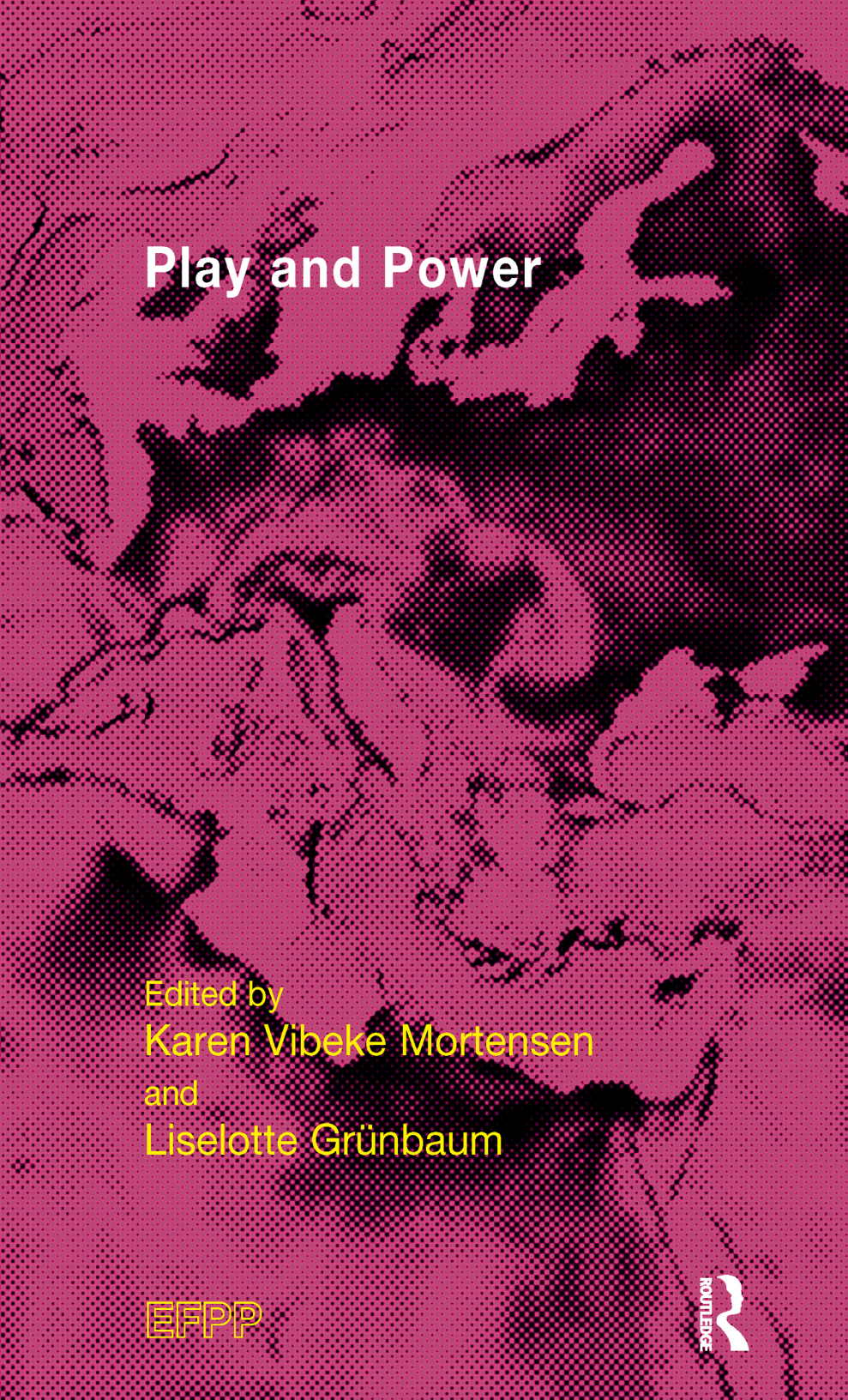
Play and Power



Edited by
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PLAY AND POWER

Editors

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and Liselotte Grünbaum

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FOREWORD

Dimitris Anastasopoulos

Combining two apparently contradictory concepts is a challenge. This, however, is why it is interesting, as it involves us examining the specifics of each case and of the relationships between them more closely. In a way, I "re-read" this book, as I had already heard most of the papers presented at the Copenhagen Congress. In the serenity my office now offered, I delightedly discovered new facets which, in the busy flow of Congress, did not receive the attention they deserved.

Generally speaking, the book is an exceptionally enriching, multi-faceted approach to the subject. As it explores issues of developmental and psychic trauma, reaching all the way into the archaic, pre-mentalization play of recurrently traumatized children belonging to the so-called third world, the role of playing and its prohibitive or permissive relationship with power, is clearly outlined. In this exploration, a reference to hate (*Mette Kjær Barfort*) is added as a crucial point of convergence between the exertion of force and the ability to play within the therapeutic process and relationship, complemented by references to the father and finally, to groups and social institutions. Inspired by the content of the book, I will attempt to reflect on the issues it raises, propose certain ideas initially on

play then around power, and finally comment on the way they interweave and interact with each other.

We begin with play, the more "innocent" of the concepts. Throughout the years, and mostly thanks to Winnicott, play has been unanimously considered as a cornerstone of child development, as very clearly described in this book.

Play is a symbolic expression of fantasies and reality as they are perceived. In addition, play itself has the power to symbolically realize said fantasies. In order for play to exist, freedom of action and expression is required. This occurs in the transitional intermediate space between phantasy and reality. Play development is linked with the primary process where it becomes oneiric, in the zone between the conscious and the unconscious. Play is the ability to relate within a world where phantasy and reality are temporarily merged. There, play and dreams almost identify with each other and are often confused with the child's reality.

Play is tightly connected with images affected by phantasy. It is connected to the development of unconscious thought, through the primary processing of phantastic and real data. One cannot control play; one can only stop it. From the moment of intervention through the force of reality, the expression of the phantasy, as well as symbolic expression, is inhibited. Play is almost equated with independence of will and unconscious exchange. It is free, expressive of emotions and ideas, and communicative.

In the therapeutic intervention with play, language is introduced, intersecting the imaginary, restoring the barrier between conscious and unconscious, promoting symbolization beyond the primary one used.

At times, play can take on a dramatic magnitude, when it is linked with a history of abuse and psychic trauma (*Liselotte Grünbaum*). Then, the internal drama is acted out. Sometimes it is difficult for the child to play. When he subsequently acquires this ability through psychotherapy, he plays in order to reconstitute his inner world, to overcome the disaster he has experienced and to reconstitute his internal objects into relationships and roles that make sense and are not destructive.

Language play is yet another way of mastering fears and anxiety, thus calming aggressiveness. The use of jokes and humor that Sigmund Freud pointed out are such examples.

The infant's archaic play, beautifully described in *Chantal Lheureux-Davidse's* chapter, structures the inner world and its relationship with the outside world little by little, while simultaneously removing annihilation anxieties.

On a social level, play is considered childish and portentousness; "serious-looking". A sterile rejection of play under the cover of responsibility, allow games to take its place. Games refer to a consciously organized and directed playing, in which unconscious phantasies are sometimes expressed. It can function as a tool for the relief of social tension or for guidance, but it rarely results primarily in creativity. It is interesting that in order to rediscover the connection with unrestrained creative thinking and fantasy, in institutions we often resort to "brain storming" which is a sort of an invitation, to a certain extent, to engage in free association and play of the mind.

From the other side, power provokes the individual to realize his childhood phantasies of omnipotence and of sadistic enforcement on external objects. It is a double-edged knife, because naked power by itself becomes malevolent and can transform into perversion and be anti-task. It needs to be linked with something which will facilitate its sublimation and halt its tendency to discharge in the form of a violent destructive force; this is dependent on the wisdom with which it is used. It is so close to survival instinct, that in order for it to function creatively it has to be bound and directed towards libidinal goals, with a care for the object.

The seductive issues pertaining to power are domination, submission, control, and having another to submit to our instinctual desires, the other finding himself at the mercy of the powerful. The power of destruction gives a feeling of immediate exercise of effective power and omnipotence. This does not allow for the development of relationships based on mutuality that will include care for the object. Power can become an object of admiration, attraction and desire, but never of emotional sharing and exchange.

During development, power naturally lies on the parents' side. When the child senses that power is being transferred onto him by a weak or over-investing parent, the shift from vulnerability to omnipotence might terrify him. There are no mature psychic mechanisms to transform this power into mental strength or promote object relationships of mutual care. The deviation towards raw violence and self-destruction as well as the destruction of others becomes an

option, such as in the case of the child warriors who were created during the recent wars in Africa.

I would say that during the course of normal adolescent development, the mastery of newly acquired power plays an important role. The adolescent becomes significantly stronger than the parent, something that touches upon phantasies of incest and patricide, while still feeling emotionally vulnerable, experiencing the tendency not to abandon his position of dependence on the parents. The challenges posed by adolescence are connected with the management of this power and its re-direction along developmentally useful paths. I think this occurs through the use of play in relationships, through activities, music which tames phantasies, the promotion of relationships among and between sexes, the channeling of impetus and aggression and experimentation with roles. In sexuality, play will introduce pleasure, sharing and creativity. The exertion of power can lead to domination, competition and destruction or perversion.

Reference to the father is usually a reference to the power he has and his role as protector of the evolvement of developmental play between the mother and child is often misjudged. The father possesses the necessary power (penis/phallus) to protect, support and strengthen the child's efforts to conquer the world. The absent father, crucially stated in *Jacob Segal's* chapter, creates a lack of power, a void in the formation of the child's mental development; a void in the development of his confidence. The father's power is also necessary in order to modulate the power emergence of the phantasy and fusional archaic mother, possessing a benevolent power and introducing a third pole in the play of family relationships. His role, his knowledge and the rules of the setting give the therapist the power within the analytic relationship.

Analysis demands the ability for play and playfulness. Analytic thought is developed in an environment of maximum, within limits, freedom of expression, permissiveness and promotion of the development of phantasies and their cooperative symbolic processing. Winnicott is so familiar to us in many ways liberating us from guilt. We applaud his views on the importance of participative play and on the therapeutic procedure between therapist and patient and forget to extend his opinions backwards, back to the process of creating a psychotherapist of the psychoanalyst. We often do not even touch upon the self-evident; that psychoanalytic thinking and

the therapist's ability to mentally "play" during a session require a setting of freedom of thought and speech in order to develop. Thus, sometimes within psychoanalytic associations and institutions, a power struggle dominates over freedom, the development of free thought which poses questions and seeks answers, and over the development of the analyst's ability to play.

The idea of acting out as a negative of play, which is introduced in *Peter Ramsing's* chapter on groups, is also very interesting. In this case, action aims at discharge; pleasure is not attributed to creativity, but takes on the form of comfort and relief from the unpleasant. Both are temporary and the acting out tends to become repetitive and actualizing not promoting phantasy life or sublimation. Acting out that concerns destructive phantasies can become dangerous to the self and the other. The other is no longer the companion in a mutual play, but an object to be used. Perhaps the ultimate anti-play in psychotherapy concerns the negative therapeutic reaction, by which power exerted with envy destroys and eliminates any creativity.

In analytic therapy there is a need for a certain degree of power to be exercised in order to maintain basic control; it is acceptable and required in order to maintain the setting, yet should not impact on the process. In *Monica Lanyado's* chapter we witness a child relinquishing the power she had acquired, through a tremendous effort by the therapist, as a tactic to avoid separation. One can distinguish an idiomorphic power game between them, as noted by *Liselotte Grünbaum* in which the therapist responds to the use of power as a means to further the goals of the therapy.

Uncontrolled, unlimited power results in violence, abuse and distortion.

Uncontrolled, unlimited play results in the loss of being in touch with reality and an inability to use it in the construction of a phantasy world.

The use or abuse of that power will set the creative or destructive course of the therapy. The most important requirement is for the therapist to have the strength to endure and metabolize the powerful projections of the patient's destructive side. In a symbolic manner, by "playing" with him, he will guide him into using his mental strength creatively.

The social dimension of the relationship between play and power is introduced in *Gerhard Wilke's* chapter. Individuals who posses

power can exercise this by applying their diagnostic systems and methods of choice, and force others to follow them. This is often a raw demonstration of the exertion of power that institutionally interferes with the application of free play-communication in psychoanalysis.

At the other end of the social spectrum we find that ideologies founded on power leave no room for freedom of expression of thoughts, desires, feelings, and subsequently play, since they aim for a controlled and directed human mind, resulting in the exertion of violence.

While play predicates mutuality, the exertion of too much power can strip off this character and transform it into a tool for defeat, subjection, control, and the use of the object for the narcissistic satisfaction of the subject's phantasies. In this case, play takes on a distorting form and negates itself, giving its place to the proto-symbolic, impulsive exertion of authority. When dominance becomes the goal, play is destroyed and excessive rivalry develops.

I hope I have managed to convey some of the rich and fertile dialogue stemming from the study of this book by *Liselotte Grünbaum* and *Karen Vibeke Mortensen* and I am overjoyed to have been given a chance to comment on it.

SOME BRIEF ORGANISATIONAL PERSPECTIVES

Anton Obholzer

It is rare for an essentially clinical book to include elements from an organisational perspective. This is probably on account of the fact that most clinical work takes place either in organisational settings, which are taken for granted, or in private consulting rooms where the organisational component is relatively minimal. For a "true picture" of the clinical case to emerge, it is helpful for there to be an overall perspective available in order to see the material in context. It is usual in clinical descriptions for there to be some mention of the family, sibling and peer relationships and possibly also some cultural perspectives. Institutional elements are however routinely ignored or at least neglected.

The image that I find most helpful as a metaphor for the overall picture is that of Russian Dolls in which a series of dolls, all of the same design, fit into each other to make up a whole, consisting of a number of dolls of various sizes. The clinical analogy is then of the child's inner world: the child in relation to the mother, in relation to the father and in relation to the parents. We also have the family situation and local group situation, after which comes cultural and school settings, followed by the community and society at large. Of course, somewhere in this is the institutional setting if the child is in

therapy. It is in a way the equivalent of children giving their postal address ending with the world, the universe, infinity etc.

So why should we focus on the organisational setting? My view is that the organisational setting can influence the climate, to a substantial degree, in which the clinical work, as described in the various papers and clinical foreword of this book, takes place. Nobody would quibble with the idea that parents who have unresolved personal developmental issues, have difficulty helping their children resolve such self-same issues in their child's personal growth and development. Thus a parent, with say, unresolved midlife sexual or moral issues, might have difficulty in helping their child negotiate their adolescent sexual development.

The same principle applies to institutions. An institution that functions in a way that is not conducive to the development and creativity of its staff is not in a good position to create a climate in which clinical staff can create a facilitating climate for patient development and growth. At worst, the clinical staff in such a problematic institution have to act in some way as a "protective barrier" or "clinical membrane" to protect themselves and their patients from "noxious institutional pressures". So for example an institution that is run on authoritarian "target orientated" lines, is likely to contaminate the staff state of mind and therapeutic freedom and cast a negative shadow over the therapeutic process.

On the other hand, an institution that makes allowance for personal staff and therapeutic flexibility is likely to provide a better setting for growth, creativity and patient outcome measures. The latter example in no way excludes the institution, the staff and the patients being in touch with the social and financial reality of the institution and its social setting.

As referred to in the clinical foreword, power and authority lie along a spectrum from abuse to facilitation. Just as in the inner world of the patient and his or her manifestations of this in the outer world, so it is in institutions. Power and authority in whatever setting need to be assessed in terms of where and how they manifest themselves in relation to the above-mentioned perspective. The Klein/Bion concept of the Paranoid/Schizoid—Depressive Position spectrum provides a helpful tool in assessing the state of mind of the system and is particularly of use when looking at institutional functioning. The above concept has to be coupled with the Miller/Rice concept of the Primary Task. In this case the concept of the primary

task is related to the task of the overall organisation as such. What is the purpose of the organisation and how does it need to structure itself to perform its task? The Jaques/Menzies conundrum follows on from the above. What is the pain and/or anxiety that arises from the work that the institution has to embark on and what unconscious defensive manoeuvres have the staff fallen into to protect themselves from, or to evade, the painful issues arising from the work?

Looking at the functioning of an institution and in the particular case we are concerned with here, namely the functioning of the institution in such a way that it facilitates the formation of a setting that is creative and constructive for both staff and patients, we need to consider the following: What are the underlying unconscious anxieties aroused by the nature of the work, i.e. raised by the "raw material" entering the institutional system? Thus in the cases described in this book, we are talking about the taking in of madness, of social malfunctioning and of violence, and mostly of disillusionment of the idea of growth and development as a normal happening to be expected.

These "attacks" on staff mental capacity and assumptions, cause staff to fall into defensive personal and institutional processes that act counter to the pursuit of the primary task of the institution. This latter task could generally be described as "to foster growth and development in all concerned". For this state of mind to prevail in the institution, there needs to be open acknowledgement of the "risk" to the staff when engaged in the work they are doing, as well as open communication and staff support systems to counter these anti-task phenomena. As mentioned above, the application of the paranoid-schizoid-depressive position parameters are helpful at this point.

An institution operating at the depressive position end of the spectrum has exactly the same qualities as an individual who essentially functions at the depressive end of the spectrum, more or less most of the time. This way of describing this state of mind implies that one might be in a certain state of mind most of the time but that it is normal sometimes to slide into the more primitive paranoid-schizoid position, to recover oneself to a degree, moving back into the more mature area of the depressive position.

So how would an essentially depressive position organisation function? It would, as mentioned above, be aware of its primary task; the risks associated with it, and have in place mechanisms to reduce the most problematic pressures arising from the work. It would have a realistic picture of what could and could not be achieved, given the task and

the resources at hand to deal with them. It would forego an omnipotent, self-idealising or narcissistic self-image, while at the same time maintaining a positive attitude towards the work in the context of a longer-term, strategic horizon. The underlying question here is where would we as an institution like to be in five, ten or fifteen years time, and what do we need to put in place to enhance the chances of achieving these hoped-for goals? The above mentioned goals as linked to the previous mentioned metaphor of the Russian Dolls, is really not that different from what a couple would strive for in thinking about the development of their children. By contrast, a paranoid-schizoid approach would instead imply a veering between omnipotence and impotence, hope and hopelessness, and a management that fell into short-term, opportunistic adventures in conflict with the longer term, strategic aspirations.

Here a distinction also needs to be made between Authoritarian and Authoritative styles of management. An authoritarian style by and large, is short of consultation and long on leading by the imposition of power. It is thus suppressant of debate. An authoritative style gives clear leadership along the primary task and strategic development parameters as outlined above, and then implements decisions on that basis. In a paranoid-schizoid institutional climate, there is a much higher chance of the emergence of an authoritarian leadership style which in turn then affects the overall institutional staff and patient climate as mentioned previously. Staff are thus more likely to re-enact authoritarian and target driven elements in their contact with each other and with their patients.

It must however be recognised that one of the endemic problems in therapeutic institutions is that they are managed as if they were "therapeutic communities" for the benefit of the staff, as opposed to business organisations, in pursuit of the primary task. The hallmark of "therapeutic community" type management is often one of endless discussion with little decision making, implementation of decisions, or acting on deadlines. Just as in a family with endless discussion and no action, so in an institution, such behaviour should be recognised for what it is, namely anti-task and anti-development.

There are thus parallels between the intra-psychic requirements of the individual to have the best opportunities for growth and development, and for the institutions in which they are treated to have an equivalent institutional climate that acts as both a conscious and unconscious role-model and container for the work to proceed. The two processes need to go hand in hand for the best results to be achieved.

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