

PLAYING THE MIND

Paper for a panel on child analysis for the English Speaking Weekend Conference on 'From Action to Representation'

Introduction

This paper will focus on the importance of **play** in analysis for the **representation** of the child's internal world – 'playing the mind'. Freud wrote little about children's play, but he did note, "*It is clear that in their play children repeat everything that has made a great impression on them in real life, and that in doing so they abreact the strength of the impression and ... make themselves master of the situation even under the dominance of the pleasure principle, there are ways and means enough of making what is in itself unpleasurable into a subject to be recollected and worked over in the mind.*" (Freud, 1920 p16-17).

Play is important in analysis with patients of all ages – with adults we play with words, ideas and metaphor – but with children we play in more physical ways. I will bring material from three very different child patients to illustrate how they used play to represent their internal states of mind and make developmental progress. I also hope to show the importance of the analyst enabling and engaging with the play in as fine-tuned a way as possible to suit the needs of each individual child. This brings to mind what I learned when originally training as a teacher - "Start where the child is", i.e., not with what you want to teach them. It is similarly important in analysis to start where the patient is and not with what we want to interpret.

Play in child analysis

Young and latency-aged children typically want to be physically active, and play is their chief mode of expression, but play in child analysis has many different meanings. How a child plays and what is involved psychically depends on the developmental level of the child and the balance between health and pathology.

Audrey Gavshon wrote, "*The differences between playing in general and playing in analysis lie in the fact that **the analyst ... aims to encourage the child to transform fantasies, via playing, into meaningful communication.***" (Gavshon, 1989)

As any piece of play can have many different meanings, the child analyst needs to be very careful how to respond. Describing Winnicott's views about the analyst's response to the child's play, Angela Joyce wrote: "*he was very clear that the analyst's job was not to disrupt the play by interpreting its meaning prematurely. To pin it down through interpretation with particular (closed) meaning rather than to open it up through playful extension would only risk*

inviting compliance or resistance: play stops when one of the participants becomes dogmatic (Phillips 1988). This then concerns the nature of the connection made with the child to facilitate further imaginative elaboration of potential meanings whose purpose is to promote his or her ongoing creative aliveness" (Joyce 2011 p. 157 my underlinings).

Ordinarily, play is fun. It is affected when a child is too anxious or fearful and will stop if it ceases to be enjoyable. Anna Freud wrote, "*Contrary to the popular belief that children can act out all their emotions with their toys, analysts know only too well how effectively a child's play activity can be blocked and inhibited by overwhelming affect, or by inner conflict.*" (1953, p 290-1)

Play was not possible at first for all 3 children whose material I will bring, but for different reasons. Each one needed different kinds of help in the analysis to be able to represent and begin to work through their conflicts, fantasies and fears via the play. To differing degrees, they all needed something other than direct interpretation - developmental therapy was also necessary. Before introducing you to these children, I'd like to say more about developmental therapy.

The analyst as developmental object

Although working with the transference-countertransference is the cornerstone of psychoanalysis, Anna Freud realised that a different technique (at that time called developmental help) was needed for patients with developmental deficits, as interpretation cannot undo the damage. She suggested that therapeutic success might be due instead to "*admixtures to the technique such as new positive object attachment, new superego identification, suggestive influence, or even corrective emotional experience which ... can set arrested development going again*" (A. Freud, 1973 p72). Many analysts condemned Anna Freud for these techniques, seeing them as educational and un-analytic - a view that she also partially shared. The term "corrective emotional experience" was especially frowned upon - yet we could ask, "If analysis cannot be a truly emotional experience that effects change, then what is it but an intellectual exercise?" It wasn't until Anne Hurry wisely chose the term developmental therapy, rather than developmental help, for her book '*Psychoanalysis and Developmental Therapy*' that such technical interventions could be seen as grounded within a strong psychoanalytic framework. Hurry later regretted the 'and' in the book's title, as this implied incorrectly that developmental therapy is different from, rather than integral to psychoanalysis. She elaborates on Anna Freud's views about the analyst as a new object by drawing on research into infancy, attachment and neurobiology, the ideas of Balint, Winnicott and Bollas, and the Finnish analyst Tahka. Tahka notes three strands in the patient's use of the analyst: as Contemporary Object, as Past (transference) Object and as New (developmental) Object. Perhaps surprisingly, he "*related structural*

change specifically and only to the patient's use of the analyst as a new developmental object" (Hurry, 1998 p 45).

Much of what we do in analysis constitutes developmental therapy, although it isn't often identified as such or given sufficient status as a vital part of technique. Patients of any age where developmental deficits predominate, especially borderline, psychotic and narcissistically disordered patients, need to be able to develop a sense of safety, containment and positive attachment to the analyst, and experience the analyst behaving differently from their transference objects before interpretation can reach them meaningfully.

Rose Edgcombe clarified the nub of developmental therapy as "*the distinction between 'making conscious' in the sense of lifting repression, and 'making conscious' in the sense of helping the patient acquire a previously non-existent representation.*" (Edgcombe, 2000 p19). In general, this means following Winnicott's dictum that though wishes should be frustrated in analysis, "*needs should be met.*" (Tonnesmann,1980). Examples of developmental therapy include: acting as an auxiliary ego when the patient's own ego is undeveloped, for example by clarifying reality, setting appropriate limits and boundaries, empathising with and verbalising feelings and anxieties, and acknowledging the patient's strengths and healthy capacities; acting as a claiming and enlivening object (Alvarez, 1992), for example with patients whose mothers were depressed and unavailable; and allowing oneself to be used by the patient according to his needs, such as a developmental object with capacities that may be internalised (for example, the analyst's protective function and benign superego).

Now to introduce you to my 3 patients.

Sally

My first training case, 7-year-old girl Sally, taught me a great deal about play in child analysis. Most importantly, I learnt that the analytic setting needs to provide sufficient safety for the child to be able to play.

This crucially involves the analyst being at the patient's level at each moment following their pace. At the start of analysis especially, offering a calm, benign and non-intrusive presence implies refraining from making interpretations until the child is well settled into the process and has developed some trust in the analyst. Otherwise, the child's anxiety won't reduce to a level that allows for free and spontaneous play.

Being with Sally also helped me to appreciate that through displacement play can enable the child to represent aspects of their internal world that they cannot, or cannot yet, put into words. Such play can be thought of as a midway point from feeling to verbalisation; but verbalisation isn't always essential, and I think we can put too high a value on words for the representation of mental content. The important thing is that feelings,

conflicts, anxieties and urges can find appropriate means of expression, and that displacement in fantasy play enables the transformation into representation.

Much of Sally's analysis was carried out through working in displacement on the toys' worries, as she needed strong defences to protect her very fragile narcissism and couldn't tolerate any direct talking about herself. She was an extremely sensitive and shy adopted child who cried over the slightest criticism and, despite good intelligence, hadn't learned to read. Sally had often been told she was adopted, but her need to deny this was so strong that when the diagnostician used the word 'adoption' twice in the assessment meetings, Sally misheard this as "dogs" and "doctors".

At the start, I made the common mistake of new trainees in thinking that I should begin by verbalising and interpreting Sally's feelings and fears, but this only increased her anxiety and led to wild outbursts in the room. She couldn't settle to play and ran about uncontrollably. With my supervisor's help, I learned to act normally, for example simply joining Sally in looking at the birds on the trees outside, instead of voicing why she might be doing this, and she soon felt safer and able to play. Through her highly creative and imaginative play she began to represent her view of herself as smelly, damaged and destructive, and therefore thrown away by her birth mother and unwanted by her adoptive mother.

In child analysis, such worthless self-representations are often externalised onto the analyst, so I was cast in a school game as stupid Selina, while Sally was the bossy, strict teacher who constantly denigrated and punished me. Another 'stupid' girl in the class was the doll Lucy, who became the embodiment of Sally's denigrated view of herself. I said that poor Lucy felt really horrible about herself and must be very upset – perhaps a worry lady could help her? This allowed us to get Lucy 'into analysis' in the play, and Sally could then tolerate my displaced interpretations of the doll's worries in therapy games. It is very important to join in the play rather than just sitting back and interpreting, and usually we only take direction from the child, but occasionally, as this example shows, it can also help to add something extra that moves the play along.

Sally sometimes used dramatic play as a way of shutting me up if I didn't maintain well enough the displacement she needed. In a game with an ugly broken fairy doll who was badly treated and thrown away, I voiced the fairy's sadness. Not feeling ready to hear me talk of this, Sally asked me to act the fairy who meets a witch (played by Sally) who could grant magic wishes. When I foolishly tried again to mention sadness by saying the fairy's first wish was not to feel so sad, Sally quickly interrupted me by turning me into a frog who could only croak, thus very effectively shutting me up! Sometimes, when I sensed that she couldn't bear my

words, I mimed zipping up my mouth, in recognition and respect of her need to maintain her defences at that moment.

Hide and seek games are very common in child analysis, especially with adopted and looked-after children. Sally often yelled furiously that I didn't know where she was so wouldn't be able to find her, but then began to want me to find her "slowly". During long searches, I would mutter to myself about feeling given away because I wasn't good enough, of being tricked, of having to keep secret thoughts hidden for fear of retaliation, and of longing to be wanted, found and reliably looked after. One day Sally declared, "*Hiding is a bit like losing people - like if you lost your children. That's why people play hide and seek, isn't it?*" This indicated that she understood we were addressing her problems in a way she could tolerate via displacement in play.

Another game representing Sally's longing to be claimed featured Dogtanian, a little dog cartoon hero who always tried hard but kept making mistakes. Just before an analytic break, Sally, as Dogtanian, was asleep in the castle when everyone left for dinner. Waking up hungry, sad and cross at being left alone, he hid and refused to be found. Sally and I made a "WANTED" poster for him, and many sessions were spent in my long searches for Dogtanian, as Sally tried to come to terms with feeling unwanted by her birth mother, but potentially special and sought-after in the transference by her adoptive mother/analyst.

Many games involving naughty children who were imprisoned and therefore separated from their mothers represented Sally's fantasy that as a baby she had done "*something really terrible*" by angrily smashing plates and throwing food at her biological mother - a fantasy that may also have represented her rage towards her adoptive mother who had force-fed her.

In the play, Sally represented her sense of being worthless and thrown away like unwanted faeces. She thought I had bought the fairy for just one penny and the doll was often ridiculed as smelly and stupid. In one school game, the stupid doll (me) had to stand in the corner for getting her sums wrong and doing a lot of poos. The teacher shovelled the poos towards her, ordering her to eat them. When I voiced the doll's despair, Sally retorted, "*I don't care. She was born stupid—ugly and stupid*".

It took a long time before Sally could tolerate hearing the word "adoption". About 18 months into the analysis, in a scene with the motherless fairy, Sally suddenly announced that the fairy did have a mummy — me. When I spoke very gently of the fairy's sad muddle and wish for me to be her mummy, Sally suddenly burst out, "*the fairy's mummy has died*". Her anxiety and rage being no longer containable, she attacked the fairy viciously, torturing it and smothering it with plasticine. However, something important had surfaced and Sally spent the weekend

interrogating her parents about the adoption and why her birth mother had given her up – the first time she was able to be curious and ask such questions. Arriving for her next session, she looked wildly anxious and ran ahead to hide behind the chair in our room. After a tense silence she burst out, *"I want to tell you something. My mummy gave me away and then I had another mummy ... but don't tell me I have a big worry today"*. To help her manage such huge feelings, Dogtanian then had a happy birthday party, but the play over those 18 months had gradually allowed her to represent her fantasies, anxieties and conflicts about being adopted, and eventually to face them.

Quite suddenly, Sally now began to read, perhaps because she no longer needed to restrict her curiosity for fear of finding out about her origins. Overcoming a previously impossible reading hurdle and being able to give up the humiliating view of herself as a non-reader, provided a big boost for her self-esteem.

After a brief shaky start, Sally could play freely and creatively; but what of the child whose play is severely inhibited?

Ben, aged 7, was initially very restricted in his play. He would arrange about 20 toy cars in a long line, then move the first car forward an inch, then the next and the next, before repeating the whole painstaking process again and again. It was painful and deadly boring to watch, but also terribly sad to see his tremendous anxiety reflected in this strictly controlled and inhibited way. He did gradually begin to play more freely, but remained ashamed of his feelings and thoughts, and anxious that I would be disapproving or intrusive like his mum.

Overwhelmed by his aggressive impulses towards his parents, especially mother, he was afraid of separating from her. Huge defences against aggression severely restricted his play and his life in general. He was terrified about his house getting bombed and about death, and enacted many games in which grown-ups were hurt but always magically came alive again. When he first played a game where the adults ended up dead and I wondered about a funeral for them, he said very anxiously, *"Oh no, we can't! That's too scary"*, as if a funeral game made the pretend death and his murderous wishes too real.

Ben's mum had sought help for him because she was worried about his angry outbursts and his wish to be a girl. Through play he revealed his phantasy that if he could be a girl or a stay a baby, he would be free of his terror of separateness and death and the power of his male aggression. Games where he was the powerful queen and I was his lady-in-waiting represented his defensive feminine identification. Later, in games with a family of bears where Baby Bear felt small and useless, Ben and I were eventually like proud parents watching Baby Bear take his first

faltering steps in learning to walk. Ben now spoke for the first time about wanting to work for the government like daddy and one day becoming a father himself.

Ben then went further in representing his developing masculine identification. We were animals in the forest: I was a badger, and he was a deer. He didn't know how to proceed with the game, so I pretended I was waking up to start the day, yawning, drinking from a stream etc. Ben watched me closely, unsure what to do, but slowly started to move his neck rhythmically round and round. As the badger, I said, *"Hello! I've just spotted you and I'm wondering what you're doing."* He said he was rubbing his head against a tree hoping that his antlers would grow soon, so that he could have some like his dad. After more head rubbing, he stood up and silently pretended to be showing off something. As the badger, I said, *"I wonder if there are some antlers growing, but you're a long way off, so I might be wrong"*. He nodded and said shyly, *"Yes, and they're growing fast!"* When I said he must be very proud of them, he preened himself with enormous pleasure, saying the antlers weren't fully grown yet, but each year they'd get bigger until he had ones like his dad.

Though fearful of giving away too much or of being overwhelmed by his fantasies, Ben was able to use play to represent and work through his fears and conflicts, but some children cannot play because their reality testing isn't strong enough and they are overwhelmed by annihilating fears. This was the case for Charles who was so terrified and damaged that there was no 'as if', and he was unable to play for many months in analysis.

Charles

Charles, aged 6, needed many aspects of developmental therapy during his analysis because of developmental deficits chiefly due to his experience of a non-facilitating and sometimes hostile environment. He was largely unable to differentiate fantasy and reality, and many other ego functions were severely undeveloped: symbolisation, signal anxiety, internal protective function, object constancy, effective defences. He relied on concrete thinking with no capacity for representing aspects of his internal world, and almost everything was expressed initially by his body. His relationships were severely distorted, his libidinal development was seriously stunted, and he had no reliable self-esteem or sense of being loveable, leaving his aggression almost completely uncontrollable.

A quote from Anna Freud is pertinent to this case: *"Children who show pathological aggression tend to be those who were not enabled in childhood to develop a secure, ongoing libidinal attachment in which they felt loved and contained by primary caretakers. Institutionalised children with multiple caretakers, traumatised children and those who have suffered severe physical pain, neglect or over-stimulation, and children*

for whom fear has been a daily currency, may show the kind of uncontrollable, apparently senseless destructiveness otherwise only seen in brain-damaged and psychotic children. ... The pathological factor is found in the realm of erotic, emotional development which has been held up through adverse external or internal conditions, such as absence of love objects, lack of emotional response from the adult environment, breaking of emotional ties as soon as they are formed, deficiency of emotional development for innate reasons. Owing to the defects on the emotional side, the aggressive urges are not brought into fusion and thereby bound and partially neutralised, but remain free and seek expression in life in the form of pure, unadulterated, independent destructiveness...The appropriate therapy has to be directed to the neglected, defective side i.e. the emotional libidinal development.' (Freud, A. 1949: 41-42)

The school encouraged Charles' parents to seek help for him because of his violent outbursts, an inability to relate to peers, and alarming swings between infantile behaviour and pseudo-mature language. Aged 6, he had already been expelled from 3 schools. His middle-class parents were extremely articulate, and he had a younger well-functioning sister. Charles seemed doomed from the start, and it felt shocking that he had been given the same name as his mother's "wild", "crazy" and much-hated brother. It also seemed that he was needed to be the 'ill' one to carry the pathology within the family and the 'glue' to hold his parents' shaky marriage together. When I was in training, the parents of a very young child were seen for weekly parent work by the analyst working with the child. This usually worked well, but not in this case. In retrospect, another analyst would have been better able to work with the parents' projections of their hostility towards Charles, and their anger about his growing attachment to me.

Before the analysis started, I asked his parents what Charles liked to play with so that I could provide some appropriate toys for him. They said he liked to play with bricks. I said, "Ah, good! *I have a big bag of wooden bricks.*" "Oh, no!", said the mother, "Not toy bricks – real bricks." This was the first indication of Charles' inability to play, which would be a primary issue to address in the analysis; as Winnicott wrote, "When a patient cannot play, the therapist must attend to this major symptom before interpreting fragments of behaviour." (Winnicott, 1971 p.47)

In his first session, Charles began by acting like a toddler. He crawled on the floor, throwing toys over his shoulder aimlessly and naming them in a babyish voice: "car", "horse". When I said that I thought he was very unhappy sometimes and that I wanted to help him with his worries so that he could be happier, Charles said in quite a different voice, "Shall I tell you about my worries then? I don't like school, I have a devil inside me, and I get cross with my mummy."

But such direct communications were extremely rare and were soon obliterated by infantile and aggressive behaviour. He suffered from extreme fears of abandonment and his main self-representation was as a "devil" hated by his parents. This perception was repeated in the transference, and for some time he saw me as someone who hated him and wanted to get rid of him. One day, when I watched him leaving the clinic, his mother's death wishes towards him seemed only too clear. The nanny and little sister left first holding hands, followed by the mother and then Charles separately. Charles climbed onto the wall beside the steps outside the clinic where there was a long drop onto the stone basement below. His mother turned around and saw Charles climb onto the high wall, then turned her back on him and walked on. She did not do what most mothers would do – urge him to be careful, go back to him and hold his hand to help him to climb off the wall. I was terrified that Charles would fall and hurt himself, but she seemed completely unconcerned about his safety.

Charles' physical attacks on me were very violent. Sometimes he behaved like a wild animal: he would spit and bite, hit and kick, throw toys at me, and lunge at me using every bit of his body as a weapon. At first these attacks seemed unprovoked and unpredictable, but it became clear that *I* was the source of danger, representing the murderous mother of his internal world. I felt shaken, helpless, and overwhelmed. I had to set limits for my own safety and to safeguard my capacity to continue working with him. I was also convinced that allowing him to hurt me would confirm his view of himself as a "devil". Setting limits was mostly about dodging missiles and trying to anticipate quickly what he might do next. When I could not escape his attacks, I had to restrain him physically – something only necessary with two children in my 30 years as a child analyst. What was particularly hard was that my agitatedly aroused state involved a very disturbing wish to be sadistic towards him. I had to monitor this very carefully and survive without retaliating (Winnicott, 1971 p91). When needing to hold him for my own safety, I tried to talk calmly, saying, *"I'm sorry this is awful for you and it's horrible that you feel trapped when I hold you like this, but I need to keep us both safe. You're probably scared of me and might not want to come tomorrow - and maybe you're worried that I will stop liking you"*. This wording is important – saying *"you're worried I will stop liking you"* implied that I did like him. This shows the technique Anna Freud recommended for fostering an aggressive child's libidinal development. Instead of interpreting the aggressive attack, it offers containment and hope for a safe and positive attachment. It is an example of developmental therapy where the analyst helps a patient build internal processes and structures that are undeveloped due to environmental failures.

It was wholly inadequate to understand Charles' physical attacks only as expressions of rage. Rather, they were driven by panic - enactments of

his internal chaos and of feeling hated by and terrified of his mother. Being **unable to represent his emotional experiences in symbolic form through play or words, he could only act**. There was, however, a very primitive attempt to hold himself together by perceiving himself as a devil - in identification with his perception of his mother and her view of him. Perceiving me as the dangerous mother in his internal world, he became phobic of me and would either resist coming to the room or run out of the clinic where I had to try to keep him safe from running in front of cars in the street. Or if he came to the room, he would sometimes defecate there. When I then took him to the toilet, he would smear his faeces, then collapse in acute distress begging me to clean him up. This demonstrated his terrible dilemma in the transference: he desperately needed the protective intervention of the very person who terrified him.

At first, I tried to help him organise his chaos by empathising with his feelings and worries. With most children this would bring relief, containment and a sense of being understood, but with Charles it had the opposite effect – it increased his anxiety and made his emotional experiences even more concrete. As his anxiety increased, so did his bodily enactments. I needed to survive his attacks without rejecting him and find a therapy ‘language’ to communicate with him in a way that made words meaningful yet safe. I began to talk about his “*spilly feelings*” and his enactments as “*body talk*”, but not when he was actually ‘spilling’ out his chaos, only afterwards when he was calmer. As he began to recognise that I wanted to help him and as his experiences were sufficiently contained and described in a way that he could hear, he gradually felt safer and there was a shift towards symbolic communication. For the first time he began to play, and his violence diminished. **Becoming able to play allowed the move from bodily action towards representation** by providing a safe displacement for the muddled terrors in his internal world.

He became obsessed with building nuclear power stations and dams, which expressed his concerns about murderously anal explosions and dangerous feelings and urges leaking out and destroying everything. After building a dam one day, he spoke with increasing anxiety about the dam breaking and destroying the nearby town. I realised that a dangerous “spilly” situation was approaching but did not interpret this directly, knowing that Charles would experience my words concretely and resort to enacting his anxiety with his body. Instead, I addressed the approach of spilling out his chaos in displacement through the play, taking care to foster his libidinal development too. I said, “*You’ve built such a lovely town. It would be awful if it got destroyed by the dam breaking. ... I’ve got an idea to keep it safe. How about making channels at the bottom of the dam to let out small amounts of water? The dam won’t break then and flood your town – like this?*” I showed him by carefully removing a few bricks. Charles was immediately relieved and kissed me! I then said, “*Sometimes feelings can spill out, like the water in the dam. I’d*

like to help you with your "spilly" feelings, so they don't flood you or spoil things you care about".

Initially, everything spilled out of Charles – body contents (urine, faeces, spit), feelings and aggression. He didn't have any sense of safety and containment, which I had to try to provide. The aim was not just to keep him safe but through developmental therapy help him to develop signal anxiety and a protective function and the capacity to play and use words meaningfully. Together with some progressive libidinal development, these budding capacities gradually helped him to feel better about himself and begin to regulate his feelings and impulses in a similar way to the openings in the dam that let out small amounts of water to prevent flooding.

Much later, after Charles had made significant progress, when his parents wanted to end his analysis suddenly, Charles regressed to bodily enactments. By now, he had become attached to me and he responded to his anger and fear of loss by trying to climb on the banisters outside the top floor therapy room. This self-endangering behaviour increased towards the end of each session. Words proved useless and he was now too big to restrain physically, so I decided to stand in front of the door to prevent him from dashing towards the stairs, explaining why. Charles erupted in a huge tantrum, throwing himself around the room and screaming; but he didn't attack me and none of the toys he threw came in my direction. It was very different from the self-preservative violence (Glasser 1998) that was so evident in the early part of the analysis. Now that he was engaged in a safer analytic relationship, he didn't want to hurt me and could direct his rage away from my body. Perhaps this could be thought of as a **half-way stage from action to representation?** – the action, though still expressed with the body, was no longer just primitive panic, but modified and aim-inhibited.

I tried to stay calm, saying it was very important that he didn't get hurt, and that I knew he felt very "wobbly" (chaotic) at the end of the session because he was worried that I wanted to say goodbye, but I did want him to be safe on the stairs and see him tomorrow. Eventually, his extreme emotions subsided, and he fell to the floor in an exhausted heap, then crawled towards me and clutched my ankles, crying repeatedly in a loving voice, "*My Marianne, my Marianne*". He could then leave the session calmly and didn't attempt to throw himself downstairs again.

It took some while before Charles was able to engage in fantasy play, where representations of his internal world could be more safely expressed in displacement. What made this possible? What initially looked like a child attacking his analyst was understood as a child who was terrified that the analyst wanted to kill him. His fear, humiliation and helplessness were not emotional experiences that could be registered as such, but body-feelings of internal contents spilling out. His internal world was full of terror and I represented in the transference the dangerous

mother he felt wanted him dead. At first, I had to use bodily action to keep us both safe, as words only heightened his anxiety, however gently they were spoken; and I had to contain my own sadism and try to empathise with his terror of me as murderously dangerous. For him to be able to move from violent bodily action to representing aspects of his internal world in play, he needed to feel sufficiently safe and experience me not only as a transference figure, but as a benign developmental object who could help him build previously undeveloped mental capacities and who valued him and wanted him to feel better. He needed, to quote Anne Hurry, *"a developmental object who ... would not hate or reject him, but who could enable him to come into touch with his loving feelings"* (Hurry, 1998 p102).

Conclusion

When Sally felt safe enough to play, she was so narcissistically vulnerable that the analytic work had to be done almost solely in displacement with the toys. With Ben, it took a while before his inhibition lifted sufficiently to allow him to play. Both Sally and Ben had a good capacity for play, but Charles was an extremely damaged child whose internal world was so full of chaos and terror that he was simply unable to play and enacted everything explosively with his body. It took many months for him to trust me, but eventually play did become possible for transforming his bodily actions into play representations.

I have focused on the child 'playing the mind' in analysis, but the analyst's capacity to play is also vital – be it actual play with a child patient or playing with ideas with an adult. Like the patient, the analyst may succumb to action rather than representation, such as when I spoke too much with Sally or had to resort to bodily action when Charles was wild. With Sally, I needed to learn to 'act normally' – not 'do' with interpretations but make playful representations, such as miming zipping my mouth and getting the doll into treatment etc. With Ben, playing with his feminine identifications and his fear of his aggression enabled him to play with the wish to grow up and become a man. With Charles, I had to work hard on the countertransference to recover my capacity for playing with the mind to create words like "body talk" and "spilly feelings" at times when he could hear them. Gradually we could then begin to make representations together, such as the play with the dam.

If we can accomplish the first task of enabling a child to play in analysis and then allow the play to unfold spontaneously and safely, engaging with it without interfering with interpretations, then displacement of the child's bodily actions and internal world in play can lead to both the child and the analyst 'playing the mind'. With this move from action towards representation, careful verbalisation and interpretation then becomes possible and meaningful.

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