so on. Moreover, speaking about the here-and-now was of a new quality, linked with aspects of history and revealing a more flexible to-and-fro between past and actuality. I could get first impressions about the kind of childhood Jacob experienced, and images of his parents began to emerge. Jacob was the most promising, gifted child in a large family, a good musician and a sportsman, very
intelligent and good-looking. It seemed that he was able to rely on his own resources and became the bearer of high expectations of narcissistic, vulnerable parents, absorbed by intense marital problems. Jacob did not need a lot of parental care. In contrast, he developed into a good parent for his parents, often mediating their marital conflicts and supporting both of them in episodes of depression. An important memory is that of his mother bursting into tears at his first academic failure; she told him she was so ashamed and did not dare to tell her friends about Jacob's failure. Jacob felt left alone with his harsh feelings of incompetence, sadness, and disappointment. He could not experience any concern from his parents. The formerly idealized kid was dropped, and he felt as if he were growing up as a worthless adult.

Jacob now became more "playful" in thinking and speaking: He could now play with words, with images, and ideas (Lanyado, 2004). Meanwhile, my role could take on a different focus now. I was no longer the carrier of several parent parts, but could take on my role as an analytic listening psychotherapist. Later on in his therapy, Jacob spoke about how he prepared what he was going to tell me about the previous school days while riding on his bike to the therapeutic sessions. "But I stopped it. It's easier when I just come here and try to tell what is blowing through my head." Once again he made very intense eye contact, saying with a humorous laugh, "I think I'm starting to get how things work here." From this moment in the therapy, I no longer felt like a co-player in his play but a therapist, free in my listening to and in my thinking about the free association that was becoming possible for Jacob.

Later, in the final session of this therapy, Jacob referred to the moment I gave him the book. He expressed how the book touched a central point of his life experience. He asked how I chose that book and whether I had a series of books about all kinds of themes. I could conclude that it was not only my experience that this was a turning point in Jacob's therapeutic process, and I received his final remarks and questions as a compliment and a farewell gift.

**Conclusion**

Three perspectives on play in a psychotherapeutic relationship have been discussed, advocating an open view to assess what kind of play a child—or an adolescent or adult—needs. This requires a large amount of flexibility, or as Anne Hurry, interviewed by Maria Pozzi, has worded it:

What we have neglected a bit is how much more difficult child analysis is than adult analysis, and some of the difficulty has to do with [the] question about playing: do you take part in the play or do you observe it? I think you do what the child is indicating. (Lanyado & Horne, 2006, p. 15)

Ablon (1996) also takes this viewpoint, when he differentiates between play as communication with the self and play as communication with the therapist. However, in this contribution I do not only plead this flexibility as an aspect of child work, but would like to suggest this flexibility as enriching adolescent-and-adult-work. An amount of flexibility and playful willingness to engage temporarily in certain roles can be important in the psychotherapeutic processes of adolescents and young adults with a limited capability to play with thoughts and words.

Following Winnicott, a therapist has to be able to play, otherwise he or she is not suited for the job. A personal psychoanalysis can contribute essentially to the development of the therapist's playful capacities (Vliegen, 2007). If a patient is not able to play, "the work done by the therapist is directed towards bringing the patient from a state of not being able to play into a state of being able to play" (Winnicott, 1971, p. 51).

In growing older, the child's play makes space for adult playfulness. A playful stance can be seen as an indicator of personal growth. Playful adolescents and adults are capable of playing with ideas and creating unexpected links between thoughts. Finally, playfulness is essential in free thought and speech (Lanyado, 2004), as can be seen in cultural and scientific realizations.

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