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D. W.
Winnicott

Playing and Reality

With a new preface by F. Robert Rodman,
North Carolina State University



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ego; in seduction some external agency exploits the child's instincts and helps to annihilate the child's sense of existing as an autonomous unit, making playing impossible (cf. Khan, 1964).

- (i) *Playing is essentially satisfying.* This is true even when it leads to a high degree of anxiety. There is a degree of anxiety that is unbearable and this destroys playing.
- (j) The pleasurable element in playing carries with it the implication that the instinctual arousal is not excessive; instinctual arousal beyond a certain point must lead to:
 - (i) climax;
 - (ii) failed climax and a sense of mental confusion and physical discomfort that only time can mend;
 - (iii) alternative climax (as in provocation of parental or social reaction, anger, etc.).

Playing can be said to reach its own saturation point, which refers to the capacity to contain experience.

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

4

PLAYING

Creative activity and the search for the self

Now I shall discuss an important feature of playing. This is that in playing, and perhaps only in playing, the child or adult is free to be creative. This consideration arises in my mind as a development of the concept of transitional phenomena and it takes into account the difficult part of the theory of the transitional object, which is that a paradox is involved which needs to be accepted, tolerated, and not resolved.

A further detail of theory that has importance here is described as having to do with the location of playing, a theme I have developed in Chapters 3, 7, and 8. The important part of this concept is that whereas inner psychic reality has a kind of location in the mind or in the belly or in the head or somewhere within the bounds of the individual's personality, and whereas what is called external reality is located outside those bounds, playing and cultural experience can be given a location if one

uses the concept of the potential space between the mother and the baby. In the development of various individuals, it has to be recognized that the third area of potential space between mother and baby is extremely valuable according to the experiences of the child or adult who is being considered. I have referred to these ideas again in Chapter 5, where I draw attention to the fact that a description of the emotional development of the individual cannot be made entirely in terms of the individual, but that in certain areas, and this is one of them, perhaps the main one, the behaviour of the environment is part of the individual's own personal development and must therefore be included. As a psychoanalyst I find that these ideas affect what I do as an analyst without, as I believe, altering my adherence to the important features of psychoanalysis that we teach our students and that provide a common factor in the teaching of psychoanalysis as we believe it to be derived from the work of Freud.

I am not involved by deliberate intention in the comparison of psychotherapy with psychoanalysis or indeed in any attempt to define these two processes in such a way that would show up a clear line of demarcation between the two. The general principle seems to me to be valid that psychotherapy is done in the overlap of the two play areas, that of the patient and that of the therapist. If the therapist cannot play, then he is not suitable for the work. If the patient cannot play, then something needs to be done to enable the patient to become able to play, after which psychotherapy may begin. The reason why playing is essential is that it is in playing that the patient is being creative.

THE SEARCH FOR THE SELF

In this chapter I am concerned with the search for the self and the restatement of the fact that certain conditions are necessary if success is to be achieved in this search. These conditions are associated with what is usually called creativity. It is in playing

and only in playing that the individual child or adult is able to be creative and to use the whole personality, and it is only in being creative that the individual discovers the self.

(Bound up with this is the fact that only in playing is communication possible; except direct communication, which belongs to psychopathology or to an extreme of immaturity.)

It is a frequent experience in clinical work to meet with persons who want help and who are searching for the self and who are trying to find themselves in the products of their creative experiences. But to help these patients we must know about creativity itself. It is as if we are looking at a baby in the early stages and jumping forward to the child who takes faeces or some substance with the texture of faeces and tries to make something out of the substance. This kind of creativity is valid and well understood, but a separate study is needed of creativity as a feature of life and total living. I am suggesting that the search for the self in terms of what can be done with waste products is a search that is doomed to be never-ending and essentially unsuccessful.

In a search for the self the person concerned may have produced something valuable in terms of art, but a successful artist may be universally acclaimed and yet have failed to find the self that he or she is looking for. The self is not really to be found in what is made out of products of body or mind, however valuable these constructs may be in terms of beauty, skill, and impact. If the artist (in whatever medium) is searching for the self, then it can be said that in all probability there is already some failure for that artist in the field of general creative living. The finished creation never heals the underlying lack of sense of self.

Before developing this idea further I must state a second theme, one that is related to the first but needs separate treatment. This second theme is that the person we are trying to help might expect to feel cured when we explain. The person might say: 'I see what you mean; I am myself when I feel creative and

when I make a creative gesture, and now the search is ended.' In practice this does not seem to be a description of what happens. In this kind of work we know that even the right explanation is ineffectual. The person we are trying to help needs a new experience in a specialized setting. The experience is one of a non-purposive state, as one might say a sort of ticking over of the unintegrated personality. I referred to this as formlessness in the case description (Chapter 2).

Account has to be taken of the reliability or unreliability of the setting in which the individual is operating. We are brought up against a need for a differentiation between purposive activity and the alternative of non-purposive being. This relates to Balint's (1968) formulation of benign and malignant regression (see also Khan, 1969).

I am trying to refer to the essentials that make relaxation possible. In terms of free association this means that the patient on the couch or the child patient among the toys on the floor must be allowed to communicate a succession of ideas, thoughts, impulses, sensations that are not linked except in some way that is neurological or physiological and perhaps beyond detection. That is to say: it is where there is purpose or where there is anxiety or where there is lack of trust based on the need for defence that the analyst will be able to recognize and to point out the connection (or several connections) between the various components of free association material.

In the relaxation that belongs to trust and to acceptance of the professional reliability of the therapeutic setting (be it analytic, psychotherapeutic, social work, architectural, etc.), there is room for the idea of unrelated thought sequences which the analyst will do well to accept as such, not assuming the existence of a significant thread (cf. Milner, 1957, especially the appendix, pp. 148-163).

The contrast between these two related conditions can perhaps be illustrated if one thinks of a patient who is able to rest

after work but not able to achieve the resting state out of which a creative reaching-out can take place. According to this theory, free association that reveals a coherent theme is already affected by anxiety, and the cohesion of ideas is a defence organization. Perhaps it is to be accepted that there are patients who at times need the therapist to note the nonsense that belongs to the mental state of the individual at rest without the need even for the patient to communicate this nonsense, that is to say, without the need for the patient to organize nonsense. Organized nonsense is already a defence, just as organized chaos is a denial of chaos. The therapist who cannot take this communication becomes engaged in a futile attempt to find some organization in the nonsense, as a result of which the patient leaves the nonsense area because of hopelessness about communicating nonsense. An opportunity for rest has been missed because of the therapist's need to find sense where nonsense is. The patient has been unable to rest because of a failure of the environmental provision, which undid the sense of trust. The therapist has, without knowing it, abandoned the professional role, and has done so by bending over backwards to be a clever analyst, and to see order in chaos. *allowing chaos*

It may be that these matters are reflected in the two kinds of sleep, sometimes denoted REM and NREM (rapid eye movements and no rapid eye movements).

In developing what I have to say I shall need the sequence:

- (a) relaxation in conditions of trust based on experience;
- (b) creative, physical, and mental activity manifested in play;
- (c) the summation of these experiences forming the basis for a sense of self.

Summation or reverberation depends on there being a certain quantity of reflecting back to the individual on the part of the trusted therapist (or friend) who has taken the (indirect)

communication. In these highly specialized conditions the individual can come together and exist as a unit, not as a defence against anxiety but as an expression of I AM, I am alive, I am myself (Winnicott, 1962). From this position everything is creative.

CASE IN ILLUSTRATION

I wish to use material from the record of a woman who is having treatment with me and who, as it happens, comes once a week. She had had a long treatment on a five-times-a-week basis for six years before coming to me, but found she needed a session of indefinite length, and this I could manage only once a week. We soon settled down to a session of three hours, later reduced to two hours.

If I can give a correct description of a session the reader will notice that over long periods I withhold interpretations, and often make no sound at all. This strict discipline has paid dividends. I have taken notes, because this helps me in a case seen only once a week, and I found that note-taking did not disrupt the work in this case. Also I often relieve my mind by writing down interpretations that I actually withhold. My reward for withholding interpretations comes when the patient makes the interpretation herself, perhaps an hour or two later.

My description amounts to a plea to every therapist to allow for the patient's capacity to play, that is, to be creative in the analytic work. The patient's creativity can be only too easily stolen by a therapist who knows too much. It does not really matter, of course, how much the therapist knows provided he can hide this knowledge, or refrain from advertising what he knows.

Let me try to convey the feeling of what it is like to do work with this patient. But I must ask the reader to exert patience, much as I needed to be patient when engaged in this work.

An example of a session

First, some life details, and arrangements of a practical nature – about sleep, spoilt when she gets het-up, books for sleep-making, a good one and a horrifying one; tired but het-up, so restless; rapid heart-beats, as now. Then, some difficulty about food: 'I want to be able to eat when I feel hungry.' (Food and books seem somehow equated in the substance of this desultory talking.)

'When you rang up, you knew, I hope, that I was too high' (related).

I said: 'Yes, I suppose I did.'

Description of a phase of somewhat false improvement.

'But I knew I wasn't right.'

'It all seems so hopeful till I'm aware of it . . .'

'Depression and murderous feelings, that's me, and also it's me when I'm cheerful.'

(*Half-hour gone.* The patient has been sitting in a low chair, or on the floor, or walking about.)

Long and slow description of positive and negative features of a walk she had taken.

'I don't seem able quite to BE – not me really looking – a screen – looking through glasses – imaginative looking isn't there. Is that just doctrine about the baby imagining the breast? In the previous treatment that I had there was an aeroplane overhead when I was on the way home from a session. I told the analyst next day that I suddenly imagined myself being the aeroplane, flying high. Then it crashed to the ground. The therapist said: "That's what happens to you when you project yourself into things and it makes an internal crash."'

There is no means of checking up on the accuracy of this report of the previous session's interpretation.

'Difficult to remember – I don't know if that's right – I don't really know what I want to say. It's as though there's just a mess inside, just a crash.'

(Three quarters of an hour had elapsed.)

She now became occupied with watching out of the window where she was standing, seeing a sparrow pecking away at a crust, suddenly 'taking a crumb away to its nest – or somewhere.' Then: 'Oh, I suddenly thought of a dream.'

The dream

'Some girl student kept bringing pictures that she had drawn. How could I tell her that these pictures show no improvement? I had thought that by letting myself be alone and meeting my depression . . . I'd better stop watching those sparrows – I can't think.'

(She was now on the floor with her head on a cushion on the chair.)

'I don't know . . . and yet you see there must be some sort of improvement.' (Details of her life given in illustration.) 'It's as though there isn't really a ME. Awful book of early teens called *Returned Empty*. That's what I feel like.'

(By now an hour had elapsed.)

She went on about the use of poetry – recited a poem of Christina Rossetti: 'Passing Away'.

'My life finishes with a canker in the bud.' Then to me: 'You've taken away my God!'

(Long pause.)

'I'm just spewing out on you anything that comes. I don't know what I've been talking about. I don't know . . . I dunno . . .'

(Long pause.)

(Looking out of the window again. Then five minutes of absolute quiet.)

'Just drifting like the clouds.'

(About one and a half hours have passed now.)

'You know I told you I did fingerpainting on the floor and how I got very frightened. I can't take up fingerpainting. I'm living in a mess. What am I to do? If I make myself read or paint is it any good? [Sighs.] I don't know . . . you see, in a way I don't like the mess on my hands in the fingerpainting.'

(Head now on cushion again.)

'I'm loath to come into this room.'

(Silence.)

'I dunno. I feel of no consequence.'

Odd details of examples of my manner of dealing with her, implying that she is of no consequence.

'I keep thinking that it may have been only ten minutes that cost me a lifetime.' (Reference to the original trauma not yet specified but all the time being worked out.)

'I suppose an injury would have to be repeated often for the effects to go so deep.'

Description of her view of her own childhood at various ages – how she tried all the time to feel of some consequence

by fitting in with what she thought was expected of her. Apt quotation from the poet Gerard Manley Hopkins.

(Long pause.)

'It's a desperate feeling of not mattering. I don't matter . . . there's no God and I don't matter. Imagine, a girl sent me a postcard from holiday.'

Here I said: 'As if you mattered to her.'

She: 'Maybe.'

I said: 'But you don't matter to her or to anybody.'

She: 'I think, you see, I've got to find if there is such a person [for whom I matter], someone to matter to me, someone who will be able to receive, to make contact with what my eyes have seen and my ears have heard. Might be better to give up, I don't see . . . I don't . . .' (Sobbing, on the floor, bent over the cushion on the chair.)

Here she pulled herself together by various means characteristic of her, and knelt up.

'You see, I haven't yet really made contact with you at all today.' I made an affirmative grunt.

I would make the observation that so far the material was of the nature of motor and sensory playing of an unorganized or formless nature (cf. p. 45), out of which the experience of hopelessness and sobbing had arisen.

She went on: 'It's like two other people in another room, meeting for the first time. Polite conversation, sitting up on the high chair.'

(I actually do sit on a high chair in this patient's session.)

'I hate it. I feel sick. But it doesn't matter because it's only me.' Further examples of my behaviour indicating: it's only she, so it doesn't matter, etc.

(Pause, with sighing, indicating a sense of hopelessness, and worthlessness.)

Arrival (i.e. after nearly two hours)

Now a clinical change had come about. Now for the first time during this session *the patient seemed to be in the room with me*. This was an extra session I had given her to make up for having had to miss her usual time.

She said, as if this were her first remark to me: 'I'm glad you knew I needed this session.'

The material was now about specific hates, and she started a search for some coloured felt pens she knew I had. Then she took a piece of paper and the black felt pen and made a memorial card to her birthday. She called it her 'Deathday'.

She was now very much present in the room with me. I omit details of a group of observations of the actual, all of which were redolent with hatred.

(Pause.)

Now she started to look back on the session.

'The trouble is I can't remember what I said to you — or was I talking to myself?'

Interpretative intervention

Here I made an interpretation: 'All sorts of things happen and they wither. This is the myriad deaths you have died. But if

someone is there, someone who can give you back what has happened, then the details dealt with in this way become part of you, and do not die.²

She now reached for some milk and asked if she could drink it.³

I said: 'Drink it up.'

She said: 'Did I tell you . . .?' (Here she reported positive feeling and activities that were of themselves evidence of her being real and living in the actual world.) 'I feel I've made a sort of contact with these people . . . though something here . . .' (return of sobbing, leaning over the back of a chair). 'Where are you? Why am I alone so? . . . Why don't I matter any more?'

Significant childhood memories came up here, to do with birthday presents and the importance of them, and positive and negative birthday experiences.

I omit a good deal here because to make it intelligible I would need to give new factual information not needed for this presentation. All this was leading up to a neutral zone, with herself here – but in an activity of indeterminate outcome.

'I don't feel I've . . . I feel I've wasted this session.'

(Pause.)

'I feel as though I came to meet somebody and they didn't come.'

² That is, the sense of self comes on the basis of an unintegrated state which, however, by definition, is not observed and remembered by the individual, and which is lost unless observed and mirrored back by someone who is trusted and who justifies the trust and meets the dependence.

³ In this analysis a kettle and a gas ring, coffee, tea, and a certain kind of biscuit are reliably available.

At this point I found myself making links in view of her forgetting from moment to moment, and her need to have details reflected back, with a time factor at work. I reflected back what she was saying, choosing to speak first in terms of her being born (because of the birthday-deathday) and second in terms of my behaviour, my indicating in so many ways that she didn't matter.

She continued: 'You know, I get a feeling sometimes that I was born . . . [breakdown]. If only it hadn't happened! It comes over me – it's not like the depression.'

I said: 'If you hadn't existed at all, it would have been all right.'

She: 'But what is so awful is existence that's negated! There was never a time when I thought: a good thing to have been born! It's always that it would have been better if I had not been born – but who knows? Might have – I don't know – it's a point: is there nothing there when someone isn't born, or is there a little soul waiting to pop into a body?'

Now a change of attitude, indicating the beginning of an acceptance of my existence.

'I keep stopping you from talking!'

I said: 'You want me to talk now, but you fear I might say something good.'

She said: 'It was in my mind: "Don't make me wish to BE!"'⁴ That's a line of a poem by Gerard Manley Hopkins.'

We now talked about poetry, how she makes a great deal of use of poetry that she knows by heart, and how she has lived

⁴ Actual quotation, from the poem 'Carrion Comfort', would be:

'Not, I'll not . . .

. . . most weary, cry I can no more. I can;

Can something, hope, wish day come, not choose not to be.'

from poem to poem (like cigarette to cigarette in chain-smoking), but without the poem's meaning being understood or felt as she now understands and feels this poem. (Her quotations are always apt, and usually she is unaware of the meaning.) I referred here to God as I AM, a useful concept when the individual cannot bear to BE.

She said: 'People use God like an analyst – someone to be there while you're playing.'

I said: 'For whom you matter' – and she said: 'I couldn't say that one, because I couldn't be sure.'

I said: 'Did it spoil things when I said this?' (I feared I had mucked up a very good session.)

But she said: 'No! It's different if you say it, because if I matter to you . . . I want to do things to please you . . . you see this is the hell of having had a religious upbringing. Blast the good girls!'

As a self-observation she said: 'That implies I have a wish not to get well.'

Here was an example of an interpretation made by the patient that could have been stolen from her if I had made it earlier in the session.

I pointed out that the present-day version of good for her is to be well – i.e. finish analysis, etc.

Now at last I could bring in the dream – that the girl's paintings were no better – this negative is now positive. The statement that the patient is not well is true; not well means not good; that she seemed better was false as her life had been false trying to be good in the sense of fitting into the family moral code.

She said: 'Yes, I'm using my eyes, ears, hands as instruments; I never 100 per cent AM. If I let my hands wander. I might find a me – get into touch with a me . . . but I couldn't. I would need to wander for hours. I couldn't let myself go on.'

We discussed the way in which talking to oneself does not reflect back, unless this is a carry-over of such talking having been reflected back by someone not oneself.

She said: 'I've been trying to show you me being alone [the first two hours of the session]; that's the way I go on when alone, though without words at all, as I don't let myself start talking to myself' (that would be madness).

She went on to talk of her use of a lot of mirrors in her room, involving for the self a search by the mirrors for some person to reflect back. (She had been showing me, though I was there, that no person reflects back.) So now I said: 'It was yourself that was searching.'⁵

I am doubtful about this interpretation, because it smacks of reassurance though not intended that way. I meant that she exists in the searching rather than in finding or being found.

She said: 'I'd like to stop searching and just BE. Yes, looking-for is evidence that there is a self.'

Now at last I could refer back to the incident of being the plane, and then it crashed. As a plane she could BE, but then suicide. She accepted this easily and added: 'But I'd rather be and crash than not ever BE.'

Somewhere soon after this she was able to go away. The work of the session had been done. It will be observed that in a fifty-minute session no effective work could possibly have been done. We had had three hours to waste and to use.

|| If I could give the next session, it would be found that we took two hours to reach again to the position we had reached this day (which she had forgotten). Then the patient used an expression

⁵ Sometimes she quotes: 'It is Margaret you mourn for' (from Hopkins's poem 'Spring and Fall').

that has value in the summing up of what I am trying to convey. She had asked a question, and I said that the answer to the question could take us to a long and interesting discussion, but it was the question that interested me. I said: 'You had the idea to ask that question.'

After this she said the very words that I need in order to express my meaning. She said, slowly, with deep feeling: 'Yes, I see, one could postulate the existence of a ME from the question, as from the searching.'

She had now made the essential interpretation in that the question arose out of what can only be called her creativity, creativity that was a coming together after relaxation, which is the opposite of integration.

Comment

The searching can come only from desultory formless functioning, or perhaps from rudimentary playing, as if in a neutral zone. It is only here, in this unintegrated state of the personality, that that which we describe as creative can appear. This if reflected back, but only if reflected back, becomes part of the organized individual personality, and eventually this in summation makes the individual to be, to be found; and eventually enables himself or herself to postulate the existence of the self.

This gives us our indication for therapeutic procedure — to afford opportunity for formless experience, and for creative impulses, motor and sensory, which are the stuff of playing. And on the basis of playing is built the whole of man's experiential existence. No longer are we either introvert or extrovert. We experience life in the area of transitional phenomena, in the exciting interweave of subjectivity and objective observation, and in an area that is intermediate between the inner reality of the individual and the shared reality of the world that is external to individuals.

5

CREATIVITY AND ITS ORIGINS

THE IDEA OF CREATIVITY

I am hoping that the reader will accept a general reference to creativity, not letting the word get lost in the successful or acclaimed creation but keeping it to the meaning that refers to a colouring of the whole attitude to external reality.

It is creative apperception more than anything else that makes the individual feel that life is worth living. Contrasted with this is a relationship to external reality which is one of compliance, the world and its details being recognized but only as something to be fitted in with or demanding adaptation. Compliance carries with it a sense of futility for the individual and is associated with the idea that nothing matters and that life is not worth living. In a mentalizing way many individuals have experienced just enough of creative living to recognize that for most of their time they are living uncreatively, as if caught up in the creativity of someone else, or of a machine.

This second way of living in the world is recognized as illness