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PLAYING: ITS THEORETICAL STATUS IN THE CLINICAL SITUATION[1]

D. W. WINNICOTT, LONDON

In this paper I am trying to explore an idea which has been forced on me by my work, and also forced on me by my own stage of development at the present time, which gives my work a certain colouring. I need not say that my work, which is largely psychoanalysis, also includes psychotherapy, and for the purpose of this paper I do not need to draw a clear distinction between the uses of the two terms.

When I come to state my thesis I find, as so often, that it is very simple, and that not many words are needed to cover the subject. *Psychotherapy takes place in the overlap of two areas of playing, that of the patient and that of the therapist. Psychotherapy has to do with two people playing together. The corollary of this is that where playing is not possible then 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.*

Although I am not attempting to review the literature I do wish to pay tribute to the work of Milner (1950, 1955) who has written brilliantly on the subject of symbol-formation. However, I shall not let her deep comprehensive study stop me from drawing attention to the subject of playing in my own words. Milner (1955) relates children's playing to the concentration of adults, and I find I have done the same:

> When I began to see . . . that this use of me might be not only a defensive regression, but an essential recurrent phase of a creative relation to the world . . .

Milner was referring to a "*prelogical fusion of subject and object*". I am trying to distinguish between this fusion and the fusion or defusion of the subjective object and the object objectively perceived. I believe that what I am attempting to do is also inherent in the material of Milner's contribution. Here is another of her phrases:

> Moments when the original poet in each of us created the outside world for us, by finding the familiar in the unfamiliar, are perhaps forgotten by most people; or else they are guarded in some secret place of memory because they were too much like visitations of the gods to be mixed with everyday thinking. (Milner 1955).

Play and Masturbation

There is one thing that I want to get out of the way. In psychoanalytic writings and discussions, the subject of playing has been too closely linked with masturbation and the various sensuous experiences. It is true that when we are confronted with masturbation we always think: what is the fantasy? And it is also true that when we witness playing we tend to wonder what is the physical excitement that is linked with the type of play which we witness. But playing needs to be studied as a subject on its own, apart from the concept of the sublimation of instinct.

It may very well be that we have missed something by having these two phenomena (playing and auto-erotic activity) so closely linked in our minds. I have tried to point out that when a child is playing the masturbatory element is essentially lacking; or, in other words, that if when a child is playing the physical excitement of instinctual involvement becomes evident, then the playing stops, or is at any rate spoiled (Winnicott, 1965). Both Kris (1951) and Spitz (1962) have enlarged the concept of auto-erotism to cover data of a similar kind (also cf. Khan, 1964).

I am reaching towards a new statement of playing, and it interests me when I seem to see in the psychoanalytic literature the lack of a useful statement on the subject of play. Child analysis of whatever school is built around the child's playing, and it would be rather strange if we were to find that in order to get a good statement about playing we have to go to those who have written on the subject who are not analysts (e.g. Lowenfeld, 1935, 1967).

Naturally one turns to the work of Melanie

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Klein, but I suggest that Klein was concerned almost entirely in her writings with the use of play. The therapist is reaching for the child's communication and knows that the child does not usually possess the command of language which can convey the infinite subtleties that are to be found in play by those who seek. This is not a criticism of Melanie Klein or of others who have described the use of a child's play in the psychoanalysis of children. It is simply a comment on the possibility that in the total theory of the personality the psychoanalyst has been too busy using play content to look at the playing child, and to write about playing as a thing in itself.

Whatever I say about children playing really applies to adults as well, only the matter is more difficult to describe when the patient's material appears mainly in terms of verbal communication. I suggest that we must expect to find playing just as evident in the analyses of adults as it is in the case of our work with children. It manifests itself, for instance, in the sense of humour.

Transitional Phenomena

For me the meaning of playing has taken on a new colour since I have followed up the theme of transitional phenomena, tracing these in all their subtle developments right from the early use of a transitional object or technique to the ultimate stages of a human being's capacity for cultural experience.

I think it is not out of place to draw attention here to the generosity which has been shown in the psychoanalytic circles and in the general psychiatric world in respect of my description of transitional phenomena. I am interested in the fact that right through the field of child care this idea has caught on, and sometimes I feel that I have been given more than my due reward in this area. What I called transitional phenomena are universal and it was simply a matter of drawing attention to them and to their potential for use in the building of theory. Wulff had already, as I discovered, written about fetish objects employed by babies or children, and I know that in Anna Freud's psychotherapy clinic these objects have been observed with small children. I have heard Anna Freud speak of the use of the talisman, a closely allied phenomenon (cf. A. Freud, 1965). A. A. Milne, of course, immortalized Winnie the Pooh. Schultz and Arthur Miller, among other authors, have drawn on these objects that I have specifically referred to and named.

My interest in the reception of this concept of transitional phenomena is enhanced by the fact that other ideas which I have had which might turn out to be true and useful have had a different reception, and indeed I would think that most of our ideas that have any originality in them are found to be difficult, and are not easily assimilated and turned into instruments that can be used. I am not surprised when ideas that we put forward have a rough passage or are ignored. What surprises me is that the idea of transitional phenomena did quickly spread round the world and was welcomed everywhere, as if there had been a gap, or as if someone had left out of the portrait of a child some part of the face or a limb, and everyone was glad to have this part of the child restored. I ask myself, what has happened instead of resistance? Where there is no resistance there may be expected an escape from the uncomfortableness of the repressed unconscious. Let us postulate in this case a *partial* escape. There can be a partial escape, too, in the child's experience of playing, along with a partial gain. This is near to my main theme.

I am encouraged by the happy fate of the concept of transitional phenomena to think that what I am trying to say now about playing may also be readily acceptable. In other words, that what I am saying is so obviously true that it hardly needs to be said. But I do hold the view that there is something about playing which has not yet found a place in the psychoanalytic literature.

In my paper on cultural experience and its location (Winnicott, 1967) I tried to make my idea of play concrete by claiming that *playing has a place* and a time. It is not *inside* by any use of the word (and it is unfortunately true that the word inside has very many and various uses in psychoanalytic discussion). Nor is it *outside*, that is to say, it is not a part of the repudiated world, the not-me, that which the individual has decided to recognize (with whatever difficulty and even pain) as truly external, outside magical control. To control what is outside one has to *do* things, not simply to think or to wish, and *doing things takes time*. Playing is doing.

Playing in Time and Space

In order to give a place to playing I invented a *potential space* between the baby and the mother. I pointed out that this potential space varies a

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very great deal according to the life experiences of the baby in relation to the mother or mother-figure, and I contrasted this potential space (a) with the inner world (which is related to the psychosomatic partnership) and (b) with actual, or external, reality (which has its own dimensions, and which can be studied objectively and which, however much it may seem to vary according to the state of the individual who is observing it, does in fact remain constant).

I can now restate what I am trying to convey. I want to draw attention away from the sequence psychoanalysis, psychotherapy, play material, playing, and to set this up again the other way round. In other words, it is play that is the *universal*, and which belongs to health; playing facilitates growth and therefore health; playing leads into group-relationships; playing can be a form of communication in psychotherapy; and, lastly, psychoanalysis has been developed as a highly specialized form of playing in the service of communication.

The natural thing is playing, and the highly sophisticated twentieth century phenomenon is psychoanalysis. It must be of value to the analyst to be constantly reminded not only of what is owed to Freud but also of what is owed to the natural and universal thing called playing.

It is hardly necessary to illustrate something so obvious as playing; nevertheless I propose to give two examples.

(1) *EDMUND, aged 2½ years*

The mother came to consult me and she brought Edmund with her. He was in my room while I was talking to his mother, and I placed among us a table and a little chair which he could use if he wished to do so. He looked serious but not frightened or depressed. He said: " Where's toys?" This is all he said throughout the hour. Evidently he had been told to expect toys and I said that there were some to be found at the other end of the room on the floor under the bookcase.

Soon he went and fetched a bucketful of toys and he was playing in a deliberate way while the consultation between the mother and me proceeded. The mother was able to tell me the exact significant moment at 2 years 5 months when Edmund had started stammering, after which he gave up talking " because the stammer frightened him ". While she and I were going through with a consultation situation about herself and about him, Edmund placed some small train parts on the table and was arranging them and making them join up and relate. He was only two feet away from his mother. Soon he got on to her lap and had a short spell as a baby. She responded naturally and adequately. Then he got down spontaneously and took up playing again at the table. All this happened while his mother and I were heavily engaged in deep conversation.

After about twenty minutes Edmund began to liven up, and he went to the other end of the room for a fresh supply of toys. Out of the muddle there he brought a tangle of string. The mother (undoubtedly affected by his choice of string, but not conscious of the symbolism) made the remark: " at his most non-verbal Edmund is most clinging, needing contact with my *actual* breasts, and needing my *actual* lap ". At the time when the stammer started he had been starting on napkins, but he had reverted to incontinence along with the stammer, and this was followed by abandonment of talking. He was restarting with napkins at about the time of the consultation. The mother saw this as being part of a recovery from a setback in his development.

By taking notice of Edmund's playing I was able to maintain communication with the mother.

Now Edmund developed a bubble in his mouth while playing with the toys. He became preoccupied with the string. The mother made the comment that as a baby he refused all except the breast, till he grew up and went over to a cup. " He brooks no substitute", she said, meaning that he would not take from a baby's bottle, and a refusal of substitutes had become a permanent feature in his character. Even his mother's mother, of whom he is fond, is not fully accepted because she is not the actual mother. All his life he has had his mother herself to settle him at night. There were breast troubles when he was born, and he used to cling on with his gums in the first days and weeks, perhaps as an insurance against mother's sensitive protection of herself, she being in a tender state. At 10 months he had a tooth, and on one occasion he bit, but this did not draw blood.

" He was not quite so easy a baby as the first had been."

All this took time, and was mixed up with the other matters which the mother wished to discuss with me. Edmund seemed here to be concerned with the one end of the string that was exposed, the rest of the string being in a tangle. Sometimes he would make a gesture which was as if

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he " plugged in " with the end of the string like an electric flex to his mother's thigh. One had to observe that although he " brooked no substitute " he was using the string as a symbol of union with his mother. It was clear that the string was simultaneously a symbol of separateness and of union through communication.

The mother told me that he had had a transitional object called " my blanket "—he could use any blanket that had a satin binding like the binding of the original one of his early infancy.

At this point Edmund quite naturally left the toys, got on to the couch and crept like an animal towards his mother and curled up on her lap. He stayed there about three minutes. She gave a very natural response, not exaggerated. Then he uncurled and returned to the toys. He now put the string (which he seemed fond of) at the bottom of the bucket like bedding, and began to put the toys in, so that they had a nice soft place to lie in, like a cradle or cot. After once more clinging to his mother and then returning to the toys, he was ready to go, the mother and I having finished our business.

In this play he had illustrated much of that which the mother was talking about, (although she was also talking about herself). He had communicated an ebb and flow of movement in him away from and back to dependence. But this was not psychotherapy since I was working with the mother. What Edmund did was simply to display the ideas that occupied his life while his mother and I were talking together. I did not interpret and I must assume that this child would have been liable to play just like this without there being anyone there to see or to receive the communication, in which case it would perhaps have been a communication with some part of the self, the observing ego. As it happened I was there mirroring what was taking place and thus giving it a quality of communication (cf. Winnicott, 1967).

(2) *DIANA*, *aged* 5 *years*

In the second case, as with the case of Edmund, I had to conduct two consultations in parallel, one with the mother, who was in distress, and a play relationship with the daughter Diana. She had a little brother (at home) who was mentally defective and who had a congenital deformity of the heart. The mother came to discuss the effect of this brother on herself and on her daughter Diana.

My contact with the mother lasted an hour. The child was with us all the time, and my task was a threefold one, to give the mother full attention because of her own needs, to play with the child, and (for the purpose of writing this paper) to record the nature of Diana's play.

As a matter of fact it was Diana herself who took charge from the beginning, for as I opened the front door to let in the mother an eager little girl presented herself, putting forward a small teddy. I did not look at her mother or at her, but I went straight for the teddy and said: " What's his name?" She said: " Just Teddy." So a strong relationship between Diana and myself had quickly developed, and I needed to keep this going in order to do my main job which was to meet the needs of the mother. In the consulting room Diana needed all the time, naturally, to feel that she had my attention, but it was possible for me to give the mother the attention she needed and to play with Diana too.

In describing this case, as in describing the case of Edmund, I shall give what happened between me and Diana, leaving out the material of the consultation with the mother.

When we all three got into the consulting room we settled down, the mother sitting on the couch, Diana having a small chair to herself near the child table. Diana took her small teddy bear and stuffed it into my breast pocket. She tried to see how far it would go down, and examined the lining of my jacket, and from this she became interested in the various pockets and the way that they did not communicate with each other. This was happening while the mother and I were talking seriously about the backward child of 2½, and Diana gave the additional information: " He has a hole in his heart." One could say that while playing she was listening with one ear. It seemed to me that she was able to accept her brother's physical disability due to the hole in his heart while not finding his backwardness within her range.

In the playing which Diana and I did together, playing without therapeutics in it, I felt free to be playful. Children play more easily when the other person is able to be playful. I suddenly put my ear to the teddy bear in my pocket and I said: " I heard him say something!" She was very interested in this. I said: " I think he wants someone to play with ", and I told her about the woolly lamb that she would find if she looked at the other end of the room in the mess of toys under the shelf. Perhaps I had an ulterior motive which was to get the bear out of my pocket. Diana went and fetched the lamb which was considerably bigger than the bear and she took up my idea of friendship between the teddy

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bear and the lamb. For some time she put the teddy and the lamb together on the couch near where the mother was sitting. I of course was continuing my interview with the mother, and it could be noted that Diana retained an interest in what we were saying with some part of herself, a part that identifies with grownups and grown-up attitudes.

In the play Diana decided that these two creatures were her children. She put them up under her clothes, making herself pregnant with them. After a period of pregnancy she announced they were going to be born, but they were " not going to be twins ". She made it very evident that the lamb was to be born first and then the teddy bear. After the birth was complete she put her two newly-born children together on a bed which she improvised on the floor, and she covered them up. At first she put one at one end and the other at the other end, saying that if they were together they would fight. They might " meet in the middle of the bed under the clothes and fight ". Then she put them sleeping together peacefully, at the top of the improvised bed. She now went and fetched a lot of toys in a bucket and in some boxes. On the floor around the top end of the bed she arranged the toys and played with them; the playing was orderly and there were several different themes that developed, each kept separate from the other. I came in again with an idea of my own. I said: " Oh look! you are putting on the floor around these babies' heads the dreams that they are having while they are asleep." This idea intrigued her and she took it up and went on developing the various themes as if dreaming their dreams for the babies. All this was giving the mother and me time which we badly needed because of the work we were doing together. Somewhere just here the mother was crying and was very disturbed and Diana looked up for a moment prepared to be anxious. I said to her: " Mother is crying because she is thinking of your brother who is ill." This reassured Diana because it was direct and factual and she said: " Hole in the heart " and then continued dreaming the babies' dreams for them.

So here was Diana not coming for a consultation about herself and not being in any special need for help, playing with me and on her own, and at the same time caught up in her mother's state. I could see that the mother had needed to bring Diana, she being herself too anxious for a direct confrontation with myself because of the very deep disturbance which she felt on account of having an ill boy. Later the mother came to me by herself, no longer needing the distraction of the child.

When at a later date I saw the mother alone we were able to go over what happened when I saw her with Diana, and the mother was then able to add this important detail, that Diana's father exploits Diana's forwardness and likes her best when she is just like a little grownup. There can be seen in the material a pull towards premature ego development, an identification with the mother and a participation in the mother's problems that arise out of the fact that the brother is actually ill and abnormal.

Looking back on what happened I find it possible to say that Diana had prepared herself before she set out to come, although the interview was not arranged for her benefit. From what the mother told me I could see that Diana was organized for the contact with me just as if she knew she was coming to a psychotherapist. Before starting out she had collected together the first of her teddy bears and also her discarded transitional object. She did not bring the latter but came prepared to organize a somewhat regressive experience in her play activities. At the same time the mother and I were witnessing Diana's ability to be identified with her mother not only in respect of the pregnancy but also in respect of taking responsibility for the management of the brother.

Here, as with Edmund, the play was of a self-healing kind. In each case the result was comparable with a psychotherapeutic session in which the story would have been punctuated by interpretations from the therapist. A psychotherapist might perhaps have refrained from actively playing with Diana, as when I said I heard the teddy say something, and when I said what I said about Diana's children's dreams being played out on the floor. But this self-imposed discipline might have eliminated some of the creative aspect of Diana's play experience.

I chose these two examples simply because these were two consecutive cases in my practice that came one morning when I was engaged in the writing of this paper.

Theory of Play

It is possible to describe a sequence of relationships related to the developmental process and to look and see where playing belongs.

(A) Baby and object are merged in with one another. Baby's view of the object is subjective and the mother is orientated towards

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the making actual of what the baby is ready to find.

(B) The object is repudiated, reaccepted, and perceived objectively. This complex process is highly dependent on there being a mother or mother-figure prepared to participate and to give back what is handed out.

This means that the mother (or part of mother) is in a " to and fro " between being that which the baby has a capacity to find and (alternatively) being herself waiting to be found.

If the mother can play this part over a length of time without admitting impediment (so to speak) then the baby has some *experience* of magical control, that is, experience of that which is called " omnipotence " in the description of intrapsychic processes.

In the state of confidence which grows up when a mother can do this difficult thing well, (not if she is unable to do it) the baby begins to enjoy experiences based on a " marriage " of the omnipotence of intrapsychic processes with the baby's control of the actual. Confidence in the mother makes an intermediate playground here, where the idea of magic originates, since the baby does to some extent experience omnipotence. All this bears closely on Erikson's work on identity-formation (Erikson, 1950). I call this a playground because play starts here. The playground is a potential space between the mother and the baby or joining mother and baby.

Play is immensely exciting. It is exciting *not primarily because the instincts are involved*, be it understood. The thing about playing is always the precariousness of the interplay of personal psychic reality and the experience of control of actual objects. This is the precariousness of magic itself, magic that arises in intimacy, in a relationship that is being found to be reliable. To be reliable the relationship is necessarily motivated by the mother's love, not by reaction formations. When a patient cannot play the therapist must attend to this major symptom before interpreting fragments of behaviour.

(C) The next stage is being alone in the presence of someone. The child is now playing on the basis of the assumption that the person who loves and who is therefore reliable is available and continues to be available when remembered after being forgotten. This person is felt to reflect back what happens in the playing.

(D) The child is now getting ready for the next stage which is to allow and to enjoy an overlap of two play areas. First, surely, it is the mother who plays with the baby, but she is rather careful to fit in with the baby's play activities. Sooner or later, however, she introduces her own playing, and she finds that babies vary according to their capacity to like or dislike the introduction of ideas that are not their own.

Thus the way is paved for a playing together in a relationship.

As I look back over the papers that mark the development of my own thought and understanding I can see that my present interest in play in the relationship of trust that may develop between the baby and the mother was always a feature of my consultative technique, as the following example from my first book shows (Winnicott, 1931). And further, ten years later, I was to elaborate it in my paper *The Observation of Infants in a Set Situation* (Winnicott, 1941).

Case: A girl (2463) first attended hospital when 6 months old, with moderately severe infective gastro-enteritis. She was the first baby, breast-fed. She had a tendency to constipation till 6 months, but not after.

At 7 months she was brought again because she began to lie awake, crying. She was sick after food, and did not enjoy the breast feeds. Supplementary feeds had to be given and weaning was completed in a few weeks.

At 9 months she had a fit, and continued to have occasional fits, usually at 5 a.m., about a quarter of an hour after waking. The fits affected both sides and lasted five minutes.

At 11 months the fits were frequent. The mother found she could prevent individual fits by distracting the child's attention. In one day she had to do this four times. The child had become nervy, jumping at the least sound. She had one fit in her sleep. In some of the fits she bit her tongue, and in some she was incontinent of urine.

At one year she was having four to five a day. It was noticed she would sometimes sit down after a feed, double up, and go off. She was given orange juice, then went off. She was put to sit on the floor, and a fit started. One morning she woke and immediately had a fit, then slept; soon she woke again and had another fit. At this time the fits began to be followed by a desire to sleep, but even at this severe stage the mother

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could often stop a fit in the early stage by distracting the child's attention. I made at the time this note: " Taken on my knees she cries incessantly, but does not show hostility. She pulls my tie about in a careless way as she cries. Given back to her mother she shows no interest in the change and continues to cry, crying more and more pitifully right on through being dressed, and so till carried out of the building." At this time I witnessed a fit, which was marked by tonic and clonic stages and followed by sleep. The child was having four to five a day, and was crying all day, though sleeping at night.

Careful examinations revealed no sign of physical disease. Bromide was given, 3–15 gr. in the day, according to need.

At one consultation I had the child on my knee observing her. She made a furtive attempt to bite my knuckle. Three days later I had her again on my knee, and waited to see what she would do. She bit my knuckle three times so severely that the skin was nearly torn. She then played at throwing spatulas on the floor incessantly for fifteen minutes. All the time she cried as if really unhappy. Two days later I had her on my knee for half an hour. She had had four convulsions in the previous two days. At first she cried as usual. She again bit my knuckle very severely, this time without showing guilt feelings, and then played the game of biting and throwing away spatulas; *while on my knee she became able to enjoy play.*

Psychotherapy

Here in this area of overlap between the playing of the child and the playing of the other person there is a chance to introduce enrichments. The teacher aims at enrichment. The therapist is concerned specifically with the child's own growth processes, and with the removal of blocks to development that may have become evident. It is the psychoanalytic theory that has made for an understanding of these blocks. At the same time it would be a narrow view to suppose that psychoanalysis is the only way to make use therapeutically of the child's playing.

It is good to remember always 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 it includes the establishment of a positive social attitude towards playing. This attitude must include recognition that playing is always liable to become frightening. Games and their organization must be looked at as part of an attempt to forestall the frightening aspect of playing. Responsible persons must be available when children play; but this does not mean that the responsible person need enter into the children's playing. When an organizer must be involved in a managerial position then the implication is that the child or the children are unable to play in the creative sense of my meaning in this communication.

The essential feature of my communication is this, that playing is an experience, always a creative experience, and it is an experience in the space-time continuum, a basic form of living.

The precariousness of play belongs to the fact that it is always on the theoretical line between the subjective and that which is objectively perceived.

It is my purpose here simply to give a reminder that children's playing has everything in it, although the psychotherapist works on the material, the content of playing. Naturally, in a set or professional hour a more precise constellation presents than would present in a timeless experience on the floor at home (cf. Winnicott, 1941); but it helps us to understand our work if we know that the basis of what we do is the patient's playing, a creative experience taking up space and time, and intensely real for the patient.

Also this observation helps us to understand how it is that psychotherapy of a deep-going kind may be done without interpretative work. A good example of this is the work of Axline (1947) of New York. Her work on Psychotherapy is of great importance to us. I appreciate Axline's work in a special way because it joins up with the point that I make in reporting what I call " therapeutic consultations ", that the significant moment is that at which *the child surprises him- or herself.* It is not the moment of my clever interpretation that is significant.

Interpretation outside the ripeness of the material is indoctrination and produces compliance (Winnicott, 1960). A corollary is that resistance arises out of interpretation given outside the area of the overlap of the patient's and the analyst's playing. Interpretation when the patient has no capacity to play is simply not useful, or causes confusion. When there is mutual playing, then interpretation according to accepted psychoanalytic principles can carry the therapeutic work forward. *This playing has to be spontaneous and not compliant or acquiescent.*

I offer these observations for discussion.

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SUMMARY

(*a*) To get to the idea of playing it is helpful to think of the *preoccupation* which characterizes the playing of a young child. The content does not matter. What matters is the near-withdrawal state, akin to the *concentration* of older children and adults. The playing child inhabits an area that cannot be easily left, nor can it easily admit intrusions.

(*b*) This area of playing is not inner psychic reality. It is outside the individual, but it is not the external world.

(*c*) Into this play area the child gathers objects or phenomena from external reality and uses these in the service of some sample derived from inner or personal reality. Without hallucinating the child puts out a sample of dream potential and lives with this sample in a chosen setting of fragments from external reality.

(*d*) In playing, the child manipulates external phenomena in the service of the dream and invests chosen external phenomena with dream meaning and feeling.

(*e*) There is a direct development from transitional phenomena to playing, and from playing to shared playing, and from this to cultural experiences.

(*f*) Playing implies trust, and belongs to the potential space between (what was at first) baby and mother-figure, with the baby in a state of near-absolute dependence, and the mother figure's adaptive function taken for granted by the baby.

(*g*) Playing involves the body:
(i) because of the manipulation of objects;
(ii) because certain types of intense interest are associated with certain aspects of bodily excitement.

(*h*) Bodily excitement in erotogenic zones constantly threatens playing, and therefore threatens the child's sense of existing as a person. The instincts are the main threat to play as to the ego; in seduction some external agency exploits the child's instincts and helps to annihilate the child's sense of existing as an autonomous unit, making playing impossible (cf. Khan, 1964).

(*i*) *Playing is essentially satisfying*. This is true even when it leads to a high degree of anxiety. There is a degree of anxiety that is unbearable and this destroys playing.

(*j*) The pleasurable element in playing carries with it the implication that the instinctual arousal is not excessive; instinctual arousal beyond a certain point must lead to:
(i) climax;
(ii) failed climax and a sense of mental confusion and physical discomfort that only time can mend;
(iii) alternative climax (as in provocation of parental or social reaction, anger, etc.).

(*k*) Playing is inherently exciting and precarious. This characteristic derives *not* from instinctual arousal but from the precariousness that belongs to the interplay in the child's mind of that which is subjective (near-hallucination) and that which is objectively perceived (actual, or shared reality).

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