

## TOWARD AN ETHIC OF PLAY IN PSYCHOANALYSIS

BY STEVEN H. COOPER

*Through three detailed clinical vignettes, the author explores the ethical undergirding of play. He defines play as a form of idiomatic responsiveness that emerges in the context of analytic intersubjectivity, one that can illuminate elements of fixed transference-countertransference enactment. The author outlines an ethic of play that considers whether the analyst's forms of responsiveness deepen and enliven the patient's understanding of unconscious fantasy, conflict, and internalized object relations. Play poses challenges and a potential risk for the analytic couple, since in play rules are often changing in the dialogue between the conscious and unconscious minds of the analytic couple.*

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Playing is one of the most difficult phenomena to define in psychoanalytic work. Winnicott (1968) offered several general definitions, assiduously avoiding being overly detailed and specific in any of them. At one level of theoretical discourse, play can be seen as the underlying logic that makes psychoanalysis possible (e.g., Parsons 1999). There are also particular forms of responsiveness between patient and analyst, referred to as playing, that involve specific forms of transference-countertransference engagement.

Winnicott (1968) described the operation of play in a general way as follows:

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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 toward bringing the patient from a state of not being able to play into a state of being able to play. [p. 591]

Contrast this general remark with something closer to a definition in the same paper (Winnicott 1968):

The thing about playing is always the precariousness of the interplay of personal psychic reality and the experience of control of objects. This is the precariousness of magic itself, magic that arises in intimacy, in a relationship that is being found to be reliable. [p. 596]

At this level, an element of play functions continuously to sustain and work with a paradoxical reality in which things are real and not real at the same time. In this sense, play and transference overlap in that they each borrow from real and illusory elements of the analytic situation. Despite the importance of Winnicott's understanding of the centrality of play in therapeutic process, his definition of play remains general at the level of describing the intricacies of how play addresses specific elements of transference-countertransference engagement and enactment.

In my view, playing involves a kind of responsiveness to each other, which allows new opportunities for viewing transference and defense, including the fixed rules of transference-countertransference enactment. I define playing as a process in which patient and analyst shift in the degree to which they are working from within the patient's unconscious fantasy, either finding humor or irony regarding the content of fantasy or a more direct confrontation about the clash between internal fantasy and external reality. It often emerges in a different affective register or with a slightly new semantic basis from within elements of the transference-countertransference, the very intersubjective engagement that it seeks to illuminate.

In my experience, play arises most frequently in the face of repetitive experiences with patients' defensive organizations that "lack

something, and that something is the essential central element of creative originality” (Winnicott 1960b, p. 152). Playing often arises as a seemingly spontaneous response by the analyst in the wake of long-held collaborations with these defensive organizations. Thus, playing is staged, as it were, from within defensive organizations. Analyst and patient have developed enough trust together for the analyst to respond in new ways, often more vigorously, to these defensive coverings.

I refer to these moments as *seemingly spontaneous* because what appears to be analytic spontaneity in some sense always arises out of a shared relational history and is itself a property of the intersubjective field. Analytic spontaneity can only exist in dialectical tension with more formal interpretation and is a kind of shared illusion between patient and analyst. In the clinical moments that I describe in this paper, the patient becomes aware that the analyst has entered more deeply into his unconscious fantasy or transference while there is growing trust within both patient and analyst in the ability to hold both the internal reality of transference and external reality.

This process, one that occurs incrementally over time, is another reason to question the common construct of spontaneity. The growing trust between patient and analyst that I will describe enables a greater interpenetration of the patient’s mind, one in which we become better able to receive the sexual and aggressive experiences that characterize our patients’ unconscious rules of engagement. In moments of play, patient and analyst became better able to creatively make use of the more rigidly held rules of transference-countertransference engagement in the service of understanding and love. For example, the patient feels greater trust as a result of cycles, including the expression of aggressive and sexual feelings, that are met with the analyst’s receptivity, responsiveness, and nonretaliation. The analyst also feels greater trust in his own capacity or readiness to use his own aggression or desire, which in turn helps to create the sense of spontaneity.

In this exploration of the ethical undergirding of play, I am interested in some questions that arise in connection with this form of the analyst’s responsiveness, one that emerges from a deeper, more personal context of analytic intersubjectivity that it is trying to help the patient to better integrate. Thus, the concept of playing involves particular

ongoing requirements for the analyst. By this I mean that there is an ethic embedded in play, one intrinsic to its function and meaning.

I will describe three difficult-to-reach patients with whom forms of play emerge from a history of more formal interpretations of transference and defense. In the moments that I describe, the analyst shifts toward a new balance of speaking from inside the patient's fantasy while representing elements of external reality. I try to explore the analyst's gradual process of entering more deeply inside the patient's fixed attachment to unconscious fantasy and internal objects. The analysis in these moments contains both fantasy and reality in a special form of opposition in which the analyst exists within both realities, facilitating deeper affective contact with both. This position sometimes permits a shift into a different register where something new and creative can happen between patient and analyst. The most consistent shift that I have been able to detect about the analyst's stance in play is that he either enters more directly into the unconscious fantasy with the patient or speaks more directly from outside the fantasy to the parts of the patient's experience within the fantasy.

Several authors from outside psychoanalysis have touched on the relationship between play and the development of ethics. Plato emphasized the importance of play in child development but proposed regulating play toward a variety of social goals (D'Angour 2013). Vygotsky (1934) was interested in how the play of children, especially various dialogues with other children and internal dialogues, naturally served the purpose of learning rules and integrating reality,

At the most basic level, the analyst's commitment to an ethic of play involves his commitment to reflect on whatever forms of play emerge from both patient and analyst. This commitment is naturally part of the analyst's general ethic of psychoanalytic process, but it is especially important since play intrinsically involves the ongoing creation of rules within a dyad and thus sometimes the revision of them. There is risk. As Winnicott (1971) described it, "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" (p. 50). Often it is only in retrospect that we can understand the impact of any of our forms of responsiveness to our patients.

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Play can only emerge from within the shared ethical foundations of all of psychoanalysis, especially abstinence and a commitment to understanding. An ethic of play features an openness to considering that forms of emergent responsiveness that seem to facilitate deepening of analytic process, such as humor, may involve previously unanalyzed libidinal and aggressive parts of transference-countertransference enactment. With regard to the use of humor, glibness on the part of the analyst always carries a risk. Equally true is the possibility that avoiding the risk of this kind of responsiveness is another kind of transference-countertransference enactment, one in which a patient feels unmet in his own new forms of expressiveness.

Among the most important matters related to the analyst's self-reflection is an ideal that play serves the purpose of deepening the understanding of the patient's unconscious life (Parsons 1999). Play is serious business regardless of whether or not the accompanying affects involve humor. While play in the form of humor or a turn of phrase may amplify semantic meaning expressed by the patient, if the humor is glib or being expressed simply for exhibitionistic reasons, it is likely not genuine play.

Far short of this circumstance, though, it is usually over time that we can determine whether the conscious intent to use humor to deepen or amplify meaning serves that purpose, or whether it constitutes another form of enactment, or both. For example, some patients introduce humor or sarcasm as a way to express loving and hostile feelings that they are otherwise unable to put into more direct language. This humor sometimes marks a burgeoning expression of these impulses even prior to the patient's ability to articulate such feelings within himself or with the analyst.

One could easily argue that an analyst conveying a joke may be "being playful." This is quite different than a view of playing as an intersubjective process that is aimed to illuminate elements of the transference-countertransference, the very intersubjective field from which it emanates. The litmus test of play, interpretation, humor, or any kind of responsiveness on the part of the analyst is whether it serves to facilitate the patient's experiential understanding of his unconscious mind.

The analyst's ethical position regarding play applies to both his conscious position regarding play as an underlying logic to the analytic

situation and his unconscious participation in the analytic process. Consciously, the analyst often finds play at moments involving a shift in affective register with regard to the focus of what he is interpreting, whether it be transference, defense, or unconscious fantasy. I hope to illustrate some of these shifts in register through clinical vignettes.

The analyst is committed to the axiomatic understanding that he will inevitably be engaged in transference-countertransference enactments if he is able to facilitate a deep and meaningful analytic process. This requires an openness to the daunting reality that all forms of our responsiveness may inadvertently impede understanding and growth.

Another part of the analyst's ethical position regarding play is avoidance of too active an effort to find play. An overly active attempt would involve trying to overpower an unconscious process with a conscious one, a valorization of memory and desire by the analyst. If it is partly the analyst's responsibility to bring the patient to a point of play (Winnicott 1968), an overly eager and ambitious translation of this mandate may truncate understanding. It violates a particular kind of ethical principle at the heart of play, which is to be patiently open to the transference-countertransference and to keep working at understanding it. In fact, King (1979) described a necessary *passion* in waiting and the importance of avoiding premature interpretation. Part of being a guardian of play (Parsons 1999) involves the analyst's keeping a watchful eye regarding his own need to be clever or to create pseudo-understanding of what is being communicated. Guardianship includes management of the analytic setting and an understanding that the processes of self-reflection I have mentioned are always ongoing, never resolved.

The forms of responsiveness that I will explore are continuous with and linked to other modes of interpretation, such as transference and defense interpretation, but they also involve a form of transit from something less affectively accessible to the analytic couple, to something more deeply experienced or perceptually observed (Cooper 2019). Play is not accurately described as *post-interpretive* since it offers clear forms of interpretation. At the same time, though, play often evolves from earlier forms of transference and defense interpretation. This notion of how playing sometimes evolves from other forms of interpretation leads to other questions. Do the forms of playing that I am highlighting sometimes emerge from various forms of countertransference frustration

with the limitations of other modes of responsiveness to the patient? Do they sometimes create an unnecessary demand on the patient, or do they offer an opportunity to deepen the process, or both? The answers to these questions take place in the patient's experience of the analyst's intentions, which includes the patient's own experience of the analyst's ethical imagination.

Nowhere are these questions regarding the ethical foundation of play more relevant than in play involving erotic feelings, feelings of being cared for, and aggressive feelings. Patients experience the work that we as analysts are doing internally to be self-reflective about these various ethical guardrails. I believe that real play in psychoanalysis can take place only at points when there is enough trust and safety within the analytic pair to allow for transformation of something that has been burdensome, often repetitive, and fraught. I will try to provide some examples of play in these areas and deconstruct some of what they might tell us regarding the search for an ethic of play.

## WILLIAM

This vignette features a young man's conscious and unconscious hostility and underlying sadness enacted in the transference-countertransference. I highlight some forms of play that developed from more formal interpretations and some considerations regarding the analyst's self-reflective participation in these forms of responsiveness.

William was a highly accomplished, 28-year-old, single man who had felt quite ignored by his father during childhood and adolescence. His father was professionally successful but quite cut off from others, including his wife and two sons. William's father was moralistic and critical of nearly everyone he met. I had hypothesized that William's father's emotional distance toward his children and wife was a kind of compromise in which he titrated his contempt and temper tantrums toward his family, but did so at the expense of engagement.

When there was a lull in our discourse, William would frequently assert: "You are not there." This experience was exacerbated when he started using the couch in our work about one year after we had begun. When we tried to look into this experience, William questioned whether there was anything to understand about it. I suggested to him, and he

had already anticipated my thought, that this experience of my not being “there” might well reside in his old experiences with his father. William felt that I was falling back on his past experiences to justify my current behavior with him, my “silence.” He was only partly aware that I was actually infrequently silent in our work. Naturally, I asked myself the same question that William posed to me—namely, whether I was using my interpretation as a form of distancing in our relationship. In some ways, though, I felt that a part of William’s mind agreed with my interpretation, and that he was pushing us to understand something further about his anger.

As our work developed, William noted some different feelings during moments of relative silence. He contributed that now, when I linked his sense of a past silent father with his current experience of me as unavailable, he began to sense me as more present. In an interesting turn, he said that he especially liked it because he now felt he was able to imagine that he had provoked me into saying something, and this outweighed whether what I had linked together was true. This reminded him of the ways that he could provoke his father’s anger by saying or doing something that he knew would irritate him. He said, and I acknowledged as true, that it was one of the only ways he could feel that his father was noticing him.

Now he was repeating a scene in which he could find a way in his mind to be seen by me when he worried that I was ignoring him. I conveyed to him that he worried he would have my attention only as a result of provocation rather than as something readily given to him.

In William’s mind, this game of accusation, provocation, and response became more recognizable to him as a way to stage a feeling of not being seen. It had been a deadly game, as well as a deadening one for us both. As he pointed out, “It’s not even that I was abandoned; I was just never seen.” The more this occurred, the more I found myself able to address more directly his wish to be seen and the hostile, sometimes retaliatory part of this repetition. When he felt a sense that I was not there, I could say more directly, “You don’t know whether I am seeing you and not speaking, or simply not seeing.” Gradually, William could psychically entertain these feelings for longer periods of time, yielding to something more spontaneous either from him or from me. And it was

true that by my having said this to him earlier in our interactions, there actually was less silence.

William introduced into our interactions his fantasy of coercion via his father, partly real and partly his psychic framework for feeling that he could get his father to notice him. There were a set of rigidly held rules organized around hostility, abandonment, and a kind of cruelty. Even as things improved and William shifted into a greater shared sense of how his past experiences were contributing to his transference experience, I was aware that, for me, these games had an unpleasant feeling of being actually coerced and had at times been mildly unpleasant. I became aware that William also wanted to punish me as both a neglectful internal object and as his analyst.

I had a peculiar, humorous thought that in some ways, William was only very selectively seeing me—humorous in that this is, more or less, a reasonable definition of transference. I was trying hard to listen to him and make sense of what he was saying. Perhaps this could be described as a form of projective identification in which he was unconsciously projecting his sense of being unseen. I felt unseen myself in this version of negative transference-countertransference. In the privacy of my own clinical imagination, I could understand a paradoxical reality in which I was upset that William had a transference to me, the very thing that psychoanalysis is organized around as a mode of therapeutic action.

William struggled to consider whether there were times that I *was* seeing, but he could not experience my seeing. I wondered with William whether he needed to stay attached to this form of dreadful play in which he had to instigate something that actually prevented him from feeling something new—namely, that I was seeing him on my own without his intervention.

In what seemed at first glance like a kind of infinite regress, William said, “See, I’ve done it again—I’ve provoked you into saying something when I wanted you to.” Then a silence ensued, and he spoke of feeling very sad. He knew that I was trying to be with him and listen, which he appreciated very much. I worried that he had felt anxious that he had destroyed me with his aggressive form of play in which he had to keep documenting his experience of not being seen with his father and striking back. This pattern was repeated in a number of sessions.

In fact, I believe that this greater capacity for feeling my presence with him had preceded these interchanges. There were already cracks in his fortress of insistence that he was alone. For many sessions, there were patterns of William's seemingly desultory interaction with me in which my interpretations were, as I put it to him, "manhandled." I meant by this term that he incorporated what I said into his claim that he had to inspire me or irritate me in order to get me to speak.

William had to exert control over a man in his mind, a man he desperately needed to want to be with him. However, he was now better able to understand that I spoke to him when I had something to say, and that sometimes, paradoxically, I had something to say to him even during our silences together (Cage 1961; Winnicott 1958). At one point, we even developed a vocabulary of categorizing those instances when he felt that he had provoked a response, but I disagreed: I termed it a "false positive." He found this humorous partly because I had entered into a vocabulary, really an idiom that was meaningful to him in terms of his research background and his somewhat rigid way of dichotomously assessing my interpretations as simply correct or incorrect. More important, I felt as though he was gradually trusting me in considering that not all forms of responsiveness to him were a result of his nihilistic instigation.

William was able to shift in his analysis in a way that brought him to the parts of himself that engaged in forms of play in which he could punish another rather than simply feel rejected. In these forms of play, he was prosecuting a case against his father for his crimes of neglect and rejection. As William brought these experiences into the transference, he could allow elements of separation from these patterns and from his father while having a new experience of me trying to stay with his angry, hostile retaliation. He could also gain greater separation from his omnipotent thinking that he could manipulatively eke out the paltry attention from his father that was there to get. Our fraught engagement, which yielded to gratitude and less disavowal of our intimacy with each other, sustained him in the sadness and grief he felt as he loosened the chains of his attachment to his father.

I believe that in the moments I am describing, the analyst is better able to contain a new balance of fantasy and external reality. I was moving gradually more inside William's persecutory fantasy in which he was

being hurt by his father or hurting him, while containing his anger and allowing him to feel a safer version of external reality. In the play that I describe, we are containing both sides, unconscious fantasy and external reality, in a special opposition wherein both realities exist within the mind of the patient, and affective contact can be made with both. This permits a shift into a different register where something new and hopefully creative can happen between patient and analyst.

Put another way, William and I were working with interpretations that were experienced as paradoxical experiences. When I interpreted in order to help him understand his anger, sadness, and mistrust, he felt at once that I was not genuinely giving to him since he also felt that he had manipulated me. William was gradually able to understand that in construing our interaction as something that he had provoked, he was renouncing the very thing that he wanted—namely, my capacity to want to both know him and respond to him. He found ventilated spaces (Green 1975) in his own near-perfect form of insulated, faithless play. In this faithless play, if he plays by my rules, he would be submitting to a world of being unseen. In this sense, I was working toward finding elements of play, originally introduced by William in the context of repetitive sadomasochistic enactment, that eventually helped him inch toward a greater capacity for grieving (Cooper, in press).

I also became more aware of his tendency to fall into patterns of instigating negative attention and was accordingly able to actually make interpretations earlier in our exchanges; this mitigated his compulsion to repeat these somewhat perverse forms of pulling me into his fantasy. It was only over time that he could understand just how attached he was to his sadomasochistic relationship with his father and with me. My holding and containment sustained him as he tried to disengage from this form of play and find new ways to take in my actual presence with him, less persecutory and abandoning, as a caring analyst. William became better able to be alone in my presence (Winnicott 1958), a conclusion that I drew from his gradual ability to interrupt these patterns. He was able to feel sadder and eventually more appreciative of many elements of our relationship with one another. This ability to be alone in my presence marked what I would term a deepening of his understanding of these unconscious enactments with his father.

In considering an ethic that underlies play, I think that I was learning how to find William as we went along. As his analysis developed, I recall resisting frequent interpretations that formed in my mind about the ways that, through his behavior, he was preventing himself from feeling various experiences, including feelings of being unseen, neglected, and having to make himself a kind of nuisance (Winnicott 1958, 1960a) in order to be noticed. I would even say that at times, I was aware at some level that I was falling into some repetitive games of sorts with William, particularly when I knew that he would say, "I got you again—I made you finally say something." I was becoming more convinced that William was experiencing the hollowness of his interactions with me that were gradually yielding to his own experiences of sadness and the potential to mourn lost experience.

I believe that over time, William could experience greater trust as a result of the cycles of aggression met with my receptivity and nonretaliation *from within the staging of his defensive organization*. Importantly, I also felt a greater trust in my own capacity or readiness to use the aggression. In these moments, the analyst experiences something relatively new and spontaneous.

Part of the ethical concerns of the analyst in the work that I have described involve the ambiguity with which we regularly toil as analysts. For example, I could not know whether more frequently repeated interpretations of the sadomasochistic enactments in our exchanges might have more quickly brought William to a greater sense of his need to grieve what had happened with his father. As I hope is clear, a great deal of my work in William's analysis occurred inside me rather than in my interpretations to him. I was seeking to find how William was re-creating his omnipotent fantasies of controlling his father, and I was trying to resist furthering his rough play through retaliating against him. Sometimes I could feel the wish to interpret to him partly as a form of retaliation in the face of his repeated provocative invitations. In other words, I was aware of a wish to "manhandle" him through my observations, not only to help him.

Nor could I know whether more frequent interpretations would have truncated William's gradual awareness of the empty and dull experience of his reflexive reversion to a nearly perverse game. A great deal of the ethical undergirding of play here involves the analyst's

openness to the patient's ways of thinking in the form of a game that the analyst felt William was playing. This openness—or what McLaughlin (1987) referred to as an *expansion of data* regarding thinking about the transference—risks the possibility of an institutionalized form of sado-masochistic enactment within the analysis.

My internal work regarding the matter of the ethical foundation of play included reflecting on the positions that I felt cornered into by William in his psychic gambits. I was metabolizing a sense from him of a desperate little boy who felt unseen. He was playing a game and making up all his own rules. I could also access a sense of being unseen by William, particularly given my considerable efforts to be present. Privately, I experienced the humor accompanying my awareness that we as analysts are always only partially seen. I also felt that I was metabolizing his partly sadistic way of conceiving my presence as something that he instigated. He was always competing and taking the upper hand. I believe that in receiving what could be conceptualized as these protean forms of play, I provided a nonretaliatory holding, one that increasingly allowed him to feel his aloneness vis-à-vis his father and to begin to grieve.

## PETER

Peter, a man in his mid-fifties, had felt ashamed of his father, whom he viewed as racist, autocratic, and rigid in his political beliefs. Peter's father had died when he was sixteen years old. Peter had remained ashamed of his father despite a previous psychotherapy in his twenties that he had appreciated and found helpful.

Despite Peter's considerable success as a father, husband, businessman, and entrepreneur, in analysis, he would often say things straight from the heart about how none of these things were true. He would say, "I don't know how to speak as a father or a husband; I don't know how to run a company; I am unable to give talks in front of my employees." By all measures, his children had found him to be a good enough father, his wife enjoyed well enough their marriage of thirty years, and he was still the head of a successful company that he had formed. He both knew and didn't know that he was a sought-after public speaker.

Peter sought analysis because he had long known that he was psychically unable to hold the idea that he had accomplished all these things and that he could do very well the things that he claimed he could not. Peter was familiar with my interpretations about how he felt that he unconsciously held on to his connection with his limited father—a father whom he loved, hated, and felt ashamed of. He desperately wished for a father he could admire, even if he had to obliterate whom he had become with the father he had. Peter seemed to appreciate my interpretations about his overriding need to stay attached to his father and how he turned against himself in order to preserve his relationship with him; he would go to great lengths to disavow and obliterate what was good in himself.

Despite his shame and anger at his father, Peter felt an attachment to him in a way that he could not trace to his earlier experiences with him. Peter's parents had divorced when he was eleven and he didn't feel that his father had been very thoughtful to his mother and siblings before or after the divorce. To some extent, though, Peter had a trace of feeling that his father would spend time with him when he was a little boy, while his two younger siblings had more of his mother's attention.

Several years into his analysis, Peter and I were deeply engaged in his substantial disavowal of anything that was good about him. When Peter would tell me in his Monday session about a work speech that he had given on the preceding Friday, a book that he'd read, or something meaningful that he had helped one of his children with since the last time we'd met, he would say something like, "And how could such a thing happen?" He began saying this with a smile at one point in his sessions, and after a while, I would occasionally mirror this sentence after he reported something good: "How could this be true?"

I had made a somewhat spontaneous shift into a different register of responsiveness to Peter. I was not aware of any feelings of hopelessness about Peter's treatment. This shift did not feel like a desperate form of responsiveness when other interpretations failed. In fact, it seemed to me that Peter worked hard, and while his progress was not that apparent, I had a sense that we were working toward helping him. I felt that he had a strong positive transference, one in which he could rely on me. I was a bit surprised to find myself joining him in his destructive comments directed toward himself that were consciously offered—as a form

of humor and play on my part. I asked myself, however, whether I was unconsciously identifying with his aggressive turn against himself.

Peter would often seem to feel almost a sense of empathy from me if he or I would say, "And how could such a thing be true?" He once said, "Empathy works in a strange way in our relationship." In this form of play, I believed over time that I could join him in a place of conflict between the good experiences he was having and his experience that this good was actually at odds with the psychic laws of nature that held sway in his inner reality. Peter sometimes joked that these laws were akin to the law of gravity in the material world; in fact, we would sometimes laugh about not knowing that there were exceptions to the law of gravity.

Part of Peter's new relationship in the transference, one that I experienced as a deepening of our work together, was with someone who did not require him to suddenly renounce the father with whom he was desperately linked. By suggesting that feeling good about himself would be a violation of natural laws rather than psychic ones, he could relieve himself of his responsibility in the matter. He didn't know how to let himself accept the things that he was. His subtle, ironic question "How can this be true?" reflected that he was incrementally able to acknowledge his separateness from his father, even as he simultaneously held onto an unconscious fantasy that they would never be separate. Peter eventually began to mourn that the father he had wished for had never been and would never be, except through inhabiting the reality of who Peter was trying to be as a father, husband, and person.

Once again, the case of Peter raises interesting issues related to the search for an ethic of play. While I felt strongly that he understood the emotional seam in which my comments resided, he could have easily felt that I was laughing at him rather than with him. In joining him, as it were, in his self-loathing and incredulity that there was no way he could be a good man or even the man he was, there was a risk that his analysis could become a site of sadomasochistic enactment. For example, he could have experienced me as mocking him in the play, rather than offering an experience of me accompanying him in his disavowal of what was good in him. It is possible that rather than experience the play as a way to gain purchase on what was good in him, he might have felt that I was simply joining him in his self-loathing.

Then there is the matter of whether my own focus on play here has any advantages over a more straightforward interpretive responsiveness. I had offered him many interpretations regarding how his self-loathing unconsciously preserved his attachment to his father. He could consciously be angry at and dislike his father while still being a loyal son through his self-reproach. Peter seemed to genuinely agree with these forms of understanding.

In retrospect, I believe that my joining with Peter's incredulity involved an unconscious enactment worth detailing in relation to this topic. I speculate that when I was in my more conventional and customary interpretive mode, Peter's loving feelings toward me were more threatening to him regarding his psychic pact with his father. When I joined him in his humor, he felt less that he had to choose between us, allowing him a more incremental ability to separate from his internal object and unconscious fantasies associated with his father. I also joined Peter in his defensive glibness, in some sense allowing him to see me as residing more inside his defensive organization.

While play is often best understood as a form of protean understanding regarding one's unconscious life (e.g., Cooper 2018), I think that in the cases of Peter and William, the version of play I am describing here might also be thought of as a form of responsiveness that emerged in the wake of earlier, more formal interpretations. This is not to say that these earlier forms of interpretation can be positively deemed unsuccessful, since that would be hard to parse as separate from the moments of responsiveness that I am describing here. With each of these two patients, play emerged from an experience of the analyst in which it had been difficult to reach the patient over time.

## NINA

For patients who concretize their early longings through compulsive sexualization, an ethic of play is quite complex. One of the most refractory forms of concrete thinking involves patterns of erotic transference with the analyst that are also enacted through compulsively sexual behavior with others. Rigid transference-countertransference patterns regarding erotic transference are often the hallmark of early disappointments with others. These transferences feature a mechanical rather than

erotic quality. One of the only forms of play can be found inside the depersonified nature of the patient's associations (e.g., Coen 2005).

For several years, Nina's compulsive affairs with men and women threatened her marriage to her wife. She insisted to me that she and I have sex since, as she put it, "there is nothing else you could offer me that would be of help." I experienced these requests as partly hostile but even more as distanced, somewhat dissociated expressions of her depression, boredom, and hopelessness. I never felt as though Nina was particularly sexually attracted to me or that her transference had elements of a very specific, identifiable object transference. Still, I felt a bit pinned in by the request. She was at great remove from an awareness of a few things that I thought she was expressing. I felt that she wanted to know that someone wanted her, especially her parents. Through her multiple affairs, she was constantly trying to redress this grievance. I also thought that she was destroying what was available to her from those such as her wife and me who offered her closeness and actual caring.

I suspect that I also felt pinned by Nina's requests because she devalued so much of what I was actually offering by way of interpretation. I felt as though she was unconsciously playing an unpleasant game with me, one that she instituted in many of her relationships. The game began with the nihilistic declaration that there was nothing to get from any relationship other than sexual release. In trying to understand this with Nina as a way to cope with many longings to be seen and held, there was not much sense that she was taking in much of what I said. I was trying to take in her requests since it felt like one of the only ways to help her feel safe.

Over time, I found myself becoming somewhat disconnected from Nina, almost fatigued by her emotional remove and occasional requests. This fatigue was the place from which a very different way of responding emerged, one in which I said something quite different to Nina.

At one point after many months of her dissociated, continuing suggestion that we have sex, and even more, her reflexive dismissals of my many attempts to understand what these requests might mean in terms of her inner life, I said, "I feel that you ask me that question so often, but I am not at all sure whether you have asked it of yourself. Are you actually sure that you want to have sex?"

Nina was stunned by my question and remained quiet for a moment before responding with some nervous laughter and then sadness: "I don't know." We continued from there, and eventually I asked her what she was aware of about herself when she would ask that question of me. Her uncertainty about the question remained for quite a few sessions, bringing her into a protean form of curiosity that had not been previously available.

In one sense, this marked the beginning of Nina's analysis. (Of course, her analysis had begun long before.) To some extent, Nina had used the analytic setting as a place to feel held. She had also attacked the setting both in the relentlessness of her requests to have sex and the desultory manner in which she felt that there was nothing else to get from me but a sexual encounter. I think it could be said that play occurred quite unwittingly, paradoxically, via a level of psychic penetration that Nina and I had previously found unimaginable. Maybe, too, it was a form of intercourse that could be symbolized for the first time in analysis and in a way that mitigated some of her reflexive sexualization of her longings. Paradoxically, Nina could be alone in my presence (e.g., Winnicott 1958) for one of the first times in her analysis, even as she was allowing us both to look more deeply inside her.

This form of responsiveness could easily be regarded as a defense interpretation of sorts, one that involved a kind of confrontation with her dissociation and compulsive sexualization of her longing to be seen. It could be translated as something along the lines of this question: "Nina, is the person who continually asks for sex a person you feel connected to right now?" Or: "Am I the person you want to have sex with or the person you so desperately want to feel loved by and held?"

I view our interaction through the lens of play in that the form my question took resided deeply inside elements of our transference-countertransference engagement, specifically from inside her defensive organization of externalization. In this moment, I was able to recognize and express myself in more active ways, standing slightly more outside a form of rigidly held transference-countertransference entanglement in which penetration had been concretized by Nina and by me, too. In that bind, the question that I am turning back on her is one that she has not been able to be self-reflective about. I had found myself anxious that a more active inquiry into Nina's desires would be overstimulating to her

or me. This moment suggests a loosening of our fixed transference-countertransference, one that is well characterized as play.

Regarding the analyst's ethic of play, I am quite certain that it would have been unimaginable for me to ask this of Nina earlier in our work. Perhaps another analyst, less worried about destabilizing her and less anxious himself, might have been able to more gently ask her the question that I asked. Despite the persistence of her wishes, Nina had worked in her treatment in such a way that eventually allowed me to say something that featured her as enough of a separate person to be able to contemplate the question. It was a question that targeted in a new way, a new register, what she wanted beneath her compulsive sexual behavior. Earlier, I would have been concerned that my inquiry would be interpreted as creating a hope that I would comply. I had arrived at a point where I could tolerate my own concrete fear of being swallowed up by Nina's needs to bump into me, have sex, and perhaps become fused with me. I believe that, in retrospect, I experienced something in Nina that could allow for such a question.

Obviously, this form of responsiveness could be seen as a form of seduction from my side. Is even the action of asking the question "Are you certain that you want to have sex?" a form of seduction? Could the patient experience the question itself as affirming a reality that it would be possible to do so? In the universe of potential clinical contexts, I don't think that anyone can rule out a myriad of ways that such a question might be experienced. On the other hand, it is important to note that years had gone by in which I had little doubt in my own mind that Nina knew that physical touching would not occur in our relationship. In fact, my question to her, issued from a psychological place in which her anger and complaint about how unfulfilling all of her sexual acting out had been seemed much more prominent than anything related to her desire.

Regarding one of the more important measures of an ethical foundation of play, I believe that a kind of deepening was facilitated in this exchange. It was as though Nina could reach through my question in a way that had been previously inaccessible to her. She had been able to ask me if I wanted to have sex with her, but she had not been able to ask herself the same question. In some sense we reached beyond the *empty states* that LaFarge (1989) described as a complex defensive organization

concealing a number of other affects, such as aggressively charged object relations and longings. It is in the mind of the analyst in which the guardrails, the patient's safety within the transference-countertransference and the analyst's, need to be considered. Similarly, the analyst tries to assess the impact of interaction with the patient regarding the crucial criterion of deepening.

In relation to Nina, what had been enacted was a kind of institutionalized dissociation in the analytic setting. I had felt pressured by her to an extent that left me unable to think or question my own mind or hers. I felt a degree of phobic dread regarding her question, likely a fear that words could be equated with sexual activity. My question to her was relatively unformulated but represented a kind of "analytic act of freedom" (Symington 1983), which marked a particular kind of play within the transference-countertransference enactment. I believe that I had experienced a greater trust in Nina to work with my question to her and perhaps a developing sense that our desire together could better coexist.

I believe that a degree of freedom to probe Nina's question promoted her capacity for self-reflection about a person inside her. We began to better try to speak to the parts of her that acted compulsively, without actually inquiring into a deeper level of her inner experience.

## DISCUSSION

A part of the analytic frame that exists in parallel to maintenance of the material elements of the setting involves the analyst's commitment to understanding forms of fantasy, behavior, and affect as communication about the patient's *internal setting* (Parsons 2006, 2007). The analyst's necessary commitment to understanding the ubiquity of enactment means being alert to the fact that we are often retrospectively understanding communication. An ethic of play alerts us to the inevitable and constant emergence of enactments within the process, since there is no way for play to exist outside transference-countertransference enactment.

In the context of risk that I have outlined, the analyst is required to consider that play may create a feeling in a patient that his defenses have been too abruptly removed or jolted, just as unwitting collaborative avoidance of these defensive coverings can contribute to stultification in the analytic process. Any version of play, more continuous than not with

other forms of interpretive responsiveness, recognizes the sobering reality that we are always trying to integrate the rule-bound qualities of our adaptation to reality and the analytic relationship.

One of the most important guardrails regarding play involves the potential to side with the persecutory parts of the patient that can use analytic understandings as a further form of self-recrimination. Self-effacing humor by the patient or the analyst's humor directed toward the patient can be turned against the patient in ways that are less noticeable than we might think. Here we are at the heart of distinctions between *playing with* or *laughing with*, versus *playing someone* or *laughing at someone*.

For example, when I entered into Peter's incredulity about how it could be so that he could accomplish good things, there was a risk that he would feel criticized or unconsciously gratified by my joining him in his self-reproach. Play resided in his capacity to hold the paradox that his analyst would join him in his criticism, an attitude that he knew was patently at odds with what he had experienced with me. His experience of me over time is important here. I believe that often we find elements of play with patients that emerge from earlier forms of interpretation of transference, defense, and unconscious fantasy. More specifically, it is over time that the patient develops the capacity to better hold the analyst's role in the patient's unconscious fantasy, while also representing new elements of a more integratable external reality. This may also be related to what Ogden (1994) meant when he suggested in reference to interpretive action: "An interpretation-in-action accrues its specific symbolic meaning from the experiential context of the analytic intersubjectivity in which it is generated" (p. 219).

I daresay that in my shift into this form of affective resonance with Peter, I was "being" with him rather than more exclusively trying to understand him (Foehl 2010; Ogden 2019). I believe that Peter experienced me as more deeply understanding of him in this mode, but he was perhaps also unconsciously aware that I had, in a particular way, entered inside his unconscious fantasy. My question to Nina also marked a different kind of entry into her inner life, one that had been too difficult to do earlier in her analysis for fear of being too seductive or stimulating. I was able to eventually allow my own vulnerability, desire, and fear of desire to enter into Nina's defensive organizations. In my view,

this allowed her to ask herself questions about her own desire and longings that she had previously been unable to ask herself. It is the analyst's ability to better understand and contain his participation in the patient's unconscious experience in the transference, while simultaneously holding external reality, that is crucial to facilitating play.

We hope that under the best circumstances, the analyst has access to a kind of *signal anxiety* to help him see whether he is in danger of potentially going too far regarding the patient's capacity to work with the analyst's responsiveness. When we are in dissociated states, avoiding entering more deeply into the patient's experience (e.g., elements of my work with Nina), we also have to ask questions about the problems of avoiding the kind of work that I am outlining. Mostly, this involves listening—as we do with all our interpretations to our patients—in order to determine if or when we have truncated a process of exploration, rather than trying to expand the patient's associations. However, we know that sometimes we cannot know in advance how our participation will be experienced. Some patients joke about their self-defeating behavior regarding their erotic life or work life in ways that can mislead the analyst into thinking that these jokes reflect self-awareness. Despite our training to the contrary, analysts can presume understanding and shy away from interrogating the meaning of these jokes, even internally. These instances reflect a form of pseudo-humor, and it is usually only a matter of time before the analyst becomes aware that he no longer finds the joke funny.

In some sense, we hope that our patients can make use of play in the same way that play is being used by a developing child to help integrate reality (Vygotsky 1934). Yet there are never assurances that what we hope will help integrate understanding won't instead instigate a fear of the analyst and analysis as an unreliable holding environment.

An ethic of play always hinges on the reality that, if in play rules are made up as the participants go along, both patient and analyst are also frequently shifting in their internal experiences of safety. One of the most important countertransference *activities* (Wilson 2013) for the analyst in helping bring the patient to points of play resides in his ability to find ventilated spaces of the analyst's own in relation to transference-countertransference. This is another dimension of the ethic of play. It would have been unimaginable for me to say/ask what I said to Nina

without being able to contain a myriad of feelings about her longings. In a Winnicottian (1969) framework, I survived feeling both mildly assaulted by her sexual proposals and disconnected in my own way of distancing myself from this repetitive situation. I was able to tolerate my own desire and vulnerability in my work with Nina and became less focused on my defensive (externalized) protectiveness toward her. It is also quite likely that my eventual ability to experience Nina's demands as less concrete than I had earlier was a response to her gaining a greater ability to reflect on her compulsive fantasies. In this space, my countertransference was less that of bumping into her requests (e.g., Cooper 2019; Ogden 1989) in attempting to locate the object (e.g., the autistic-contiguous position), than one in which I could ask a question of her as a more developed person capable of self-reflection about what she wished for.

## CONCLUDING COMMENTS

Wilson (2006, 2013) and Morris (2013) suggest that it is inherent in the ethical context of psychoanalysis that the analyst leave unadorned and unprotected both his desire and his lack. This capacity is always an ongoing activity on the part of the analyst. In this activity, if we are defining play as a form of responsiveness that emerges to illuminate elements of the fixed rules of transference-countertransference, there is an embedded understanding that this is not a process after which we say simply, "Mission accomplished." Since it is fundamentally not possible or desirable to fully leave ourselves unadorned, we are always in the process of considering the different kinds of fault lines that I address in this paper.

The process of learning about the ethical dimensions of play is embedded in the general process of thinking about transference-countertransference as an activity. Returning to Wilson's (2006, 2013) notion that we are required to try to leave unadorned our desire and lack, the ethic that I have explored in this paper goes beyond the analyst's recognition of his own desire. In each of the examples I have described, patient and analyst are sometimes able to arrive at a new sense that the desire of both of them can coexist and be held more synergistically, rather than being exclusively in opposition with one another (e.g.,

Benjamin 2004). These determinations highlight the constant adjustments that we make to our patients and they to us during the analytic process.

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