CHAPTER 8

Playfulness

My focus in this chapter will be on some of the ways in which playfulness can be of value in the establishment, maintenance, and advancement of a viable analytic process, as well as on the ways it can serve as a measure of analytic achievement.

There is a growing body of data documenting the fact that, in order to keep the work alive and vital or even to establish an analytic relationship, especially with more disturbed patients, there are times when the analyst must be innovative and creative. Playfulness can be useful toward this end; indeed it is an underused medium, the potential value of which may not be fully appreciated.

Winnicott (1971), for example, writes that playing is more than simply helpful. He states that it is essential to the analytic experience, remarking, "It is in playing and only in playing that the individual child or adult is able to be creative and to use the whole personality, and it is only in being creative that the individual discovers the self" (p. 54).

He elaborates that "playing has to be spontaneous and not compliant or acquiescent, if psychotherapy is to be done" (p. 51, italics in original), and that there is a kind of magic in play and playfulness, but a magic that is precarious, since "playing is always liable to become frightening" (p. 50).

Therefore, he emphasizes, "Games and their organization must be looked upon as part of an attempt to forestall the frightening aspect of playing" (p. 50).

Winnicott comments that "psychotherapy is done in the overlap of the two play areas, that of the patient and that of the therapist. 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. The reason why playing is essential is that it is in playing that the patient is being creative" (p. 54, italics in original).

Play may be a "prelude," he notes, to more intensive effort in that the patient may be ready for analysis only "after experiencing the understanding" during play and that possibility for "communication at a deep level" which this kind of interaction provides.

Winnicott presents us with a paradox. According to him play is the actual medium of self-discovery and thereby of analytic effort. If the patient has difficulties in being able to play, the first task of treatment is to achieve the ability to play, so analysis can begin. Yet this must be accomplished analytically. Winnicott apparently uses the term "play" to encompass all the varying modes that contribute to the analytic process.

Bateson (1972), an anthropologist, affirming the similarity of the process of therapy and the phenomenon of play, states that paradoxes, such as those involved in play, "are a necessary ingredient in that process of change which we call psychotherapy."

He explains:

As we see it, the process of psychotherapy is a framed interaction between two persons in which the rules are implicit but subject to change. Such change can only be proposed by experimental action, but every such experimental action, in which a proposal to change the rules is implicit, is itself a part of the ongoing game. It is this combination of logical types within the single meaningful act that gives to therapy the character not of a rigid game like canasta, but instead that of an evolving system of interaction. (p. 192)
Bateson emphasizes that “human verbal communication can operate and always does operate at many contrasting levels of abstraction.” He points out that a very important stage in the evolution of communicative capacity occurs when the individual ceases to respond automatically to the communications of another.

In playfulness the words used do not stand for what they literally mean, and paradox often is a critical element. Bateson notes that the capacity to participate playfully “marks a step forward in the evolution of communication.” It can serve as a form of metacommunication, in which the subject of the communication is the relationship of the speakers.

In the kind of playful interactions I consider here my emphasis is on the mutual experience of fun and pleasure. The capacity for this kind of playfulness can evolve in any of a number of ways. Sometimes it requires years of serious and painstaking analytic work.

Playfulness can include the use of humor and irony, affectionate kinds of teasing, banter and repartee, joint fantasy, and a host of other possibilities. Because it can effectively communicate on multiple levels simultaneously and allow for transcending communicative barriers, play can cut through distance and expand the range of communication. It can even serve to restructure the relationship or the focus of the interaction, by calling attention to interactive and relational considerations. In essence, it can be catalytic in enabling the patient to have a new experience in relation to himself or herself or a new experience of intimacy in relation to another. It can become a basis for experimentation and exploration, as it provides an opportunity to rediscover and integrate disavowed or repudiated aspects of self. It can also allow for the discovery of undeveloped resources. At times the value of playfulness lies precisely in the kind of affective experience it may help generate and the opportunity it provides for the patient to discover this potential in himself or herself.

In some instances the realization that positive affective connection is possible is the most profound insight that emerges. Some patients learn that they have a capacity for tenderness and affection, or for humor and wit, which heretofore had never been expressed. Some discover their ability to deal with frustration or dis-

appointment. These experiences of self-discovery can become a source of pride and expanding self-esteem.

One patient described the impact of our mutual pleasure in an interaction as follows: Although she had always assumed she was insatiable, a bottomless pit of desire, and was afraid to want for fear that there would be no way to limit her craving, our playful interaction gave her an opportunity to discover how “satisfied” she could be as she experienced my pleasure in relation to her. Her fear had been that she would want to be with me twenty-four hours a day, that I would find this distasteful, and that she would be unable to tolerate the frustration of not to deal with the fact that it was self-evident this could not be. Our playful exchanges, and the genuine mutual satisfaction they provided, allowed her to discover that she was indeed able to tolerate frustration and accept the limitations of our relationship.

On reading this she elaborated that the playful encounter gave her a whole new perspective.

“It wasn’t just that we could have a good time together; it was that something from deep inside me could be communicated to you and could reach something that was deep inside you that had a mixture of sadness and good feeling. I felt we gave each other something by having that moment. It was also that something painful could be expressed and had a certain sweetness that came from being able to share it. It definitely was a moment where I didn’t feel alone. I had my experience and you had your experience and they weren’t exactly the same but there was something for each of us that connected us to each other. When I try to tap these kinds of feelings by myself I only feel alone and only feel the pain I don’t feel that other tender feeling, the feeling of being held and of some comfort. But not only that, it also has some sense of self-regard. I respect my feelings more. It’s the joy of being able to communicate. That was the playful part for me. That is why it felt satisfying and not just needy.”

I distinguish spontaneous kinds of playfulness, which involve the mutual experience of fun and pleasure, from other forms, and uses of play. For example, during Winnicott’s squiggle game (1971), in which each person draws a line, or scribble, in turn, so that both
create a story or picture together, the playful engagement is relatively structured; though it can become playful in the way I am considering, it does not always. I also distinguish it from forms of hostility or denigration in the guise of humor or playfulness, which may involve negative, detached, or contemptuous feelings, and which can be injurious. In the kind of interaction I describe, the affective experiences that evolve in the interaction are often critical.

Sometimes the realization of the possibility of positive, even joyful, relatedness may become the point at which a patient can begin to recognize and acknowledge painful aspects of former experiences, or of his or her own behavior or character, with which he or she may never have been able to deal. When this occurs it often allows the patient, finally, to begin a needed process of mourning.

Working playfully requires spontaneity and means trusting one's intuitive clinical sensibility before it can be consciously thought through. Although it is not calculated or premeditated, this does not mean that it is not informed by one's clinical expertise. On the contrary, even as decisions to be playful sometimes may precede rather than follow more conscious kinds of logical consideration, they involve complex clinical judgments. The question becomes: Do we think a particular response will be technically facilitating? rather than: Do we understand exactly what is going on with the patient, the treatment or ourselves, at any given moment? Heiman's (1950) observation that the analyst's unconscious is always ahead of his or her conscious in relation to the patient seems relevant. I think it is this level of our own experience that we actually draw upon when we make a decision to intervene playfully.

In considering the varying forms playfulness can take in the analytic situation, it is useful to distinguish between playfulness initiated by the patient and playfulness initiated by the analyst.

Patients' expressions of playfulness are obviously subject to analytic exploration, as would be any other kind of patient expression. They can be a means of testing the boundaries of the relationship, the limits of one's power and of one's ability to have an impact on the analyst; or they may be expressions of affection or warmth, even an experiment with tenderness.

With some patients, apparent playfulness can be defensive, calculated, even driven. It may be a means to be seductive and disarming. Or it may mask hostility. Certainly, when playfulness is used to manipulate and control, failure to identify this or going along with the patient's pseudo-playfulness can become a form of collusion, a way of avoiding the analytic process. Nevertheless, there are times when being able to join the patient in his or her playfulness and to be responsive to the patient's playful overture can be the most analytically facilitating response of all, and when failure to do so can be a form of resistance, a measure of the analyst's rigidity and lack of imagination. In some instances it may mask the analyst's fear of engaging his or her own spontaneous experience and/or the potential intimacy of the moment.

Playfulness initiated by the analyst is much more complex. Obviously, there are dangers of seduction, manipulation, even coercion, or of what Stern (1985) calls "misattunement" and "emotional theft." This can only reinforce cynicism, despair, and defensiveness.

At any given moment the analyst cannot know whether responding playfully will expand or impede analysis or whether his or her impulses to become playful reflect some kind of self-indulgent, countertransferential response, or an astute, intuitive form of response to a communication from the patient, of which neither patient nor analyst may be consciously aware.

Similarly, though the achievement of a capacity for playfulness in some treatments in which negative feelings have prevailed is usually a positive development, in other contexts one could question whether it might limit the potential for the unfolding of negative feelings.

The analyst's playfulness surely can be experienced as some form of sexual teasing or some kind of unward provocation, and may evoke hostility; alternatively it may be a countertransferential enactment and/or a way of protecting oneself from the intimacy of the moment rather than a way of developing it.

Nevertheless, these concerns can be raised with regard to the most standard kinds of analyst participation as well, including the most seemingly serious and thoughtful. They can also be raised with regard to the analyst's use of silence.

For these reasons it is clear that avoiding playfulness does not preclude dangers of mystification, seduction, coercion, or manipu-
lation, or of transference cure. To do so requires that the analyst monitor the impact of his or her participation, whatever form it may take, in an ongoing way (Levenson, 1972, 1983; Ehrenberg, 1974, 1982a, 1984a; Feiner, 1979, 1983; Gill, 1983, 1984; Hoffman, 1983). At times the very process of monitoring this impact, and of monitoring the repercussions of the monitoring, which has effects as well, can become the heart of the work.

Fromm-Reichmann (1950, 1952), Tower (1956), Winnicott (1956), and Levenson (1972, 1983), among others, have emphasized that even negative analytic developments can constitute analytic opportunities leading to productive outcomes if followed through with analytic care and diligence. I emphasize this not to imply that this gives one license to intervene playfully in thoughtless or impulsive ways, with the idea that one can always work one’s way out of chaos, but because playfulness, which may be the most effective way to make a point, requires us to seize the moment or to forfeit it altogether.

Even in those instances in which I have playfully teased someone and it turned out to have been a “mistake” in the sense that the patient took my comment in some untoward way, I have found that it was useful for both of us to be able to explore the entire experience.

Addressing something playfully can be a way to convey the message that no matter how problematic or painful a situation may be it is not necessarily tragic, and that the analyst assumes it is something analyst and patient have the resources to deal with. For example, it can convey the message, which might not otherwise be heard, “I think you underestimate who you are and what you have to offer.”

This can spark curiosity, hope, and even wonder: “What is it that I don’t see about myself and why?” Or playfulness can convey the message, “I can see your faults and limitations and still appreciate your capabilities.” This is particularly relevant if the patient has difficulties dealing with ambivalence and tends to feel rejecting when he or she experiences negative feelings or is critical of self or other, or if he or she tends to engage in denial or resort to manic defenses. Although this obviously can be addressed in any number of analytic ways, the communication from the analyst that it is possible to face the negative in oneself or in the other without rejecting the total person or losing sight of the positive may open a whole new perspective. This may be necessary to enable the patient to deal with the full scope of his or her experience.

With patients whose treatment is characterized by morbidity and humorlessness, as well as by repetitive dissatisfaction and anger in relation to the analyst, a playful challenge at an opportune moment in the face of the patient’s dour gloom and doom can be quite disarming and reassuring. It can help keep the issues life size, rather than letting them escalate to unrealistic, even terrifying, proportions.

For some playfulness can provide a sense of relief, as it establishes that it is possible to open oneself without anticipating rejection, humiliation, attack or blame. It can also be a means to help the patient become aware of his or her tendencies to be self-critical. Playfulness may make it possible to establish an emotional context secure enough for abandonment of even the most paranoid attitudes.

As their capacity for playfulness has developed some extremely paranoid patients have described their pride in being able to “hang in” at times when formerly they might have “freaked out,” literally run from the room, or withdrawn from the relationship with hurt and/or hate. Sensitivities that might have made the work problematic for weeks or months were resolved in one or two sessions with the analyst’s appropriately playful response.

One patient who typically would have reacted with paranoid rage was actually able to laugh as she was presented with the untenability of the bind she was creating when she indicated that she would be furious if I said anything to push her one way or another, and yet would be equally angry if I didn’t tell her what to do.

Sometimes playful engagement has served to facilitate insights about how threatened the patient may have been by emergent erotic or affectionate feelings toward the analyst. In these situations playful experiences have helped to demonstrate that the need to attack or denigrate the analyst reflected a desperate effort to ward off the threat of positive affect. One patient reported becoming aware of how she invariably came to hate many of the people she cared most
about precisely because her caring made her so vulnerable to disappointment or betrayal. There was even a sense of feeling violated when she did care. It was as though the other had somehow seduced her into caring against her will and that she had been emotionally raped.

Playful encounters permit the boundaries and structure of a relationship to be challenged. They can serve as an important medium for working through, as they provide the opportunity for the patient to test the limits of his or her fantasied omnipotence and/or fragility. Being able to be playful, even irreverent, in the face of a patient’s anger or despair is a way of communicating one’s refusal to be intimidated or to give up no matter how difficult the situation. It establishes, within the actual two-person interaction, the limits of the patient’s omnipotence and the strength of the analyst’s ability to stay alive despite the patient’s efforts to the contrary. In this kind of interactive encounter, it is this evidence of the analyst’s autonomy and commitment, not the specific content of the words, that may be most significant. And although this has to be addressed explicitly after the fact to maintain analytic integrity, the critical point is that a simple verbal exploration would not have the same power.

The opportunity for the patient to discover, in the actual interaction, that both patient and analyst can survive the patient’s explorations in self-expression can establish a unique context of safety in which he or she can begin to confront fears and to discover ways in which these may be arbitrary and stifling. In some instances playful engagement can make it more manageable for the patient to explore what the anticipated dangers of closeness might be. Fears of closeness based on fantasies that such feelings open one to the threat of being cannibalized, consumed, violated or betrayed—or even to masochistic wishes for these, including denigration or deflation—often can be explored.

Some patients have stated that the kind of positive feelings they experience in playful interactions are so intense that they fear that, if the relationship were to be threatened or changed in any way, they would become so angry due to their frustration and disappointment that they might lose control, becoming homicidal toward me or suicidal. For such patients, for whom negative feelings often serve as a form of protective insularity, and for whom love is felt to be more threatening than hate, being able to experience and survive positive feelings in the analytic context, along with the sense of vulnerability these feelings generate, can be critical.

With those patients for whom the threat of invasiveness and intrusiveness is always present, playfulness can render such anxieties accessible and provide an opportunity for the patient to discover that there are ways one can open and enrich oneself by exercising choices. Playful engagement can facilitate a collaborative exploration of the complex boundary confusions with which they may be struggling, as well as their own contributions in perpetuating them. Particularly at moments of acute vulnerability, when a conventional clinical response might be too ambiguous and lend itself to being interpreted as cold and rejecting, a playful response can be extremely reassuring in establishing that it is possible to explore certain issues without fear of rejection or humiliation. It can also be a means to help the patient become aware of his or her tendencies to be self-critical, judgmental, or self-righteous, or to project these qualities onto another.

In some instances I have found that my use of affectionate teasing has served to expose a patient’s inability to respond to this kind of communication except literally. In effect, it helped to reveal the degree of anxiety that can be aroused when the patient is faced with certain kinds of ambiguity and/or the potential for certain kinds of emotion.

Similarly, with patients who seem to be very bright and sophisticated, and who might be quite comfortable in initiating playful action, the analyst’s playfulness can be useful in revealing their inability to deal with playfulness initiated by another, and a tendency to become concrete in response, which may not otherwise become apparent. This can help to illuminate profound fears and/or conflicts and allow these to be worked through in the analytic relationship. In such contexts, the development of the capacity for responsiveness to the analyst’s playfulness often constitutes a measure of the achievement of the ability to engage in more complex kinds of abstract communication and metacommunication.

Generally, when playfulness is threatening there is a history of
danger in playful or close relationships. Experiences within the analytic situation can help reveal ways in which patients may have felt seduced—then betrayed—in playful interactions with parental figures.

Obviously, there are times when playfulness would be inappropriate and counterproductive, and when playful intervention could preclude a necessary experience of rage, depression, or anxiety. Nevertheless, even in the context of negative feelings, there are instances when playfulness can be useful. When analytic work seems to be deadlocked, or when achieving an analytic engagement seems impossible, I have sometimes had an impulse to “liven things up.” Since this does not always occur to me in such contexts, and in many instances I would consider it egregiously inappropriate, when it does occur it seems to reflect the fact that I am tuning into something. And although sometimes clarifying this in my own mind may be sufficient, at other moments I might decide to actually respond in a playful way. And, despite my concern that in doing so I might be engaging in some form of countertransferential enactment or exploitative self-indulgence of which I may not yet be aware, these interventions usually serve to set the analytic process in motion. Once this occurs it is possible to explore what the impact of my participation has been, what might have been going on earlier, and what the transference-countertransference issues might be.

**Paula**

As I noted in Chapter 2, in the early phase of my work with Paula, who was suffering from a postpartum depression, she was able to verbalize only minimally and at times was unable to sit still in the consulting room. She usually arrived late for sessions and left early, sometimes after only a few minutes; sometimes she wouldn’t show up at all. At times while she was there she might pace back and forth. Once she actually began banging on and kicking the doors in my office.

I emphasize the tension, and the level of aggressive feelings that dominated the early period of our work together, to make clear that our later being able to engage in the playful, sometimes silly interactions I will now describe, and to experience and express positive feelings, was no small analytic achievement. In a sense it must be viewed as the fruit of the very painstaking analytic work that preceded it.

Much later in this treatment, in the context of an atmosphere of increasing freedom and intimacy, Paula openly acknowledged how strong her feelings for me had become. Yet she also expressed some skepticism. She wanted to know what I felt for her. Was she just another “case”? It clearly mattered to her to know that I took our relationship seriously. This culminated in a moving expression of how vulnerable she now felt. Following this she began to joke that even if we both saw each other as “beautiful, wonderful people” it might be a “folie à deux.” “What if we are fooling ourselves and each other?”

When I replied that I thought there was no requirement that we be either beautiful or wonderful for either of us to care about the other, this seemed to touch her. She then got up and began to pace, as she described how much she loved her daughter, and how vulnerable she felt to care so much, obviously referring to our relationship as well. Being able to experience, express, and survive such feelings seemed to be healing.

One scenario we both later enjoyed involved during a session in which she seemed restless and began pacing back and forth. After a while I got up and moved into her chair, which surprised her. At this point she sat in my chair. When the buzzer signaling the next patient sounded, she asked whether she could press the return buzzer. I said yes and she did so with excitement. Then the phone rang and she asked whether she should answer the phone. When I said “No!” we both laughed. Following this interaction we were able to talk about some of the boundary issues, and what they meant to her, in a way that had not been possible earlier.

Later in our work Paula began to take great pleasure in relating to me all the gory details of the horror stories she loved to read. She was immensely delighted with what she experienced as her ability to shock and horrify me. She teased me about her perception that I only read “good books” and was so “straight.” As she made a point of emphasizing the ways in which we were different, we were able to begin to explore her concerns about maintaining her identity and the degree to which she struggled with fears that being like me in any way threatened her sense of her own integrity. What became clear was the degree to which these fears prevented her from being
able to define herself in her own terms. This period of our work led eventually to a moment, sometime later, when she poignantly expressed her sadness about only reading "Martian horror books," and commented that she wanted "go to the library and read all the classics I never read, poetry and everything."

In fact, as she began to report feeling freer to be either the same or different from me, or anyone, depending on her own preferences and abilities, this stimulated a train of associations to an earlier struggle with her concerns about sameness and difference in relation to her parents as well, and to the fact that there had been a time in her life when she had loved to read serious writers. She noted that she was now beginning to wonder why she had stopped.

As our work progressed her dreams began to shift in the direction of becoming less gory, and sometimes were even actually positive in feeling. In this context, on one occasion she reported a dream in which she was on the ocean liner, the QE II. She had apparently walked into a place she was not supposed to be. The captain confiscated her suitcase and proceeded to cut the sleeves off her best dress as some kind of punishment. She remarked how amazing it was that he was only attacking her dress and not her, in contrast to her earlier dreams. I acknowledged the importance of this; yet I also challenged playfully that she was still being victimized. Why had she not fought back, even hit him below the belt? This idea excited her enormously and led to much laughter. I deliberately had not addressed the extremely complex transference issues directly, instead choosing to work playfully within her metaphors and to emphasize options she was not aware of, because I felt that would be most useful at this juncture.¹⁰

When, sometime later, she reported a sense of how much she felt herself changing, even though she couldn't exactly explain how or why, she noted that what was striking was her realization that although she had always expressed a fear that if she were to change, she might "lose herself," she now was excited to discover instead that she was beginning to "find herself" more and more.

In this context she reported, "An image comes to mind—"I am a shadow of my former self"—but I have never been that yet, that's my goal. I feel I am a shadow of the fledgling real me." Over time, as she began to come even closer to that "real me" than she had ever been before, she reported with excitement an image of "a zipper opening on my throat and singing birds come flying out!"

She contrasted her current sense of well-being to the initial period of our relationship, in which she had been pacing back and forth in my office and banging on the doors and walls in a state of extreme agitation, and she elaborated a dream she remembered from that early period in which "Your office was filled with heads, like trophies, people's heads, stuffed. And there was dried shed skin. That is your job, isn't it? People come here and shed their skin. I don't know if the mounted heads were what I thought your attitude was. But it was pretty grisly in here, I tell you!" Sometimes later she revealed that in contrast to the image of the singing birds she had reported so recently, at that time she had felt "like a giant blue bird, with white underfeathers, batting around the room, smashing against the walls, with feathers flying all over."

By this time Paula reported a growing sense of pride about the fact that her relationships with both her husband and her child had become very satisfying and important to her, and that this was true with regard to our relationship as well. She also reported that, although it had not been easy, she had been successful in her effort to give up drugs and alcohol.

It may be no surprise that Paula never became a woman of many words during the six years of our work together. Nevertheless, in contrast to her earlier fears that she would lose herself by putting things into words, and having things "leak out of me like a puddle," and in contrast to fears expressed in a later phase of our work of putting things into the "wrong words," with the risk that this might become a way of "closing off something forever—forever sealing it off," Paula began to play with words and to have great fun doing so. At times she was so clever and funny that she actually amazed herself. She demonstrated an ability to be incisive, penetrating, sometimes even cutting, in all her own remarkably terse way. Our sessions came to be characterized by so much laughter that eventually I began to feel guilty for getting paid for having so much fun. When I raised my concerns about the usefulness of our continuing to spend our time simply having fun, she let me know her disappointment that I did not appreciate the degree to which this continued to be an experience of self-discovery for her. She stated that
because she still had moments in which she experienced herself as "fragmented" and "alien" in almost every other context, it meant a great deal to her to feel that we could continue to make contact with each other and have so much fun together. In her words, the fact that "someone like you could really enjoy being with me and have fun with me allows me to feel whole and human." I of course learned a great deal from Paula in that moment.

Paula had a second child during the course of our work. Although this was not without experiences of intense strain and anxiety, particularly during the second pregnancy experience, she was able to contain these feelings, and neither they nor the subsequent birth of her child interfered with her relationship with her daughter or with her husband. When the new baby was born she did not have a postpartum depression and was able to delight in and care for both children. She eventually also began to explore ways of developing and pursuing her own interest in singing.

MICHAEL

Michael began treatment in a state of anxiety and was very tense in our early sessions as he elaborated gory fantasies of being mutilated or castrated by razor blades (see Chapter 7). These fantasies frightened him and led him to wonder whether he might be "crazy." During this period I painstakingly tried to track the details of subtle aspects of what went on between us, so as to determine what triggered these reactions. We were able to determine that these might occur at moments when he noticed me looking at the clock. In such instances he did not experience anger, or rage, or hurt, but rather would experience a razor blade fantasy, usually with himself as the victim. In one instance, described in Chapter 7, he actually experienced a frightening loss of touch with reality after I had canceled a session unexpectedly. Only after we dealt with this in our immediate interaction, and he was able to recognize how angry and hurt he was in response to this cancellation, was he able to regain his grasp on the situation.

In contrast to the tension and anxiety that had characterized our earlier work, in the period of work I will describe now our sessions began to be a pleasure for both of us, as he began to enjoy flaunting his intelligence and creativity and to challenge and compete with me

in a playful way. In one session he dared me to read my notes back to him and expressed surprise and delight when I did so. At that point he told me to be sure to write down that I was doing so. The playfulness became a medium for experiments in assertiveness. It seemed obvious to me that he was using our relationship as a testing ground.

These playful efforts became self-reinforcing and led to bolder kinds of playful expression. He became overtly seductive, vigorously challenging the boundaries of our relationship, as he began to describe fantasies about a romance between us. He would elaborate detailed fantasies of our running away together to exotic and wonderful places, and he began to enjoy being able to play with such a fantasy. At other moments he offered himself to be adopted as my child, asking if I would be more receptive to that. He promised to be well behaved if I would agree to take him into my home, and argued that, since we got along so well, why should he have to look for someone else to be involved with at all. He was charming and funny and our sessions were fun for both of us. However, even as he played with these fantasies, the fantasies established as much distance as they did closeness. If I became too playful in response, the actual closeness this seemed to establish aroused fantasies of his being murdered or castrated, which we explored.

Eventually he was able to articulate his fear of what might happen if he were to dare to be less than charming, and in this context some of the old razor blade fantasies began to reappear. Sometimes, however, he would have a totally new kind of fantasy, in which his aggression was specifically directed at me. Although the content was murderous and frightening, as he realized they did not seem to pose a real threat to either of us or to our relationship he began to be less frightened by his own aggressive impulses. Eventually, he even began to be able to enjoy his own aggressive fantasies and to develop these in very playful ways. For instance, he seemed to delight himself as he developed one fantasy that involved a cartoonlike scenario of getting rid of me by having the floor around my chair sawed through so that I and my chair would fall to the apartment below.

As we now scrutinized all that was involved, he began to speak more directly about his feelings of vulnerability. He was able to describe his anxieties about getting involved in a sexual way with
any woman. These included a phobia of having anyone see his naked body, anxieties about his physical attractiveness and his sexual capacities, and anxieties about being castrated or even murdered. There were associations to specific experiences of hurt and betrayal in relationships with his parents and siblings. He reported that he was amazed to be able to share all of this with me, and he voiced concern about whether I would be jealous if he were ever this free with anyone else. This led to a realization of a wish that I should be, and a fear of what it might mean if I were.

As all this became clarified he reported with surprise that he was aware of feeling more self-confident outside of treatment. In his work he began to be much more productive and assertive and to establish himself as someone of unusual talent and competence. And in his personal life, despite a long-term preoccupation that he might be homosexual, he began to date and to become sexually involved with a young woman. He actually looked physically different, as he stood straighter and taller.

JEFF

Another patient, Jeff (see Chapter 7), seemed solely concerned with charming me. His ingratiating smiles and jokes made me quite uncomfortable and actually had the opposite effect. His alleged playfulness seemed to be calculated and driven. Indeed, I felt a hostile edge to it all. For him, being funny was work, not play, indicating that he needed to stay in control.

What became clear eventually was his cynicism about what treatment could accomplish (he had had prior experiences) and his despair about life and relationships in general. Being charming was a way of insulating himself from treatment and from life. His pseudo-play was actually a formidable defense against a meaningful engagement in any arena. In treatment, in particular, it protected him from being disappointed or helped, both of which were terrifying possibilities. As all this emerged there were some surprising moments in which he was able to experience and acknowledge feelings he had never felt consciously before. These included his terror of feeling vulnerable and inadequate.

The result was that he suddenly began to behave toward me more deferentially than usual, indicating that I had “won” some kind of battle. When I questioned this he revealed that in his relationships in general he was either a “tyrant” or a “wimp” and that he didn’t really have any sense of alternative ways of relating. I stressed that I had no interest in getting him to submit to me and that I had hoped our relationship could involve collaborative exploration.

Following this he became extremely self-conscious about the kind of manipulativeness he had formerly engaged in, and very slowly the character of our exchanges began to shift in the direction of a much more mutual kind of repartee. Now, when some of the old tendencies to structure a power struggle were evident, that became something we could joke about.

One scenario followed a very moving session in which he had actually cried, acknowledging the magnitude of his problems, which he had never before fully grasped. It went as follows:

He was my first patient of the day. He came in and commented, not atypically, about the mess of papers near my chair and the disarray of my desk, in a teasing but affectionate way. Then he made some reference to something related to his business, which put him in touch with people of relative prominence. I did not recognize a name he mentioned and he went into a lengthy teasing elaboration of who this person was, emphasizing that he was now enlightening me and broadening my education. Then he began to comment on how sleepy I looked, and asked snidely, “Is it too early in the day for you to be working?” sarcastically adding that he surely did not want to impose himself on me if I was too tired.

I found myself yawning increasingly and feeling so sleepy I began to worry that I might actually fall asleep during the session. He noted my facial expression as I struggled to keep my eyes open. I apologized for being so tired. I silently wondered how I would ever get through the day.

At the end of the session he again made some snide remarks, this time about it having been an unproductive session. I replied, somewhat defensively, “We will have to see—sometimes you can’t tell until later.”

When my next patient arrived I was amazed to discover that, despite feeling tired, I had no trouble staying awake and was able to participate with no difficulty. At that point I began to wonder what
exactly had been going on in the prior session with Jeff. It was now clear to me that what I had experienced as my own real physical tiredness was not the key to what had occurred.

The next day I described to Jeff how intrigued I now was by the fact that, although I had been so “sleepy” with him, I was wide awake in the session following. I felt it was important that we attempt to understand what had been going on between us. Yes, I had been sleepy, but what had his role been? As I pursued this with him I was as playful as he had been the day before. I asked him whether putting the spotlight on me had been a way of getting it off of himself. Had that been his intention? His response was fascinating. As I focused on him in this way he began to squirm very markedly and to yawn repeatedly and to become increasingly “sleepy.” I noted this and playfully confronted him with the fact that, although his effort to “educate” me yesterday had been with regard to my fund of factual knowledge, it seemed what I had learned instead was how to have the same effect on him now as he had managed to have on me then.

We both began to laugh. At this point we were noticeably awake and engaged. What we were able to see at this point was that the previous session actually seemed to reflect a reaction to the session prior, in which he had had the emotional realization about the magnitude of his problems. He now stated that this had felt somewhat humiliating to him. The suggestion was that his effort to put me down in the next hour was a reaction to the pain he had felt in response to that prior session, and that his attempt at playfulness was actually in the service of avoiding the earlier intimacy. It was now possible to engage his fragile sense of self-esteem, his fears of humiliation and of hurt, and his need to stay in control and to assert his power.

As our work progressed he became much more genuinely playful and funny, and began to delight in getting me to laugh. Nevertheless, he often would take great pleasure in teasing me once I did begin to laugh, saying that Freud would turn over in his grave if he knew what was going on and that he was sure my colleagues at my institute would be shocked if they were to become aware of how we were spending our sessions. Sometimes I responded to this in kind, wondering out loud how he could determine whether his ability to reduce me to laughter was a measure of his power or whether it indicated I was “easy,” a virtual “pushover?” Furthermore, since it was his analysis, who was winning or losing if I didn’t fight him and just let myself enjoy the fun? This kind of repartee facilitated engaging his complex feelings about who was in control and raised the question of who was getting the best of whom in our actual interaction, in ways not possible earlier. The fact that we could play with all of this, and talk about it even as we did so, seemed to contribute to a growing sense of intimacy and affection between us and a feeling of knowing each other in a much more direct and incisive way than any revelation of any facts about ourselves might have achieved (see Ehrenberg, 1974).

Jeff began to marvel at the contrast between his awkwardness and self-consciousness in our earlier sessions, as well as his use of pseudo-play to protect himself from getting close, and the kind of intimacy we had now achieved. Ultimately in these mutually playful exchanges he was able to talk about those things he had always assumed to be unshareable. He expressed his pleasure in the realization that I seemed to enjoy our current interactions as much as he did, saying that he had always assumed that no one could possibly find him interesting if he were not being controlling and/or manipulative.

As his capacity to be genuinely playful developed he began to describe with pride a growing ability to distinguish in his own mind between playing the other, as one manipulates a tool or a musical instrument, in the service of one’s own agenda (something he considered himself to be a master at and generally was), and the kind of open communication that characterized the more mutual kind of playfulness in which we were now involved. He reported that for the first time he was aware that he no longer felt isolated. And, as he expressed his realization of the joy he felt in the experience of connection, he reported with surprise and with pride the ways in which this seemed to be having repercussions in his relationships outside of treatment. He specifically saw that he had begun to experience a new depth of emotion towards his children, and he actually cried as he articulated this. In this context he began to deal
with painful aspects of his past experience which he had never been able to deal with before.

SARA

In one instance, when she was particularly depressed, Sara expressed her concern that I must have regrets about having agreed to work with her, and that she was sure she was my "worst" patient. I found this so absurd that I quipped, quite affectionately, "No, you are my second to worst patient." To my surprise she took this quite literally and seemed devastated. Here was an instance where my playfulness certainly did not have the intended effect.

There were several things to consider. Though she had expressed concerns that maintaining our relationship was contingent on her being fun to be with, the facts were that she had been depressed for the first two years of our work, and it was during this period that our relationship had actually developed. It had not been contingent on her being fun to be with at all (see Chapter 4). Was the issue now that I had hooked into her expectation that in any relationship, no matter how positive it may appear, the other person's feelings could change at any moment, and that ultimately she would be subject to rejection or betrayal? Or was she feeling burdened by an idea that she had to be able to function at a level that was difficult for her to sustain in order not to disappoint me? Certainly in expecting her to appreciate my comment as a tease, I was apparently expressing an expectation she was unable to meet. I raised all of this with her.

She responded with associations to particular details of her experience growing up with alcoholic parents, and elaborated that we seemed to be involved in a reenactment of something that she had often gotten into with her mother. These complex issues were now tangibly in evidence and became data for us to work with.

My effort to painstakingly address and clarify all of this seemed to have impact of its own. It seemed that it conveyed to her that I thought we could do so, and that it mattered to me that we should. And it actually began to structure a new experience for her, very different from the one with her mother, as it provided her with an opportunity to realize the extent of her own ability to have an impact on me.

In this specific instance my actual remark, that she was my "second to worst patient," became something she often referred to in the years following. It came to serve as a shared image, a part of the private language that develops in any intimate relationship over time, which encapsulated all that had been involved in that earlier experience. In addition, she used it as a reference point at moments of vulnerability and insecurity or of frustration.

It may be of interest that Sara's response to reading what I have written here was to tell me to be sure to include in my discussion the fact that I was her "second to worst analyst." She also added that she felt her ability to be playful in this way now was a result of our work.

NORA

Nora, who was very bright and psychologically aware, could be quite playful and disarming. It took a long time to realize that any playfulness initiated by me, however, was usually met with suspicion and that she tended to become especially concrete in response, wanting to be very clear of my meaning. Only gradually did I come to realize that anything that threatened to throw her off balance or shake her sense of control, as a playful response initiated by someone else might, seemed to pose a threat.

Once this became clear to me I began to wonder out loud why my playful communications were so problematic for her. And how did she understand her becoming so concrete in response?

She responded with a very complex train of associations, culminating in a description of how she had "made a pact" when a beloved pet had been ill that she would give up something she had wanted very badly at the time if only her pet would get better. Instead the reverse had happened. She ended up getting the thing she had offered to give up and her pet died. On some profound level she then concluded that because she had gotten what she wanted she was responsible for her pet's death.

Articulating this led to associations to the death of her father when she was only three. She was surprised by the intensity of the feelings that now welled up (in fact, she began to cry). Up until that moment she had insisted that her father's death had had no great
emotional impact on her because she had been so young at the time. What now emerged was an awareness that on some level she did have concerns about her possible responsibility for her father's death as well.

At this point she was able to talk, with much emotion, about her fears of analysis and of opening herself to her own experience. We were able to recognize how her concreteness actually served to protect herself, and others, from what she feared might be the destructive power of free thoughts or feelings that might emerge in a spontaneous way if she were not in careful control. It was as though she believed that thinking or feeling had life-threatening power.

Ironically, in this instance my playfulness was useful precisely because it helped clarify the fact that, though she could be playful herself, she could not cope with playfulness initiated by another. This allowed us to begin to engage very complex feelings and fears that might have remained extremely elusive otherwise.

I believe that because playfulness can be a serious analytic medium, and at times an extremely penetrating one, the potential benefits of judiciously using playfulness as a means to facilitate and further advance the analytic process, whether initiated by analyst or patient, justify the risks. Furthermore, as this last example illustrates, even when playfulness fails in terms of its intended effect it can still be analytically facilitating.

Some patients who have had previous analysis have tended to be extremely uneasy when I have been playful. Some have even argued that "this is not analysis." In such instances it has been particularly moving to me when later they have realized that they have changed in ways they never imagined would have been possible. Ultimately what they question is not my playfulness but rather their former conceptions of what constitutes "analysis."

Playful interactions offer a potential for validation and affirmation, for reducing alienation, for stirring creative aliveness, and for extending the reaches of imagination. They can also become a basis for evolving intimacy and creative engagement, and for experiences of positive, even tender feelings, which may be new for the patient.

This in turn provides an opportunity to deal with the anxieties and fantasies that this kind of intimacy, and the sense of vulnerability it usually involves, may arouse. In some instances playfulness can also be a means to make it possible to deal with negative feelings, even rage, when other kinds of approaches might be ineffective.

In my experience, being able to engage in playful ways in an analytic context, in which the integrity of the relationship is secure, is a means to achieve the kind of personal engagement necessary to stimulate hope, desire, and change.