

Lesley Caldwell, 12.01.19 Basle Conference Dieter Bürgin

In this presentation I want to open a discussion about the place of play in psychoanalysis, an emphasis especially associated with Donald Winnicott, though it extends far beyond his work. Both Winnicott and play have been part of my experience of working with Dieter whom I met first in the listening to listening groups run by him and Haydee Faimberg. The qualities that I appreciate in Winnicott's general approach I have always found embodied in Dieter. I would characterize them above all as a generosity towards the patient and to his colleagues of whatever level of experience and expertise, whether senior analysts in European meetings or Chinese psychotherapists who are just beginning. It has been a privilege to work with him and learn from him.

Winnicott's account of play, elusive and vague as it (along with most psychoanalytic accounts) may sometimes appear, takes up the emphases of two earlier theorists of play, Schiller and Huizinga, on the primacy and universality of play, and extends them to the clinical encounter. This extension offers a challenge to what we do in the consulting room while it also makes specific claims about what it means to be human. In a lecture in 1950, the American literary critic, Lionel Trilling had claimed, 'Of all mental systems the Freudian psychology is the one which makes poetry indigenous to the very condition of the mind' (Trilling 1950, Freud and Literature). This strikes me as capturing something of Winnicott and his project.

For psychoanalysis and psychoanalytic psychotherapy with children, play as a foundational practice is central, and a recent search of the major psychoanalytic resource, pepweb, brought up more than 5000 references to play, most concerning play as a technique of therapy with children and the different ways that is understood. Psychotherapeutic work organized around play particularly uses toys and the child's involvement with them as a way of understanding their internal worlds, and as a basis for interpretation in the interests of psychological health. Winnicott agrees that the fantasies accompanying a child's play can be of interest and in his consultation with Iiro to which I refer below, he uses his understanding of the symbolic dimensions of play and playing in the squiggle game, but his main interest in play and playing - the gerundive form insisting on **process** - concentrates on the activity and its value, in and for itself, rather than its use as a clinical tool providing a representation of an inner state of mind available for verbal interpretation. Such a perspective in turn raises questions about the priority of verbalising a patient's state of mind through interpretation. Must things be spoken to have a mutative effect?

Having hunted through many of those 5000 articles on play only to find them unsatisfying and frustrating in their level of generality and their apparent failure to provide me with the much needed

clarity I was searching for, I then discovered, at the last minute, close to home, the proceedings of the Anna Freud Centre colloquium of 1987, published 1988, where eminent figures, particularly of American psychoanalysis, report their own extended thinking over a weekend. I cannot begin to do sufficient justice to the variety of work represented there though they too all wrestle with the elasticity of the concept of play in psychoanalysis and elsewhere.

Al Solnit's introductory remarks advise, 'Although we all think we know what we mean when we speak of or hear about play, in fact play is better described by its functions than it can be through formal definition' (1988, 99). The difficulties of 'a concept so broad that the borders between mental and physical acts disappear, or so narrow that its usefulness is limited (Neubauer quoted in Solnit, 1988, p100) are generally acknowledged, and this imprecision is essentially repeated in the later IPA publication edited by ? and I fear I am destined to repeat that here.

Donald Cohen, co-director of a long-term study group at that time meeting monthly on 'The Many Meanings of Play in Child Psychoanalysis' outlined the arenas his group had addressed. His summary of play in the analytic setting and its relation to play outside identifies characteristics, he calls them "hallmarks", distinguishing play - spontaneity, vitality, creativity, reversibility, pretence. All identify means rather than ends, and involve activity that is not specifically goal directed or instrumental, with the child doing and in motion. Play is spontaneous and creative about objects in transformation and in new combinations, and will involve roles and reversibility of roles where a child takes on the part of others, including his primary objects. This activity involves intensity, pleasure, and pretence, in Cohen's words, 'the suspension of reality, the capacity to withhold disbelief and to make believe aided by the child's ability to step in and out, to return from the as-if world to the world in which he is himself (1988, p101).

When we turn to more general psychological perspectives on work with children - infant research, developmental psychology, education and educational methods - play is also central. Research about play now attracts large grants, and the establishment of the Lego chair of play in Cambridge in 2017 and the appointment of the adolescent and child psychiatrist, Paul Ramchandani to this post was widely reported in the British press. An earlier report on Play for the same Cambridge education faculty by the educational psychologist, David Whitebread had identified a widespread recognition of the universality of play and the sets of values and beliefs associated with it, and in describing five generally agreed types of play that appear in every society- physical play, play with objects, symbolic play, pretence/socio-dramatic play, games with rules – its author endorses the areas outlined by Cohen. Prior to Dr Ramchandani's appointment, Bo Stjerne Thomsen, global head of research had described Lego's aims for this endowment.

The Lego Foundation is hoping for a candidate with a “childlike mindset”: an academic who is playful, extremely curious, open-minded, imaginative and creative – someone who can think of new ways of doing research and work across different disciplines, because the Foundation believes play has a critical role for children, particularly in high-quality learning. Thomsen argues that standardised assessments lead children ‘towards pre-defined goals for the rest of their lives’ and he deplores this trend because ‘The skills you need now as an adult are collaboration, problem solving, and coming up with ideas. In that sense, play is critical. You use your imagination to plan things, to predict outcomes, to understand how to solve a problem by looking at it from different viewpoints.’

Taking play and making it work both in the interests of business and the problems of life indicates the breadth of the arena, and its widely divergent aspects even in one specialism, play in learning and education. In this perspective play is a commodity to be developed, marketed and sold and its breadth is confirmed by the OED’s entries on play which run to eight three column pages even before we consider the question of games. Despite widespread agreement of its importance however, there has been surprisingly little detailed attention to play in psychoanalysis.

Winnicott’s reputation as the psychoanalytic theorist of play derives particularly from his final papers and his last book, *Playing and Reality*. The origins of the approach described there are certainly present earlier, drawing as they do on the continuing development of his most well-known paper, ‘On transitional objects and phenomena,’ first given in 1951. Through the concept of potential space and its links with the foundations of psychoanalytic practice in the transference illusion and the particularity of the analytic setting, his discussion of play and playing is tied to his own theoretical emphases and to the daily work of the consulting room. His approach is always far broader than the basis of a therapeutic method concentrated on the interpretation of content, and in emphasizing play and its links with health, he argues for psychoanalysis as a highly specialised form of playing in the service of communication with oneself and others, where play and playing must be considered in their own right and in relation to the creative imagination (Greenacre, 1959: 68).

The American analyst Gerald Fogel (1992) attempts to outline what he regards as Winnicott’s significance and its elusiveness.

This ‘thing’ - experience, object, or phenomenon - is neither completely external nor internal *as we perceive it psychically* yet it is real mental experience and refers to real things. I think Winnicott believes that this thing he is so interested in is illusion, is play, yet, though it cannot be reality tested in the ordinary sense, is the only thing that is real or worthwhile in life. ... Winnicott is more interested in grasping or describing the nature of personal experience, not its causes or components. Almost everything he deals with refers to a relational or existential process with special stress on the field which contains that process and the factors which promote and sustain it (Fogel, 1992, p.207).

Through the opening up of a *potential* space between child and mother, ‘when experience has produced in the child a high degree of confidence in the mother that she will not fail to be there if suddenly needed’ (Winnicott et al., 1990: 36) the possibility of play emerges, originating in both physical and psychological processes, linked to a developing capacity for being in the world, structured around being with oneself and being with others, created on the basis of experience, constituted in and through the earliest relations.

For Winnicott I would say that a capacity for playing is a sort of disposition, different from the physical or mental activity of play, though it does not exclude it, as Huizinga shows in discussing playing in all its possible forms, myth, ritual, the sacred, formal games, language, law, war, poetry, knowing, philosophy, art, civilization. Each of these social practices depends on Winnicott’s claims about the foundations of play in early life, involving, as they do, an individual ability to distinguish reality from fantasy, past from present, and to give rein to the creative imagination in a way that is neither delusional nor literal. The emphasis is consistently on processes and feelings rather than content or intention.

Winnicott differs from Freud’s discussion of play in ‘On Creative writers and daydreaming’ (SE vol IX, 1907) where Freud proposes that creative writers achieve the capacity to affect us through links with childhood: ‘The child creates a world of his own or rather rearranges the things of his world in a new way which pleases him.’ The child distinguishes play, however serious, from reality, so imagined objects and situations are always different from the tangible, visible things of the real world. Play is the opposite of what is real, so for Freud it is the ‘unreality’ of the writer’s imagination that ‘allows events to happen and be enjoyed there which would be distressing if they really happened’. The imaginative world’s pleasure then lies in its unreality. But for Winnicott both human existence and art and culture depend on the **reality** of the imaginative world and our participation in it. We are here looking at different understandings of ‘reality’ and a different approach to the art object and its pleasures.

Since the analytic situation depends on the recognition that the transference is both real and not real, Freud’s distinction between play and reality in discussing the creative artist is rendered more problematic there, and his later description of the transference in ‘Remembering repeating and working through’(1914) contains an echo of Winnicott in its insistence that the transference is part of real experience.

The main instrument however for curbing the patient’s compulsion to repeat and for turning it into a motive for remembering lies in the handling of the transference. We render the compulsion harmless and indeed useful, by giving it the right to assert itself in a definite field. We admit it into the transference as a playground in which it is allowed to expand in almost complete freedom... the

transference thus creates an intermediate region between illness and real life through which the transition from one to the other is made.... it represents an artificial illness ... and it is a part of a real experience (S Freud, SE XI, p154).

The child's move towards a transitional object is progressive because it relates to a real object and indicates a significant developmental step, but its further significance lies in the mental discovery of the potential space in which that first object comes to exist. This space is essential in negotiating the complexity of human existence across internal and external worlds, and it is quintessentially the space of play and the transference illusion. Huizinga claims, 'In play there is something 'at play' which transcends the immediate needs of life and imparts meaning to action. A cultural phenomenon, a continuing creation of the mind, it can be returned to as a treasure retained in the memory, and for which repetition is an essential quality' (Huizinga, 1950:10). Winnicott restates this, 'play is voluntary, primary, related to a particular condition of the mind, to the self, to the relations between them'. As early as 1942 he claimed, 'play is the continuous evidence of creativity, which is aliveness.' With differing emphases, Schiller and Huizinga also insist that play exists over and above immediate needs, and both Freud and Winnicott's discussions of the origins of the creative impulse and creativity invite comparison with Schiller's description of the aesthetic impulse as an impulse to play (*spieltrieb*), in that the play drive aims at a balance between two other drives, loosely speaking, reason and the senses/nature, in a process that reconciles the demands of reason and of sensibility in the lived form of freedom. In Letter 15 Schiller writes, 'the mind at play finds itself subjected to neither an external nor an internal necessity because we are entirely free in play and in play alone; the human being is only fully human where he plays. (Schiller, 2016).

Huizinga, almost two centuries later, emphasises that play is related to non-instrumentality and non-rationality, and yet 'it means something'; the contemporary commentator, Chaouli summarises, 'play exceeds the economy of life and introduces a logic beyond that of the determinism of life processes' (2013). It is the process that is important, not the product or result. Such an emphasis presents a very different focus from developmental concern with play, though each has its importance for work with patients and the different demands placed upon us to adopt somewhat different approaches with different patients.

Freud's insistence that reality and unreality comprise respectively the real world and the play world is endorsed by Fonagy and Target's developmental approach; for them it is a stage that has to be attained. 'Playing with Reality', a series of four articles (1996, 1996, 2000, 2007), developing their account of psychic reality, offers the resonance of the title, together with many passing references to aspects of Winnicott's theories, most notably his insistence on the centrality of the environment in the establishment of psychical reality. They follow him closely in insisting that

psychoanalysis make a place for the external world as of equal importance in the constitution of the psyche and of the 'world of subjectivities.' (Fonagy & Target, IJP vol, 88, part, 4, 2007, p.932).

The subtitles of the 'Playing with Reality' articles, 'I Theory of mind and the normal development of psychic reality', 'II The development of psychic reality from a theoretical perspective', 'III The persistence of dual psychic reality in borderline patients', 'IV A theory of external reality rooted in intersubjectivity', consistently draw attention to the external world in the development of mind and the centrality of mind in and for the contemporary practice of psychoanalysis. They see their trajectory as extending an emphasis of Freud's in *The Project* (1895) 'Thus thought accompanied by a cathexis of the indications of thought reality or of the indications of speech is the highest, securest form of cognitive thought processes.' They aim to investigate how the individual experiences and evaluates his thought reality at different stages of development and how, all being well, he comes to exercise the highest form of cognitive process, a sort of reality testing of internal states (Hartmann, 1956) in both oneself and others (p 374, quoted in 1996, footnote 1 page 217). Despite their insistence that the work does not concentrate on cognition to the exclusion of imagination it does describe the capacity to mentalise and the ability to reflect on internal states as 'the highest form'. There is no time here to discuss all four papers so I have used the first to highlight briefly some of the issues raised by this approach when it comes to play and playing. Their discussion of psychic reality would also deserve attention in a longer study.

Their major research interest lies in the development of the child's mind (and, by extension, patients' minds) and the processes by which the child/ patient comes to a realisation of the existence of their own minds through a realisation of the minds of others. This is shown through studies of how children attain certain valuable milestones, coming to understand or make sense of 'dream images, thoughts and real things' (219).

They introduce their central notions of 'psychic equivalence' and 'pretend modes' and it is in the pretend mode that the place of play enters as having 'a pivotal role in the development of thinking' (220) though they do add, 'affects and emotions are understood earlier than the possibility of different beliefs and older children know that just because they think something it does not mean it is real' (219).

The emphasis on the acquisition and recognition of one's own mind and the minds of others is a distinctive aspect of this work. For instance, in noting that children of two and three spend much time setting the scene and the rules so that the actual game itself may get little space, they regard this as a clear division between playing and reality, which seems to assume a particular understanding of 'play' in their emphasis on the child's capacity to think thoughts, think about his or her own thoughts in relation to play, and thus to separate play and reality. Winnicott's attention to the process contained

in the idea of playing has quite another focus in which the scene setting and the discussion about rules may also be understood as playing, as part of the activity, and as worthwhile in itself.

While the distinctions that Target and Fonagy's work articulate have their pertinence for the links between cognition and imagination with implications for patients who do not have these bases laid down, it does seem to prioritise the 'higher' capacity to think and to verbalise in the need for the 'creation of a fully mentalising psychic reality' (221). These emphases derive mainly from work with children of a particular age, which perhaps contributes to a tendency to sideline the extensive work on early infantile states and their reliance on the holding environment and nonverbal communication. How then are we to approach the play of pre-verbal children and infants? What differences can be discerned developmentally? Both areas of research have implications for analytic technique with children and adults, but they also present potential implications for our analytic theories which hypothesise about the mental states of infants and their pertinence to analytic practice.

'Playing with Reality I' sets out their theoretical assumptions and reports Peter Fonagy's work with Rebecca, aged 4, the daughter of a single mother, to illustrate the stages of a relationship to external reality that emphasizes the distinction between psychic equivalence and pretend modes as ways of being and encountering the world, culminating in the achievement of the capacity for mentalisation.

Throughout this work, and regardless of the emotional or developmental level of the child at any one time, the word 'play' is used in describing what happens between Rebecca and her analyst, drawing on the concept's familiarity, its taken for grantedness. Like many clinical accounts of play, the complexity and the variety of the behaviours that come under the rubric of its use are not really explored. They do identify Rebecca's first attempt at 'cooperative play... that is, play in which analyst and child construct something together,' which had occurred (p.222) after an interpretation about how hard it was for Rebecca that her time with her analyst began and ended so abruptly. Following this, they discern a different pattern of play but neither indicate what the differences might be nor speculate about what this may mean.

They also describe a repeated game which involves Rebecca as an older girl, Hannah, who has a father (the analyst, Peter) who together visit 'real Rebecca' and 'pretend Rebecca', her imaginary friend. A confusion of shifting identities is central to the analytic exchanges between these characters and real Rebecca's increasingly acknowledged disappointment that neither her grandad nor her analyst could be her father. What seems to be emphasised here I think is 'real Rebecca's' capacity to verbalise this, enabled by her developing capacity to 'play with reality'.

Despite the apparent fluidity of identifications noted in their ongoing pretend game and the moving work done, I would want to ask if and how the area of playing that Winnicott proposes was

actually reached, and why and whether such a question matters, given the undoubtedly positive results of that work.

I am interested in how the general title 'Playing with reality' and their use of it is to be understood and related to their claim for an equivalence of internal and external worlds in the child's acquisition of subjectivity, of what, with an echo of Bollas, I would call 'an idiom of the self'. Their work seems to emphasise developmental milestones, verbal consolidation and content and while the work described is both moving and convincing, it seems to me that something might be lost in this separation of reality and fantasy rather than their shared inter related place in the continuing therapeutic interrelation and what it offers. Different meanings of play as the activity engaged in by analyst and patient may all be consistent with a broadly shared idea of 'play' but the emotional and psychological steps involved in the different emotional realities played out in the transference is a further challenge at the level of both theory and technique, and how the aims of therapy are to be brought about. Their emphases tend to minimise Winnicott's emphases on early infantile relations as the foundation for later stages and capacities.

The capacity to be playful is something Target and Fonagy emphasize as a desirable aspect of parents and analysts, both of whom may have their difficulties in enabling the conditions for play and their own 'free' participation in it. As analysts the demands arising from our work may mean in Winnicott's words, in his paper on Countertransference, the resort to 'defences, inhibitions, and obsessional orderliness,... a personal defensiveness that only increases the strain for the therapist since those defences make her less available for the patient to use'.

Perhaps the connotations of being playful could illuminate the different dimensions of play that can occur in any session and would be worth following closely in our reports of clinical exchanges. In the AFC event in 1987, Shengold described playfulness as 'an attitude to doing, thinking and feeling (1988, p146) and while Winnicott proposes theoretically that play is a form of activity available to all, his clinical practice suggests that the state of mind and the health necessary to be able to play in an enriching and creative way, to find this attitude to 'thinking, doing and feeling', that playfulness involves cannot be taken for granted. It requires a good enough start from the beginning of life, and some of us are always rather better at it than others!

Ideas of play in the consulting room with adults have often registered for me through their absence, through a kind of rigidity, a determined adherence to their own demanding rules displayed by those patients who keep a strict control over their lives and their thoughts, moving, if at all, in a very narrow internal space, dominated by prohibition and judgement, where notions of right and wrong, good and bad are constant injunctions to the self, but also to others. The flexibility of mental and affective functioning necessary to play in a Winnicottian sense is absent. For these patients,

ordinary activities like sharing ideas with others and how that is lived in the give and take of daily communicative exchange are areas of risk and anxiety, humiliation and defeat.

The strength and self-assurance gained by learning and coming to know more about the self and how learning and knowing relates to self and other can be exposed or completely threatened by the process of analysis and the recognition it necessarily carries of not being masters and mistresses in our own houses. What emerges for the analyst, and sometimes for the patient in these treatments, is a realisation of the confined mental and psychological arena in which the patient allows herself or himself to move, and the isolation of such a position, where any freedom to relate is so hedged about with doubt, anxiety and incapacity.

For patients of this kind what Winnicott identifies as play is often unthinkable, and yet, as a clinician, he was especially concerned with them and the roots of their incapacity in an earlier emotional life than the children described by Fonagy and Target. An inability to play is an inability to be fully alive, in and for oneself, and he suggests that patients who display the restrictions and the impoverishments of pathologies stemming from very early processes have to learn to play before analysis proper can begin. But this may register a long and often thankless task for the analyst, so I think it is worth raising whether some patients ever find themselves able to play in this sense, especially since theirs is a deficit that may only be clearly revealed as an analysis progresses. Winnicott notes that something fundamental is missing in such patients, and that it is only through psychoanalysis, if at all, that it can come to be recognized and begin to be developed as a resource to be lived from and with.

Work of this kind makes huge demands of the clinician if it is to be even partially effected. But I think that we have to be ready to appreciate the kinds of very minor shifts that may point to a patient approaching that 'attitude to doing, thinking and feeling' that Shengold describes. For instance, in *Holding and Interpretation*, for the most part a distinctly unplayful and excessively wordy, verbose account of an analysis dating from the fifties, there is an exchange after an Easter break. The patient, Dr A reports thinking about a change in himself in regard to an activity he knows he could not have done in the past.

Dr A 'Coming along today I went to the Academy to look at pictures. I could almost say this is the first time I have enjoyed such an experience. I would always have pretended, but it would have been a fraud and a waste of time. I enjoyed the pictures without a frantic search for feeling real. I would always have had to try to think up something to say. I might have been able to manage the cinema or the theatre where there are people to identify with but not going to see a picture exhibition. Pictures require of one a much greater degree of personal stability and independence.'

Winnicott: ‘Pictures do not come to meet you so much. You have to put something into them.’

Dr. A ‘Yes, I had a great difficulty about playing and always if I played I wondered, “Is it permissible? Is it not too frivolous? Dare I play?” I had to take deliberate responsibility whenever I was unserious. It always seemed like just playing, meaning that something more serious ought to be going on’.

This constitutes a freeing up, however restricted, in Dr A’s own engagement with the pictures that, as Winnicott suggests, ask something of him, something, to some extent, he now has in him to give. Risking himself in this experience and his verbalisation of it with his analyst certainly draws attention to Dr A’s continuing hesitations and his lack of spontaneity, but it also hints at something that has happened in his treatment. His beginning to find a way of engaging in this cultural experience and to reflect on it is related to his becoming able to engage with his analyst, to beginning to recognise the separateness of the world of art, which offers a further dimension of living rather than another area in which he had to get something right. Dr A seems to have slightly surprised himself and in so doing, brought an added dimension to his experience of himself. Were we to spend a session on this patient’s report I think we would be gathering together many of the themes involved in an analytic approach to play.

The idea of play as communication may be one of the central tenets of child analysis, but the framework in which different levels of communication can be accessed also has to be established and one way this happens is through an attentiveness to the self of the other. The form of cooperative play known as the squiggle game is central to DWW’s consultation with Iiro, a Finnish boy aged about 10, a case of congenital syndactyly, hands and feet. Verbal exchange was done through an interpreter, but it was secondary to analyst and boy experiencing playing together and this only worked because both participants were involved in the activity as equal protagonists.

Their playing involved analyst and child making squiggles together, adding to each other’s lines in turn: this mutual experience is their communication. Winnicott observes, and occasionally comments, but it is his continuing involvement that conveys that he and Iiro are involved in a shared field of encounter and connection. This sharing is the framework for deep communication between them, which, we learn, had subsequent benefits for child and family.

When Iiro describes Winnicott’s first squiggle as a duck’s foot, Winnicott follows up with a similar squiggle to check his sense that Iiro’s focus would be his disability. Iiro’s other associations to their squiggles: a duck swimming in the lake, a horn, linked to his brother playing the cornet and his own wish to play the flute, provide indirect commentaries on his condition. When Winnicott says, ‘It would be difficult for a duck to play the flute’ the boy is amused.

A squiggle which Iiro could have made into a hand, but turned into a flower, was understood by Winnicott as the boy's unwillingness to look at his own hands; he said nothing, but then Iiro drew what looked like a deformed hand; he surprised himself and said, 'It just happened.' Winnicott made the link, 'It's like your left hand, isn't it!' Iiro then told Winnicott about all his operations, how his feet were the same, he only had four toes, but he used to have six. Winnicott again makes the link with the duck and then makes a kind of interpretation. 'The surgeons are trying to alter what you were like when you were born'.

Iiro responded that he would like to play the flute and when he grows up be a building contractor, like daddy, or the man who teaches handicrafts at school (his condition would make both difficult or impossible). Winnicott then asked if it ever made him cross to be operated on. Iiro replied: 'I am never cross', it was his choice, and 'it was better with two fingers than four all joined together'. His next squiggle was an eel which they decided together was too small to eat. Winnicott gathered the session together in a kind of interpretation about Iiro wanting to be loved as he was when he was born while also wanting to do things when he grows up so he agrees to the operations.

Then Iiro told Winnicott his mum had the same condition, revealing another dimension of what he was dealing with. Winnicott understood the boy's major communication as his wish to be accepted as himself, as he was when born. His growing capacity to verbalise his problem in the session is significant because it registers the internal shift in his capacity to look directly at his own hand and talk of his condition after initially approaching it indirectly through the ducks, as represented in the shared playing of the squiggles. This consultation led to greater freedom to discuss the limits of surgery and how Iiro's condition could be more accepted in the life of this boy and his family. In taking turns to work on a squiggle the boy's preoccupations emerge and can be addressed through their playing together, an activity they seem to both be involved in and enjoy. This raises for us the question of what makes the difference for Iiro the sharing of squiggles with Winnicott, or Winnicott's verbalizing of their associated meanings.

In her book on Melanie Klein, Julia Kristeva suggests that, 'Winnicott tried to revive the principle of freedom that characterizes the living elements in analytic treatment itself... Authentic inner life must nevertheless be perpetually recreated for it is an endless process that only then makes us free. In Winnicott's writings the adjective 'free' is used as a synonym for 'an inner life that must be perpetually recreated', one that operates in tandem with an external life that must always be externalized' (p185).

Discussions of play in psychoanalysis address the need for that perpetual recreation.

Bibliography

- Chaouli, M 2013 On Huizinga and Schiller. The play drive in Politics and life in *Workshop* Number 1, June.
- Cohen, D. 1988 Introductory Remarks, *Bulletin of the Anna Freud Centre* 11(2) 99-105.
- Fonagy, P & Target, M 1996, Playing with Reality: I Theory of Mind and the normal development of Psychic reality *IJP* 77 (1) 217- 233.
- Fonagy, P & Target, M 1996, Playing with Reality II, *IJP* 77(3), 459-481
- Fonagy, P & Target, M 2000 Playing with Reality III *IJP* 81(5), 853-873
- Fonagy, P & Target, M 2007 Playing with reality IV *IJP* 917-938
- Fogel. G 1992 Winnicott's Antitheory and Winnicott's Art -His significance for Adult Analysis *Psychoanalytic Study of the Child* 47, 205-222.
- Freud , S 1907 On Creative Writers and Day Dreaming, *SE* vol VII
- Freud, S 1914 Remembering repeating and working through S E vol XIV
- Greenacre 1959 Play in relation to the creative imagination, *Psychoanal Study Child* 14:61-80.
- Huizinga, 1949 *Homo Ludens* London: Routledge & Kegan Paul (English translation)
- Kristeva , J 2004 *Melanie Klein* NYC: Columbia University Press
- Schiller, H. 2016(1794) *On the Aesthetic education of Man* Harmondsworth : Penguin
- Shengold, L. 1988 Some Notes on Play and Playfulness *Bulletin of the Anna Freud Centre* 11(2) 146-151
- Solnit, A. 1988 Introductory remarks *Bulletin of the Anna Freud Centre* 11(2) 99-105
- Stjerne Thomsen, B. ad for Lego professorship *Guardian* 17 January 2017
- Trilling, L. 1950 Freud and Literature (1940) in *The Liberal Imagination*
- Wallerstein, R 1988 Final Summing Up *Bulletin of the Anna Freud Centre* 11(2) 168-82
- Whitebread , D 2012 The importance of Play. A report on the value of children's play with a series of policy recommendations PEDAL Cambridge. written for Toy Industries of Europe (TIE)
- Winnicott, D. W. 1942 Why Children play *Collected Works* volume 2 167-170
- Winnicott, D.W. 1953 Transitional objects and transitional phenomena.: A `Study of the First ~N~Ot Me possession *Collected Works* volume 4
- Winnicott, D W 1959/1965 Countertransference in *Collected Works* volume 5 505-511.
- Winnicott, D W 1986 *Holding and Interpretation* in *Collected Works* volume 4 303-474.
- Winnicott , D W 1971 *Playing and Reality* London : Tavistock
- Winnicott , D W 1971 Iiro aet 9 years 9 months case 1 *Collected Works* volume 10, 37-56.