THE PLAY IN CLINICAL EDUCATION: LEARNING PSYCHOTHERAPY

by

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TABLE OF CONTENTS

		Page
PRELUDE		1
SECTION ONE:	ON PLAY, THE ELUSIVE ILLUSION	
Chapter One:	Play as Freedom	10
Chapter Two:	Play as Interlude from "Real" Life	23
Chapter Three:	The Ideal Playground: Safe Space and "Endless" Time	31
Chapter Four:	Play as Creating Order	36
Chapter Five:	The Risk Element in Play	42
Chapter Six:	Play and Rules	50
Chapter Seven:	Play and Social Groupings	58
Chapter Eight:	Play and Symbolism	66
SECTION TWO:	THE PLAY IN PSYCHOTHERAPY	
Chapter Nine:	Prologue	79
Chapter Ten:	Act One	85
Chapter Eleven:	Act Two	98
Chapter Twelve:	Act Three	109
SECTION THREE:	EVOLUTION OF PLAYFULNESS WITHIN A PROFESSION	
Chapter Thirteen:	The Postfigurative Period: A Limited Playground	113
Chapter Fourteen:	The Cofigurative: From Private Playground to Private Practice	128
Chapter Fifteen:	Toward the Prefigurative: A Playgroup Plots Culture Change	139
Chapter Sixteen:	The Institute Program	162

Page

SECTION FOUR: THE WORKINGS OF PLAY IN AN EDUCATIONAL ENVIRONMENT

Chapter Seventeen: A Schema for Contemplating the Play Element in Learning 176

Chapter Eighteen: The Perspective Principle: Rehearsal for the Play in Psychotherapy 183

Chapter Nineteen: The Autotelic Principle: The Fun of Learning in a Safe Space 202

Chapter Twenty: The Productive Principle I: Information as Product 210

Chapter Twenty-One: The Productive Principle II: Imagination as Product 221

Chapter Twenty-Two: The Productive Principle III: Public Products 234

Chapter Twenty-Three: The Personalization Principle: Separateness Transcended and Distinctiveness Confirmed 247

POSTLUDE: BEYOND PLAY OR THE PLAY BEYOND 264

APPENDICES

A. The Curriculum of the Institute for Clinical Social Work 288

B. Address to Participants in the Planning of the Institute for Clinical Social Work, May 20, 1977 292

C. A First Public Performance 305

REFERENCES (Arranged by Chapters) 309

PRELUDE

PRELUDE

In the human psyche resides a spirit called Play, ready to be invoked whenever we experience troubled feelings about self, relationships, or society. Seemingly unworthy of serious attention, this spirit yet serves many essential functions. Its capacity to divert us from our worries and hence refresh us in mind and body is well recognized. But it is also indispensible for both repair and creation, those intertwined processes of remedying what has gone wrong and of dreaming up new ideals which can guide the course of further development and even of human evolution.

A young child, in the felt safety of a therapeutic relationship, re-enacts the drama of events which have been felt to be overwhelming, assuming now an active role which permits him illusory control over circumstances once experienced passively. He plays out traumatic themes, risking confronting again those thoughts and feelings and situations which have frightened him, for the "make-believe" quality with which he can invest them diminishes the felt danger, and he can imagine happier endings. Depending upon his age and stage of development, he may or may not engage the therapist directly. The very small child may content himself with parallel play, using the therapist solely as a sort of container, a part of the scene in which his act can take place. There may then be mainly action, with little or no dialogue. The older child may want to assign roles to the therapist, and to try out different parts for himself -- sometimes active, sometimes passive, again reciprocal, all the while maintaining

his right to judge and arbitrate the transactions. When he has acquired language which permits him satisfying expression of his thoughts and feelings, he may conduct the sessions mainly in words. But speech, ever felt to be limited for communicating certain areas of experience, is always supplemented by some gestures and actions. Rules are established that govern permissible actions, mainly to protect the persons and property of the participants, but speech can be totally free, permitting a wide spectrum of imagined actions. In this interlude from "real" life, the child can generate models of the self-I-would-like-to-be and of the selves-I-would-like-others-to-be, and of the relationships-I-would-like-to-experience. These tentative ideational structures can influence his attitudes and actions in such a way that they become plans, blueprints for that which he then strives to realize. Although play therapy is a ludic (from Latin, ludere, to play) experience -- to the extent that some earnest parents find it difficult to understand how that which the child enjoys and finds pleasurable can possibly remedy the problems for which they sought his treatment -- it is also a deeply serious process, and can transform the child's sense of self and others, and his ability both to fit into and to mold his world. For he learns in the course of playing when and how he may wish to be active, when it can feel safe and agreeable to allow others to be in charge, when and how to attempt exchange, and, ideally, he begins to construct a view of himself in a social situation which is partly of his own making.

Although his therapy will have an ending, he carries away with him images of possibilities, not all immediately realizable, but themes

which can be played again, with variations, when he can create the necessary ambience, inner and outer.

The adult who enters treatment rarely imagines that his experience with the therapist will be one of play. His years of accomodating to the social roles which have been assigned or selected, to viewing things and events logically and realistically lead him to expect that there will a proper patient-role too, and that his problems must be tackled with diligence and earnestness. Play seems to him the domain of childhood, except, of course, for those activities which he may permit himself as recreation, carried out in brief time spans all too often felt to be "stolen" from more important pursuits. He anticipates that the therapist, like other "doctors," will prescribe for him, not necessarily medicines, but "what to do" about that which is troublesome. Most adult patients are, unlike the child, not ready at first to turn passive into active, to dose themselves, at their own pace, with memories of traumatic experiences, to use this new situation to reclaim a lost agenthood. Others, especially males, tend to be "fixated" on the agent role, and dread patienthood, associating it with infancy or helplessness. But, although the play spirit may appear to be maimed, it is never dead, and the therapist's initial efforts will be to liberate it. He will have to enable the patient to elude old roles and rules, to experience a sense of freedom in this therapeutic situation and within himself. If the patient is to re-order his psyche or his life he will need to risk breaking up the old ways of being and doing; only then will he find it possible to create new arrangements which are more satisfying, even exciting.

In the special time-space set aside for therapy, the patient has an experience rare in adulthood, that of having the full attention of another who makes none of the usual demands upon him, but only invites him to look into himself and to reflect upon what he finds there. Encouraged to let his thoughts and words flow freely, he finds unexpected connecting between experiences previously dissociated from each other, and between former situations and this one. He discovers that -- like the child -- he has re-created old dramas and traumas in this current scene, but -- unlike the child -- he has done that unconsciously, projecting upon the therapist his deepest fears and his most extravagant hopes. The therapist, sensitive to the nuances and possible meanings of the patient's many actions and reactions, responds in such a way that the patient once more gets in touch with dreams of a better self, better relationships, of a better world, and, on the basis of those obstacles which are manifest in this therapeutic relationship, he helps the patient to identify what stands in the way of moving toward actualizing those dreams. Sometimes the impediment will be found in the self of the patient, as in some inadequate or distorted development, both of which limit flexibility. Again it will seem to be in the ways in which he relates to others, such as that he needs to dominate, or to be dependent, or fails to interact reciprocally, or loses sight of the full range of his potential when he makes compromises to gain this or that limited objective.

Sometimes, when the problems seem to center around relationships, the patient may come to request marital or family or group therapy.

He thus exposes himself to new risks, with the hope of discerning ever more precisely the locus of difficulty so that the processes of repair can be appropriately conducted. As in individual therapy, the therapist attempts to provide a context in which new ways of being and doing can be experimented with, with minimal jeopardy. Different rules pertain than in "real" life, although the presence of others makes the situation closer to that encountered in the "outside" world. Participants are invited to be more open than is their custom about themselves and about others, while the therapist is attentive to group processes, to the projections members make upon one another and upon the therapist. When patients can experience the scene as safe, they use this "in-between" time-space to depart from old rigidities, to try out new patterns both of connecting and of distancing.

Although, at early stages in such testing out of self with another or others, many patients express wonder that they can achieve in the therapeutic situation experiences more satisfying and fulfilling than they have elsewhere, they come eventually to confront in their daily relationships the basic risk: can I be myself and yet be an integral part of marriage, family, or group? Inspired by the illusory (i.e., playful) gratification of a closeness that has not demanded relinquishment of valued aspects of self, and equipped with awareness of what such joyful experience requires, they are ready to infuse their own lives -- and possibly those of others -- with more playfulness.

For most of my professional life I have worked with children, although I have preferred not to limit my practice to any one age group. I learn from adult patients what children may become, and I learn from children about the origins of behavior and personality in later life. From both I have learned about play and its uses in renewal and in creation, and about the circumstances in which play can occur in the therapeutic context. For some thirty years I have also taught candidates for the Masters in Social Work in a school of social work, chiefly about play therapy, and have been impressed with the value to such learning of playful attitudes in the students themselves. Part of the skill of a teacher, as of a therapist, consists in creating an ambiance in which such attitudes can flourish.

For the past several years it has been my privilege to be a part of a group of professionals who, unhappy with their limited opportunities for on-going clinical education, have designed and realized the Institute of Clinical Social Work, an extramural doctoral program for already licensed clinicians. It has been a chance to exercise the play spirit in a broader realm, that of culture creation. Claiming that freedom which is the essence of play, this group set aside special times and places to meet together, sharing complaints about the quality and quantity of advanced education available to them, sharing and reconciling their individual dreams of what such education should be. They created in their imaginations a school very different from any which had existed, one which provided each student maximum leeway and scope

to design his own program, while learning from and contributing to the learning of others. Each student was to be teacher as well, responsible for self-evaluation and for supplying that mirroring upon which the self-evaluation of others would, in part, rely. This "androgogical" experiment has been under way now for several years, and there exists a new breed of therapist, the Doctor of Clinical Social Work. Those who hold that title have created the culture which has shaped them, and are involved in an on-going way in further perfecting their product, the Institute for Clinical Social Work.

It is the belief of the author that this bit of culture, like all cultures, has been generated in play, and if it is to avoid that rigor mortis which so often afflicts institutions, its denizens must keep the play spirit alive. It is in the hope that what we have learned may be useful to others concerned with clinical education in the professions, and perhaps to all who are concerned with adult education, that the present manuscript is offered. Only those who integrate playfulness into the center of their own beings, I will be equipped to enable others to use this special way of overcoming old fixities and moving toward desired change.

Because few people seem to have thought about play as it might enter into psychotherapy or education with adults, and because play itself is almost impossible of definition, I wish in the first section of this book to share with the reader some ideas

about relevant aspects of play. Taking as our point of departure several of the concepts of Johan Huizinga (1938) whose classical book, Homo Ludens, is a seminal study of the play element in culture, we will be elaborating and extending these into the clinical realm. As in all playful learning, some of what is therein included may not seem immediately applicable, but may provide a background against which the reader may regard the rest of the work and may provoke further thinking about the subject.

Since there is abundant literature about play therapy with children, I shall not deal further with that, but will, in Section Two, attempt an abstraction of a non-medical model of psychotherapy with adults, a model designed to admit a maximum of play into the action. Wishing to use play in all of its many senses, including the drama, I will be allowing myself recourse to that language used by Kenneth Burke (1943), a literary and drama critic, in his Grammar of Motives.

Section Three will be a brief history of clinical social work, especially focused on the evolution of prerequisites for that playfulness which enabled the founders of the Institute to take their leap away from traditional academia. It will include a description of the problems and complaints of clinicians about existing education, so that the reader may later judge for himself to what extent the new learning milieu which was created does indeed promise the needed repair and improvement. The story of the founding of the school will be included, as well as a description of the overall structure of the new learning environment and the clinical principles

which guided that design, as included in the description of Section Three.

In Section Four, as a schema for looking at the workings of play in the Institute, I have drawn upon the work of two sociologists, Moore and Anderson (1969) who have also thought a great deal about play and learning. Their article, "Some Principles for the Design of Clarifying Educational Environments," was written with early childhood in mind, but I have extrapolated upon their ideas, which have seemed to me equally applicable to adult learning.

The Postlude, Beyond Play or the Play Beyond, addresses itself to the possible playing-out of the play spirit over time, and to the issues of how social responsibility and playfulness may be integrated. The Appendices include: 1) the curriculum of the Institute for Clinical Social Work, 2) an address to participants made by the dean-to-be in May 1977, and 3) some notes on the contributions of students and graduates as evident from their participation in a recent Conference of the Society for Clinical Social Work.

SECTION I

ON PLAY, THE ELUSIVE ILLUSION

CHAPTER ONE

'PLAY AS FREEDOM

Erikson (1950) was indeed right when he observed that play "in its own playful way tries to elude definition." In my American Heritage Dictionary play in its myriad senses and meanings, as verb intransitive and transitive and as noun, takes up over three-fourths of a column of small print, and three-fourths of the next column is filled with composites of the word. Yet just as one thinks one has captured it, play escapes as by some "cunning, daring, or artifice," which is just what elude signifies (ex, meaning away, plus ludere, to play).

We should take our cues from this that we are going to be pursuing something which, in essence, is highly subjective, changeable, ephemeral. It will not be possible to isolate it, hold it constant, measure it, decree it. It can exist only under certain conditions, inner and outer, and when either or both are altered the play spirit can evaporate. In short, we are talking about illusion (from in, toward plus ludere, to play). We will be able to describe some of its qualities, and its virtues, but they will be in evidence only when the circumstances are favorable. Thus it will be as important to focus on the preconditions and the context for play as on play itself.

Johan Huizinga, in his classical work, Homo Ludens: A Study of the Play Element in Culture (1938) put forth ideas which are still

evocative today. In our attempt to apprehend play, we might begin by looking at its characteristics as he enumerated them some forty years ago, and by reexamining these from a clinical viewpoint.

It is free; it is in fact freedom, says that author. It seems clear that this must be a subjective sense of freedom. Although instinct may initially drive animal or infant to play, the freedom lies in the enjoyment of the actions, and in the element of felt choice. As Piaget (1962) says, "behaviors" can be regarded as play "as soon as they are repeated for mere assimilation," i.e., "purely for functional pleasure," and when there is "relaxation of the effort at adaptation." It could be difficult for an observer to know whether a person who appeared to be playing was in fact feeling this sense of freedom of choice. Children may participate in games or sports but be doing so only because some adult demanded it, or because their peers bullied them into it. Adults may play tennis or golf or go to the gym because they believe it is good for their health, or because it is the place to meet colleagues and to promote business; enjoyment may be minimal, the sense of choice slim. There can be then invisible coercion, outer or inner, or both.

We note inner coercion when some person, offered the utmost leeway and scope, is yet unable to play. I have introduced children to my playroom, with shelves and shelves of toys and games, and have indicated that they are "free" to select what they like and

and to do with it as they wish, yet they stand there paralyzed and silent. And some adults who are fully aware that they may say anything to the therapist are often known to urge, "Ask me questions." Or, "free" to seek their own answers, their own solutions, they demand that the therapist tell them. Although students of all ages may rebel against authoritarian aspects of their schools or colleges, when they have an opportunity to design and carry out their own educational programs they may experience an inability to move, a sense of helplessness which leads them to request more structure. As Fromm (1941) put it, they seek "escape from freedom."

It would seem that freedom may be almost as difficult to define as play itself. We should have expected that. There seem to be varieties and dimensions of freedom, and subtle intertwinings and blockings between the "objective" and "subjective." The Four Freedoms as proposed by Roosevelt and Churchill were assertions that mankind should be free of malignant and pathogenic forces. We could now observe that, as these cosmic threats are diminished, new freedoms are claimed (Shor and Sanville, 1978), which, in a playful spirit, can be seen as the opposite of the original four.

Freedom from want demanded that man's necessities be assured: food, clothing, shelter, health care, and usually others that have come to be regarded as indispensible. Yet, as we in the Western world can attest, for many individuals who are far from destitute, and even affluent, there is still not an inner sense

of enough. Clinically we see those who still carry the memories of actual deprivation, or those for whom material possessions symbolize an emotional security which they do not remember. To experience freedom, then, a person would have to trust a "good-enough" source (Winnicott, 1965) without and within.

Freedom to want escalates after there is freedom from want. In much of the Eastern world, and especially among those of Buddhist persuasion, desire is seen as the cause of human suffering; therefore to end suffering one must end desire. From our viewpoint this can appear as a possibly useful rationalization in a situation in which actions may be futile anyway, but one which , by suppressing complaints, could eventuate in "keeping people in their places." However, there are indications that those nations are reaching for some of our "supplies," especially that technology which they see as capable of giving them sufficient material security so that they could afford to want. In America, many of our affluent young are embracing some of the tenets of Eastern religion, or in various ways are renouncing a materialism which they have not found satisfying to the soul. Like the Buddha himself, they have had a surfeit of what money can buy, and they wish to simplify life while they seek for values which are sustaining. They abandon luxuries and comforts, and risk lacking even basic necessities, as they carry on their quest. But they know that they can trust, as a last resort, to parents or to nation, to see that they are not doomed to eternal privation.

Freedom from fear becomes possible in a world at peace, in a neighborhood without crime or violence, in an environment that is healthy, with good water, good air. But it requires an inner world also at peace, a self-confidence that one has or can acquire the resources to meet inevitable crises, and a tendency to view others as benign since one has no need to project upon them a sense of inner badness.

Freedom to fear comes into being out a sophisticated view of the world and one's self, an awareness that there are ever-present dangers to any sense of bliss, that benign illusion must be protected. This fear alerts one to action, to prevent or to repair or to create. It is closely associated with a willingness to risk, of which we shall be speaking later. Inwardly, this freedom requires a self sufficiently secure that it is not overwhelmed by anxiety, but rather provoked to attempt understanding and then appropriate action. We would expect persons who feel such freedom to be emphathic with fears and anxieties in others, and, since they can "own" their uneasiness, they would not need to project these onto others.

Freedom to worship, to believe is facilitated when one's nation guarantees religious and political liberty, but for a spiritual experience there must also be a developed inner capacity for a sense of wonder at one's own being, and awe at the existence of all things and all beings. And for a feeling of political freedom there must be a conviction, based on experience, that one's

beliefs and the behaviors related to them count. Perhaps both are promoted when the next freedom comes into being.

Freedom not to believe can exist when there is a non-authoritarian milieu. But an individual who would exercise the right to question any and all who purport to have final answers would have to be relatively autonomous, not dependent upon those who would brain-wash him. He would have to possess the courage not to know, and perhaps to endure long periods of uncertainty.

Freedom of speech can be exercised in a country which values civil rights and does not punish dissenters, in a school which encourages "sharing," or in a home in which parents do not believe that children are to be seen and not heard. To speak up requires also an inner assuredness that one has something to say, that one can say it, and that others will listen and value the speaking. Persons who have been taught that any sort of exhibitionism is bad are often constrained about talking even when these conditions are met.

Freedom not to speak can be claimed in a country with something like our First Amendment, in a school with a teacher who knows that some students are learning quietly, in a home which permits its members some phases of relative withdrawal, or in therapy with a therapist who does not deal with all silences as resistance. One who would assert this right must have the capacity to listen, both passively and actively. This means, on the one hand, to be

comfortable with a non-active, receptive side of self, so that one can "take in" from the speaker, and, on the other hand, that one has a rich storehouse of knowledge with which one actively processes the new data before responding. One would have to be devoid of tendencies toward compulsive exhibitionism, relatively comfortable with one's inner world, willing even to risk being thought empty.

We could, of course, suggest other freedoms, but all of them, like those we have mentioned, would be most likely to be experienced when circumstances both within the milieu and within the individual psyche are favorable. When a person is able to enjoy a subjective sense of freedom it can be assumed that he has had many past experiences of finding the world safe. In fact, if he has had enough such experiences he may be able to risk much potential jeopardy, or even to catapult himself into situations involving predictable uncertainty. Conversely, a person whose social experiences have left him feeling unconfirmed may not be able to believe in or trust an environment that promises him the right to exercise choice.

We might guess that the <u>freedom to think</u> could be relatively insulated from adverse environmental influences, or that one could always claim that even in relative isolation. I remember my feisty great-aunt Lou who, exasperated when someone tried to beat her down in an argument, would firmly announce, "You can take away my say-so, but you cannot take away my think-so!"

But she was never isolated (as so many of her advanced years are these days); she had the opportunity for ongoing learning and she was never in a place where she could not have conversational exchange with others. There is much evidence today that the best of brains can atrophy without stimulation and challenge. But there is evidence too that the world can be too much with us. Clinically we see some persons who are forever doing, not allowing themselves time and space to develop inner life; they report a felt emptiness, a paucity of thought and of imagination. Their incapacity to be alone can result in a decline in ability to enjoy thinking as surely as can deprivation from human contact.

To play with reversals just once more, we could say that there may be also a freedom not to think. For this to be called into being the surround would have to feel relatively devoid of demands and pressures, at least for certain periods. And the individual would be one who would value being, and not only transcending, although paradoxically transcending might be one of the consequences. Those who are cultivating the art of meditation report this quite regularly.

Any or all of these freedoms may be invoked in playing. Perhaps the most basic is freedom from want. Even curiosity behavior, the exploration of the unknown occurs when a creature is relatively free of the "motive of appetite," and when there exists "independence of the exploratory learning process from momentary requirements." (Lorenz, K., 1971). For young animals and children this means that there must be parental protection from hunger and from

danger, and then there can come into being a freedom to want, to want to know about a wide variety of things and interrelationships that do not appear immediately connected with survival. It is through acquiring knowledge and skills that may be irrelevant at the time that the young of the species begin to build up that inner reservoir which will enable them in some measure to become their own "source." When the adult world provides circumstances permitting the acquisition of information for its own sake, with no other goal than maximum learning, there is built up a reservoir of knowledge that can be drawn upon for purposes not yet even imagined. This is a kind of pure research aspect of play, which Fagan (1976) provisionally defines as "behavior formally resembling optimal learning by experimentation but not serving immediate adaptive goals such as maintenance, survival or reproduction."

Freedom from fear becomes more complex in the human being because his fears are not only of external dangers, but of inner conflicts -- impulses and wishes that collide with "thou shalt" and "thou shalt not," largely precipitates of his experiences with the world of persons. When he grants himself freedom to fear, he risks not only the reactions of actual others but of internalized others, now experienced as conscience and ideals. Since values are the cement that hold one together, the risk can be felt as severe, as dissolution of the very self.

Since much if not most of human play involves language either explicitly or implicitly, the freedoms connected with its use will be closely correlated with other indices of the capacity for play. We will be dealing with more about that later. It is in language that we preserve beliefs of all sorts, religious, political, cultural, personal, but also through language that we modify those beliefs.

Among the beliefs with which we shall be concerned here is that body of tenets which is psychoanalysis. If play is freedom, then what can we say of psychoanalysis with its principle of psychic determinism? Charles Brenner (1955) stated in his An Elementary Textbook of Psychoanalysis that "each psychic event is determined by the ones that precede it . . . Mental phenomena are no more capable of such a lack of causal connection with what preceded them than are physical ones", and yet the result of psychoanalysis is said to be freedom. Lawrence Kubie (1957) calls freedom from the neurotic process "the fifth freedom . . . The greatest of all freedoms -- the freedom to change." Clearly some profound paradox is involved.

Gregory Zilborg (1951) explains that we give the patient "freedom to act in accordance with reason" when we help him to an awareness of the forces that had controlled him. "But surely," he adds, "if determinism is a fundamental tenet of psychic life, this freedom must be merely an illusion [italics mine], a mirage . . . What we are actually promising him is the feeling of freedom, a

valuable thing, to be sure, but not 'the real thing'." However, this vision -- of independence, of immunity from arbitrary exercise of authority, of exemption from unpleasant or onerous conditions, -- all of which the patient may glimpse in an ideal psychotherapy, however insubstantial such vision may be, has the power to propel the person toward a search for the "real thing," and, if he or she has learned enough about self and social situation, may permit more experiences of such illusions, which "need not necessarily be false -- that is to say unrealizable or in contradiction to reality . . . Thus we call a belief an illusion when a wish-fulfillment is a prominent factor in its motivation, and in doing so we disregard its relation to reality, just as the illusion itself sets no store by verification" (Freud 1929).

Robert Knight (1954) too sees psychic freedom as illusion. He writes that "this kind of 'freedom' is experienced only by emotionally mature, well-integrated persons . . . It . . . is a subjective experience which is itself causally determined." We could, I believe, doubt that psychic freedom is the exclusive domain of the mature, but rather hypothesize that underdeveloped persons and societies may have moments, albeit brief, of testing such freedoms, probably in the context of felt safety for play, and that such sampling whets the appetite for more. They become "motivated" to discover what changes in self or social order would permit extending the feelings of freedom, and how to make those changes. They may then strive to be more "integrated" so that they can afford the pleasures of dis-integration and re-integration which

can accompany play.

M. Hoffman (1964) concludes that psychoanalysis can "offer a feeling of freedom; whether this freedom corresponds to a 'real' freedom of the will as an inherent element of man's true being, it does not and cannot ever know." Perhaps final certainty is not feasible or necessary. What may matter is that the person who feels free acts in a way that the person who feels constrained cannot possibly act, and actions have a way of changing realities, both inner and outer.

What is this "freedom" for which humanity strives? Langer (1942) answers that it is "opportunity to carry on our natural, impulsive, intelligent life, to realize plans, express ideas in action or in symbolic formulation, see and hear and interpret all things that we encounter, without fear of confusion, adjust our interests and expressions to each other . . ." "This," she says, "and not some specific right that society may grant or deny, is the "liberty" that goes necessarily with "life" and "pursuit of happiness." Since "every new insight is bought with the life of an older certainty" . . . "freedom of thought cannot be bought without throes." We must be free even to err, for "Error is the price we pay for progress" (Whitehead, quoted by Langer).

It is possible that such freedom is born of activities that are not, in themselves, "ordinary" or "real" life? Huizinga suggests precisely that. Play, which has an "only pretending" and "just for fun" quality, and is "a temporary activity satisfying in it-

self and ending there," is intrinsically connected with the feeling of freedom. Although beginning as <u>interlude</u>, it can become an "integral part of life in general."

CHAPTER TWO

PLAY AS INTERLUDE FROM "REAL" LIFE

The word interlude presents us with an ambiguity, for it can be defined as "an intervening episode, feature, or period of time" or as "a short farcical entertainment performed between the acts of a medieval mystery or morality play." Is it "between play" or the "play between"? Huizinga makes it clear that he is refering to something sandwiches in between more ordinary or "real" pursuits, the "appetitive," related to the "strictly biological processes of nutrition, reproduction, and self-preservation." Perhaps we should think further about both interlude and reality, even at the risk of further confusing the matter.

Mystery plays were developed from episodes out of Biblical stories, their content rigidly controlled by the church; their successors, the miracle plays, derived from the liturgy of the saints and hence had a somewhat greater variety of subjects and situations. As they fell into the hands of the laity in the 14th Century they began at least to be offered in the language of the people rather than in Latin. The morality play, developed about the beginning of the 15th Century, essayed moral instruction through the device of allegorically personifying virtues and vices in stories drawn from popular legend. The "characters" were pure abstractions operating without variation, representing man behaving not as an individual but as a class. The image

of the world was a grim one, as divided into two incompatible forces: good and evil, God and the Devil. There was a "proper" image of reality, and facts which did not fit that image were denounced as plots of Satan. It was sinful even to want to know about them; curiosity was suppressed. The plays themselves were minimally playful, or at least instances of play under the aegis of those who would guide and direct the lives of others toward "right" ways of thinking and acting, the judgment being made according to "given" and fixed values. Although purporting to be entertainment, the "main feature," dealing as it did with Macro Morals,* clearly dealt out provocations to anxieties and guilts along with whatever aesthetic enjoyment could be obtained by contemplating man as an abstraction fighting off the Seven Deadly Sins.

It must have been to afford the audience some relief from these sources of tension that between acts there was staged a ludicrous (that is, done playfully) theatrical composition in which broad improbabilities of plot and characterization were used for humorous effect. "Human kind cannot bear very much reality" (Eliot, 1935), or at least not much of that oppressive vision of reality. But the theatre-goers seem to have been quite ready for the boisterous merriment evoked

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*Footnote: a term for a type of morality play probably originating in England, including such titles as: The Castle of Perseverance, Mankind, and Mind, Will, and Understanding.

by actors playing at being real men and women. It was safe to be hilarious over what could not possibly be taken seriously. Or could it not? We might guess that, while professing to be sheer frivolity, the ridiculous incongruities of the farce represented that which does not easily remain repressed in the human spirit -- individuality, and with it the mischievous inclination to upset the status quo, to turn reality on its head when it begins to interfere too much with the pleasure principle. Then, as now, the forces of reaction had to delimit the area within which play could be allowed free rein, for at least unconsciously, its magical powers to transform must have been sensed. Such playfulness is serious, serving to represent and preserve certain human potentialities until the time mankind is equipped to realize them more fully. While appearing to be "much ado about nothing," the interlude afforded a taste of something delicious indeed -- human creativity, with its originality, unconventionality, its meanings concealed in the seemingly inconsequential. As yet it could fit only the context of that brief safe time and space between acts depicting more weighty concerns, but in time it could break out and attempt to reverse the proportionate order of things.

We could draw analogies to the patient, who, having sampled the delights of sensual gratification, comes to feel a conflict between the "demand by the instinct and the prohibitions by reality," the danger that continued gratification will result in punishment from authority, inner and outer. His solution is an "artful" one, the use of his symbolic powers to create a fetish, which Freud (1938) described as an "ingenious solution":

"He replies to the conflict with two contrary reactions, both of which are valid and effective. On the one hand . . . he rejects reality and refuses to accept any prohibition, on the other hand, in the same breath he recognizes the danger as a pathological symptom and tries subsequently to divest himself of the fear . . . the instinct is allowed to retain its satisfaction and proper respect is shown to reality." Freud saw the price of this solution as "a rift in the ego which never heals but which increases as time goes on." Thus, for the individual as for the social order behind the medieval theatrical production, the "price" is a split. But we might begin to hypothesize a constructive value in such splits, for they become the motivating power for surmounting fears, and for creation of broader safe space.

Socially we have developed a new vision of reality since the Middle Ages, and individually, thanks to psychoanalysis and to that new vision which has further evoked since Freud's time, there may be new hopes for repair. The interlude has undergone transformation into comedy, now that there is the possibility of mastering to some extent those old dreads and dangers, and of achieving greater gratification (Kris 1937), and comedy can be a major feature. Children brought up by less aggressively authoritarian parents are minimally likely to resort to the fetish to reconcile their conflicts between pleasures of the flesh and conformity to the moral order (Sperling, 1963). Instead we might expect them to invent "transitional objects" (Winnicott, 1957)

symbolizing at once safe space, both inner and outer, which would then permit them to reach out for new experiences, instead of remaining fixated.

Roy Schafer (1970), in his "The Psychoanalytic Vision of Reality," describes the comic vision as seeking "evidence to support unqualified hopefulness regarding man's situation in the world. It serves to affirm that no dilemma is too great to be resolved, no obstacle too firm to stand against effort and good intentions, no evil so unmitigated and entrenched that it is irremediable, no suffering so intense that it cannot be relieved, and no loss so final that it cannot be undone or made up for." Although conceding that psychoanalysis shares with this view a "melioristic orientation," he finds "something amiss" in its implicit denial of the passage of time, and its image "of a green world revisited or restored . . .." In a literal minded way he declares that "no one can rightly assert that analysis has brought about an exact return to, and reproduction and correction of, infantile life." Schafer sees the tragic and the ironic as the distinctive features of Freudian thought: "The tragic vision, stressing deep involvement, inescapable and costly conflict, terror, demonic forces, waste and uncertainty, and the ironic vision, stressing detached alertness to ambiguity and paradox and the arbitrariness of absolutes, are related especially to the investigative, contemplative and evaluative aspects of the analytic process." He does view psychoanalysis as including also the comic and romantic visions, provided they are "sophisticated, controlled," and con-

tribute to "adaptive strivings."

The tragic view with its linear concept of time, represents, Schafer declares, "the ascendancy of objectivity in the ego system -- what we call good reality testing and the dominance of the reality principle." The comic vision, we would add, like the interlude from which it was born, preserves the dream of man and his fellow men reconciled, of a state in which individuals might seek full expression without colliding with society, total harmony. Thus the comic vision contains the whole impulse to reparation, and without it there would be no seekers after perfection. It contains a precious illusion, and each time man samples it his appetite is whetted for more. The "appetitive" itself gains new meaning. Schafer does not tell us what he means by "controlled," or who or what is to do the controlling. The interlude was "controlled" by the acts which preceded and followed it, hemmed in, but it managed to gain more time and space for itself as the social scene changed, and may indeed have been a propelling force toward that change. The comic should be limited only by man's freedom to "regress" to it, and that ability may, paradoxically, be increased in proportion as he is able to attain to the tragic view. For then the hopefulness need no longer be "unqualified," and man may take "realistic" steps toward realizing his dreams. We would suggest that the way in which the comic contributes to adaptive strivings is by safekeeping the image of perfection and perfectability, until mankind has progressed enough to be

able to afford more time and space for what was once interlude. In the next chapter we will be dealing more with this "progression for the sake of regression" (Balint, 1959).

David Riesman (1950) commenting critically on Freud's "utilitarian and philistine attitudes toward work and play," concluded that there may be certain advantages nevertheless in making fun and play "surreptitious, even sinful," lest it become "socially guided" or "compulsively gregarious." There does seem abundant evidence as we glance around the world that authoritarian societies still do attempt to capture the arts for their own ends. In those countries play may have to go underground for a while, find expression only clandestinly, in secret times and places. But we can predict that when transformations come, play will have played a role. And in the western nations people are increasingly demanding pleasurable work, vocations instead of drudgery. Play does not easily remain coralled.

Although Freud defined maturity as "the ability to work and to love," omitting "to play," one gets the impression from his writings that he himself integrated pleasure into his work, that he was imaginative, creative, flexible, constantly questioning past formulations, emending them. In short, he enjoyed intellectual play. And his concept of the transference as a playground may well be his most significant contribution. He saw only three groups immune from the demands of the work-a-day world: aristocrats, professional artists and writers, and

monks and priests.

Today more and more people are enjoying the prerogatives once reserved for Freud's three privileged groups. As we inform ourselves about the contexts in which playfulness is possible, we may "hope to reach the love in work and in play, to enjoy the work in love and in play; and, most deeply, to explore the play in working and in loving" (Shor and Sanville, 1978).

Our hypothesis would be that in proportion as human beings can create for themselves an atmosphere of safety, that is, an atmosphere in which can be felt minimal conflict between self-interests and the interests of others -- in that proportion will there be increased mutual identification, with a consequent economy of vital energies, lessened need for repression, and greater potential for rich interchange. Under such conditions, the "outer" world becomes more readily assimilated by the "inner" and more constantly renewed by benign visions projected from the "inner."

This is the atmosphere which the therapist attempts to provide in work with patients of all ages. And this is the psychological environment which would be desirable for learning the art of psychotherapy. We might define it as a "safe playground," in which certain time and space considerations merge.

CHAPTER THREE

THE IDEAL PLAYGROUND: SAFE SPACE AND "ENDLESS" TIME

Huizinga says, "All play moves and has its being within a playground marked off beforehand either materially or ideally." What we shall call "play space" or "safe space for play" lies somewhere in between, as Winnicott (1971) has formulated it. Playing and cultural experience are both "located" in the intermediate space between individual and environment; it is neither in personal psychic reality nor in the actual world. Its original model was the baby's experience in the "potential space between the subjective object and object objectively perceived, between me-extensions and the not-me," that space being experienced "only in relation to a feeling of confidence . . . confidence being the evidence of dependability that is being introjected." When a mother exercises her "special capacity for making adaptation to the needs of her infant..." she allows the baby "the illusion that what the infant creates really exists." Like Huizinga, Winnicott sees play as merging into culture: "This intermediate area of experience, unchallenged in respect of its belonging to inner or external 'shared' reality, constitutes the greater part of the infant's experience and throughout life is retained in the intense experiencing that belongs to the arts, to religion and to imaginative living, and to creative scientific work."

Huizinga too comments on the lasting impression which the play experience makes on the human psyche, even though such experience may have been relatively brief. He asserts, "Play begins, and then at a

certain moment it is over," but he adds, "Once played, it endures as a new-found creation of the mind, a treasure to be retained by the memory." In this we might glean the hint that there is something about playfulness that renders it peculiarly capable of being remembered, not susceptible to repression as is much of human experience. It must then contribute powerfully to learning, including that which takes place in the context of psychotherapy, as well as to the sense of individual and group continuity in change.

I have often noted that small children who return to therapy after a year or two of intermission usually begin by playing with old remembered objects and themes. Like language for the adult, play for them serves as integrator of past with present and with the imagined future. It reveals history as internally present, ready to be rediscovered, ready to be reprojected from the screen of memory onto the external scene of the playroom, ready to be re-worked, reshaped in the light of present developments, future prospects. There is some sense of time as unbound, flowing in the play experience.

Such play flourishes in "free time," when one can do as one wishes, when there are not urgent matters to which one must attend, urgent decisions to be made. Under pressures playfulness tends to be diminished. We could imagine that in infancy there may be enjoyed a sense of relatively unlimited time, but that as one moves into childhood, play time begins to be set off by the adult world. One is called in from engrossing activities to wash for dinner; "recess"

at school begins and ends with the bell; at work one pushes the time-clock. The clash between self-interest and what others require thus often can focus around time, and in adults we observe many symptoms that hearken back to these conflicts. There are "claustrophobias" in time as well as in space: fears of having no time, being "cooped up" by duties which preclude self-generated activities. (O. Fenichel, 1945). And there are those who fear "broadness" in time; they rush from one activity to another in apprehensiveness about unscheduled hours with their leeway for a spontaneity which must be disowned. Such persons may also try to impose their time-table on others, and feel threatened and hostile when those others do not comply. They are minimally capable of that play in which time loses its negative connotations in moments of inner fulfillment which does not feel in conflict with the outer world.

The sense of time and its limitations grows sharper with age, and with that a consciousness of the transitoriness of our own existence. As Shor (1953) put it, we come to recognize that "the 'external' human ego emerges from and rests on time-bound material body, and the psyche must battle the biological death principle." But in play can be experienced once more the <u>illusion</u> of time as unbounded possibility: the past as a resource rather than a burden, the present as meaningful, rather than empty, the future as open rather than closed. Thus man can pose eternal being against death, lasting powers against increasing impotence, and notions of forever-together against 'till death do us part.'

If play, like life itself, has endings in time, then we might be curious how persons negotiate the intermissions. Enid Balint (1955) in an article on "Distance in Space and Time" has addressed herself to this question by comparing in this regard the two kinds of persons described by Michael Balint. The philobat has pleasure in moving about in what to him are "friendly open spaces"; his thrills in the journey are proportionate to his physical and mental skills, his feelings of competence and power; these let him feel "at one with objectless (i.e., personless) space" because he is "self-sufficient." The ocnophil on the other hand, has pleasure in being in one place, close to the object (i.e., person or persons), he needs; he has less satisfaction in life because he takes no narcissistic delight in his own achievements, and he is eternally fearful less those upon whom he depends will let him down. As Enid Balint sees it, philobats have at an early age overcome the time-lag between one satisfaction and another by "transferring their enjoyment and love from the satisfactory moment itself to their ability to pass through the time between the two satisfactions." Ocnophils, however, have never overcome the problem of these intermissions, so they try to deny their existence. They "get stuck in a difficulty caused by the spatial and temporal interval between one satisfaction and another and try to overcome the distances by clinging to and magically introjecting their objects . . ."

For our purposes it may be important to note that there can be mental philobats and mental ocnophils too. Most of us are neither purely the one nor purely the other, but can discern in ourselves phases of

one or the other kind of behavior. Perhaps it is something of the ocnophilic which Comfort (1961) is describing when he notes that a pattern once seen brings deep satisfaction, a pleasure which generates "strong resistance to further analysis of the way in which the pattern was constructed. It produces a disabling sense of enlightenment which is proof against argument." He distinguishes "hard-centered" from "soft-centered" thinking (philobatic vs. ocnophilic?). The latter "states the regularity, calls it a law, truth, or spiritual reality, and treats these names as if they were explanations. Nevertheless, while it takes hard-centered attributes to criticize ideas, it may take soft-centered attributes to see them." Thus he, like the present writer, sees a role for both.

It may take a certain amount of clinging or hanging on to ideas so that one becomes thoroughly acquainted with them, or internalizes them, attaining that familiarity which makes it possible to dare departures, forays into intellectual territories in which one is less at home. Then one can return enriched, to re-order former schemata by infusions with the new. In the dialectic between ocnophilia and philobatism new forms are generated.

CHAPTER FOUR

PLAY AS CREATING ORDER

Huizinga sees the aesthetic factor as animating play, which then tends to be beautiful itself, casting a spell over us. Play affords us pleasure because it gives significant form to bodily movements, to images, to sounds, to ideas. The significance lies not just in its affording us self-expression, but in its formulation of our feelings and thoughts, and, even more, in its capacity to permit us glimpses of experiences we may not otherwise have conceived possible. In play we discover the possibility of new shapes to our very existence.

When Huizinga says that play creates order, we can agree, but when he adds that it <u>is</u> order we must demur. For if indeed it "assumes fixed form as a cultural phenomenon", then we would be hard put to explain its role precisely in changing culture. So once more we are confronted with antinomy: play does create order but it also mischievously violates or even undoes the very order it has created. It involves both eros and thanatos. As M. Milner (1957), an artist-psychoanalyst, writes, the artist is "creating nature, including human nature," but is also "continually breaking up the established familiar patterns" . . . "continually destroying nature and recreating nature."

Coleridge (1819), who described poets as "gods of love who tamed the chaos," hypothesized two types of mental activity: <u>fancy</u> which is involuntary, "a mode of memory emancipated from the order of time

and space," and imagination which "dissolves, diffuses, dissipates, in order to recreate." He saw the latter as the "sovereign power, expressing the growth of the whole personality", but we would hypothesize that ideally a dialectical relationship pertains between the two. Perhaps fancy is akin to what the analysts call primary process, a regressive mode of cognitive functioning which can liberate the intellect from the restrictive structure of logical verbal thinking, as Koestler (1964) and others have suggested. It may resemble too what Marian Milner calls "reverie" or absent-mindedness, which requires "a mental setting, an attitude, both in the people around and in oneself, a tolerance of something which may at moments look very like madness." But a phase of such non-pressured "regression in the service of the ego" may be, as Ernst Kris (1953) has written, essential for the creative process.

What is true in art is also true in self-creating. F. Barron (1962) affirms, "The ability to permit self to become disorganized is quite crucial to the development of a high level of integration. One must permit a certain amount of discord and disorder into the perceptual system in order to achieve integration at a more complex level." Clinically, we are beginning to look upon phases of acting out or even of psychotic episodes as having transformational potential, if we can enable patients to recognize the greater perfection for which they thereby seek. And educationally we know that students must be willing to suffer periods of great confusion and uncertainty if they are to integrate new knowledge into their former world views. When persons are sufficiently sure of their capacity to

re-order experience they may even enjoy the necessary degree of disorder.

What Michael Balint (1959) says of art and sublimation could as well be applied to art and play: "The fact that they belong to the border land between the internal and the external worlds explains the queer sort of reality testing inherent in both." He notes in this connection that a work of art, existing in the external world as an object, belongs "really" to the subjective world; "Yet in addition it has all the attributes of the non-aggressive primary world, where there is as yet no difference between subject and object, a world of harmonious mix-up, merging into the subject and holding it safely."

Balint introduced a truly generative idea when he proposed the idea of "progression for the sake of regression." The aim of the acquisition of consummate skill via effort and self-criticism is to enable one to regress to a state in which there is a denial of separate existence -- "a simultaneous introjective identification with the partner and projective identification of the partner with oneself," the state of primary love. In his view, the ocnophil achieves this by magic, "by primitive means which do not enable him to regress to the desired situation, except in fantasy," while the philobat, using the skills he has acquired for "changing the world, in particular some of his objects, into co-operative partners," manages his regression to a "state of harmonious identity, not only in fantasy but also, to a great extent, in reality."

Shor (1969) in his review of Balint's work suggested that the term primary illusion was more fitting. And Shor and Sanville (1978) have explored further the ways in which contemporary persons use new societal options in combination with psychotherapy to arrive at mature versions of that blissful primary state. Among the patients they discuss are those who have neglected to develop necessary knowledge and skills to "protect" the illusion, and who, lacking felt autonomy, often spoil their love relations therefore by too much dependent clinging; and there are those who spend so much of their time and energy in achievement of prominence professionally or in business, that is, in "narcissitic" gratifications, that they cannot permit themselves the regression which the experience of love entails.

Thus neither ocnophil nor philobat is likely to arrive at harmonious identity with the partner "in reality." Shor and Sanville see a striving for the illusion as basic to human motivation, but that illusion remains in the domain of play.

The philobat and the ocnophil have quite different visions of reality. For philobats the only concern about the "home, i.e, the zone of security" is whether it has the right equipment (that is, for the male, a mother-figure, or, for the female, a "phallus"), while in regard to the external world they are continually watching for obstacles in the path, testing precisely the "friendly expanses,"

while maintaining a somewhat blind confidence that they can cope with all hazards. They may feel the need for safe objects, but sensing a danger in closeness, they tend to deny that need, along with the fear. Ocnophils, on the other hand, cling to "objects," and deny any danger within the object itself (such as that angers and rejecting feelings could lurk there). They assume the dangers to be out in the world, capable of being warded off by huddling together.

Shor and Sanville would assume that either view of reality would constitute an obstacle to re-experiencing moments akin to the primary illusion. They conceive of that initial state as containing both primary narcissism and primary love, that is both a feeling of total autonomy and a feeling of absolute merger. To reinstate "benign chaos" an adult would have to be capable both of independent explorations in the world, and of losing self in a loving relationship. The course of development would include phases of attention alternately to one or the other of these two basic dimensions of human experience, building toward an ability to oscillate flexibly between them. Only thus could the seeker after richer editions of the primary illusion integrate within self the prerequisites for both intimacy and autonomy, thereby achieving the progression necessary for playful regression.

The person who has attained the capacity to be alone does not have to fear the moments of ecstacy which fusion with another can bring. And the person who can dare experiences of loss of self in merger with a loved other will be able to give more pleasing shape to those time-

places in which he is separate and apart. The capacity for risk-taking will have been increased.

CHAPTER FIVE

THE RISK ELEMENT IN PLAY

Risk is probably ever present in play. As Huizinga puts it, there is always an element of chance and uncertainty. From the clinical standpoint we observe that the nature of the hazard may vary at different ages and stages of life, under different circumstances, and according to the particular challenges which the individual accepts. The danger can be felt to emanate from within -- as from inadequacies or from feelings that threaten to get out of control, or from without -- as from the possibilities of evoking displeasure or even hostility from others, or, more likely, from combinations of inner and outer -- as that self esteem will suffer if one does not win the esteem of others.

Huizinga attributes the tension to the person's wish to succeed by his own exertions. This source of tension escalates in proportion as the task or feat is felt to be a measure of the very self, and whether it is so experienced usually will depend upon the responses of others, past and present, who have been or are important to the player. Sometimes the wish is that one's own accomplishment should exceed that of others, and the suspense can then stem from apprehensions that one could lose out in the competition -- or that, in surpassing others, one could incur envy and its concomitant destructive attitudes.

When these risks are felt to be unbearable, people can react by ceasing to test themselves, even in a situation where play might be possible.

Children, with learning disabilities, for example, may give up all effort, and may require a situation in which the possibility of failure is almost nil if they are to try once more. And there are those of all ages who, in spite of superior abilities, avoid competitive encounters, both out of fear of losing and out of fear of winning. Women have traditionally shied away from certain forms of competition, perhaps especially in the intellectual realm, where their involvement could lead them into rivalry with men. Males, viewed as less constrained in aggressiveness, might have the advantage, and in any event, they are seen as likely to reject a female manifestly capable of thinking abstractly.

Yet, although play is risky, it is also a means of reducing felt risk, precisely because in play the solution to a problem, or the success of the endeavor is not so imperative. The player who has a sense of freedom, who has allowed himself time-out, so to speak, from the urgent demands of daily life, who takes aesthetic delight from imposing a fresh order on activities, materials or ideas, but who can equally enjoy that disorder which is prerequisite to renewing order -- this player can experience the risk itself as pleasurable excitement, part of the very fun of play. Bruner (1972) lists as the first function of play that it is a means of minimizing the consequences of one's actions so that one can learn in a less risky situation. Particularly, is this true in a social situation where, adhering to the rules of the game, one can test out limits in self and in others without untoward results.

As Reynolds (1972) explains it, play is functioning in a simulative

mode of action, that is, as a "system whose output is temporarily uncoupled from its normal input relations to other systems." This mode is itself paradoxical: "The system's operations should have their normal consequences, yet those consequences must at the same time be rendered inconsequential." Thus buffering is possible because "both the energy expenditure and the danger to the participating organism is less." Play fighting, for example, does not lead to injury, nor sex play to pregnancy.

These very examples suggest, of course, that the "appetites" or instincts may be involved in play, but we know that "id-excitements can be traumatic when the ego is not yet able to include them, and not yet able to contain the risks involved and the frustrations experienced up to the point when id-satisfaction becomes a fact" (Winnicott, 1960). Winnicott (1971) states that "if when a child is playing, the physical excitement of instinctual involvement becomes evident, then the playing stops, or is at any rate spoiled." In another passage he suggests a quantitative element: "The pleasurable element in playing carries with it the implication that the instinctual arousal is not excessive." The measure, we would add, of "excessive" must be the player's own, but it will be influenced by the response of others, to whom the excitement is "evident," and by his relationship with those others.

Like Huizinga, Winnicott (1971) sees play as inherently exciting and precarious; he says that 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)." Here Winnicott takes certain license with hallucination, using the word generally taken as perjorative, (as indeed we have done with illusion), in a potentially favorable sense. If we play with its Latin origins in alucinari, to wander in mind, we may come close to his meaning: imaginings of loose, unbound quality, not yet firmly structured. Only when the human world fails to respond empathically and to provide relevant and adequate stimuli does the near-hallucination acquire a compelling quality, become delusion (from de, pejorative, plus ludus, play). Much of the volatile quality which we have described for the play spirit stems from this situation, the uncertainty whether spontaneous expression will be received favorably by the persons around us. When it is not so met there can be play disruption, i.e., "the sudden and complete or diffused and slowly spreading inability to play" (Erikson, 1950). When this happens too regularly in childhood, the consequence will be a handicap in the ability to use symbols, for the basis of that capacity is "at first both the infant's spontaneity or hallucination, and also the external object created and ultimately cathected" (Winnicott, 1960).

But Winnicott was speaking of the child. Certainly as we grow older the private world becomes increasingly structured and organized, and the public world too is perceived as having more structure, more order. We become conscious of two, usually interrelated risks in play: of narcissitic injury if we cannot or dare not accomplish what we set out to be, do or prove; and of being ignored, disapproved, and rejected by persons who count to us. For we carry in mind an image of the

"self I should be," (i.e., super-ego) and the "self I want to be," (i.e., ego-ideal). Both originated in relationships with parents or the first orginal care-takers and have been and are continually modified throughout life by other important relationships. Thus the felt threats may be of potential disapproval or disappointment of parents, teachers, or others whom we want to please or to satisfy, or may be of possible feelings of inadequacy or of guilt and shame from within.

Some deeper fears may go unrecognized however. Subservience to authority, outside or inside, can at times "feel like a threat to one's whole existence, an attempt to separate one from the very source of one's creative relation to the world; and that to give in to this restraint could at times feel like the deepest cowardice and betrayal of one's whole identity" (Milner, 1950).

Moreover, the fear of insanity itself may lie behind the fear of seeing the world in a new and different way, and this accounts for the desparate way some people must cling to "reality," to their former ideas, or to that which is consensually validated. So long as we accept the "realities of the common sense world, the fear of losing one's hold on the solid earth may remain unrecognized; but as soon as one tries to use one's imagination, to see with the inner as well as with the outer eye, then it may have to faced."

In her work as an artist, she arrives at some of the hidden meanings about negotiating space, it being related to "being a separate body in a world of other bodies which occupy different bits of space" and hence evoking concern "with ideas of distance and separation and having and losing." Whether we are speaking of blank canvas, clean sheets of paper, or empty hours, this insight may apply.

The fear of the instincts themselves is not absent from adults, and can appear in situations in which instincts do not seem manifestly involved. Milner reports experiencing in her painting a difficulty with rhythm and repetition and recognizing her apprehension at the possibility of "being lost in the blind repetitive habit life of one's animal inheritance." But she concluded that this blind instinctive repetitive rhythm can also be a "source of refreshment and revewed life," and need not become dead if it is "vitalized ego to brave the risking of that which can represent death itself, but such risking is essential to free the capacity for this dialectic which can nourish the creative spirit.

We have been speaking here of fears which can act as possible deterrents to risk taking, but we should also note that there are people who seemingly heed no deterrents, but engage in something like the "deep play" described by Jeremy Bentham (1840) in his Theory of Legislation. He defined this as "play in which the stakes are so high that it is irrational for men to engage in it at all -- a situation in which the marginal utility of what one stands to win

is clearly less than the marginal disutility of what one stands to lose" (quoted in Bruner, 1972). Bruner, commenting on the enormous increase in such play in adolescence, attributes it to "deep and unresolved problems in the culture." Specifically, he sees it as pointing to a "thwarted backed-up need for defining competence, both individually and socially, to oneself and to others." He contrasts today with previous eras when through induction into rituals and skills "engagement was built into the system."

In thinking of Bentham's thesis, we could, from the viewpoint of depth psychology, affirm that "disutility of what one stands to lose" is a view from the "outside". Patients teach us that sometimes this pain or punishment is felt as resolving of guilts, so that once more one may be on good terms with "the source." For example, Fenichel (1945) said, "Gambling, in its essence, is a provocation of fate, which is forced to make its decision for or against the individual. Luck means a promise of protection (of narcissistic supplies) . . ." while "loss is unconsciously looked upon as ingratiation for the same purpose." What appears as risk to the observer may feel like resolution to the player.

Bentham could argue that "every man was the best judge of his own advantage, and that it was desirable from the public point of view that he should seek it without hindrance." But he devised a "Felicific calculus" for measuring happiness, and he would also condemn deep play as irrational and in violation of the utilitarian ideal. The writer of the Encyclopedia Britannica article on this English philosopher-economist accuses Bentham of being simplistic

in his psychology, ambiguous in premises -- as in his belief both that man is completely selfish and yet that everyone ought to promote "the greatest happiness for the greatest number." We are proposing herein that if each individual is enabled to do his own "felicific calculus" he may indeed be and act simultaneously selfish and altruistic as he learns to infuse life with more playfulness.

In the next chapter we will be looking at the rules that pertain in play and will observe that, in part, they are designed to create an element of risk while, at the same time, rendering it safe to participate by specifying the limits of permissible action.

CHAPTER SIX

PLAY AND RULES

Huizinga tells us that "all play has its rules. They determine what 'holds' in the temporary world circumscribed by play. The rules of a game are absolutely binding and allow no doubt." When rules are transgressed the play world collapses and 'real' life begins again. We might well ask how it can be that submission to authoritative directions for conduct is compatible with that feeling of freedom which we have declared to be the first characteristic of play.

There are those who disagree that play always has rules. The Opies (1969), for instance, write, "Play is unrestricted, games have rules. Play may merely be the enactment of a dream, but in each game there is a contest." Clinically we observe that over the course of psychological and social dvelopment there is a continuum from that play which may be -- but never merely -- the enactment of sleep images or daydream or fancies to those games and derivative social phenomena which are governed by quite arbitrary rules. But we would, with Norman Corwin (forthcoming) propose that there must be a reality even to fantasy. "Stretch the imagination too far, and it snaps back and refuses to perform." Thus even imaginative play may be governed by subtle rules.

Perhaps one of the first games in a child's life is that of peek-a-boo, played between mother and child. For the game to be enjoyed the baby must have developed some degree of object constancy (Bruner and Sherwood, 1976), or it could not tolerate even the temporary tension

of the mother's seeming disappearance. But once that tension is bearable, further playing results in the capacity to bear even longer times of mother's absence, for there comes to be a security that she exists, although invisible, and that one will survive her leavings. Since the baby's part in this early play is mainly a passive one, the mother must be sensitive to the limits of the child's ability to endure her being out of sight; the rule governing the duration of her disappearance is that it must be just long enough to arose some tension so that there is joy in her reappearance; if it is too long the child may panic, and if too short, it may cease to be fun. Mother also assures the baby of her presence by verbalizing while the game is going on.

Later, when the baby is a toddler, it becomes the agent, hiding from mother, who must then reverse roles and seek him. Still later the game evolves into that of hide-and-seek, in reciprocal play with peers, and eventually becomes conventionalized as children invent and elaborate specific rules for playing out their shared theme of loss and restoration. This game, like many, involves the child in a pattern of oscillation between the philobatic and the ocnophilic, for one must depart from and return to 'home base' where one has a chance to 'get in free' if one is clever enough and fast enough. Otherwise one may have to be 'it' and suffer the anxiety of the seeker, temporarily alone and apart, uncertain where the others have gone. It takes considerable ego development to play games of this sort well.

Even the make-believe play of pre-school children is governed by rules, usually rules that recognize certain social expectancies. For example, small children playing house adhere to appropriate behaviors between mothers and fathers, between them and their children, between the children of different ages and sexes, between friends and strangers. Rules and roles are connected. The action and the language must be right for that culture. Of course, the particular experiences of the children will make for variations on the themes of such pretend, and as the social scene changes there may be introduced whole new themes. Thus play reflects life and is a preparation for life within a given milieu.

Just as imaginary play contains rules, so "every game with rules contains an imaginary situation" (Vygotsky 1933). Even games of pure luck, designed to diminish the narcissistic wound of losing, do not always accomplish that objective, for Lady Luck's abandoning can be experienced as deprivation by a basic source, and her favors can seem proof of being preferred by that source. And when one wins in games of skill one can enjoy the illusion of a superiority not limited to the sphere of the game. When one loses, one may feel quite inferior, and only the promise of a new game in which there is another chance to win may render it not so disastrous.

Play by the rules comes to be experienced as fun when one has acquired the competence to play well. It extends the ludic from the personal to the social, even creates a new form of desire, in that "to observe the rules of the play structure promises much greater pleasure from the game than the gratification of an immediate impulse" (Vygotsky 1933). Thus play leads into the whole realm of

morals and ethics.

Piaget (1965) outlines four successive stages in the practice of rules. In the first, the small infant mainly plays in a motoric and highly individualistic way. His play is largely solitary, and the pleasure he experiences is in exercising his muscular equipment. But he does learn thereby about space and time and gravity, and about the possibilities and limits of his bodily capabilities, and these are prefaces to rules pertaining to the world and to self. The child may engage in parallel play, employing rules flexibly to his own personal ends. In the third stage, there is incipient cooperation as social play and inter-individual relationships unfold; mutual control develops along with reciprocity. Games with rules then proliferate. In the fourth stage there is a codification of the rules, and ritualized schemas develop. The older child comes to take pride in his knowledge of the rules and in his ability to play by them, and even to systematize and teach them to others. The ritual becomes pleasurable.

Rules then are designed to preserve a "subtle equilibrium between assimilation to the ego -- the principle of all play -- and social life" (Piaget 1951). Competition is kept from being hostile aggression by collective discipline, by a code of honor and of fair play. Piaget calls games with rules "the ludic activity of the socialized being." He views symbolic play and ludic symbolism as ending in childhood, "whereas games with rules, which are unknown to the small child, continue up to the adult stage."

In contrast to Piaget, most of us with a psychoanalytic bent see principles governing interpersonal conduct being acquired much earlier and ludic symbolism extending throughout human life.

We could agree for the most part with Piaget (1965) that there is, as the child grows older, a progressive consciousness of rules. When he first makes their acquaintance, they are not viewed as coercive, but as "interesting examples rather than obligatory realities." Later they are regarded as "sacred and untouchable," emanating from adults and lasting forever." Ideally rules come to be looked on as "law due to mutual consent," but which can be altered if you can enlist general opinion on your side.

But we could affirm that one of the reasons for learning the rules is to be able at times to forget them; for to maintain consciousness of the rules can render one self-conscious in one's actions, and that can result in not playing well. Milner (1950), from her self-observation in the processes of learning to draw and paint, reported reading and trying to apply knowledge from "how to" books on art. She found that the result "was that anything done according to learnt rules still had a counterfeit quality." Reliance on rules could be "stultifying from the start the very thing one was seeking to achieve." She did not therefore conclude that such learning should be abandoned, but rather that one learned the rules and then threw them to the wind and plunged into a "kind of action in which acting and end were not separate." She speaks for the <u>spontaneous</u> order "that is essentially the result of free activity," and in which "the impulses become themselves changed because they are fitted into a pattern of wider content

and meaning through the fact of doing something." We could sum that up by saying that to master the rules and the behaviors they entail is one of the routes to the illusion of freedom. There is an internal discipline behind such a feeling of spontaneity.

Sometimes our pleasure is in that supreme awareness of the rules which enables us to perform or appreciate meaningful rituals in their exquisite perfection, and again it lies in that constructive forgetting of which Milner is speaking -- and out of which indeed new rules may emerge. Both types of play are rendered possible when the rules have been assimilated and are no longer experienced as alien to the self. Thus we are interested in the source of rules and in the manner in which they are inculcated.

Some rules are felt to emanate from authority figures, originally the parents. When the relationship with those who taught us the principles was viewed as benign, empathic and including the provision of a good enough "holding environment" (Winnicott 1960), then we experience the rules as our own. "Integration matches with holding," says Winnicott. In other words, if the authority persons mainly concern themselves with providing safe time and space for the child to develop in his own unique way, that child is likely to become a player for whom the rules will "hold." When the child has not experienced such sensitive concern with his personhood, but has felt rules to be coercive and harsh he may become inclined either toward rule-breaking or toward a compulsive adherence to rules which stifles creativity.

Other rules, as we have already suggested, evolve in the play group. There children re-enact experiences from the home scene, and from their peers learn of other possible limits and leeways. And the play group is likely to invent rules of its own, not only governing specific games but applying to their interrelationship generally. How a given child regards those rules may depend upon his sense of himself vis a vis others in the group, whether dominated or dominating, cooperative or competitive, respected or belittled. The more he can feel himself to be an active contributor to the ways of the play group, the more is he likely to regard its rules as his own.

Over time each individual who has sufficient freedom to do so develops to some degree a code of moral and ethical rules felt to be a part of his very self, to the extent that he is able to resist group pressures to behave in ways not compatible with his own. Such persons can provide a group with valuable critiques of its thinking and its ways, perhaps not to convert them but at least to open issues -- which can make for a new sort of play. But while he makes himself part of a given set of persons he must subscribe to the basic values which are theirs.

Those who are unable or unwilling to learn and to adhere to the rules of the game are considered social pariahs. As Huizinga says, the "spoil-sport robs play of its <u>illusion</u>" and must be cast out, dealt with even more harshly than is the cheat. But, of course, those who are cast out -- and those who voluntarily seced when they feel the rules incongruent with their private values -- often create new games, new communities with rules of their own, but always aiming

at a subtle equilibrium between ludic activity and the requirements of social reciprocity.

CHAPTER SEVEN

PLAY AND SOCIAL GROUPINGS

Huizinga notes the tendency of the play community to become permanent, observing that the "feeling of being 'apart together' in an exceptional situation . . . of mutually withdrawing from the rest of the world and rejecting its usual norms, retains its magic beyond the duration of the individual game." We would suggest that the explanation for such magic is that play promotes processes of identification, participation, and communication which make for experiences of closeness, and that once these processes are predictable with certain others we delight in being with them.

Playmates are usually chosen in the first place because they possess qualities with which the child is relatively comfortable or at least which do not feel threatening. Factors such as proximity enter in and may mean that the friends will be of similar socio-economic or racial background, so there may be already some commonalities. Sometimes the choice is of children who are similar in other manifest ways, as in age, sex, degree of aggressiveness, intelligence, interests; he likes those whom he is like and is liked by. Again,the bases for choice remain unconscious. In any event, the child finds it possible to feel with his playmates, and this empathy is enhanced as he comes to know them better. Then, when inevitable differences are met, there is a basis for mutual accomodations -- which can further stretch the identification. And indeed persons who are not too ocnophilic come

to enjoy almost as a form of play itself the very challenge of extending capacities to identify with persons initially seen as dissimilar, even strange or foreign and hard to understand. Deliberate imitation is the mode of such play.

The pleasure in participating with others begins with the joy of being chosen by those who choose you. To be accepted as a person makes it possible to risk sharing something of inner hopes and fears, aspirations and anxieties, as these are played out through the make-believe of childhood, through the games of older children, or through the physical or intellectual play of adults. In conjoint participation a set of reciprocal expectations is built up, and over time is modified through the adjudication of potential conflicts. The play group evolves a culture of its own, a "differentness," as Huizinga calls it. Members of the play group see themselves as doing things in a special way, better than things are done elsewhere. They value each other for their ability to play the games according to these particular rules. It would take time and energy to teach outsiders the ways. At some phases of its life, the group may not be ready for such expenditures; again, it may welcome the challenge of incorporating new players.

The third source of the feeling of magic is that the play group speaks a common but idiosyncratic language, using words and phrases which suggest much more than the literal meaning. These shared connotations are based on the mutual experiences of the group, experiences in which others have not shared. Thus a stranger would not be likely to feel

'at home' for a long while. However, when members have a secure sense of adequate sources to meet their own needs, and are confident of their ability to create safe space for their own playful purposes, they may wish to teach their secret language to some selected newcomers.

Intragroup aggression is tempered by fondness. As Erikson (1977) tells us, games are "on the border of affiliative and antagonistic interaction." The players learn to control both the intensity and the aim of aggression, accomplishing this by "pretending" something that they "really" feel. By all sorts of verbal and non-verbal signs and signals they tell each other, "This is just play." They thus permit members to develop and test out in a safe space their narcissistic potentialities, to gain that function pleasure which is essential to a feeling of autonomy. Such tests may involve competition within the group, which then serves as training for that which will be encountered outside.

The capacity to contain aggression within acceptable limits carries over when the group engages in contest with other groups. The spirit of good sportsmanship and fair play pertains, so that each competing team is trying its best to win, but all the while adhering to the rules which have been laid down. In the play ambience a victory by the group accrues to each member due to his identification with his side. Erikson even says that "where man does not have enemies he must often invent them in order to create boundaries against which he can assert the leeway of the new man he must become."

There is then a sense in which competitiveness can be of value to a culture, moving individuals and groups to outdo each other and hence to unleash fresh human potentialities. Because of the prevalence of this belief, competitive games are prominent in our culture, and clearly do constitute a way of indoctrinating children into our basic values. We take competion so much for granted that it is hard to imagine games -- or life -- otherwise. Yet there exist cultures in which the object of games is not to win, but that the players should tie so that there be no loser (Burridge, 1927).

We might question whether such protection against the risk of loss might not eventuate in a tendency toward social stasis. And while we in the western world often feel that things are changing too fast, we could not wish that they come to a standstill, for we have acquired a taste for that which is new, in the eternal hope that it will be better.

That it is not always better, we acknowledge. Sometimes our competitiveness is hitched to ends that do not enhance human life. We might say that ends become so important in and of themselves that play ceases. As Huizinga says, playful contest must be "largely devoid of purpose." It is autotelic, in that "action begins and ends in itself and the outcome does not contribute to the necessary life processes of the group." The players enjoy the action, as may the spectators who appreciate the rules of the game -- and the pleasure of the former may be heightened by the latter's responsiveness. When purpose is too earnest the contest ceases to be play. Among my child-patients it

is only those who are relatively secure, whose self-esteem does not depend unduly on winning, who can engage in competitive play. The less secure either avoid contest, or manifest a compulsion to win that destroys the sense of freedom. In play, winning is fun, but does not literally mean that one is better, for then someone has to be not-so-good. Losing can be borne only when one does not really feel inferior by having been beaten, and if one has ever another chance at winning oneself.

In play each game begins with a make-believe parity between contestants. It is common when players are manifestly unevenly matched that the more capable accepts some handicap as part of the rule structure. Even infra-human primates practice games in which the stronger animal does not use full strength but voluntarily limits his powers to equalize the context (Bertrand, 1969). Perhaps we could agree with Gross (1902) who declared that, even in animals, "deliberate, conscious illusion" is the "most deeply rooted and advanced element in play."

Gross inequalities, too great to permit the illusion of parity, can leave people feeling apart-apart, so different from one another that there is no bridging the gap, no play devices to counteract tendencies toward that which Erikson calls pseudospeciation. Contest can, when not protected by the special preconditions for play, lead to hostile aggression between contestants, or violent conflict between groups, or war between nations. With insufficient safe space the jeopardy can become intolerable: a severe narcissistic wound, being ostra-

cized from this and all other play groups, or even loss of life itself. But when we can engage in playful contest, it can help us to do what we cannot do alone: it can reassure us "of the choice of subduing destructive forces within and fighting off inimical ones without and thus to continue to feel like a new being capable of utilizing new competencies in the widening present" (Erikson, 1977).

Play is the context for experiencing fresh versions of what Shor and Sanville (1978) call the "primary illusion," the feeling of one-ness with another but simultaneously the sense of absolute separateness. It also promotes that comfortable oscillation between phases of autonomy and of intimacy which those authors see as propelling us toward ever renewed and enriched adult versions of that blissful original state. In the safety of the play situation empathy is enhanced because the dangers of regressive identification with each other are decreased. We can thus know each other in special ways, without being on guard against either our own impulses or those of others, without the necessity of drawing sharp boundaries. It is an approach to non-verbal knowing which indeed can feel "magic."

A distillate of this togetherness can carry over into the experience of aloneness; we can feel together even though separate because we retain inside ourselves images of benign others, not in conflict with our essential selves. We assimilate them; they become part of us; and aloneness is then not synonymous with loneliness. This process is what Winnicott (1958) calls the "establishment of an internal

environment," a prerequisite to that "capacity to be alone" which is so nearly synonymous with emotional maturity. The absence of that capacity renders it impossible for persons to establish relationships of reciprocity and mutuality; their felt abject need for others leaves them in constant fear lest they be abandoned, tinges all relationships with hostility.

On the other hand, those who can feel <u>together-apart</u> possess enhanced capacities for new social experiences. They bring to each encounter a sense of inner abundance and of autonomy which can permit others not only to "be themselves," but to grow and expand, perhaps to partake in a playfulness too. For the special bonds of the play-group are due to the feeling that one is not sacrificing one's individuality, but even enhancing it. If people can do this for each other it becomes clear why, as Huizinga declares, play "raises the individual or the collective personality to a higher power."

We could surmise that much of the failure of the modern family to achieve satisfactory solidarity is that its members, no longer so bound by "need," have not yet learned to play together. There is a sensed threat to autonomy in maintaining togetherness, and a sensed threat to intimacy should the family break up. For the family to attain to a permanence that did not feel like a life sentence, its members would have to develop bonds akin to those of the play-group. Indeed it may be that is precisely what those experimenting with new life sytles may be attempting (Alexander, 1978).

And in other social institutions too the loss of the play spirit leads to "ossification in legalistic, bureaucratic, and technicist systems -- the communal counterparts to individual 'defense mechanisms'." (Erikson, 1977). It is no wonder that Erikson concludes his book Toys and Reasons, by telling us that is is "important to study the condtions which would permit innovative playfulness and experimental passion to survive in the social order." It is just such study that we herein attempt: a study of the conditions which might promote playfulness in psychotherapy and in the education of psychotherapists.

Much of the value of play for the person or the social institution which would avoid 'ossification' resides in its close relationship to the human capacity to symbolize. Play is at once the art of endowing individual and group experience with that form which renders such experience meaningful, and the daring to break up old patterns which do not reflect new conditions, inner and outer.

CHAPTER EIGHT

PLAY AND SYMBOLISM

Huizinga sees the function of play as deriving in part from its capacity to represent, that is, to stand for something else. There is a continuum from the imagination of the playing child to cultural ceremonies and rituals, which have all the formal characteristics of play. Huizinga tells us that "in acknowledging play you acknowledge mind. . ." This takes us into the realm of meanings, of communication, of symbolism. "Mind" is perhaps involved in different ways, depending upon whether we are regarding gestures and movements, images, language, or ritual.

Piaget (1958) sees symbolic play and speech as developing simultaneously, but does not regard the reflex and movement patterns of early infancy as play. Yet the roots of the symbolic must surely be sought in those movements which are associated with early patterns of tension flow, and indeed psychoanalysis utilizes a language of "organ modes" to describe even later ego functioning: "oral," "anal" and "phallic." In recent years Judith Kestenberg (1965) has studied intensively the role of movement patterns in development, and has observed that any given infant has a "congenitally preferred rhythm of tension flow" and also a predilection for "particular modes of flow regulation." These, in interaction with maternal preferences, form the basis for later ego traits. As the child matures these rhythms of tension flow become subordinated to "efforts" and the child gains "a <u>freedom of choice</u> (italics mine), limited to be sure,

but allowing for a selection of elements of flow and their attributes in the service of a function." When he has mastered his own rhythms he can use movement as an agency for expression and in the performing of skills; he can enjoy the "pleasure of being the cause." Kestenberg's work suggests that throughout life the person "still favors 'efforts' that have the greatest affinity to his originally preferred flow patterns." These kinaesthetic roots of "body ego" tend to remain unconscious, but important sources of pleasure and displeasure. However, "visual and acoustic perceptions seem designed to awaken consciousness and to make flow regulation subservient to psychic representations."

Although Sibylle Escalona (1968) does not use the word "congenital" but rather "organismic"* to describe early movement patterns, her work too demonstrates that human beings are not passively acted upon by either intrinsic or extrinsic factors but that they shape and construct the very events that then change them. She has studied babies with different activity levels and has observed the different environmental conditions necessary to support their developmental advance. She describes "stable patterns of experience," to which both organismic and environmental variables contribute. Babies with

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*Footnote: We seem not to have found satisfactory words for that which is intrinsic to the "self."

a high activity level are less dependent on caretakers for stimulation, but may be more dependent for that attention necessary to maintain or restore equanimity. In all infants pleasure in functioning is enhanced when there is a low level of inner somatic stimulation, when external sources of stimulation are abundant, when there is a high prominence of "distance receptors" (that is vision and hearing), and when there are frequent states of "optimal animation," as measured by the baby himself. Her findings tend to confirm "those developmental theories that emphasize the activation of the organism as the primary mechanism underlying and compelling developmental change."

Although motion may be the first impulse to form, we do not yet have precise ways of connecting the meanings of movements with word equivalents, and so we invoke <u>intuition</u>, which involves a sort of "inner moving with" the other. When the small child begins to speak he supplements his words with shaping gestures, and indeed we never altogether cease this use of motion as auxiliary to language. We would agree with Laban (1950) that "It is perhaps not too bold to introduce here the idea of thinking in terms of movement as contrasted with thinking in words . . ." But if the body is to be, as Laban suggested, "the instrument through which man communicates and expresses himself, he must become capable of activating its parts as well as the whole, able to focus and modulate behaviors. Only then can he use body to play, in the sense of moving as he chooses: quickly or slowly, lightly or heavily, regularly or irregularly -- <u>freely</u> in bounded space.

The image, says Piaget (1951) is mid-way between the sensory-motor and the logical concept. It is "interiorized imitation," a schema which has already been accomodated and is now used in present assimilations. Symbolic play "provides the child with live, dynamic, individual language indispensable for the expression of his subjective feelings, for which collective language alone is inadequate." We would add that it provides this not only for the child but for persons of any age, and that the more abundant the "interiorized imitations" the fuller and more meaningful will be those regressions which Piaget calls "assimilations," that is, behaviors performed "purely for functional pleasure." Images are transitional between indices, which let the child recognize objects and relationships and verbal signs which are "arbitrary." The image is a "motivated sign" -- within the scope of individual thought, while "the pure sign is always social."

"Imaged representation" is prevalent not only in childhood but throughout life and is, like movement, a component of that facility which is intuition. When the person who imagines has "progressed" sufficiently to attain the skill and discipline to give to his images a form which renders them meaningful to others, then there is set in motion a dialectic between "motivated signs" and verbal ones, and human language is thereby enriched.

Langer (1957) suggests that there is a "presentational symbolism" that is not linguistic but, unlike language with its words and phrases

successively understood and gathered into a whole by the process of discourse, comprehended only as a whole. This presentational symbolism is akin to what analysts regard as primary process: lack of negation, and use of symbols without fixed meanings. Galenson (1971) views infantile body play as symbolic in this sense. And every sensitive clinician attends to the "body language" of the patient, as well as to his dreams and daydreams which are replete with images not precisely translatable, and which, for this very reason, salvage some of the ego from complete subordination to "reality."

Hartmann (1951) declares that "it is possible and indeed probable that the relationship to reality is learned by way of detours . . . The function of play is an example." And he says of these detour activities, "The promote a more specific and safer form of adjustment by introducing a factor of growing independence from the immediate impact of present stimuli." Thus although we have declared that play has no utilitarian goals, its accomplishments include the establishment of a reality sense, and also the modification of reality through envisioning it differently.

In play therapy the child is enabled to take a "leave of absence from reality and the super-ego" (Waelder 1932). When he can feel sufficiently safe, he makes models of situations which have been traumatic, or of that which has seemed strange and incomprehensible, and he enacts new solutions to his dilemmas. Such play allays anxiety because the

child is permitted to dose himself, so to speak, and thus not be overwhelmed. He can transform events which he once experienced passively into those which he controls and masters. Waelder believed it is precisely because reality and fantasy are not clearly distinguished by the child that there can be abreaction and anxiety reduction. Others (Greenacre 1959) affirm that the child knows that play is not "real reality," and sees the beneficial effect as due to "illusory mastery." In my experience children who are most free in their playing are most capable of discerning what is "real" and what is imaginary, but in the moments of playing are able to risk suspension of the reality sense and engage in a benign regression in which discernment is irrelevant. The small child resorts mainly to movement and to images in his reparative efforts, supplementing these instrumentalities by whatever language is at his command. The adult patient primarily uses language, but -- as I shall try to describe in the next section -- also engages in self-repair through abandoning temporarily his rationality, and enjoying illusory experiences.

Classical psychoanalytic writers have emphasized the regressive aspects of symbol formation. Their hypotheses about interferences with reality testing being consequences of deprivation of external stimulation and prohibited motility have been abundantly confirmed by researches, such as those of John Lilly (1972). Clearly the tendency of imagery to replace perception under these circumstances demonstrates a built-in tendency to restitution. Both developmentally and therapeutically, this human capacity to create inner images of that which is missing and wished-for is essential to the attaining of skills to

mobilize both inner and outer factors necessary to fulfillment. Indeed, hallucinatory wish fulfillment precedes thought itself (Rapaport 1951). Thought begins when the child is able to retain and utilize inner images which have arisen from sensorimotor experiences at different times and under various conditions. Some of these experiences will be his own, and others will be borrowed -- from stories read or related to him, from television or movies, and from vicarious sharing in the experiences of others. The more varied the images at his command the more creative can be his thinking.

Greenacre sees the main function of play in connection with the creative imagination to be its capacity to express unconscious fantasy and at the same time to harmonize that inner image with the external world. She finds artists to be "notoriously playful," ever responsive to the new, their greater access to primary process affording them a wider variety of symbols. An original product is more likely from play that is less bound by repetition compulsion. In her opinion the period of creative work is often unrelated in manifest content to the source of anxiety. There may then be no discernible abreaction, but relief is gained through the identification of the self with and the absorption in life on a larger collective scale."

Neither the images generated by the playing child nor the products of an adult artist need be cathartic, the consequence of releasing dammed up energies. Under some circumstances -- sufficiently safe inner-outer space -- the person may risk dropping for a time rationality and logic and passively permit unbidden pictures to play upon his

inner screen. Later the images may be mastered, summoned at will, and then shaped for communication. Einstein (1955) described his thought processes as consisting not so much of words as of images which he could voluntarily reproduce and combine. He observed that "this combinatory play seems to be the central feature in productive thought -- before there is any connection with logical construction in words or other kinds of signs which can be communicated to others." It is only in the secondary stage that conventional words must be sought, that is, "when the mentioned associative play is sufficiently established and can be reproduced at will." Then "play with the mentioned elements is aimed to be analogous to certain logical connections one is searching for."

As Vygotsky (1933) wrote, "child's play is imagination in action," and that of the adult may be "play without action." Or, as some of us might prefer to put it, adult play may involve that action which is thought itself, and which then can provide "emancipation from physical constraints." Piaget calls symbolic play "individual truth as opposed to collective and impersonal truth," but we are suggesting here a possible dialectic between the two, through which both may become more meaningful.

For that dialectic to occur, the person must master language and speech. Vygotsky differentiates spoken language from "inner speech," which is "egocentric," the individual thinking for himself rather than in connection with others. Inner speech is to a large extent thinking in pure meanings. Vygotsky says that "its true nature and place can

be understood only after examining the next plane of verbal thought, the one still more inward than inner speech. That plane is thought itself, "and the transition from that to speech is not easy. We would add that the reasons for the difficulty lie only partly in the limitations of our skills with language itself. They also reside in our apprehensions whether others will understand or will be non-accepting of us if we cannot make them understand.

Both phylogenetically and ontogenetically play is involved in the development of language, and in its renewal. Endelman (1966) believes it improbable that language, any more than other cultural creations, could have emerged only out of necessity, as out of the call system of primitive hunters (Hockett and Ascher, 1964). He declares that it must have come also out of the area of freedom whose epitome is play, and specifically out of the tendency of human mothers and their babies to babble and coo with each other in "prelinguistic vocal communication." Endelman proposes that play and language are in a dialectical relationship with each other, in a constant state of tension, language needing to formalize, to constrain, repress and sublimate the forces of play, and yet needing play for constant revitalization, for breaking through the rigidity of formalization, especially that which is involved in the process of negation and the linkage of language to formal logic.

Langer (1942) too hypothesizes that the existence of a "lalling instinct" in human primates is behind their capacity to develop speech. She sees the existence of an "optimum period" of learning language: "a stage of mental development in which several interests and impulses happen to coincide: the lalling instinct, the imitative impulse, a

natural interest in distinctive sounds, and a great sensitivity to expressiveness of any sort." Speech is at first naming and constitutes a way of "holding on to the object by means of its symbol." Thus it both depends upon and promotes "object constancy." Langer observes that "it requires a certain amount of good will and like-mindedness to understand the speaker of a one-word sentence." We would add that this experience of being understood, this illusion of being both apart from and together with the mother may be just what permits the child to emend his speech, to include context verbally, so that others too may understand. Perhaps throughout life the presence of those with good will and like-mindedness are necessary for the on-going promotion of communication skills.

Language, which starts as play, merges into communication which affords the child a new plaything. He is manifestly delighted with his new found ability to utter meaningful sounds, to evoke responses in others. And he quickly learns the heuristic value of language. But as he begins to master it, he also begins to scramble it up. He plays with words and phrases, not for any ostensible purpose, but "just for the fun of it." He makes nonsense words, reverses meanings, tries rhyming which ignores denotations. Perhaps he has some dim awareness of the dangers of language, that "erroneous identifications . . . are pickled and preserved in words," and that he could therefore be led to "misinterpret the world by reason of it" (Chase 1938).

Psychotherapists are becoming aware of the conceptual fallacies into which their language can lead them, and of the constraints of their theories. Some have been attempting to re-define and revise (Klein 1970), and still others are suggesting a whole new vocabulary while retaining basic psychoanalytic concepts (Schafer 1976). In the effort to be "scientific" the proposed changes and innovations are often designed to be minimally metaphorical. Yet somehow no alternative theoretical framework seems to be emerging (Berger 1978). In light of our hypothesis that some playful regression is essential to the breaking up of old forms and to the creation of the new, we might guess that the reformers are perhaps straining to be too "progressive," and that, in their ruling out of metaphor, they eliminate a main source of linguistic development. Metaphor, says Langer, is the law of life of language. "It is the force that makes it essentially relational, intellectual, forever showing up new, abstractable forms in reality, forever laying down a deposit of old, abstracted concepts in an increasing treasure of general words." She affirms that "genuinely new ideas . . . usually have to break in upon the mind through some great and bewildering metaphor" . . . Ideas are "first adumbrated in fantastic form," but "become real intellectual property only when discursive language rises to their expression." Thus for the development of "bare denotative language," that "most excellent instrument of exact reason. . . the only general precision instrument the human brain has ever evolved," there must occur an oscillating spiral between progression and regression.

Ritual, which integrates expressive acts, images and language, has all the formal characteristics of play. It "arises without intention, without adaptation to a conscious purpose. . . It was never "imposed" on people . . ." (Langer). Langer does not see ritual as prescribed for any practical purpose, not even for social solidarity, although this may be one of its effects. Its "direct motivation is the desire to symbolize great conceptions." Rites are "part of man's ceaseless quest for conception and orientation," born of the "imperious demand for security in the world's confusion: a demand for a world-picture that fills all experience and gives each individual a definite orientation amid the terrifying forces of nature and society. Objects that embody such insights, and acts which express, preserve and reiterate them, are indeed more spontaneously interesting, more serious than work."

But we would hypothesize that so long as the "driving force in human minds is fear," as Langer declares, we could expect rituals to harden into ritualisms. This is indeed what she describes, that the ultimate product of the articulation of feelings in ritual is "not a simple emotion but a complex, permanent attitude, . . . not a free expression of emotions, but a disciplined rehearsal of "right attitudes." When fears are diminished, playfulness emerges, and ritual can then approach Erikson's (1978) ideal, when he says that "there can be no prescription for either ritualization or ritual, for, far from being merely repetitive or familiar in the sense of habituation, any true ritualization, while ontogenetically grounded, is yet pervaded with the spontaneity of surprise; it is an unexpected renewal of a recog-

nizable order in potential chaos." It is the "soul of creative interplay."

Ritual at its best, uniting that which is personally relevant with that which is communally relevant, renews for individuals at each stage of life some of the qualities of experience inherent in the primary illusion (Shor and Sanville, 1978). Like play in all its forms, ritual aims at the "imaginary, illusory realization of unrealizable desire" (Vygotsky 1966). If the most basic "unrealizable desire" is the restoration of the primary image of absolute autonomy in harmony with perfect intimacy, then every effort at originality and inventiveness aims not only at "transformation from the personal to the collective" (Greenacre 1959) but at a non-conflictual coexistence of the two. Since this state of affairs will inevitably be ephemeral, the needs not immediately realizable may catapult the person or persons into a spiraling dialectic of fresh imagining and of fresh efforts toward perfecting both self and social order, provided a safe playground is available.

CHAPTER NINE

PROLOGUE

In the psychotherapeutic situation we try to provide most of the environmental prerequisites for play. We offer a maximum of freedom for the patient to express thoughts and feelings, wishes and dreads. We set it up so that the interviews may be a sort of interlude from "real" life, a special time and place set aside, the sense of secrecy fostered by the promise of confidentiality. We do not impose order, but ideally enable the patient to create that order which will best serve his needs and preferences. By our accepting attitudes we attempt to engender a feeling of safety to counterbalance the inevitable felt risks. The most important rule for the therapist is the respect for the individuality and autonomy of the patient, the avoidance of an authoritarian stance and of any exploitation of the transference. We would be non-intrusive so that the patient may enjoy moments of being apart-together; thus he may have an opportunity to acquire the capacity for aloneness so necessary to satisfactory togetherness. We try to render unnecessary the patient's attempts to compete with us; since we have no need to "win," there need be no contest. We want that the patient be able to use this relationship to represent other relationships, real and fantasied, and hence to learn about them, and about self. So, with the patient, we create a ritual that can further this insight, while avoiding that ritualism which can stultify imagination and creativity.

But clearly, from all that we observed in the last section, we must recognize that our attention to the environment of the therapeutic hour will not in itself determine the outcome. The crucial variable is the experience of the patient, with its inner as well as outer determinants. In her research with infants, Sibylle Escalona (1968) defined "experience" or "experience patterns" as "the sensations, the body feelings and affective states that the infant feels, and the manner in which fluctuations in awareness are linked to perceptual input." When it is an adult with whom we are concerned we would add to these sensations, feelings and affects, cognitive responses. But we would affirm with her that "the same kind of actual experience may occur as the result of widely different combinations of environmental and intrinsic factors." What she says of the young child is true of the patient of any age, namely that the "goals and fears, his established inclinations and aversions, and all forms of ideation. . . are part and parcel of his experience." By very definition experience and experience patterns are highly subjective and can not be assessed directly; it is the patient who has the data -- only some of which may he either want to or be able to share with us.

In this section I want to talk about play as it enters into the processes of psychotherapy. Seeking for terms which might allow a fresh look at that drama in which patient and therapist are improvising their interactions, I had to dismiss medical language as singularly inappropriate: diagnosis (too often a label affixed by the therapist), prescription (called a "treatment plan," but "written

at the beginning" by the therapist), and prognosis (a prediction based on the therapist's "knowing ahead of time" the course and the outcome of this disease.) More promising were the "five key terms of dramatism" offered by the literary critic, Kenneth Burke (1945): act, scene, agent, agency, and purpose. This pentad offers speakers a "synoptic way" to "talk about their talk about," and since I am not herein going to present a case report but rather to attempt some abstraction of a type of psychotherapy intended to maximize the play element, it seems useful to invoke terms which are not quite those of our usual clinical lexicon.

Act, of course, refers to what is done. Burke tells us that "a thing's essence or quiddity can become identical with its principle of action", so we would expect to seek for the essence of psychotherapy in the way which is peculiar to it. Actions need not always be overt; attitudes can be thought of as incipient acts. What I do from within as an act, you may see from without as an event or scene. But I can consider my act in your terms, thus seeing it from without, and you can respond to my behavior from within, that is, can vicariously participate in my act. Particularly when we are dealing with transformations, as we are in psychotherapy, act can become scene, and scene, act.

The scene, the when and where, must constitute "a fit container for the act." "Scene is to act as implicit is to explicit," and for our

consideration, as in much of drama, we can include in scene "the relationships prevailing among the various dramatis personae." Therapist and patient thus constitute the "environment" of one another, and the acts of each will be part of the context that motivates subsequent acts.

The agent, the who, is the one that acts. Psychotherapy is one of those "idealistic philosophies" that "starts and ends in the featuring of properties belonging to the term, agent." Its practitioners speak in terms of the "ego," the "self," the "super-ego," "consciousness," "will," and the like. An ideal which is the product of an agent "may serve as standard, guide, incentive -- hence may lead to new real conditions." It is part of the ideal of clinical social work that the patient may, equipped with knowledge of self as agent and of situation as a scene, exercise creativity in solving his own life problems.

Agency, the how, refers to the instrumentalities used. All of modern science is "par excellence an accumulation of new agencies (means, instruments, methods)" and that is true of the science-art which is psychotherapy. On the symbolic level, we recognize that persons can be used as instrumentalities in carrying out the primary intentions of others. The infant "formatively experiences a realm of personal utility in the person of the mother," and the patient can experience a realm of personal utility in the therapist, if the therapist can develop the skills to enable him to do that. The theories which we

attempt to discover and evolve can reveal "only such reality as is capable of being revealed by this particular kind of terminology". Language itself is one of our main tools, but supplemented by the non-verbal, by empathy and intuition.

Purpose, the why, has to do with intentions. "Implicit in the concepts of act and agent there is the concpet of purpose. It is likewise implicit in agency, since tools and methods are for a purpose." Clinically we think of purpose in terms of needs, wishes and motivational patterns, conscious and unconscious, the overall intent of which are always repair and re-creation, moving toward greater "happiness," which, says Burke, is "a realistic synonym for purpose."

One of the specific purposes of psychotherapy is to enable the patient to be aware of his own purposes, and to acquire the "tools and methods" to move toward them.

As Burke forewarns us, we shall not, by using these terms, avoid ambiguity, but rather will observe where ambiguities arise and will exploit those areas to achieve transformations. "Distinctions," he tells us, "arise out of a great central moltenness, where all is merged." If substances are to be remade they must return to "this alchemic center" to enter into new combinations, to emerge with different distinctions. Although this grammarian's language is different from clinical usage, he would seem to be speaking for the inevitability that phases of "progression" will be followed by phases of "regression,"

for only thus can structures be undone and re-formed. And then, in turn, these new structures will be dissolved to give way to still others. Without this flexibility there could be no psychotherapy, no education, and no culture creating.

As we apply these five terms to psychotherapy, the margins of overlap will be quickly apparent. The words are, as Burke says, both deceptively simple and impossibly complex.

The play which we are to witness is not an actual one, but a psychodynamic model, and not all therapists would agree that the parts should be played in this way. It is based on a belief that play is the ideal means for overcoming old fixities.

CHAPTER TEN

ACT ONE

The curtian is going to rise on an act in which it would appear that the patient is intent on re-playing old themes. In fact, his seeming compulsion to repeat familiar patterns of seeing, thinking and doing could make for dull drama were it not for the transformations to occur in the interactions with the therapist. The plot has to do with how patient and therapist play out together the patient's tendency to cast the therapist in agent roles inappropriate to the purpose of their meetings, and how the therapist therefore uses his skills, his agencies, to create a scene in which the transference can be admitted "as a playground in which it is allowed to expand in almost complete freedom," thus serving as "an intermediate region between illness and real life through which the transition from the one to the other is made" (Freud, 1914). The new situation which will arise will be both "artificial" and a "piece of real experience," as is all play.

The playbill will announce the time and place, the external scene, and we will be able to guess at some of the action from that. It is 1978, a period of rapid change, consequently of emphasis in the culture on transcendence, immanence being played down. There are new roles to be rapidly learned, even fundamental ones such as how one is to act as man or as woman. Men formerly had a wider arena for actualization, while women preserved potentiality; there are radical shifts in those arenas, with drastic effects on the family, once the basic agency for socialization. Thus there are new

opportunities for experimentation, but also newly experienced dangers and uncertainties.

The scene is hard-pressed clinics and agencies is not likely to be one permitting maximum freedom of interaction between our characters, for there are the almost inevitable trends toward conformity, toward the imposition of procedures not intrinsic to good treatment, even inimical to it. Therefore we shall have the place for the meeting be the office of a private practitioner, at home [1] in his own surroundings, autonomous, able to negotiate independently with the patient in terms of their working and playing together, of the rules of the game in which they will engage.

The patient, having arranged the appointment, enters the office for the first time, noting both consciously and unconsciously its atmosphere: furnishings, decor, seating or reclining arrangements, lighting, temperature -- and its occupant, the therapist: sex, age, appearance, manner, voice, and whatever other qualities feel relevant just then. To some extent the patient has surmounted his inevitable apprehensions but obviously still has a sense of risk as he contemplates talking about self with this stranger. His initial actions, both bodily postures and verbalizations, reveal this. If the degree of anxiety is high, he may immediately reach

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1. As Balint (1959) says, "the zone of security is always called either "home" or "house," which points to its being a symbol for the safe mother.

out for some structure, as by requesting of the therapist what the latter wishes to know to what he wants the patient to do; if he is less fearful or perhaps more experienced in these matters he may launch into telling the story in his own way, and declare what it is that he wants of therapy. It is already evident that we cannot talk much further about the act without talking about the players and their motivations.

This patient, although he may not yet know it, is to be the main agent, the star, if you will, in this play. In some sense his complaint is fixity: something is not right and he has been unable to change it. He has lost his sense of spontaneity and freedom; hence he has problems in reciprocity with others. He may see the world most subjectively, be "out of touch with the facts of life," or he may be most reality-oriented, ill connected with the subjective, "estranged from the dream" (Winnicott, 1971). But he has an implicit hope for a new quality of being and of relating; he has a "reparative intent" (Shor and Sanville, 1978). He comes with both hopes and fears that he will remolded and re-formed by the therapist and therapy. He presents his complaints urgently, and, implicitly or explicitly, invites the therapist to offer a solution.

Although attending carefully to the patient's complaint, both initially and throughout treatment, the therapist is also aware that intense purpose can be self-defeating, that urgent goal-directedness can preclude one's seeing and using untapped resources within and

alternative pathways without. She[1] believes with Winnicott (1971), "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." This holds true whether the playing is largely to be with action and toys by children, or with language and reflection by adults.

And so, in response to the patient, the therapist sets about to to create a proper scene in which some playfulness can occur, a safe outer-inner space, a playground in which the patient will not be so earnest, but will relax and be able to communicate with himself and the therapist. She knows that such space will be created and changed by the acts that take place in it, so she assumes responsibility for playing her part in a non-authoritarian way. This means, of course, that the therapist, to whom the patient would, consciously or unconsciously, assign the role of agent is intent on not playing that part; rather she covets the role of agency, for she wants the patient to use her for his own objectives. But to bring that about she has first to play agent and bring to bear all the agencies in her professional repertoire to enable the patient to deal with this relationship unconventionally, to convert what feels too real into partial make-believe.

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1. I shall arbitrarily use the feminine pronoun when referring to this therapist.

She begins with a sort of creative curiosity. She does not give the patient a form to fill out with questions which would immediately reveal what the therapist thought important; nor does she take a "social history," which again would direct the patient's offerings along pre-set channels. Instead the patient is invited to share what he has thought or has done about the problems which beset him, and about himself generally.

Now there occurs a play within the play as the patient's story unfolds. The act of the therapist then becomes that of listening, of being audience to the patient's relating whatever it is that he feels inclined to tell at this point. This listening is at first somewhat passive, the therapist lending herself to the productions of the patient in much the same manner as playgoers approach the theatre, with a willingness to suspend disbelief, to maintain an openness to the plot and the actions of the players. In her attentive listenings, she communicates via body posture, facial expressions, and nod that she finds interesting and important what she is hearing. And the patient, like all actors playing to an appreciative audience, finds himself also feeling that what he has to say (his act) is interesting and worthwhile, and that he is less afraid than he had anticipated. The act of the therapist is thus, the scene for the patient, the container for the patient's act. She does not need to intervene, but in her mind begins an oscillation between this passive listening and a more active sort, one in which she may at times be suspending belief while using tools of her own to process the data that she is absorbing.

The therapist is bringing to bear an agency called empathy, a special source of knowing which is lacking in matters of the physical world.

Its use depends upon a comfort with some regressive aspects of self, for it is based on the capacity for identification, a sense of oneness with the other, of identicality, which can be frightening if one is not sure of capacity to return to one's own psychic skin. So also a flexibility is required, the ability to disengage, to become one's self once more, to gain perspective. In these imaginative dippings into the being and plight of the other, the therapist may well meet with something of herself, for there are universals in the human condition. Therefore she knows empathy to be fallible as well as valuable, requiring to be checked by recourse to "objective" knowledge, in this case the patient's reported subjectivity. Particularly does she alert herself to this when there are many commonalities in the history of the patient and of herself, similar ethnic, racial, sexual identities, or similar events and traumas, for she is aware that "overidentification" can distort perception. The same events do not predicate the same experiences in different individuals.

The patient may well request some feedback from the therapist, and in the early stages of therapy this act is likely to be confined to reflecting back, "mirroring" what the patient has been saying, or the feeling that has been evidence, perhaps the hopes and fears that have been expressed. What is important is that the patient sense that the therapist wants to understand, not that he already

does. The therapist, not needing to be omnipotent or omniscient or even particularly clever, rarely interprets in those first hours.

She is developing some hunches, but she is not yet sure of their reliability and validity. Most important, however, is that she is aware that premature interpretations can be experienced as indoctrination and can produce a compliance in the patient, both antithetical to the play spirit.

The skilled therapist usually will have ways of knowing, seemingly without the use of rational processes, via that which we call intuition. This capacity for accurate guessing is born of a kind of acting-with the patient in imagination combined with the theories with which the therapist operates. These latter are not the enemies of intuition, as they have been sometimes accused of being, but actually sharpen intuitive skills when they are well mastered theories, constantly tested, flexibly used. Good theories, combined with empathy and self-awareness, enable the experienced clinician to sense that which is not immediately evident, to fill out the picture from a few relevant details. Intuition is thus a way of seeing holistically, a right hemisphere function, but, like empathy, subject to error, so that its data must be processed also by the analytical left side of the brain. Thus our model therapist is initially reticent about her intuitive hunches, wanting to be neither presumptive nor premature.

She uses that <u>agency</u> called theory as a provisional convenience, always imperfect, necessary and, like her other tools, not totally

trustworthy. She does not regard it as a religion, an embodiment of absolute truths; unlike the orthodox ones this therapist does not condemn as heretics those who would differ. She is aware that without theory she would be blind and senseless; it enables her to see and to organize that which she sees. But she knows too that it can limit her perceptions, that there is a tendency to see what one looks for, and to fit the facts into existing schema. The therapist strives therefore to endure the tension between the abstract and the concrete, to play with her theory without being dominated by it, and to play from time to time with erasing accustomed formulations, attending to original data: that which the patient says and does about what he thinks and feels.

Although theory acts as a guide, the psychodynamic therapist does not have any systematic procedures by which to accomplish the task; she has no techniques like those of the physical scientist. Unlike the pragmatic therapist she may even eschew techniques that "work," choosing less efficient means because they are more in keeping with a core conviction: the belief in the individual's capacity for self-initiated change. To release that capacity is her <u>purpose</u>, to restore to the patient the self-determination which the patient sometimes seems inclined to relinquish. To that end she uses skill in establishing and maintaining for a time a special kind and quality of relationship, one aimed at its own ultimate dissolution.

This therapist does not <u>need</u> the patient, either financially or emotionally. She feels good in her own center, abundant, autonomous,

and capable of satisfying exchange with significant others. She has suffered problems of her own, and -- as part of her efforts at solution -- she has in the past played the role of patient. Ideally, having lived through a creative experience in her own therapy renders her now more likely to recognize and respect the imaginative powers of the patient, less likely to impose. She has claimed her own inner resources, and her capacities to visualize and to choose between alternative pathways. She has made her peace with the once-painful realization that human problems have no set answer. She affirms the capacity of the individual to move toward more gratifying solutions, although the course of that movement may not be ever upward and onward, but entail recurrent regressions. She has learned to endure, or even to enjoy, periods of relative chaos in her life, for she has discovered that a too-soon structuring can foreclose on exciting potentialities; she has progressed enough to be able to afford regression. She has a high degree of self-awareness, knows the routes by which she has traveled to reach her present place: the alternating of phases of involvement in relationships with phases of withdrawal for self-development. She values both as they have contributed to her unfolding, to her reaching for experiences in which there are no felt conflicts between togetherness and selfishness, in other words, for experiences of benign regression in which playfulness predominates.

This actor, the therapist, is aware that she plays a role, that the inequality of the relationship between her and the patient is, in many respects, a fictional inequality. Her actual superiority lies largely in her awareness that this is a kind of play, and in the training,

education, therapy, practice, and habitual introspection that have prepared her to play her part: that of enabling the patient to engage with her in a kind of imaginative play together, half-way between fantasy and reality, so that this patient may elude old fixities, and move toward an equality which will also be, in part, fictional.

The patient too comes equipped with agencies of his own, some very like those of the therapist. He too is capable of empathy, and indeed on his capacity to feel with the therapist's non-judgmental reactions will depend the creation of that safe scene which both want, albeit with different degrees of consciousness. He too potentially has at his disposal intuition, ways of feeling and knowing what is not apparent. And behind his hunches too there are "theories," for he also has organized the knowledge which experience has taught him; he approaches this encounter with a system of assumptions by which he analyzes, explains, and predicts. While the therapist is keenly aware of the errors into which her empathy, intuition and theory can lead her, the patient is much less aware, even that he uses such tools, let alone of their fallibility. To move more fully into the agent role both here and in his own life, he will need to develop and cultivate consciousness of self without which he will lack the freedom both to believe and not to believe that which these instruments of appraisal reveal to him. Since the insight which is required is not only cognitive but emotional, the experience for which he reaches will contain these two ingredients.

Assuming that the patient in our play is not so "out of touch with reality" that he is unable to feel the therapist's interest, and that he has therefore been able to experience the latter's attentiveness and tentative feedback as positive, he decides to try a period of treatment. The two of them discuss the arrangements. The patient commonly attempts to defer to the therapist on the question of how often interviews should be scheduled. But, even in this matter, the therapist declines the authority role, exploring the patient's own inclinations and preferences. She indicates her flexibility about time; the frequency can be increased or diminished as they experiment with the usefulness of different pacings at different phases. She thus indicates a confidence in the patient's capacity to measure the how much and the when of their work together, and by implication, his measure of the value of times of retreating to work by himself. It is implicit too that they will discuss these shifts in schedule as one of their many ways of understanding and of furthering insight.

The matter of whether the patient will sit or lie on the couch is left to him. He is free to experiment with either position, in different hours, or within the same hour, to discover for himself the advantages of one or the other as each might suit his shifting purposes.

The therapist shares considerations as to cancellations, usually specifying the number of hours of advance notice she requires if an appointment is not to be billed. She indicates a willingness

to change the hour of their meeting whenever her schedule permits if something makes such change necessary for the patient. She agrees to let the patient know well in advance when she will be taking a vacation, and she expects the patient to notify her likewise if he will be away for more or less extended periods.

The therapist states the fee, and the manner in which she prefers payment. She discusses any problems the patient may have with that, and -- depending upon her own measure of what she wants for her services at this time in her professional career -- she may or may not make adjustments to accomodate to the patient's circumstances or to his measure of what he wants to spend.

Thus, a certain ritual is established, borne of considerations important to both patient and therapist. It is definite, sure, but not fixed for all time. It is designed to allow the patient maximum leeway and scope, but without leaving the therapist with any feeling of being exploited.

And so a relationship is established in which it would appear that there is a minimum of conventional interaction. One person does most of the talking; the other listens. They meet only during the scheduled hours, for outside contact would tend to diminish the necessary ambiguity out of which their creativity is to come. The therapist, although at times questioned by the patient, does not share facts and

feelings about her own life; she has no need to use this patient as a confidant. Her act consists in staying in the role which she believes will enable the patient to experience some playfulness as non-threatening and to enlarge his capacity to take risks safely.

CHAPTER ELEVEN

ACT TWO

The patient now begins to risk acting upon some of his inner hunches and guesses in a way that could look as though he were acting up. He does not adhere so much to the usual rules of polite behavior: he ventures a slight, he treats the therapist callously, contemptuously; he is arrogant, disdainful. He does not appear to be re-acting; there has been no provocation from the therapist. The patient does not even appear to be angry. In fact, he may, in the midst of these potentially annoying behaviors, ask reassurance that the therapist will not dismiss him, or voice apprehension that he has "hurt" the therapist.

The therapist does not respond in any of the ways which the patient fears: she does not reject or abandon the patient; nor does she in any way appear to take offense or to be destroyed by the patient's attack. Instead, her act is to "stay herself," survive the patient's projections; she does not change in her attitude towards him; she does not retailiate; she is not hurt. In fact, she may not at this point even interpret, for she knows that the patient could experience that as counter-attack, or as the therapist's self-defense. She sees these acts of the patient's as destructive only in the original sense of the word, i.e., as attempts to undo some structures which have to be undone if new ones are to be built.

Winnicott (1971) calls such destruction "the patient's attempt to place the analyst outside the area of omnipotent control." He must destroy the "subjective object" in order to perceive self and object more objectively; thus, the "destructive drive" creates "the quality of externality." The patient is doing something of what the infant does when he "creates an object" but, paradoxically, could not have done "had the object not been already there." Winnicott speaks of "actual impulse to destroy," while the therapist in our play rather thinks of this destructiveness[1] as an agency utilized by the patient, a projection into the environment of inner images and ideas, a testing out of them against what is actually there. It is a way of finding out, -- more an "exploratory drive," if we must speak of drive at all.

Because the therapist sees the patient's destructiveness as reparative in intent, and because she is secure in her own inner space, she is able to elude incitement to anger or a feeling of loss of self-esteem. She even rejoices inwardly that the patient has dared to carry on these experimental maneuvers, for she sees them as a necessary preliminary to the patient's use of her, and of the transference as a playground.

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1. The terms "destructiveness" may have greater applicability for this adult experimentation than for that which Winnicott describes the baby doing, by very virtue of the fact that in the adult there has been already laid down - or piled up - much structure, in which energy is "bound up." I find the death instinct, Thanatos as an abstraction for the process of de-structuring, a useful concept to describe the necessary undoing of the organization of elements no longer felt to be satisfactory. Winnicott (1960), to the contrary, sees the concept of the death instinct as "unacceptable in describing the root of destructiveness."

Indeed the patient rejoices too, for he has attained a diminished fear of his own aggression, and a diminished fear of punishment from this authority. He even feels a liking for the therapist. Thus, in this interaction, the patient and therapist have begun to create that safe scene in which the delicate balance between risk and safety has been tipped toward the latter. The patient can proceed further to play out in this context the themes of his particular life drama, "transferring"[1] attitudes from the past to the present in ways that can impair his understanding of the present.

So long as the patient only misunderstands the transference is not analyzable; it must have a quality of make-believe if it is to be an instrument of change, an agency for him. He can use it with a greater freedom when it has acquired an element of pretend which will permit him "really" to re-experience it from a new perspective, and this playfulness will be useful as he works to undo the repressions and constrictions which limit his spontaneity.

The therapist is on the way to accomplishing an instrumental goal, namely that the patient be able to use her either as part of the scene, when it is simply a safe environment that he wants and needs, or as agency, when he wants feed-back or in-put. This does not mean, as we shall see, that this has been attained once and for all; there will be

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1. Otto Fenichel (1945) gives us the most classic definition of transference: "the patient misunderstands the present in terms of the past; and then instead of remembering the past, he strives, without recognizing the nature of his action, to relive the past and to live it more satisfactorily then he did in his childhood. He 'transfers' the past attitudes to the present."

times when the patient will need to re-test for the acceptability of certain newly emerging themes. Both patient and therapist are now more confident that they can render the potentially malignant relatively benign.

The patient begins to allow himself to trust the therapist, and hence to depend upon her. This dependence, however, stirs up feelings of vulnerability again, and the scene can, for a time, become highly charged emotionally. For the patient's act feels to him passive, like a relinquishing of adult ways of speaking and doing; indeed he may find himself at a loss for adequate words to describe what he is experiencing, and he does not know what to do about this recognition of needy feelings. If he has tried the couch, it may feel at first intolerable, since this is more the position of the baby vis a vis the mother than the position of an adult in conversation with another adult. He may therefore elect to sit up and face the therapist for awhile, scanning the latter's reactions for cues; this too can make him feel uneasy, and he may even want to stand or to walk around. The therapist accepts this restlessness, and her act is mainly to help the patient become agent through putting into words what it is he experiences in these different positions -- what he had hoped for, what fears and obstacles arose, and how he was attempting to resolve his dilemma.

The patient seems to be seeking some optimal distance between himself and the therapist, and to be measuring the degree to which regression

feels safe to him. His conflict has been intensified: he both wants and does not want to relinquish autonomy to this other person, since he fears that his dependence will entail such relinquishment. He has at his disposal, however, the agency of his own movement and his own capacity to give voice to his feelings and the agency of the therapist's words to enable him to understand and work through what he is experiencing. If the two of them are successful in this interchange, the patient will begin to recognize and to be able to monitor his own swings between the intense need for closeness and the equally intense need for independence.

Throughout the rest of the treatment there will be evident such swings between phases in which the patient reaches out for connectedness with the therapist and phases in which he seems to want to "do it myself." Some therapists would term these phases of "object relatedness" and phases of "narcissism." Our therapist prefers to somewhat playful terms as used by Michael Balint (1959): ocnophilia and philobatism, the first coined from the Greek word meaning to cling to, to shrink, to hesitate, or to hang back; the second coined from the Greek acrobat, one who walks on his toes, away from the safe earth; and both containing philo, love. Balint's idea that "all thrills entail the leaving and rejoining of security," is relevant for this patient who wants to restore a measure of fun and zest to his life. His experience with the therapist should, therefore, afford him opportunities both to leave and to rejoin. The sensitive therapist will stay attuned to the patient's wishes and capacities to oscillate toward and away from him, and he will adapt his act accordingly.

In the phases of ocnophilia, the patient reaches out for some gratifications by the therapist. He experiences the sessions themselves as rewarding, a time and place apart from life's obligations, with the attention of a valued and interested listener all to himself. But there are frustrations too; for, as his felt "love" for the therapist emerges, he has to come to terms with the limits, especially to gratification of his wishes for affection and sex. (Sanville and Shor, 1974). So there are "hate" feelings emerging too.

When the positive feelings predominate, he opens up, talks at great length, and is receptive to the responses which the therapist may offer. When negative feelings enter in, he may sometimes find himself in uncomfortable silences.

In such phases the act of the therapist can be that of attempting to formulate the meanings of the patient's productions and behaviors beyond those which are quite obvious. She uses the agency of interpretation, the content of which will be determined by an internal act that has been transpiring in her mind as she has listened actively and passively and has observed both patient and self. Her interpretation almost always contains evidence garnered from the transference, verbal and non-verbal indications of the attitude the patient is feeling toward the therapist. This inevitably ties the past with present, data from the proffered history combined with consideration of the current complaints of the patient, about work, love, and often, the limits of fun and pleasure. The therapist also draws upon her

her empathic responses, her self-awareness, her intuition, her own theoretical orientation, and her formulation always alludes to the specific reparative intent. As Erikson puts it, such considered interpretation "joins the patient's and the therapist's modes of problem solving."

The timing of the act of interpretation is of utmost importance. As a rule, the therapist avoids offering reconstructions she is making in her mind until she herself feels right about them and senses they will feel right to the patient. Until then she may remain quiet, perhaps confirming her attentive interest by emitting an occasional "uh" or "mmm" or nodding, or at times acknowledging the message by responding to it at face value, or by inviting further information. The ideal is that the patient be able to interpret for himself, and the therapist who does not need to show off her cleverness will wait when it seems likely that the patient is going to be able to do this. Articulating her own wondering, she might even invite the patient to tie together some of his own experiences. Or she might musingly play back some what she has been hearing, piecing together parts that seem to fit. When she is ready to make an interpretation she does so in a tentative way, allowing the patient the freedom to accept or to reject it as he wants. She has no need to push her formulation if the patient is disinclined toward it.[1]

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1. Winnicott (1962) says that he makes interpretations for two reasons: (1) so that the patient not get the impression that he, the therapist, understands everything and (2) to mobilize intellectual forces. And elsewhere (1963) he says "that an important function of the interpretation is to establish the limits of the analyst's understanding."

The style of the therapist's act of interpretation will be a combination of her available emotion, of her imaginative and creative capacity, and of her skill in the use of language. Ideally the language she uses will be in the patient's own metaphor which word comes from the Greek word for transference, (metapherein, to transfer: meta, involving change and pherein, to bear). So if the therapist's words are to inaugurate change, they should stay close to symbols which have particular meaning for the patient, at the same time that they open up the possibility of new meaning schemes. Thus they offer a fresh way of reorganizing experience,[1] and increase the leeway and scope of the patient's responsiveness to stimuli inner and outer. A new game may be played.

The insight, an act of creation by the therapist, finely attuned to the productions of the patient and to her own responsiveness, and offered out of both cognitive and emotional processes, evokes a response in the patient that indicates whether this is like to have mutative effects. (Evoke, with its etymological roots in vox, means "to call out, to summon forth, as from seclusion in the grave.")

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1. Herbert Fingarette (1963) takes a "meaning reorganization view" rather than a "hidden reality view of psychotherapeutic insight." He sees this as a matter of creative ingenuity as well as objective inquiry.

The reaction of the patient is often one of surprise, amusement, and delight; he may even laugh.[1] It may be a playful moment, with tensions released. The patient is encouraged, more confident of self and more trusting in the therapist. Both therapist and patient experience pleasure, for that which has seemed puzzling and difficult suddenly begins to make sense, and their joint undertaking seems to be paying off. Each has a feeling that the insight belongs to both and belongs to each. Their play together has opened up a new scene in which new actions are possible. Now communication between them flows more freely, and new insights may spontaneously follow.

The patient sets out to play with his new schema, the new vision he has attained. He uses it retrospectively to organize data he has already presented, and to discover and order fresh facts. He may elaborate on it, even change it. There are times when he seems to be communicating with himself more than with the therapist. He may even shut his eyes and muse quietly. If the therapist desires to speak she may be told, either in so many words or by the patient's ignoring her, to hold her tongue.

Indeed, the patient may lapse into silences, different from the earlier ones which may have felt frightening. The therapist does not regard these withdrawals from her now as evidence of resistance, but rather as evidence of an achievement on the part of the patient. It may well be the first time that the patient has been able to be

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1. Theodor Reik (1937), drawing parallels between analytical interpretation and wit, writes that "the recognition of repressed tendencies often finds expression in the patient's laughter."

comfortably alone in the presence of someone. This "acts of acts," as Burke calls it, the act of being, is made possible because the patient is full of the good experiences he has had together with the therapist.

His act of oneness changes the scene and dictates a different act on the part of the therapist, who is free of ocnophilic bias, that is, does not need to keep the patient in constant contact with her. Now she uses interpretations sparingly, if at all, mainly to insure that the patient may continue to feel his regression as benign. As Balint (1959) conceptualizes it, the therapist merges "into friendly expanses, not demanding anything, just remaining alive and available. . ." For it is, as we have said before, out of this comfortable being alone in the presence of someone that the capacity to be alone evolves (Winnicott, 1958).

It may be that the patient now begins to speak of taking "time off" from therapy, of a possible intermission, so to speak. The therapist responds by acknowledging the patient's wish to experiment with his felt independence, noting too any apprehension or doubts the patient may signal or express. Again, she does not interpret the wish to leave therapy for a while as resistance, but indicates her continuing availability whenever the patient wishes to return.

Thus, Act II can have a number of intermissions. The patient, not guilty as he might feel had he left the therapist "against advice,"

and not ashamed as he might feel had both he and the therapist pronounced him "cured," feels free to oscillate more widely between phases of connectedness and phases of apartness. He has claimed for himself a new sense of freedom, as defined by Balint (1959): "The rediscovery of the friendly expanses of the philobatic world demanding the possession of adult skills, and behind it the world of primary love which holds one safely without making any further demands. . ." When he finds that his adult skills are insufficient, the patient returns for a period of further therapy.

CHAPTER TWELVE

ACT THREE

Sometimes, in this play, there is no third act. Or perhaps it goes on and we do not notice. Or maybe it takes place away from the therapeutic scene, in the "outside world," and then we may never know what has occurred.

But whether or not the patient has taken intermissions, there comes a time when he wants to try himself out in actuality, which Erikson (1962) defines as the "world verified only in the ego's immediate immersion in action." He must take his act away from this now felt-to-be secure scene, and test the potentials of his newly developed capacities in the world of participation where he will discover the extent to which he can minimize his old defensive manueuvers and maximize the processes of mutual activation.

He may report that he finds himself engaging in some of his former behaviors as he tries out his new courage for risk taking, behaviors somewhat akin to those he used as agencies for ascertaining "facts," about therapist and therapy, in the first stages of treatment. He sometimes deliberately "acts out," in a kind of self-provocation which has as its purpose getting rid of the remnants of "bad introjects," or again, he may, in a kind of self-traumatization, assign himself the role of "the bad one" so that those to whom he is relating may seem "good" (Shor, 1972). But now he tends to be aware, if not in

the moment of doing, then shortly thereafter, and he is not fixated in these ways of repairing either self or other. They have become somewhat playful regressions, to which he can resort voluntarily. His attitudes towards self and others have been reshaped by those of the therapist reflected in him, and his changed attitudes are modifying his actions.

It is not only the patient who has been transformed by his acts. In the therapist too implicit possibilities have been actualized, in proportion as she has been open to this patient and to herself in the course of this therapeutic interaction. Sometimes the treatment will have progressed smoothly, and neither patient nor therapist can say just why the former feels better. As Balint (1938) tells us, the therapist perhaps does not learn as much from such cases; in the more difficult ones, in which obstacle after obstacle arises, s/he must think more, be more scrutinizing of self in process, perhaps modify some of her cherished assumptions. I would guess that we could hypothesize the same thing for the patient; that in proportion as obstacles had been confronted and consciously surmounted, his/her gains would be greater.

Although the therapist does not instigate it, the patient may choose to review, as he contemplates termination, to take the measure of the self he is now, compared with the self with which he began. He recalls his feelings of being "inauthentic," constrained and constricted

by accomodating to others and to the roles which he had taken on; his dissatisfactions both with self and with relationships; his inability to bear anxieties about choice, his sense of catastrophic risk in all alternatives. By contrast, he feels he now understands his own nature, and also the long processes, both joyful and painful, through which he was formed. He dares now "to give expression to long forgotten infantile, instinctual wishes, and to demand their gratification from the environment." He has a sense of new beginning (Balint 1938).

As Balint too reports, the patient may act for awhile almost manic in his happiness, manifesting "unrealistic demands and a narcissistic state." It is a state not unlike that we see in the infant who has just claimed his capacity for independent mobility, 'a love affair with the world,' a pleasure in being his own cause. But, of course, like the infant, he suffers inevitable bumps and falls, and becomes aware of still existing vulnerabilities vis a vis the outer world. These now serve to tone down his excessive exuberance and make him conscious of the work he has yet to do with himself.

He has seen the therapist as a source of care, safety, protection, and as someone with whom he could participate in arriving at insights and understanding. But there is a limit to the fullness of this relationship, for it is not one of balanced exchange. The therapist has his own life and does not need the patient in it; he does not therefore gratify the patient's growing wish for equal and mutual inter-

relating. Indeed the inequality which characterized the two at the beginning has diminished, but the patient must seek elsewhere to actualize his potential for mutuality.

He is now powerfully motivated for the search, for he has experienced moments of glimpsing a state in which he felt no conflict between his selfish interests and connectedness with another, between his "narcissism" and "object-relatedness." And he is equipped with knowledge of the possible obstacles and with a wide repertoire of ways in which he might work through -- or play out -- those obstacles. He no longer needs to cling desperately; he has the ability also to stand alone, to gain perspective.

The patient exercises his new-found freedom of choice by deciding when the termination shall be. As before the intermissions, the therapist reflects back to him his wishes and hopes about independence, and speaks matter of factly about any residual doubts and anxieties which the patient seems to be experiencing. The door of return is left open. There is, in a way, a "leaving without parting," quite opposite to the hostile separations which are so prevalent in human lives.

Ideally the patient will have progressed enough to afford the regressions (Balint, 1959) which are essential aspects of love and play -- and of work too if it is not to be a stultifying influence. As the poet, Ann Stanford (1970) writes, "the sense of that height clings . . ." or, as we quoted Huizinga as saying, "play. . . endures as a new found creation of the mind, a treasure to be retained as a memory."

SECTION TWO

THE PLAY IN PSYCHOTHERAPY

SECTION THREE

EVOLUTION OF PLAYFULNESS WITHIN A PROFESSION: CLINICAL SOCIAL WORK

CHAPTER THIRTEEN

THE POST FIGURATIVE PERIOD: A LIMITED PLAYGROUND

What sort of education would be suitable for the purpose of producing therapists capable of sensitively gearing their actions and reactions according to patients' cues, of improvising their roles in the infinitely variable plays of psychotherapy? We are hypothesizing that the most suitable institutions would be created by clinicians themselves, imbued with a strong sense of themselves as agents. They would be likely to design educational environments, scenes, which would foster in mature students a maximum of playfulness through making it possible that they act a variety of parts, take pleasure in learning for its own sake, with minimal risk of failure, acquire the ability to learn autonomously, not only substantive content and new skills as agencies to use in their practice, but about themselves as learners. In the course of such study, they might even discover new purposes for their profession.

Such a model would be -- to borrow from Margaret Mead's (1970) terms -- perhaps a blend of the cofigurative and the prefigurative. In the cofigurative, the prevailing model is derived from contemporaries, even though the elders are still defining some of the crucial limits, while in the prefigurative the young lead the older generation into the future. We must, as Mead admonished, create new models in which

students are taught "not what to learn, but how to learn and not what they should be committed to, but the value of commitment." Postfigurative cultures, focused on "those who had learned the most and were able to do the most with what they had learned -- were essentially closed systems that continually replicated the past."

Although we must outgrow the postfigurative, we need not and should not forget the past, since it "is the road by which we have arrived where we are" and did equip us with some of the knowledge and skills which we draw upon and elaborate today. And by examining our history with an eye to discovering something about those forces, inner and outer, that promoted or retarded felt freedoms, we may learn more about how groups as well as individuals use the play spirit to break out of closed systems.

I shall request a certain Spielraum as I weave here the tale about the growth and development of one of the psychotherapeutic professions. It will not be a full, or ever a purely factual history, since history is always slanted in certain ways by the viewpoint of the narrator. I will attempt to attend to the ever changing scene, to the acquisition by clinicians of increasingly sophisticated agencies for use in their professional tasks, the viscissitudes in their sense of being agents, the acts in which they engaged, and the purposes which both consciously and unconsciously, determined their behaviors.

Pre-World War I: The Pre-Freudian Era

Clinical social work, like all psychotherapy, probably has its roots in motherhood, in the feminine -- in concern for the young, the less fortunate, the ill, the disabled. The original social workers literally set forth with baskets of food and other supplies for the poor. We could presuppose a certain sense of abundance in those women, leading to a wish to share their goods, both material and spiritual, with those who were somehow disadvantaged. We might guess too that they had a particular empathy with those who, like themselves, were in a number of ways "disenfranchised," and that, not having been able yet to gain certain rights and privileges for themselves, they were limited in their ability to help others to attain them. Unbound by theory, they could freely use "woman's intuition," that useful but imperfect tool.

Yet they were beginning to claim a certain agent role, as they moved out from home to community to experiment with some behaviors that were new to them, not only feeding and caring for those in need, but attempting to find ways to help psychologically and socially. Perhaps some of them indeed did begin to develop some ideas which tended ultimately to humanize social policy approaches which their males, busy with their instrumental tasks, had not the time to do.[1]

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1. Itani, (1958) tells us that, among macaques, it is the groups playing around the mother, from which the big males are absent, that novelties are tried out, new "technologies" which predispose the troup tc change its ways.

These early social workers had time for playfulness. Most did not have to work outside of the home, being supported by their menfolk; many even volunteered and did not therefore have to assume full responsibility.

They might have been more inventive were it not that some circumstances, inner and outer, limited their playfulness. Women did not yet have the vote, but they were setting out to be reformers and, in some instances, perhaps even revolutionaries in this society in which they were not yet full participants. The menfolk were perhaps always a bit uneasy about what their mates were up to, and from their vantage point on boards of trustees kept an eye on them. Thus these early social workers found themselves too often in roles from which some may never have fully extricated themselves -- that of "adjusting" people to the "system," imposing the morals and values of the dominant elite, unconsciously constituting a bulwark against any possible movement for radical reform.

Practice in those days was directed toward treating problems, not people, and the focus was therefore on external realities, the emphasis being on public policy rather than private processes. Family and child welfare agencies were dealing with consequences presumed to stem from poverty: illegitimacy, alcoholism, inadequate or abusing parents, marital dissonance. If social workers came across a "symptom," that was an indication for referral to medical psychiatry, which had

ultimate responsibility for diagnosis and treatment, its processes "out of the reach of laymen" (Hamilton 1957). Social workers, untutored in the grammar of that game, were not permitted to play with serious matters of maladaption, just as they were not expected to institute real social reform. They might "smooth over" but not really "get into." Interviewing was active; conducted via a barrage of questions. With the emphasis on ends, not means, there could be little gain in therapeutic skill.

Sources of troubled behavior were ill-understood. To the extent that there was theory, it was socio-economic, and because of the existing mode of practice, destined to remain relatively static. Mary Richmond's Social Diagnosis (1917) was an attempt at a "scientific" or at least a logical approach to investigation, but it was of little use in treatment. Gordon Hamilton tells us that Richmond intended to follow this work with a book on treatment but that she was "blocked from this by the new psychoanalytic psychiatry, which she found disturbing, if not alarming." Frightened and shocked by the stranger, the father, psychoanalysis, this female writer's creativity seems to have been effectively blocked, as indeed it seems to have been all too many of us until today.

Pre-Freudian social work was not yet deemed a profession (Flexner, 1915). But its practitioners were eager to learn and they did so by setting up seminars and workshops for themselves for mutual exchange. The first schcols, such as the New York School for Social

Work, were set up apart from academia, established in conjunction with social agencies, and they were therefore free to determine for themselves curriculum and pedagogy. They believed in the inseparability of practice and theory and in supervision-apprenticeship as the chief mode of learning. It was not until 1918, with the founding of the Smith College School for Social Work, that academia adopted psychiatric social work and psychoanalytic theory simultaneously, but both may have been suffered as step-children rather than felt to belong. Nevertheless, the field was on its way, for better or worse, toward professionalism.

Post World War I

With the importation of psychoanalysis, case work began a phase of the long process of separation-individuation from the feminine source, the mother with her intuitive "gift," and turned decisively toward the masculine, the father with his learned concepts, psychoanalysis. Clinically we* have recognized that for such a process to proceed most successfully, the mother has to permit it gracefully and the father had to recognize the daughter not only as a sexual being but as a person in her own right. In our case, the social work mother was not altogether permissive, and indeed has recurrently manifested an ambivalence about our embracing psychoanalytic principles. But she did not abandon us altogether and her continued presence provided us the assurance necessary for exploratory behavior (King 1966). The father

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*The reader will note a switch to the pronoun, we, from here on, since this is the period in which the writer entered social work.

has to a considerable degree seen us as females have traditionally been seen, as not quite capable either of independent thinking or of autonomous functioning. But he did acknowledge our capacity to learn, and he enjoyed the gratification of teaching us and consulting with us. We responded by a grateful dependency upon this new source who also offered us the sanction for practice, so long as we stayed close to him and did not challenge his dominance.

Unlike the old psychiatry, with its roots in medicine, in the authoritarian, psychoanalysis was more comprehensive to the lay person, and social workers found themselves with an affinity for the new ideas. We felt the language to be more dynamic, dealing with meanings and feelings -- these males speaking in a way that those contending with the laissez-faire struggle for economic survival could not. We experienced excitement in finding this language which helped us to describe and explain phenomena with which we had been confronted, a tongue quite different from that of the entrepreneurs on our boards. We were ready for the novelty of a new grammar which would enhance our capacity for symbolic play.

But there were to be limits to our playfulness. As Gordon Hamilton noted, "Social workers having eaten of the tree of knowledge of Good and Evil found that they were in danger of being ejected from the new psychological Eden." For, although those analysts, usually male, gave generously of theories, they were chary about practice. They told us mainly what we were not to do: although we could recognize transference and resistance and defenses, we were not to point out these distortions to the client, and we were never to use the

couch or to 'work' with dreams.* In our primate group there was no question but that the "doctor" was the dominant animal, and that the rest of us had to develop what Chance (1967), studying old-world monkeys, called "attentional structure," i.e., we had to watch that dominant animal, anticipate his behavior, and avoid displeasing him. It consumed a lot of energy which otherwise might have been deployed elsewhere -- but it may have constituted, nevertheless, a "first step toward loosening the initially tight primate bond" (Bruner 1976). In other words, we salvaged for ourselves a certain free space to do our own thing with the new theories. That social workers were not so much instructed what to do may have been a consequence of those doctors trusting to women's mothering instincts to inform methods.

And perhaps indeed face-to-face interviews were more in keeping, both with maternal ministrations and with the particular needs of our deprived clients, deemed then "unsuitable for analysis." These days such clients are called "borderline" or "narcissistic" personalities, and analysts are vying with each other to develop theory and modifications of basic method in order to treat them, for it is at last well recognized that they come not only out of poverty (Sanville 1967). Rene Spitz has specified that deprivation consists of the infant's not experiencing enough of "sensory Spielraum"; it is vision which pulls together the "unconnected discrete stimulations." He ascribes "to

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*Very recently, in Mexico, in 1975, analysts trained a whole group of non-medical people, mostly clinical social workers, after eliciting their vows that they would not transgress by having patients on the couch or by interpreting dreams.

organized vision the role of a first ego nucleus, anchored in special sector of man's central nervous system, which permits a first integration of experience" (quoted by Erikson 1972). Erikson finds it "obvious that a certain playfulness must endow [that] visual scanning and re-scanning which leads to significant play as it is responded to by the mother with playful encouragement. This, in turn, confirms a sense of mutuality in both partners. It is such interplay . . . which is the prime facilitation of that 'ego nucleus'."

And, in Erikson's own playful way, he observes that the root thea (sight) is in theory too -- that "by which we attempt to create coherencies and continuities in the complexity and affectivity of existence." Although Freud (1912) had told us that the therapist should be "like a mirror" to his patients, and although Rogers (1942) had built his whole approach on this reflecting back to the client, we social workers, we females who met with clients eye-to-eye did not contribute to the concept of the mothering mirror transference. Why have we manifested this "hesitancy to conceptualize what we do and to acknowledge its value until another discipline does so for us first?" (Sackheim 1974). Why have we not managed for ourselves the safe space which would let us play with theory?

Perhaps it has something to do with the sort of 'fateful split' which occurred at that oedipal phase in our development when we turned so decisively to the father, a split between theory and practice,

and coincidentally, between male and female, logos and intuition. Academia became the training ground for theory, and field placements, supplemented by some methods courses, became the training ground for practice. In academia analysts, usually male, taught the courses on theory. Case work method was taught mainly by women practitioners, both in class and in field. So we had "scientific" educators and empirical practitioners, and both education and practice suffered from the absence of the dialetical relationship with each other. Theories were presented without clear relationship to practice; those who did not have to submit their ideas to the tests of workability could speak with supreme authority. Practice relied too heavily on intuition and empathy and on expedience, and practitioners, constantly put to the humbling experience of trying to be helpful with clients, were ofter so convinced of their inferiority with theory that they dared not risk questioning the professors.

What students met in field placements compounded the problem. In hospitals and clinics, a hierarchical structure existed, with doctors and authority. Social workers were at first "handmaidens" of psychiatry, obtaining "histories" and "information about the family" as they were hidden. Thus much initial interviewing remained active and directive, even to this day in some settings. What Kenworthy (1926) called "purposive diagnosis" was the antithesis of that creative approach later described by Lydia Rapoport (1968) which involves a building up of conscious and preconscious perceptions of clues, "destruction" of the concrete as we abstract, filtering of data, and drawing of inferences. This latter approach is possible only when curiosity behavior is unleashed, when there is a "field released from tension,"

(Bally 1945, quoted in Lorenz 1971) without immediate requirements to be fulfilled. The urgent need to come up with a diagnostic label or to please and satisfy the doctor may lead to knowing something about, but will not lead to knowing the patient. Labels tend to invite authoritarian manipulation, however "benign," while openness to all data whether or not it "fits" the diagnosis can enable patients to elude stereotypes and to know themselves.

But, in their ongoing contact with the families of hospitalized patients, social workers salvaged some space for themselves to experiment with less structured behaviors, to observe responses to their own activity and to steer further approaches accordingly. Although they were often asked to do a specific task such as "discharge planning," the mode of going about it was not prescribed. Given this latitude, and equipped with analytic theories, social workers experimented with freer interviewing, which was much closer to psychotherapy than was the activity of physicians, with its intent to establish "mental status," and then to institute shock or other physical therapies. And in child guidance clinics where they had a relatively free hand to "work" with the parents of the children with whom the psychiatrists were "playing," the bolder ones took liberties with the rules that sessions be limited to discussion of the problems of the child, and saw parents as persons, not only in their role capacity. Out of this "praxis" came "gnosis" -- that persons who experience being known more wholly are apt to perceive and respond to their children more wholly too.

In family agencies and children's institutions there was generally a bureaucratic structure, again with hierachical patterns of authority which tended to reward conformity and to discourage initiative. Social workers complained, and still complain, of mandatory procedures which are not intrinsic to method, or which interfere with their flexible approach to clients. At least in these social welfare institutions social workers were the administrators and supervisors, and psychiatrists and analysts were used for consultation, without having actual authority. But there were restraints, outer ones, Boards of Trustees representing the Establishment, and inner ones, internalization of the assignment to adjust clients to the existing social order.

The Thirties: Depression to World War II

In the Thirties many social workers began to turn to psychoanalysis for themselves, perhaps to claim that greater freedom of inner space which the method seemed to promise. Moreover, psychoanalysts from Europe came in increasing numbers to offer courses and seminars to social workers and to serve as consultants. Practice reflected this influence in a number of ways. Interviews became less directed, closer to that free association and "catharsis" which social workers experienced as patients. Sometimes the attitude of emotional reserve and a muted responsiveness may have been carried a bit far. I remember how we students at Smith, in the early Forties, used to dread our appointments with Annette Garrett, for she would sit there, silent and expressionless, smoking and just looking at us. Even healthy

neurotics suffered some sense of loss of self in such an ambience! However, as Gordon Hamilton wisely noted, we reaped some gains from "this adventure into passivity." We began really to listen, and to note the non-verbal as well as spoken communication. We shifted from doing things for clients to "client-centered therapy," devoted to enabling the client to utilize the case work relationship. This latter emphasis was further facilitated from without, with the inception of social security in 1935, which permitted clients a lesser dependency on social workers for their survival needs, so that the latter could turn their attention to issues of "emotional dependency," and could begin to play with theories about this less crucial problem.

The gap between the "diagnostic" and "functional" schools of thought widened. The "diagnostic," (with Smith College and the New York School as its chief proponents) viewed the person as influenced, both historically and currently, by family and by interpersonal relationships generally. Their interventions were not limited therefore to the client, although they tended to deal with persons and situations one by one (Hamilton 1940). The "functional" school, (exemplified by the Pennsylvania and later, the Pittsburgh school) based its theories on the thinking of Otto Rank, who served for a while on the Pennsylvania faculty. They claimed to work from a view of man as creator of himself, from a "psychology of growth" which they contrasted with what they called "psychology of illness" in the diagnostic school (Smalley, 1967). They accused the latter of sub-

stituting a "medical or quasi-medical internal" focus for a more purely "external" focus which had been Mary Richmond's, while continuing her assumption of responsibility for diagnosing and treating a pathological condition. The functionalists did not even speak of "treating" but of "helping." They credited themselves with "understanding the concept of process itself," in contrast to the diagnostic group which dealt, they declared, with method as a "repertoire of interventive acts." They practiced also one-to-one and their de-emphasis on history made them early representatives of the "here and now" approach.

The controversy had at least the effect of making case workers conscious of theory itself and of its practical consequences in practice. Inevitably each influenced the other over the years.

Both borrowed and conventionalized from analysis the ritual of the regularly scheduled hour interview, and the functional group made much deliberate use of time limits. For both, the freedom to elaborate the psychological led to a sure conviction about the psycho-social, especially as the Depression of the Thirties reinstated the "real world." Never again would we be able to subscribe to a theory which placed exclusive emphasis on the intrapsychic.

In the schools of social work of that period former courses in Psychiatric Information gave way to courses on Growth and Development, which dealt with the interactions of human maturation with social

environment. Yet, social workers remained consumers of theories developed by other professions, and some part of the problem now stemmed from the conscious effort of educators to encourage students to feel rather than to think. In fact, intellectual efforts by students were sometimes dealt with as defenses!

CHAPTER FOURTEEN

TOWARD THE CO FIGURATIVE: FROM PRIVATE PLAYGROUND TO PRIVATE PRACTICE

The Forties: World War II; A Surge of New Humanism

World War II and its aftermath created an enormous demand for psychological practitioners. Veterans were returning with an array of service-connected disabilities, and their families and communities were suffering from the instabilities consequent upon separation and reunion. VA hospitals and out-patient clinics, short of sufficient psychiatrists, began to utilize the treatment skills which we had been, somewhat surreptitiously, acquiring. In those setting there was a degree of breakdown of old role assignments: psychiatrists and psychologists and social workers were all doing therapy. All were learning with and from each other, "borrowing" each other's ideas and methods. In many settings case assignments came to be made to that therapist, of whatever persuasion, who was thought best capable of helping a given patient. There was, in other words, some diminishing of the hierarchy of professional status, albeit not in the pay scale, and social workers were responding with pleasure to their newfound scope.

In the community at large there was a gradual lessening of the stigma of therapy; one did not have to be so "sick" to request help, and dependency itself was not deemed as shameful as once it had been. A different clientele began to reachout for professional consultation, and agencies began to engage in fee-charging.

Available theories had begun to diversify. Ego psychology was and is infinitely more appealing to social workers than the old drive theory, for it offered a concept of a personality structure whose function was the balancing of inner needs, wants, ambitions and prohibitions, with outer possibilities and limits. Social workers could imagine themselves as having an inner ally in the "strong" aspects of the patient's ego. Strangely enough, the cultural orientation of the neo-Freudians (Sullivan, Horney, Fromm and others) never became very central to our profession, perhaps because social workers were caught up in prior loyalties to teachers who were often antagonistic to thinking that deviated too much from the old orthodoxy. Nevertheless, some of the new thinking was absorbed for possible later use. Kurt Lewin's gestalt field theory was emerging on the American scene; it was later to become important to us as "systems theory" and for a while almost to obliterate other theories in social work.

Academia could not keep up with the many new modes of practice which were unfolding in the cross-fertilization of professions. There was increasing uncertainty as to which theories would be the most useful, and an inclination to teach them all, so that students graduated from schools grounded in none. The schism between practice and education was widening. Males, especially veterans supported by the GI Bill, entered schools in increasing numbers. As I have expressed it elsewhere (Sanville 1974), traditionally uneasy with the expressive role required in case work and psychotherapy, they moved the emphasis to the instrumental, to getting things done "out there." For a time women were willing to be led into that arena, wanting to experience

untried aspects of their natures, perhaps hoping to make up for felt early deficits. The tide of women's liberation was coming in, and we wanted to claim our rights to do as well as to be. But it was predictable that only for awhile would we go overboard in that, for we wanted our men to manifest their long-denied expressive potential too (Sanville and Shor, 1973). Men were responding by beginning to permit themselves some tentative experiencing of former female prerogatives (Sanville 1974).

Nevertheless, fortified by males in our midst and exhilerated by the idea of creating a more secure world for all, we embraced idealistic goals for social reform which we would implement by involvement in the very legislative processes of our land. There were those among us who believed quite literally that the way to solve individual problems was to remake society. But, of course, like the belief that all problems were intrapsychic, this new creed with its nearly exclusive emphasis on the social was destined to reveal its limitations too.

The Fifties

It was to implement the social changes to which we had become committed that we establish the NASW. Prior to the Fifties, clinicians were represented by the AAPSW, the American Association of Psychiatric Social Work, and a proud organization it was, with membership requirements higher

than those of social work generally, namely two years beyond the Master's degree. But in the Fifties, the six disparate associations united into what we hoped would be one happy extended family, strong in numbers and in resources. The basic requirement for membership was the MSW, but sub-groups were permitted to ask further prerequisites. Yet, as in all mergers, there were apprehensions about whether our separate identities would be jeopardized.

And very soon it became clear that some of our hard-won autonomy was indeed to be threatened. "Psychiatric social workers" were beginning to sample private practice, now urged on by referring psychiatrists themselves, and usually beginning on a part-time basis. They were, however, affirming their capacity for independence from agencies, and feeling that confidence confirmed by patients eager to use their services. However, the then-president of NASW, writing in that organization's official journal, Social Work, questioned whether private practitioners were any longer engaged in social work (Cohen 1956). And indeed an NASW task force was appointed which went about the country conducting a sort of Inquisition which was to answer the question.

Many prominant leaders of the academic community feared we were aspiring to private practice as a total form of offering case work services, and that we would do away with social agencies altogether. We disclaimed that intention but did aspire to greater professional and independence, both in theory and in practice, wherever we functioned.

As a matter of fact, private practice was an innovative response to some of the pressures and constrictions which clinicians were suffering in agency structures, and it was rendered possible by an affluent society increasingly willing to turn to others besides the medically trained practitioners. Having experienced our ability to help clients to a greater freedom from unnecessary authority, we wished to do the same for ourselves. And we have recently assumed a further dialectic -- that our own autonomy will enable us still better to promote it in others.

Theories for clinical practice proliferated. T-groups burgeoned out of the National Training Lab in Michigan, with systems theory underpinnings. Group and family therapists, as well as community organizers, found in this theory a rationale for their approach and an impetus to further development of method. Fritz Perls in New York began to train psychological professionals, including many social workers, in Gestalt therapy.

Schools responded to this increasing complexity by attempting to teach for "generic practice." Specialization was out; the social worker was to be able to move comfortably between case work, group work, and community organization. Although that can be seen retrospectively as a brave attempt to acquire skills thus applicable broadly, actually the consequence was all too often that students emerged with a grasp neither on theory nor on a mode of practice. Practitioners in all fields were dissatisfied with the preparation of this new crop of professionals, clinicians perhaps most of all.

The Sixties

Following the Supreme Court decisions about minorities in 1954 and 1964, the Universities were endeavoring to implement affirmative action programs in the professional schools. Increasingly dependent upon government financial support, pressured politically, and with inherent concerns, they were attempting to adapt education to changing needs and demands. In schools of social work this inevitably meant a certain suspension of content and method related to intrapsychic problems, a swing back to the emphasis on social etiology and remedies. Although the intention was to develop more effective modes of treatment for the underprivileged, the result was all too often that the poor were served by those least equipped to deal with the complex problems relating from the combination of psychological and social trauma. The reform zeal thus masked a "fundamentally negative and class-biased" idea (Siassi, 1974), that the "lower classes" were not suitable candidates for the service of psychotherapy, could not make use of self-insight. As John Seeley (1978) put it, the mental health professions were not only finding no way to serve the poor but even "perfected new methods and invented and applied new terms in disserving them." Although there may have been some long-term benefits from the fresh reminder that social pathology makes for individual pathology, the immediate consequence was that education for psychotherapeutic practice suffered from the neglect of psychodynamics, in a way that neither rich nor poor could benefit.

Early in that decade the "parent" body, NASW, officially recognized that training for practice in the MSW programs was insufficient for "competence." So they set up the ACSW, the Academy of Certified Social Workers, its requirements including two years of additional experience under supervision and the passing of an examination, itself attempting to test "generic" learning. Ironically, this was at a time when supervision in agencies was becoming less and less available, was, in fact, more nominal than real -- that is, designed to over-see but rarely able to help the social worker see into self and interaction with clients.

Dissatisfaction with working in agencies increased, and opportunities for alternatives increased too. Clinicians entered private practice earlier in their professional careers, more often full time, and with less conflict within and less opposition from without (levinstein 1964). They dealt with the still-evident ambivalence toward them by banding together, and by including in "the club" agency social workers who believed deeply in independent practice. In California it was this group that obtained licensing and that subsequently formed the Society for Clinical Social Work.

These accomplishments left us with a lively sense of our ability to "be the cause," and of our potential for future achievements. But it left us too with a heavy responsibility to spell out the education and training necessary to the making of an independent practitioner, the standards and the ethics which should guide clinical social work. This in turn has entailed our wresting with theory itself, articulating and

developing that which we deemed relevant for psycho-social therapy -- which term Florence Hollis (1964) gave us -- and which our Texas colleagues adopted officially, in order to get through their licensing bill unopposed by NASW.

The Seventies

In the 1970's there has been increasing individuation of clinical practice out of the generic field, and increasing assumption by clinicians of accountability for their profession and its services.

Private practice, as a sub-culture of social work, is by now well established, even well accepted -- although this is more true in some parts of the country than in others. Agencies now contract with private practitioners to offer services, and in such arrangements interfere little if at all with the clinician's preferred approach. Private practice offers that material independence without which the clinician is inevitably subject to the direction of others.

Yet we have noted with worry that this independence does not necessarily lead to the highest quality of service. Some of the reasons for this reside in the inadequacy of the Master's Degree program in the universities and colleges to prepare social workers for autonomous practice, and in their failing to develop viable programs in clinical education leading to the Doctor's degree.

The schism between practice and education reached such proportions that the Council for Social Work Education appointed a task force to study the matter, and in 1974 the Dolgoff Report was issued, a report which summarized the areas of dissonance which were limiting our professional unfolding.

Practice was empirical and practical, concerned with "what works," while education was "theory-bound." Practitioners did not feel competent with theory and educators were often ignorant of what was going on in practice. In the latter was great heterogeneity, with very diverse levels of competence, diverse techniques with varying levels of effectiveness. It was impossible to say who was representative of practice. Yet educators tended to equate "field placements" with practice and lacked communication with the rest. Innovations were made in practice, but practitioners did not know how to articulate their findings and they blamed educators for not respecting their methods. In academia new theories were introduced fast, and new modalities recommended without their having been tested in practice. Practice was concerned with "here and now," with "service delivery," while educators were concerned with the future, with national directions, with preparation of "leaders of tomorrow." Practice existed in a "host of systems and sub-systems" while social work education existed in one system: the university or college. The Report declared that there was "practically no question" about the desirability of this, although it conceded that there was a "lot of university decision-making machinery" to be dealt with. In social agencies decision making was hierarchical, largely by the agency boards and administration,

while in the university collegial faculty made the decisions about curriculum, faculty, admissions.

Clinically we observe that dependence in a situation in which there is a paucity of exchange in a spirit of equality generally leads to hostility. So it was that the interdependence of educators and practitioners led to hostility on both sides. Without the universities and colleges there was no preparation of professionals; yet the latter were not content with the quality of product turned out by the schools. Education was dependent upon agencies for jobs for graduates, for field placements and instructors, and sometimes for scholarships, but there was much grumbling about the quality of supervisors and the paucity of student aid. Until fairly recently the individual practitioner was not autonomous, and viewed the faculty member as having much more independence.

Success in the two fields depended upon quite different criteria -- in practice upon the capacity to help clients or patients, and in education upon publication, honors, and other non-practice activities. There were no adequate tests of competence in either field, but the educators with their tenure appeared to be in a more protected situation. Practitioners were often remote from intellectual stimulation and from newly developed knowledge, but educators were equally remote from the stimulation of actually applying theories and from newly developed methods. Thus differences in ideology proliferated. Whatever differences existed initially in personality -- and there was speculation that practice attracted the "feelers" and "doers," and

education, the "thinkers," -- we might guess that the sub-cultures in which they operated reinforced and further developed those divergencies. And as various monies in the form of grants came into being, there was rivalry for these increasingly coveted resources -- often battling over whether the dollars were better spent for services or for research. The Report declared there were severe limitations to the possibility of creating congruence between practice and education so long as the latter was dependent upon field supervisors who were not well grounded theoretically, (yet rare was the school that educated them and made them full fledged members of the academic faculty.) In an attempt to find some positives in what seemed a rather pessimistic picture, the writer of the Report observed that both practice and education have in common a need for well-defined superordinate goals. And, he affirmed, when personal friendships come to exist between practitioners and educators the mutual animosity diminishes. Clearly there was need for increased conjoint participation which could promote mutual exchange.

If these various complaints were to be the preface to change, some congenial professionals would have to constitute themselves a play group which might then invent some new ways for the culture of clinical social work.

CHAPTER FIFTEEN

TOWARD THE PREFIGURATIVE: A PLAYGROUP PLOTS CULTURE CHANGE

The Founding of the Institute for Clinical Social Work: (Act One)

In October of 1974 the Society for Clinical Social Work founded the Institute for Clinical Social Work, a separate legal entity, with tax-exempt status. For this act to occur, of course, there had to be a fit scene. The external setting was California, which some view as the "last frontier," a place where much that is avant garde occurs because the culture is less tradition-bound, more open to innovation. Specifically to encourage educational experimentation, a section of the State Education Code contains a provision allowing innovative alternative schools to grant degrees without having to conform to past models. There are two requirements for such authorization: that $50,000 in assets be maintained for educational purposes, and that the organization file a "full disclosure" with the Bureau of School Approvals. This statement must include the following: institutional objectives and methods of reaching them, curriculum, instruction, faculty and its qualifications, administrative personnel, educational records, tuition and fees, scholastic regulations, diplomas or degrees to be granted, graduation requirements, and financial stability. The authorization to grant a degree in no way indicates State approval of that degree. The process for gaining approval occurs later, and includes visits by a team appointed by the State Department of Education to ascertain the quality of educational offerings and methods.

It was with the purpose of hammering out philosophy and directions for a school which would offer a doctorate in clinical social work that the initial Board of Trustees of the Institute began to meet together that first year. There were nine of us, and we used conference facilities at Asilomar, a beautiful spot on the northern coast, thus creating for ourselves a special scene that lent itself to relaxed interludes of several days at a time, away from the demands of everyday life. Our act at those week-end retreats consisted on brainstorming the many issues involved in making actual our shared dreams. By the start of the second year we felt ready with some ideas we wanted to discuss and elaborate with a larger group, and so we invited a number of Fellows (that is, members with a minimum of five years' experience after the Master's degree) to join us as consultants. By unanimous agreement, we selected these particular clinicians as being of the calibre from whom and with whom we ourselves would like to study. We recognized in each of them many of the qualities we had spelled out as desirable in Faculty: skill in practice combined with ability to communicate concepts, experience in teaching and in staff development and consultation, published writings, participation in continuing education, enthusiasm and charisma, leadership and contribution to the profession, and personal therapy or analysis.

There was considerable homogeneity in this original group of agents. We had lived through together a great deal of the history which has been summarized in the last two chapters. Most of us had entered the profession in the 1940's, when psychodynamic theory was still the accepted basis for practice. All of us had, following our Master's

degrees, continued the study of psychoanalysis by seeking appropriate supervision and consultation, by reading, and by partaking of the offerings of psychoanalytic institutes. We shared with each other the experience of being excluded from those all-medical societies in spite of our ideological similarities with those known as psychoanalysts.

The bases for mutual identification had been extended by our having participated together in numerous professional ways. Some of us had worked in the same agencies and clinics, been trained by the same analysts. We had belonged to the American Association of Psychiatric Social Workers (AAPSW) when that was in existence, and we had missed the special bonds of that common interest group when it was merged with the National Association of Social Workers. Even though we may have thought the merger desirable at the time, we had soon found ourselves not quite at home in the new conglomerate. In fact, because we were among the first of the private practitioners, we were, for a long while, looked upon as heretics, dissenting from the dogma that social work is defined by its location in agency practice. In time we managed to organize private practice enclaves within the NASW, and to have published an official Directory of private practitioners. But we had still felt like step-children, suffered, not cherished; and further developments were to confirm those feelings.

Among us early founders of the new Institute were those who had equipped themselves with sufficient political know-how (an <u>agency</u> not always in the repertoire of clinicians) that they had, in 1968, succeeded in persuading the California legislature to pass a law

licensing clinical social work practice, defined as including psychotherapy -- the first such law in the nation. In the course of this endeavor we had encountered official opposition by NASW, and indeed had been forced to lower our suggested standards because of pressures from that parent body. It was perhaps this last straw, the experience of being fought by our own professional association, that made us realize the need for a new version of the old AASPW. And so we had founded the California Society for Clinical Social Work -- the first such Society in the nation. Indeed the designation, clinical social work, had been of our making; behind our use of that new term was the intent no longer to be a satellite to psychiatry. The Society had grown rapidly in membership, and it was soon followed by similar Societies that sprang up in other states across the nation. These Societies banded together into a Federation of Societies for Clinical Social Work, and, since 1973 this Federation has sponsored a Clinical Social Work Journal.

The planners of the Institute had worked together in the new Society, had held offices and served on the Board. Especially had we been involved in the education committee, which for years had sponsored an Annual Scientific Conference and had offered workshops and panels and lectures in response to members' needs and wishes for further education. Thus, we now were particularly aware of the growing discontents both with the quality of education for clinical practice at the Master's level, and with the paucity of opportunity for clinicians to obtain adequate post-Master's education and training. We

empathized with the aspirations of colleagues to upgrade competence, to place clinical social work on a level with other mental health professions. No longer satisfied with many disparate offerings, clinicians were demanding a program that could lead to a certificate or a degree. To earn a doctorate one faced a difficult choice: that of abandoning one's own profession and obtaining a PhD in some allied field, or of abandoning the clinical and obtaining a DSW (Doctor of Social Work) which was usually set up for those who wanted to teach or to be administrators.

Fewer than half a dozen schools in the entire country, and only one in California even claimed to offer a clinical doctorate, and these accepted but a handful of students each year. To enroll, one had to be able to suspend practice and earning while at the same time incurring great costs for tuition and living expenses, usually moving away from home and sometimes from a family. Moreover, curricula were not sufficiently exciting for advanced professionals, and the often-required statistical dissertation did not lend itself to clinical research. We questioned the appropriateness of this and many other academic requirements for clinical learning and even for clinical teaching and administration.

None of the agents in the planning enterprise felt in him or herself any practical need for the degree. Each was professionally secure, with that feeling of freedom and independence that comes from being a successful practitioner. Although some of us still worked part of

the time in institutions, none was solely dependent upon employers for income, since all had some private practice -- and the possibility of extending this if we so desired. We had done very well without the title, "doctor," and, in many ways, regarded it ambivalently. There were, we reflected, possible advantages in not having borne that prestigeous label, attached as it is in the public mind with the medical model which (as was indicated in the section on the psychotherapeutic process) has been antithetical to our clinical ethic. The appelation "doctor" can so readily heighten a patient's inclination to look at its bearer as someone with all the answers, and it can sometimes heighten the professional's inclination to believe that of himself. We told ourselves that in social workers an anti-authoritarian approach is deeply ingrained. There is a powerful ethic, the respect for the patient's capacity for self-determination, which informs our practice, shapes it toward the purpose of enabling the patient to measure for himself what is in his own best interests. We believed this ethic would be reinforced in a school where clinical social workers taught and learned from one another, and in which they constantly opened up their own thinking and practice to the scrutiny of peers. Moreover, we affirmed, we wanted our degree to signify a skilled learner, not in any sense a finished product. If we achieved that objective, persons holding a doctorate from the Institute would be characterized by a sort of healthy humility.

Similarly acculturated, bound together by identification with one another and with our profession, by our work and play together over

the years, by personal liking as well as professional respect, and by the ease with which we could communicate, we founding clinicians were especially ready to form just the sort of playful group that could risk departing from traditional ways to invent fresh educational approaches. Out of previous successes, both individually and as a "team" we had emerged with a sort of megalomania, a joyous and spirited belief in our ability to "be a cause."

We could begin with common assumptions about most of the ingredients of a sound educational sequence. One of the prime purposes of our Institute should be to heal the split between praxis and gnosis, practice and theory, to produce professionals with a deep and broad grasp on fundamental aspects of the human condition and the processes of change, both individual and social. If social workers were to be free to play with this agency called theory -- to talk about it, test it out, modify it -- they would have to be thoroughly grounded in it. And students would have to have an adequate source of current patients if they were to integrate theory into practice, and to improve theory out of experience using it. We did not want our doctorate to connote a finished product, but rather a skilled learner, particularly able to learn from that best of clinical teachers, the patient.

We agreed that there had always been some obstacles within academia to the clinical, which involves no less than attention to the whole individual in his total social milieu. We would have agreed with

the observations of Nevitt Sanford (1978) a few years later when, in a panel at the American Orthopsychiatric Association Annual Meeting, he raised some questions about the mental health of institutions, quoting Horkheimer as saying, "Psychopathology is the glue that holds these structures together." Specifically Sanford decried the manner in which academicians tended to maintain themselves in and hid behind roles, and tended thereby to lose their idealism. Each department within the University carved out for itself territorial areas which were then zealously guarded. Therefore there were no adequate structures to favor the integration of the social and the individual, or that which we have been calling the ocnophilic and philobatic dimensions of human life. Big problems tended to be ignored in favor of small questions which could be empirically answered. Perhaps these were some of the reasons why, in spite of their location in academia, schools of social work had tended to do more training than educating.

Only clinicians who were <u>educated</u> would be able to evaluate for themselves the plethora of therapies which were around: transactional analysis, transcendental meditation, Erhardt Systems Training (EST), behavior modification, hypnosis, sex therapy, marathons, and so on. They would be moved to ask themselves, as Gertrude Sackheim (1974) did, "Is it really new, or is it a new name disguising in somewhat fancier language a principle well-known and either already proven effective under a different name, or an abandoned technique which deserves to be revived and reenergized?" Otherwise, we reasoned,

since there existed many buyers for all of the allegedly new approaches, some of the therapists who were insecure about their preparation for doing therapy could be expected to seize upon that which might be selling best at the time. Ideally, a well educated and experienced therapist would not feel threatened if his patients experimented with any or all of the "quick sell" approaches, even concurrently with their work with him, but would incorporate into his own practice only those modes which did not violate a basic ethic of guarding the patient's capacity and right to attain that self-understanding which is essential to freedom.

Clinical social work was only one of several professions in which independence had not guaranteed quality service. Friedson (1970) a medical sociologist, had pointed out that, in a fee-for-service system, in which the practitioner is isolated from potential input by colleagues, there is eternally a temptation to give in to what the patient wants, whether or not that be in fact good medical treatment, and practice thus comes to conform to lay instead of professional standards. Friedson did not see the solution to this dilemma to reside in group practice, where so-called standards were developed which tended to discourage deviation, for then technical standards might be higher, but humanistic ones lower. What was needed was a sort of framework for independent practice which would create a structure for both informal and perhaps formal periodic internal review by peers. This would work to prevent "settling down into a too comfortable and progressively antiquated regime" or its opposite, the leap to embrace that which is touted as "innovative," or which

is at least easy. Perhaps an Institute such as we were contemplating could pioneer in a system of peer review, particularly if we included in the program small-group learning as well as individual learning. If the experiences in the small groups could be sufficiently pleasant and rewarding, participants might be inclined to form such groups as a regular feature of professional life.

Clinical social workers, we thought, were less vulnerable than physicians either to the temptation to indulge patients or to behave in an authoritarian manner toward them. Medical doctors might heal by recommending the use of a drug or other therapy, without the patient's necessary comprehension, while the purpose of the psychotherapist is to enable the patient to understand himself and the many determinants of his felt urgencies at any given time -- including those to do with his relationship with the therapist, and thus to actualize his capacity to make his own decisions. Our mode of treatment does not include prescriptions, either of pills or of advice as to what course of action the patient should pursue. The education and training which we were planning would ideally produce clinicians with the knowledge and skills and the self-understanding which would tend to immunize them against either a too-ready acceptance into their repertoire of that which is touted as new, or a settling down into a comfortable but progressively antiquated regime. Their self-awareness would lead them to seek consultation were they to find themselves succumbing either to patient's demands for gratification or to a tendency to slip into an authoritarian role, however benign.

But perhaps, we warned ourselves, in our eagerness to be included as vendors in health insurance programs, we might not be sufficiently alert to the possible jeopardy to essential elements in our therapeutic approach. A third party would be entering into the once-confidential relationship between patient and therapist, and, as the bill-payer, would presume the right to access to the diagnostic label and to regulate the kind and duration of treatment accordingly. Designated norms were already being developed, and constituted a serious threat to the play in psychotherapy.

All of these were matters under which that original group of founders deliberated. At the close of the second year of planning, a general outline for the school had emerged. If the Institute were to be available to all clinical social workers in California who could qualify, it had to be a non-campus program, a school-without-walls. It would have to permit each student's program to be highly individualized, tailored to his or her particular needs and interests. It was accurately anticipated that, as we expanded further, we would be attracting persons of diverse ages, experiences, and of possibly different theoretical inclinations. We believed it should be possible to accomodate to such heterogeneity, by emphasizing self-directed study supplemented by participation in a colloquium in which each student would learn from others and would, in turn, teach others. We wanted no teachers as such in our school; rather all should teach in order to learn, and should learn in order to teach. The Faculty

person in the colloquium would be called an Animateur, and his or her act to consist of listening more than talking, questioning rather than answering, moderating rather than dictating, stimulating rather than performing. The purpose of the Animateur would be to create a safe scene, a climate conducive to learning, and to this end he or she would, as agencies, use knowledge and skill relating to group process and to the dynamics of clinical learning. Every student should have access to the agent role, actively determining with the others the areas of study and direction for the group.

By the spring of 1976 we felt ready to do a sort of trial-run with the format we had developed, but not yet ready to accept "real" students. And so we decided upon an intermediate course of action, somewhere in between a further planning year and a year of actual functioning as we imagined it eventually. Participation in that year might or might not "count" as a year of study for those in the program; we would have to determine that later, when we could evaluate what might have transpired. There was as yet no guarantee that there would even be a doctorate. We wanted persons willing to take that chance, willing to be "guinea pigs," to work with us toward designing the program in detail and to play at being students. We issued to all Fellows in the Society an invitation to apply, and we tried out some 60 applicants a selection process we had invented, which included, in addition to the usual submission of documentation and references, participation in a group meeting -- in which former participants shared the developments to date and explained the ambiguous nature of the year to come and an individual interview. Thirty

seven of these applicants both chose and were selected to continue.

The In-between School: (Act Two)

In the fall of 1976 the Institute began a year of experimentation with a tentative program, with a group of students who were simultaneously planners. Unlike the personally invited participants of the second year, these new agents had come into the program through an admissions procedure, thus incurring the risk of being turned down. But now they too were enjoying that good feeling of being chosen by those whom they had themselves chosen. Like the original group, they were at a stage in their professional development that permitted them to take a chance with this new and uncertain educational venture. Each of us was willing and able to pay $1,000 for the privilege of working on this project, with no certainty that we would come up with a viable degree program, or that we would be admitted as candidates if it did become an actuality. Since the Society itself voted to underwrite the first year of operations of the Institute, this financial contribution of participants could be deposited toward the fund necessary to start the accreditation process in motion.

As perhaps should have been expected, there were snide remarks from some sources in the social work community that we were going to be selling degrees. But we were clear about our motives, and aware that

our intentions might seem a threat to the establishment, and so these cynical remarks were not very troubling.

These third-year participants constituted a more heterogeneous group than had the original planners. Among us there were now six persons younger than 38; they had, of course, been differently acculturated, had not shared the same history either with the older founders or with each other -- for schools of social work had been less uniform in their offerings by the time they attended. Some, even among the older ones, had little acquaintance with psychoanalysis, and either had had no personal therapy or had mainly sought therapies of other types. A few of these even announced themselves as confirmed practitioners of other approaches. Geographically they were more scattered; the original clinicians had come mainly from the big metropolitan centers. There were a number who were ignorant of events that had determined some of the attitudes in us older clinicians, or of our roles in those events.

But, by and large, this was still a group of seasoned clinicians; twenty had each had over 20 years of experience since their MSW's. All were, by our criteria, independent practitioners: 18 in full time and 21 in part time private practice, and those in agencies holding highly responsible positions calling for autonomous judgment. Three were currently teaching in schools of social work and 30 had taught in various continuing education programs. Thirteen had published articles or books, and many had presented papers at professional meetings. There were none who <u>needed</u> the doctoral degree

for practical reasons, although some envisioned a future in which it might be required and wanted a say in shaping a program in which they might study.

Margaret Mead (1970) believed that the freeing of our imagination from the past, the development of prefigurational cultures, depended upon the young who, "free to act on their own initiative, can lead their elders in the direction of the unknown." But sometimes it is not the young who feel most free to act. They have, at least in the professions, not yet attained either the material or the emotional independence which can make it feel safe to attempt radical changes. Busy with establishing themselves in their careers, earning a living, supporting families, they can ill afford the time and money and energy it takes to participate in the innovation of something like a whole new educational institution. Such a venture presupposes a willingness to scramble up old certainties, certainties for which the young may be still reaching. Perhaps this is why the kind of intellectual and action play in which the founders of the Institute engaged appealed mainly to older clinicians, those who had progressed enough to dare the regressions which were entailed, and to brave the potential disapproval of "the establishment." Certainly it was the courage and the esprit de corps and the know-how of the "elders" that moved the planning along, and that infected everyone with enthusiasm and hopefulness.

A new scene was located for Convocations: Mary Morse Hall, a dormitory on the campus of Mills College in Oakland. There, four times a year,

for three-day weekends, the entire group met, and increasingly we felt that place to be "home base." We slept and ate there, and met, both in small groups and in plenary session, in the pleasant quarters, and, in the few spare hours, walked the many lovely paths of the extensive grounds, talking informally.

The act too changed, and the agents played now more specialized roles. A new order was established, and new rules to the game. Instead of working as we had in the first several years as a committee of the whole, we now divided ourselves into six working groups, each with a carefully defined task. The Animateurs of each group were selected from original participants. Colloquium One was to develop a model for the structure and operation of the Institute. Colloquium Two was to spell out the scope of the required practicum and to define and describe the qualities of the advanced practitioner we hoped to produce. Colloquium Three was concerned with evaluation processes throughout the student's learning, and was to develop guidelines for final Projects Demonstrating Excellence, alternatives to the usual doctoral dissertations. The fourth and fifth colloquia were each to develop specific curriculum content and ways of offering it. Colloquium Six was composed of the Animateurs of each of the other colloquia and was to coordinate the efforts of the other five. Timetables were drawn up indicating the accomplishments expected of each group at each of the four Convocations. There were to be limits to this play, for purpose was becoming increasingly earnest.

Members of the original group rediscovered something that they had learned in the past -- that new roles can reveal unexpected qualities, both strength and shortcomings in those one has known well, and even oneself. At times friends seemed like strangers, as we related to each other from new vantage points. Suspense was in the air, for we had now definitely committed ourselves to seeing whether by our own efforts we would be able to accomplish what we had been boldly asserting we could. Inwardly each of us had periods of self-doubt, uncertainties about whether we had what it might take, or whether we could quickly enough develop the necessary competencies. But together we both supported and enlightened one another, drawing upon our reliable ability to communicate anxieties and distress, so were able to weather many tensions, even learning from our pains.

In each of the colloquia, initial anxiety and excitement was high. The first meetings began as get-acquainted sessions, in which a sort of mutual educational diagnosis took place, through a sharing of professional life histories. Although all had sought out much further education following the Master's degree, with various degrees of satisfaction, still there was yearning for more, for a program which had continuity and which would promote integration of learning. There was consensus particularly about the need for an articulated, sounder theoretical base. Each group spontaneously considered most of the issues with which Trustees and consultants had previously dealt, and emerged with similar conclusions.

Then each group was ready to digest its task, and each evolved something of the approach we had imagined: the entire group discussing self-assigned topics, and individuals within the group volunteering to produce, in the interims between meetings, working papers which either summarized the discussion or perhaps represented research into the area under consideration, so that work of the colloquium was facilitated. Extensive bibliographies were developed by each colloquium, and members read and shared both the information they gleaned and their critique of the writings. Participants were increasingly enjoying the experience, and developed strong feelings of belonging to their groups. Often they met apart from Convocations, zealously continuing some felt-to-be-unfinished business.

There was a strong sense of shared purpose, but that special sort of purpose which stems from rich wanting rather than from need. Each individual saw himself or herself contributing to the total design, and experienced the appreciation of peers and of those who were semi-faculty. Although there were occasional outbursts of intergroup rivalry, especially between the two groups who each had the task of developing curriculum, aggressions were tempered, not only because of basic mutual respect but out of the awareness that we were, after all, part of the same team. By Spring, the two most competitive groups had met together and reconciled their curriculum ideas, which turned out to be actually quite similar.

At the close of that third year, we had enunciated a set of theories about clinical learning and had invented a modus operandi which was congruent with them. We had determined policies and processes for admissions, a core curriculum, and the qualifications for the degree. We had affirmed the value of the basic format with which we had experimented, and shored up the administrative structure necessary to support it. We had devised a built-in system of evaluation for both student and Institute.

We assumed a certain unfinished quality to our work thus far, but decided that the time had come to try it out on a group of students who would now be real candidates for the DCSW, the Doctor of Clinical Social Work. It had been determined that there would be a minimum of two years enrollment. The estimate was that it would cost $3,000 per year, which amount included transportation to and from Oakland for the four Convocations and housing in Mary Morse Hall at Mills College while there. It was important, we believed, to equalize the expense for students throughout the State of California.

By now we had the $50,000 necessary to convince the Department of Education of our reasonable financial stability. Thirty one members of the Society, now known as the Founding Fellows, had contributed each $1,000 or more, and others had given various amounts to make up the total. And so we filed our "full disclosure" with the State and received authorization to grant the DCSW.

Somewhat reluctantly, I agreed to be "it," to play Dean for at least one year, (and I was subsequently somehow persuaded to carry on for two). How I felt about that is recorded in a speech made to the participants in May of 1977, and included in the Appendix of this manuscript.

Play and Earnest: .The Institute's First Year: (Act Three)

Before moving on to describe the philosophy of clinical learning and the overall structure of the Institute and the roles of the various Faculty, I want briefly to note some of the ways in which changing purpose produced a changing scene, which in turn made for a change in the nature of the acts which took place, the agencies employed -- and eventually transformed all of us agents.

We were, by September, 1977, operational, a real school and hence had to have a real Faculty. Most of these were selected from among those who had participated in the planning years. I and two others had been part of the original group. Two more had been part of the extended group in the second year of the project. Three were chosen from the "make-believe" students of the third year. And three were brought in from outside, all Fellows in the Society; two of these were well known to us all, since they had been active in Society affairs, but one was known only by the Dean. Thus, although some of the cast of characters in this core group remained constant, there

was a new constellation, and newcomers in our midst. There was some apprehension on the part of former participants as to whether and to what extent and how rapidly these "strangers" would become acculturated in our ways. But we valued what they had to offer us and were willing to admit them, and to risk the possibility that they might in some measure change us as we might change them.

Most of the other participants in planning applied for admission and were accepted as students in the Institute. This meant that some who had worked with us as peers now found themselves in the role of students vis a vis those of us who were designated Faculty. To complicate matters still further was the fact that those Faculty persons who did not yet hold a doctorate were themselves playing dual roles, for they were simultaneously students. It could all sound pretty outlandish, if not outright impossible, except for our growing ability to take our roles both seriously and playfully, acting and reacting according to our respective parts, but not losing sight of ourselves or others as persons enacting necessary roles. Like all actors, we were no doubt somewhat changed by the parts which we learned to play, and so we had to keep touch with each other as selves in transformation.

The colloquia were now different in composition, and there was some mourning for the loss of the familiar group. Moreover, there were now new students who, like the new Faculty, began as outsiders to this sub-culture and had to learn our ways. Age-wise we were still

skewed together the "mature years," with 24 of us somewhere between 43 and 58 years of age -- probably unprecedents for a professional school in academia! But younger ones were beginning to come; we actually had 15 under the age of 42! Most students declared some predilections for a form of psychodynamic theory: Freudian, Jungian, or Kleinian, but there were a few with other views: Behaviorist, Piagetian, Family Therapy, or Existential. The credentials of all were impressive, which is to say that these were still clinicians able to take a chance on this new Institute, which might or might not ever win accreditation.

Whereas, in the planning years, the efforts of all participants were directed toward the common purpose of creating this new educational environment, now, in the actual school, each student began to focus on self, on figuring out how to learn what he or she wanted to learn in this context and on how to move toward the attainment of the DCSW. There was heightened consciousness of individual purpose, and hence heightened intra-group competition. Students reacted to this sense of contest in various idiosyncratic ways, some manifestly striving to be among the first to win the prize, some frightened and inhibited, and still others calmly announcing that they wanted to enjoy the process of learning and so would take three years to complete the program.

Inter-group rivalry was more in evidence. As students from the several colloquia compared notes, there were sometimes tendencies to feel for a while that one group or one Animateur was better than

another. But gradually people became quite attached to their own colloquia, which, like families, had strengths and shortcomings, but might become what members could make of them.

In spite of the often reiterated premise that, in this Institute, all were teachers as well as learners, and all were responsible for the on-going development of the program, there did creep in from time to time a "we as against they" attitude on the part of students toward Faculty, and, of course, reverberations. It looked as though it could take a long while to overcome the hangovers from past academic experiences, to work through the inevitable transferences and counter transferences. Fortunately, we were all equipped with agencies which could lend themselves to the task: self insight, knowledge of psychodynamics, skills in human relationships, including group processes. But we needed to learn how to apply them in the context of this new scene, so that we could each preserve individuality while participating with others in the further development of the institution which we had designed to further our development, both individually and as a profession.

Although there are already and will continue to be, modifications in some of the details of the Institutes' program, the reader should know the essentials of the plan with which we began in September 1977.

CHAPTER SIXTEEN

THE INSTITUTE PROGRAM

Our Philosophy of Clinical Learning

Clinical learning should demonstrate congruence with core professional values: "respect for the worth and dignity of every individual and concern that he have the opportunity to realize his potential as an individually fulfilled, socially contributive person." (Smalley, 1967) Translating this into education, we affirmed the following: 1) that learning engages the whole being of the student, personal and professional, public and private, and 2) that a learning environment should release that "social power" in students which would enable them to be contributors to the creation and recreation of that kind of educational institution which would further their own self-realization and that of future students.

We presumed a special kind of motivation in students who might find the Institute program attractive. These would not be persons who needed degrees as "tickets to practice," for all would be licensed, already demonstrably successful clinicians. They would instead be moved by interest rather than intense craving or need; they would thus have that motivation claimed best suited for the acquisition of competence, (White, 1967) and in keeping with the Yerkes-Dodson law that the more complex the skills to be learned, the lower the optimal motivational level required for the fastest learning. It seemed probable that students of the sort that we sought could even assume that somewhat playful attitude which can reduce the tendency to ex-

cessive anxiety and frustration and can minimize stress from fears of failure.

These more mature students would be different from those in usual schools of social work. They would come with varying kinds and qualities of experience, different degrees of competence, and with highly developed individualities and professional styles. We would expect them to learn differently, via different modes, at different paces. Such students could assume much responsibility for educational self-evaluation and for determining goals and means of learning. The program should include possibilities for individual and for group learning, in both formal and informal ways.

It is not what is taught but what is learned that counts, and active learning is more productive than submission to authority. Since teaching is mainly useful as a way of learning, all students should have the opportunity to teach and share individual learning. We envisioned a forum of scholars, learning with and from each other, with faculty serving primarily as facilitators.

In the realization that we live in a world full of flux and change, and of burgeoning knowledge, the mastery of content, per se, must be deemed less important than the development of learning skills. We affirmed, with Alfred North Whitehead, that information, like fish, does not keep for long. Although there is core content which can be defined, this must constantly be re-thought, revised. We would place

high premium on the capacity to ask questions, to seek answers, and on the wisdom to know that all answers will confront us with further questions.

Learning is accelerated where knowledge is put to use. All students would be currently in practice and would use that experience as the practicum. Sharing of case material from diverse settings would provide rich learning material for all. Integration of knowledge into clinical judgment and skill is the aim of all professional education. Knowledge will grow in conscious interplay with practice.

As the therapeutic alliance is a prerequisite for treatment, so an educational alliance is essential for learning. Although there are expectable "hangovers" from past educational experiences with institutions that were not always maximally democratic, expectable transference distortions and resistances, the pooling of our clinical acumen would enable us to deal wisely with these in such a manner as to free ourselves for a learning experience which can be primarily enjoyable. The "how" of learning is relatively more important than the "what," since the way in which we practice reflects the way in which we learned.

At the level of doctoral study it would be possible to accomodate students of diverse theoretical persuasions. A knowledge of psychodynamic psychology is basic, but there should be no indoctrination. No theory should be considered sacred; all should be open to constant examination, questioning, change and improvement. Each person should

acquire a prejudice-free knowledge of different approaches, while evolving an approach suited to him, which he can articulate and defend while at the same time remaining open to modifications and contributions to it.

The Admissions Process

There are two phases to Admissions. Phase One is a documentation phase in which the student submits transcripts of previous graduate study, a Curriculum Vitae, three letters of reference, and a statement of why he wants this program and how he plans to free the necessary time, money and energy to participate. The collegium of faculty examines these documents to ascertain that the applicant meets the basic requirements: clinical experience, both extensive and intensive; on-going dedication to learning since the Master's degree as shown in consultation sought, courses, seminars and workshops taken; contribution to the profession as shown by participation on committees and in leadership positions; and generative activities as shown by supervision or consultation with others, teaching, presentation, writings; ability to evaluate self, to articulate areas for further learning; a life situation that could accomodate participation.

Those qualified move on to Phase Two which begins with a personal interview with a Faculty member, to whom each applicant submits a case study as an example of current clinical thinking and work. This session affords the opportunity for mutual in-depth exploration of the suitability of the prospective program for this applicant, and of

the applicant for this program. Next, there is an all day group admissions conference. First a member of the Faculty presents a case for group discussion. Then, in small groups, each student has a chance to present briefly a case of his own and to entertain feedback from the other applicants. It is a sample of the process which is central to the Institute's approach, giving again the opportunity for mutual evaluation of and by applicant and Institute.

Administration and Faculty

Ultimate authority on all matters of policies, funding, goals, and management is vested in the Trustees of the Institute for Clinical Social Work.

The Dean of the Doctoral Program is appointed by the Trustees and accountable to them. She has the responsibility for the overall administration of the Program, developing and maintaining academic excellence, the curricula, the selection of faculty subject to the approval of the Trustees, the performance of faculty, and candidates' qualifications for entering and being granted a doctoral degree. She is Chairperson for the Collegium of Faculty which is advisory to her.

There is an Assistant Dean of Business Affairs, appointed by the Trustees with the approval of the Dean. He is responsible to the Dean for fiscal, organizational and all non-academic matters which relate to the sound operation of the program.

Both the dean and the Assistant Dean of Business Affairs serve as ex-officio members of the Board of Trustees, but have no vote.

There is a faculty of ten persons: four Animateurs, and six Mentors. Their functions will be described in the following section of this paper.

The Format

Each student is assigned to a Mentor who becomes his/her individual consultant throughout enrollment. With the Mentor the student carries on that self-evaluation which is the guide to learning, plans the ways in which mastery of core curriculum is to be acquired and demonstrated, plans the Project Demonstrating Excellence. The Mentor, as Chairperson of the student's doctoral committee, coordinates the work of that committee.* The Mentor is in regular contact with the Animateur of the student's colloquium.

Each student is a member of a colloquium headed by an Animateur, whose role is not to teach but to attend to group process, listen more than talk, question rather than answer, moderate rather than dictate, stimulate rather than perform. The Animateur attempts to maintain a climate in which learning can proceed and in which students feel free to evaluate selves and each other. With the aid of the Animateur the students determine the topics with which they wish

*Later modified so that the student could select either Animateur, Mentor, or a DCSW as Chairperson.

to deal, and each takes responsibility for bringing in some aspect of that which is being studied, thus "teaching" what he himself is learning. In addition to didactic material, case presentations are made to illustrate the integration of knowledge with practice.

There are currently four colloquia, two in the North and two in the South. They meet at least once a month, with members in the interim doing individualized study on which they will later report to their groups. Students have also formed special study groups on topics of interest to them.

Four times a year the entire Institute meets in Convocation for three-day weekends on the campus at Mills College, where a regular dormitory has become our "Oakland home." It is a time for all participants to experience identity with the Institute, to know each other and Faculty. A variety of activities takes place there, both formally and informally. There are Plenary Sessions at which formal presentations are made, by Faculty or by guest lecturers.* There are panels, as on The Nature of Clinical Research, with doctoral faculty and students discussing their research projects. Special colloquia are set up to afford students experience with groupings other than their own colloquia; some of these are on-going case presentations, and others are on topics of special interest. Students themselves are usually the presenters, with faculty persons moderating, but Faculty persons too have offered workshops on their own research. Groups

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*There has evolved a custom that students present their completed Projects Demonstrating Excellence at Convocation Plenary sessions.

which have undertaken special study may request access to someone knowledgeable in that area, as, for example, a student well versed in Kernberg's writings will be a resource person for those who are reading that author's recent works.

Core Curriculum

The curriculum has been divided into three groupings: Series 1000 on Developmental Theories, including Psychopathological Development; Series 2000 on Practice Theories; and Series 3000 on The Profession of Social Work. Within these Series fifteen areas have been defined. (See Curriculum Outline in Appendix).

Four levels of competence have been described: level 1 designates insufficient learning; level 2 indicates that the student has sufficient grasp of the subject to discuss it with a group of knowledgeable peers; level 3 means that the student can organize the subject content and impart it to others for professional use; level 4, the highest, is awarded the student who can present a case illustrating integration of subject content with practice. At least level 2 competence must be demonstrated in all fifteen areas. Level 3 must be demonstrated in at least one area; that is, each graduate will have at least one subject which he or she can teach well. In addition, the student must attain at least two 4's in the 1000 series, at least one of which must be in one form of developmental theory; one 4 in his chosen theory of psychotherapy and one in his chosen technique, one 4 in either supervision or consultation, and a 4 in social responsibility. The latter is to be demonstrated in the same

way as is competence in psychotherapy, namely via a presentation which illustrates the use of clinical principles in a community organization project.*

Courses are not taught separately. Instead there is holistic learning as students present in colloquium both didactic and case material and engage in discussion with their peers, and as they integrate new knowledge into their professional work.

Evaluation

Since the prime goal of the Institute is to produce skilled learners, mature professionals capable of self-evaluation and of taking steps to learn what they need to know and how to do what they need to do, this becomes the main what to be evaluated.

The how must stem from this. Unlike schools where mastery of content is primary, and where, therefore, an examination system might suffice, our emphasis must be on the capacity of independent practitioners to integrate old and new knowledge into professional judgment and practice, and to utilize their own resources and those of their peers to constantly improve their capacity to offer quality service to clients. Then when must be on-going, not at the close of a quarter or a semester.

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*Later social resonsibility was more responsibly defined. See final chapter, BEYOND PLAY.

Since what we are evaluating includes so prominently the very capacity of the student for self-evaluating, the key responsibility must rest with the student, with the Institute providing a myriad of sources for feedback to be integrated into the self-estimate. As described, the initial selection process is such as to admit only students who already show a considerable ability to discern their own state of development and their own learning needs. In beginning contacts with the Mentor, the student brings in documentation to demonstrate mastery of those aspects of core curriculum which he knows well. This could be in various forms, such as having taught a course in the subject, having written about it, or a case report showing its integration. If there is a question about the level of competence in a subject, the student may elect to bring in additional materials or may decide to do a presentation about it in his colloquium. If there are deficiencies, the student plans with the Mentor how these are to be made up and in what way to be demonstrated.

In the colloquium, students who present material are given spontaneous feedback from the other members: questions, comments, critique. Moreover, they may request that everyone fill out special evaluation forms which have been provided for this purpose, forms that deal with both content and style of presentation, and with interaction with the group. All of this the student incorporates into his own ongoing self-assessment and discusses it with his Mentor. The latter maintains contact with the Animateur of the student, so that both can help him to absorb and assimilate input. The student, in turn, has

the opportunity to evaluate his evaluators, to let them know how useful or not were their reactions. And they also evaluate themselves as evaluators, taking into account how knowledgeable they were initially about the subject, what prejudicial attitudes they may have had, and any special factors which may have influenced their judgment.

In the colloquium then the student is part of a peer review system which many feel to be the "most important factor in assuring a level of high quality care " (Menninger, 1977). We are pioneering in a kind of continuing scrutiny of ourselves and each other that is rapidly becoming the model for checking quality. This model exploits the differences in perspective among us, encourages the sharing of ideas and experiences, of knowledge and skills, inducing a "collective sense of responsibility for the care and treatment of all patients." And we are doing this voluntarily before the system is legislated, before the "burden of compulsion and the fog of bureaucracy may obscure the benefit that such a system can provide."

The students maintains three kinds of records on himself, and submits these at regular intervals to the Mentor. The first is a case study over the time of enrollment, including process interviews: the thoughts and feelings of the therapist as the interview began, content from the client, verbal and non-verbal, therapist's responses - intellectual, emotional and behavioral, what that seemed to evoke in the client,

the consequent appraisal of the intervention, and a critique of that interview. Finally, there is an evaluation of treatment: how the student perceives the client to have responded, what has been learned from this case, how current readings and ideas from courses or colloquia have been integrated, what further knowledge might be helpful and what plans there are for obtaining that.

The second set of records kept by the student are self-assessment essays, including use and critique of contacts with the Mentor, individual learning, experiences in colloquia and in convocation. These help students continually to monitor themselves and the situation in which they are learning, and they provide essential feedback for the Institute itself. Both student and school can thus be alerted early to problems or difficulties and can take necessary corrective measures.

The third set of records is a log of activities as a student, a sort of factual data report including dates and hours with Mentor, in individual study, in colloquia, in convocation, with doctoral consultants, and in any other pursuits which contribute to learning.

For some time now the ideal model of evaluation has been seen as one in which the student's participation is elicited (Ekstein, 1958). Our model is rather one in which the student garners judgments from a variety of sources, discusses these with his Mentor, writes his own evaluating statement. It may be that the Mentor will add comments

to clarify or elaborate, but if the two have worked closely together, there should be essential agreement between them.

The Project Demonstrating Excellence

Planning for the PDE generally begins when competence in the core curriculum has been attained, except that the PDE may be used to demonstrate performance in specified areas. The student discusses with the Mentor general ideas for his special study, and once the topic has been agreed upon, completes a PDE prospectus. When both student and Mentor are satisfied with the prospectus, it is submitted to the Faculty PDE Committee for approval. A Doctoral Committee is now formed consisting of Mentor, Animateur, and an external member from outside the Institute. This latter person need not be a social worker but must be a professional who can make a particular contribution around the student's topic. The Committee then meets to discuss the prospectus, clarify questions and arrive at agreement. Their signing of the approval page constitutes a formal contract between student and Institute. In general, the Mentor assumes major responsibility for guiding progress on the PDE, with Committee members being used as their expertise is needed. After all members of the Committee have reviewed the final draft and it has been, in essence, accepted, they formally meet with the student at a time and place to be announced so that other Faculty and peers may attend. The student presents the PDE and handles questions and discussion. The student then incorporates suggestions, additions or deletions, with the Mentor assuming responsibility for determining whether the Committee's intent has been met.

Upon completion of the contract and the PDE, the Mentor, representing the Doctoral Committee, recommends to the Faculty that the degree be awarded.

SECTION FOUR

THE WORKINGS OF PLAY IN AN EDUCATIONAL ENVIRONMENT

CHAPTER SEVENTEEN

A SCHEMA FOR CONTEMPLATING THE PLAY ELEMENT IN LEARNING

A real school is a different scene from that constituted by a planning group playfully plotting to upset the status quo in advanced clinical education for psychotherapy. As we have been noting, at each stage of the development of the design of the Institute for Clinical Social Work, the felt risks have been inexorably growing. In the beginning were only dreams, largely confined to an inner scene, the heads of the dreamers, and in form only inchoate images easily modified at the whims of their creators. When the internal-external scene was sufficiently safe, the dreamers shaped up their images and put them into words, risking that, in being discussed and reconciled, with the images of others whose dreams were not identical, they would undergo transformations, and no longer be the sole property of their originators. But what we had to gain was that collaboration of colleagues which is necessary to the actualization of such dreams. Now that the action has been taken and the Institute is a reality, there are fresh risks. Some are felt to emanate from the world outside -- as from the judgment of the profession, of related professions, and of those authorities which have the power to give or deny accreditation. But the gravest risk is to the dream itself, for the processes of realization involve planners in inevitable compromises with the practicable.

My premise is that the best hopes for preservation of the dream lie in continued cultivation of an ambiance in which the play spirit

may be frequently evoked, precisely the atmosphere most conducive to clinical learning.

Wanting to examine in operation the essential features of the learning environment we had created, I was seeking for a schema that would permit me to bridge the usual gap between the individual and the collective, the psychological and the sociological. Somewhat serendipitously (in the course of reading another reference) I came across the work of a pair of sociologists who have especially attended to forms of play as they apply to early childhood education. Omar Khayyam Moore and Alan Ross Anderson (1969) have devised a set of schemata for evaluating educational environments, building upon what they call "autotelic folk models," that is, patterns of activities carried on without purpose other than the sheer pleasure of the acts themselves. Yet these models, being "symbolic maps of human experience," have been used, from the time human beings developed language, as teaching devices. They have all the qualities and all the limits and possibilities which we have come to associate with play. They seem to have arisen spontaneously when and where people were freed from immediate problems of welfare and survival. They are fun. Motivation of a special sort is built in; the rewards being intrinsic, boredom is unlikely. Because there are rules, norms which help to regulate manifestations of feeling, extremes of "instinctual" discharge are avoided; thus they become "schools for emotional expression," moderating the tensions between individual

and social environment. Since serious consequences are not entailed, the sense of risk is minimized. And yet these play-like models are patterns of "outside" activities encountered in earnest, and so are relevant to all of life. Historically, these representative forms of activities have tended to be regarded with suspicion since they seem more pleasurable than utilitarian, and hence societies have seen fit to regulate the times and places for their enjoyment, or -- as Huizinga might say -- to confine them to interludes. There has always been some fear on the part of "the establishment" that if the play spirit eludes confinement the status quo will be gravely endangered.

Moore and Anderson hypothesize that "the major functional components of human personality, and the organization of these components, reflect the structure of the folk models," and we would indeed expect this to be so, since people create those models and are then created by them. Each of those authors' four models emphasizes a different perspective, and a person who has a "social self" should, they affirm, be able to take any of the four perspectives and -- we would add -- in whatever combination and proportion would enable him to "play his part." There are <u>puzzles</u>, which emphasize the <u>agent</u> perspective, or the "joy of being a cause" (Cooley 1902). Puzzles involve us in efforts to clarify or solve that which seems confusing or uncertain. Second, there are <u>games of chance</u>, which emphasize the <u>patient</u> perspective, that is, "being the recipient of consequences over which we have virtually no control." The word, <u>patient</u>,

as used here, derives from the Latin verb meaning to suffer; patience then is "any admirable endurance of a trying situation or person, usually through a passiveness which comes out of understanding" (American Heritage Dictionary).

Third, there are games of strategy, which presuppose the reciprocal perspective, the awareness of "significant other," whom we regard as capable of looking at us as we look at him or her. Clinically, we would say that this perspective entails empathy, an ability readily to comprehend the feelings, thoughts, and motives of one another. Finally, there are aesthetic entities, which emphasize the referee's perspective, in that they have to do with assessing, evaluating, judging. This latter view presupposes persons capable of behaving in the other three perspectives, and hence of comprehending "significant others in interaction." The person who would supervise the play must, of course, be alert to all the elements in the drama: scenes, agents, acts, agencies, and purposes -- individual and collective.

Moore and Anderson do acknowledge that, since we live in a "world in acceleration," these folk models may be insufficient, and that we will need "scientific models" to supplement them. Although they do not spell out "scientific," I am herein taking it to mean models consciously designed and consciously tested and flexibly modified according to both the findings and the changing conditions. The premises of the founders of the Institute were the same as those of these sociologists: that we no longer live in a "performance society," in which it can be assumed that people will simply practice as adults what they learned as youths, that in this "learning society"

it must instead be assumed that, in any occupational field, there will be fairly fundamental transformations over time. Thus, what is called for is a "thorough-going transformation of our educational institutions." We too believed: "What is required is a deep, dynamic, conceptual grasp of fundamental matters -- mere technical virtuosity within a fixed frame of reference is not only insufficient, but it can be a positive barrier to growth." We had been distressed that just such barriers to growth still existed in our profession, and we intended to demolish them.

Those two sociologists propose that within "dynamic models for a learning society" we can identify four principles which permit us declare these models to be more conducive to learning than models in which these principles are lacking or insufficiently included. First is the perspective principle, which states that the learner should be permitted and encouraged to take all four perspectives toward whatever is to be learned: that of agent, patient, reciprocator, and referee, and all combinations of these perspectives. Second is the autotelic principle, that is, that learning should be pleasurable for its own sake and the learner protected from serious consequences. Third, is the productive principle which states that, of several possible versions of what is to be learned, the version chosen is the one which most frees the learner to reason things out for himself with minimum dependence upon authority. Fourth, there is the personalization principle which affirms that the environment must be responsive to the learner's activities and must be "reflexive" -- so that "the learner not only can learn what-

ever is to be learned but also can learn about himself qua learner." As the Institute founders had affirmed, it will facilitate future learning if students can see their own learning careers both retrospectively and prospectively. Since these four principles do seem to encompass in various ways the play elements which have been described, they should provide us with a good basis from which to view the operations of the Institute for Clinical Social Work.

A further reason for the suitability of these criteria for examining the functioning of our school is that they were derived from the work of George Herbert Mead our wrote extensively about "attitudes," which, together with skills and knowledge, comprise the trio of equipment which schools of social work have traditionally aimed to give students. Attitudes are those inner states of mind and feeling which can predipose to actions of a certain type. Herein we are interested in feelings of freedom and safety which enable clinicians to take the risks inherent in becoming students in their "mature years," to break up old orders of thinking and doing so that they may create new ways flexibly adapted to ever changing practice. Only clinicians capable of playful attitudes can enable to attain those attitudes in themselves which can undo previous fixities and the sense of meaninglessness.

Each of the four principles in "clarifying educational environments" can be found to some extent in traditional educational systems.

Students do take various points of view toward what is learned, toward teachers, toward each other, toward self. They do experience some joy in learning for its own sake. They do generally move toward greater autonomy as a result of learning. And they almost inevitably learn something about themselves as they gain mastery through experience and study. What the founders of the Institute have attempted is to use their clinical knowledge and skill to design, and make operational, provisions for building more of such experiences into the learning situation. I will attempt here to highlight that which makes the Institute learning environment quantitatively and hence qualitatively different from the more time-honored programs of the universities and colleges.

Having found it productive to play with Burke's five terms of drama as they might apply to psychotherapy, I will take the liberty of invoking them here, especially since some of them are identical or close to the terms used by these sociologists. Their principles, like those five terms, merge and separate, overlap and influence each other, their very ambiguity giving rise to fresh transformations.

CHAPTER EIGHTEEN

THE PERSPECTIVES PRINCIPLE: REHEARSAL FOR THE PLAY IN PSYCHOTHERAPY

The role of psychotherapist can seen as one of enabling another person or persons to assume any of the four perspectives: that of agent, of patient, of reciprocator, or of referee, or any combination of these perspectives. Thus the therapist herself* ideally is characterized by a flexibility which permits easy oscillation between active and passive stances, by an abundance and capacity for mutual participation and exchange with others, and by a capacity for synthesis of many disparate but interrelating elements in order to attain a view of the whole scene, with its actors either well or ill equipped with agencies which permit them to act in ways that will accomplish their own purposes.

As a private person, the therapist should be able to take the agent perspective on her own behalf and on behalf of those persons, ideas, or causes in which she believes. But she should not be so attached to that role that she is unable to relinquish it so that others may also claim it, as in the therapeutic situation. She should have patience, the ability to endure with a degree of calm that which cannot be changed or cannot be changed as fast as might be desired, without however succumbing to resignation, to unmanageable feelings of futility, despair, or failure. The capacity to bear delay and to wait for the right moment will render less likely the temptation to interpret prematurely or to

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*As in The Play in Psychotherapy, I am herein using for convenience the feminine pronoun for the therapist and the masculine for the patient.

offer to others solutions of her own devising. The therapist must stay available to be engaged in the reciprocal perspective, drawing upon empathy as a way of imagining what the other is perceiving, considering, feeling, thinking, and intending. Since she is not tied to techniques, to systematic procedures by which to accomplish her tasks, her empathy is her main guideline. She never exploits this knowing to manipulate others for her own ends, but to strengthen the other's capacity to reach for his own goals. The patient's reciprocal skills tend to be increased as he experiences and identifies with this empathic quality in the therapist. For the therapist the referee perspective is an essential antidote to assumptions of omnipotence; she must remain aware that the outcome of therapy will never depend solely upon her, but also upon the patient and his life situation. And for the patient too the attainment of this perspective is what enables him to make personal choices, including choices as to how and when and for how long he will elect to use this therapy.

The play of psychotherapy is then a conjoint project, with certain rules which ideally protect the autonomy of each while paradoxically resulting in moments of experiencing erasure of felt conflicts between inside and outside, in such a manner that transformations occur in both participants. Rehearsal for that play, or the process of clinical education should therefore afford students the opportunity to assume each and all of the four perspectives.

Admissions

The Institute places great emphasis on the student as agent, as designer, executor, and evaluator of his own learning. In fact, in its very selection process, it looks for persons who have shown evidence of being "autodidacts," by attending to their own continuous education following receipt of the Master's Degree, and who show aptitude for measuring their own present levels of knowledge and skill. The very first act in that process is one in which the prospective student submits documents which include, along with transcripts of former schooling, a self-evaluation of professional competence, and a statement of what the expectations are from this new learning experience.

As his second act, the applicant whose initial documentation is satisfactory participates in a group admissions procedure, designed to give him a sample of that which will go on in the scene which is the Institute learning environment. He listens to the presentation of a case, an act by one of the faculty, and in so doing assumes the patient perspective in part; there are elements of chance, for he has no control over the matter of who does this presentation, nor over the type of case he will hear -- which we may think of as a sort of puzzle to be solved. But, as in the role of therapist, he will listen not only passively but then actively, bringing to bear on what he is hearing the agencies of his previously acquired knowledge and experience with cases of this kind. Thus there is an agent perspective in his listening too. And it is from this

perspective that he will then speak, this act moving him into the reciprocal perspective -- and into awareness of being seen by others even as he is seeing them. The necessity to speak changes the scene, reducing the sense of safety, heightening the felt risk for the speaker. But since his immediate purpose is to make as good a showing as possible in order to be accepted by the Institute, he may not experience a sense of full choice here. As others also speak, this applicant assumes an agent perspective in evaluating their comments -- initially seeing them to some degree as puzzles to be figured out, then a patient perspective as he passively receives what others are saying and await his turn to speak again, then a reciprocal perspective as he experiences exchange with others who are becoming more clearly defined as individuals, and finally a referee perspective as he is able to attain to some grasp of the whole scene, and to assess his own and others' performance within it.

These perspectives shift and deepen as the applicant has an opportunity to present a case of his own and to listen to cases presented by the others. There are puzzling aspects to each patient discussed, and renewed uncertaintly about self and others as the ritual unfolds. Elements of chance definitely enter in -- with whom one is thrown for these discussions, how they are thinking and feeling and acting in this potentially anxiety arousing situation, how one is oneself thinking and feeling and acting, how one observes oneself being observed, and how all of this is mediated by the faculty persons

who are, from the referee's perspective, overseeing the game. How safe the scene will feel will depend upon the faculty's use of clinical skills to diminish felt jeopardy, but also upon the interpersonal situation existing because of the idiosyncratic characteristics of these assembled clinicians, and upon the degree of inner security or lack of it in each individual. At best, the applicant comes to identify with the referee's perspective and gains an insight into self in this situation, an overview which permits him to make a decision whether or not the program is one in which he would want to place himself.

In spite of the tensions entailed, this group admissions ritual tends to be experienced pleasurably by participants. It is already productive of learning, both substantive and about self as learner. Each participant has the opportunity to experience the responses of others and to begin to incorporate them selectively into reflections about his own state of development as compared with others, and possibly to become clearer about his own aspirations.

Independent Study

If the applicant is accepted by and accepts the Institute, he is then assigned to a colloquium, a group in which he will participate as long as he remains a student, and to a Mentor, who will work with him individually throughout the program. In these matters he has little choice, for geographical considerations largely determine which colloquium will be convenient for him, and the colloquium assignment usually determines who will play the role of Mentor since

the Animateur of the colloquium and the Mentor work as a team. Thus, over these vital aspects of his participation, he does, in fact have virtually no control, and must assume the patient perspective. How much or how little suffering that perspective spells for him is, of course, a consequence of the somewhat accidental match or mis-match between him and the faculty persons involved, and between him and the others assigned to the same colloquium.

Some learners, filled with a sense of themselves as agents, (and indeed encouraged in this by Institute philosophy), have been disappointed to have these determinations made by chance. Some would have preferred another group, perhaps because their friends were there, or because they regarded it as superior either in composition or in leadership. Some would have preferred different Mentors, either because of personal predilections or because they feared that the different theoretical persuasion of this Mentor would not be compatible with their own. From a few persons there has been vociferous protest, from others an attitude of resignation, and from still others manifest forbearance -- a restraint against expressing annoyance with what they have seen as provocation. Thus students are to some extent in the position of patients who do not have a choice of therapists, but who are assigned by the agency or clinic. And in addition therefore to the complications of all beginnings there may be initially negative feelings to be recognized and worked

through. Perhaps more than most patients, the students tend to be aware of their feelings about the arbitrary nature of assignments and to be articulate about them. And perhaps more than most educators, the faculty of the Institute affirms the value of complaint, and even attempts to elicit dissatisfactions when they do not openly emerge. The opportunity to grumble about that which cannot be changed modifies the patient role, affording some aspects of that of agent, in that the student can work through with receptive faculty his resentments about the fortuitous element which will be encountered and re-encountered in the educational experience as in much of life. In such working-through he realizes that faculty too had little if any choice about assignment; both must accept a certain patient perspective, and in their mutual acceptance they reach to the reciprocal, and to some glimmerings about probable other chance aspects of their joint endeavor.

The first encounter with the Mentor must resemble somewhat the first encounter of an unsophisticated patient with a therapist; it must confront him with a puzzle to be solved. For the Mentor plays a role which has no exact counterpart in traditional academia. He is not teacher, although he may, in discussions with the student, impart both knowledge and skill, and the student may learn from the Mentor as an esteemed example of a clinical social worker. He is not tutor, for his purpose is not to instruct the student privately. Nor is he yet a counselor whose role is guidance, showing that student the way or directing his conduct. He is not a supervisor either, although the student will be bringing in case material

which the two of them will be reviewing together. Neither is he therapist, although in the course of their several years together the student will likely share much that is personal and troublesome. And the Mentor will most definitely use his therapeutic skills -- to the end of maximizing the student's sense of choice in this program and his participation in their shared on-going task of culture building of the Institute itself. The Mentor is there to try to provide "a place for the nurture of autonomy" (Seeley 1956), but the student, unused to such provision in his previous educational experiences, may take some time to believe in this "safe space." In his attempt to solve the puzzle of who the Mentor is and what contacts with him will be good for, the student may act upon a number of hypotheses carried over from past encounters with "authority." The patterning and duration of such testing procedures will be determined in part by the degree to which he has resolved his previous attitudes either by subservience or rebellion toward representatives of what he regards as the "establishment," and in part by the skill of the Mentor in restoring to the student the role of co-agent, "significant other," with whom there can be reciprocal exchange.

They will be engaging together in what John Seeley calls the "liberative arts." Both must be to each other "like the epitome of the friend and the epitome of the stranger," their focus on a process of mutual education, the "only necessary joining value... the pursuit of truth," the process, "a continuous examination of the world

as it is mirrored and distorted in the self, and of the self as it is projected in and distorted in the world -- including the world of the liberative relationship," and the product, "two people who know more about each other, each about the world, and each about himself." The object of their discussion is not consensus and agreement: "Any lesser object for discussion than 'mere clarification' vitiates discussion, just as any object for play but 'mere pleasure' vitiates play."

The Mentor-student relationship thus involves both participants in the four perspectives. Each may play agent, addressing self to the puzzle which the other presents at different times, using agencies both have acquired in clinical practice. And in turn each may assume the patient perspective, receiving both passively and actively that which the other may chance to bring to any given meeting. They thus learn and teach each other in a reciprocal manner, and in the process of so-doing both gain that perspective as referees on the whole structure and organization of the Institute which is necessary if they are to participate in constantly changing the scene to promote that on-going learning which is their mutual purpose.

In his program of individual study the student ordinarily does a great deal of reading, but, as is not true in traditional academia, there are no texts, no assigned books or articles. The student may ask for suggestions from Mentor, Animateur or peers, but he

chooses what he will peruse, following his own felt needs and interests at any given time. Reading, say Moore and Anderson, emphasizes patienthood, but when that reading is by adults who have thus chosen the material, and especially by adults who are increasingly learning to read critically, there is ideally an oscillation between the perspectives of patient and of agent. The reader is not just submitting to an authority. In fact, we might even propose that, especially as one comes to know an author's works, something like a reciprocal perspective is attained imaginatively, a sort of silent dialogue with the writer whose responses are, as it were, "hallucinated" by the reader; he "hears" what the author thinks of his critiques, his ideas as he "tells" of these. And he is applying his aesthetic judgment, evaluating the writer's message and his way of delivering it.

Similarly, as the student elects to attend courses and lectures given under other educational or professional auspices, he takes all four of the perspectives. As agent he chooses that which suits his interests and aims at the time, although he may have to endure, more than in the Institute itself, a somewhat passive stance vis-a-vis the offering, for he has a lesser sense of control over the content or mode of its presentation or of the assessment procedures which may be applied to him. He does not even have to be apprehensive if the institution is one which will examine and grade him, for this will have no impact upon his standing in the Institute for Clinical Social Work, where all that will matter will be his assimilation of learning for his own purposes. His patient perspective,

moreover, may be mitigated by the sense of autonomous choice; indeed he may even take private delight in this opportunity to be "fed," so to speak, to enjoy a phase of being simply receptive. He may or may not have the chance for reciprocal exchange either with the teacher or the other students, although, as with reading, he may in fancy conduct lively discussions. Inevitably he has in mind appropriating that which is being taught for the purpose of sharing that with Mentor or with other students in his colloquium, or perhaps for incorporating in a paper he plans to write. Because he carries with him the image of how things are done in the Institute, his referee perspective is sharpened; he becomes increasingly a keen judge of other educational environments -- and especially of what they might have to offer him, and their limitations at different stages in his learning processes.

Writing, say Moore and Anderson, emphasizes the agent perspective, and certainly as the student turns to pen or typewriter -- or perhaps to tape recorder -- he has a strong sense of self in an active process of selecting from his various sources, composing a statement of his own. But he may also have to suffer the patient perspective, for he usually becomes conscious, sometimes quite painfully, of the limitations of what he knows or can say in this moment -- due in part to the circumscribed nature of his experience with the topic or with writing itself, or to practical restrictions on the time available. When he imagines others reading his work he assumes the reciprocator perspective, and what he puts down may be in some measure

determined by that. As he evaluates his process and his product he takes on the referee perspective, relating this piece of experience to the larger area of learning.

Independent study in the Institute includes, as practicum, the student's on-going clinical practice. One of the immediate effects on the play of psychotherapy of the therapist's putting self in the student role may be that he assumes imaginatively in the hours with patients something of the reciprocal perspective, vis-a-vis Mentor, Animateur, and peers, seeing self as others may, worrying whether he is doing therapy in a way that would be acceptable to these "others." If he is not yet feeling safe with those seen-to-be-judging others, he may be catapulted into an unpleasant, not yet perfected patient perspective, a feeling of being inadequate as measured by criteria which are not yet "owned." And in fact there are students who complain that their spontaneity and effectiveness have been jeopardized. In the opinion of some writers on the teaching and learning of psychotherapy, this usually simply means that the student has arrived at a greater awareness of mistakes (Ekstein and Wallerstein, 1958). Anxieties lest one lose the intuitive "gift" in the process of acquiring substantive and theoretical knowledge have often expressed by Master's degree candidates too, but usually seen as pertaining to a phase which will be transcended (Avallone, 1969). It may be more frightening for professionals who have been in practice for years to find themselves regressing to a sort of crisis of self confidence; they may be alarmed for

themselves and for their patients. Most, however, have been able to negotiate these felt "empty spaces," and, internalizing the trust which they sense from colleagues, progress to even higher levels of felt confidence in their own competence.

A few, uncertain whether they could attain to that complex integration of theory and practice, have voluntarily withdrawn from candidacy. In that act they have claimed the agent role, and in an important sense validated our belief in the capacity of those who were accepted as students to evaluate self and the Institute as it could contribute to their professional development. The scene may not have been for them, or not for them at this stage in their own unfolding.

Those students who have been able to suffer and survive periods of doubt and uncertainty about their own practice have reported a surge of growth, personally as well as in clinical acumen and skill. In becoming alert to their own learning problems, they have simultaneously become alert that these same problems interfere with the play in psychotherapy. Some discovered their marked predilection for the agent role had made them tend to control their patients, as by determining the subjects to be dealt with, the focus of intervention, even the goals of therapy; or they found out they had needed to be clever, knowing and predicting, precluding that surprise which can ensue when patients elude our labels, evince unexpected traits and behaviors. Others became conscious of a pre-

ference for the patient perspective, a tendency to a degree of passivity that sometimes meant they were not offering enough feedback, enough mirroring, enough of that insight which could enlarge their patients' sense of autonomy. Still others learned that their own needs for reciprocal exchange made them inclined to lose sight of their professional roles, and hence to share with patients facts and feelings about their own personal lives -- out of their own needs, unmindful of the multitude of ways this could interfere with the patient's use of the transference as a playground. And finally, there were those who, needing always to keep track of the system to such a degree that the other perspectives were slighted, found that they managed to remain somewhat uninvolved with patients by taking an "objective" stance in a kind of hypertrophy of the referee perspective. In many instances, these, sometimes painfully arrived at, insights lead quite naturally to effective reparative acts. Again, the student may decide to seek consultation, to engage for a time in a process which will afford him regular reflections on his work so that he may in time constitute a mirror for himself. Or, if he finds in himself some tendencies to fixity in his patterns, he may turn for a while to a fresh period of psychotherapy to restore flexibility and playfulness.*

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*Although it is not a "requirement" for admission to the ICSW that the applicant have had psychotherapy, it is rare that seasoned clinicians have not experienced the patient role, both to address themselves to personal problems and as a valued, if not indispensable, learning experience.

The Colloquium

The colloquium is an informal meeting for the purposes of discussion. Each participant is teacher and student, alternatively and sometimes simultaneously. The Animateur is there, as the title implies, to attend to the processes of group learning in such a way as to keep things zestful, interesting, enlivened. She is not a teacher, does not lecture, does not make presentations unless the group specifically requests them, and then only if she happens to have some expertise otherwise lacking among the participants.* She uses clinical skills to enable students to assume the multiple perspectives toward the content to be learned, and hence to fostering the capacity of each student both for self-evaluation and for appreciating the contributions of peers.

This entails, as in the therapeutic situation, using all her clinical knowledge and skills as agencies to avoid having to play too much of the role of agent, which role she wants the participants to cultivate. Her acts will primarily be designed to create and maintain a safe scene in which students will feel free to want and not want, to fear and not fear, to speak and not speak, to believe and not believe. If the purpose is to be promotion of pleasure and skill in on-going learning, and if, instrumental to that goal, is that the student achieve increasing consciousness of self-as-learner, then -- as in psychotherapy -- that will best occur in an atmosphere of play, with felt jeopardy at a minimum. In a sense her official

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*Since all Animateurs so far have been female, I will now use the feminine pronoun when referring to this role.

role is most akin to the referee perspective, for she oversees the games which will occur in the colloquium, but in her acts of reflecting back to the group that which she observes, she turns over even that role to them. To a great extent they will be inventing the rules of the game, and she will be helping to alert them to the implications of those rules for them as individuals and as a group.

Like patients who expect the therapist to behave in the same way as have other authorities in life, students in this unfamiliar learning environment tend initially to project upon the Animateur images of teachers and professors which have been acquired from past experiences in schools and universities. They are not quite the autodidacts they have wished to be, and they fall back into looking to the Animateur for directions, for standard methods and procedures. Sometimes, like the patient who does not receive the "guidance" he demands, they may even be angry. But, sophisticated in the matters of transference, they also tend to be open to interpretation very early in "the game," and rather quickly move to try out the new freedoms.

The group collectively determines the content to be studied and the way they will go about it, but since this will involve certain negotiations with each other, they first set about to solve the puzzle of who each person is and what sort of entity these assembled clinicians will constitute. It is, as we said, somewhat fortuitous

that these particular social workers are together, but they do have in common that they are relatively experienced in their work, that each has chosen and been chosen to become a candidate for the doctoral degree in this maverick Institute, that they are more ready and willing than most to play a game of chance -- for there could be no guarantees that the school would be accredited, and it has already been extemporaneously disapproved by certain prestigeful organizations purporting to represent "the profession." There is thus some bond in their shared concern to make this new scene effective for learning.

But there is bound to be some felt conflict. How does one insure that one's own learning needs and interests will be met if one must at the same time make concessions to the learning needs and interests of others? Each in turn initially tells something of his professional history, and as the others listen, they formulate tentative hypotheses about the quality and quantity of this person's experience and development to date, and how that measures up compared with their own. And they try to foresee who in the group can be counted on as allies, and who will be, in all likelihood, "on the other side," and have to be "won over" or outvoted. Thus they begin to develop a game of strategy, in the awareness that no one of them will control all the variables on which the outcome will depend, that each must take account of the potential actions of the others.

In most of the groups this game was set up at first as a no-win and no-lose one, which is to say that the topics decided fcr initial focus were generally those about which no participants were particularly well informed. They thus afforded themselves a certain illusion of equality: all were agents, all patients; they learned and taught together as reciprocators, and they assessed what they had done as referees. From this comfortable basis of shared satisfactions, it becomes easier, by further conferring, to arrange the next topics, and means of dealing with them.

Those learners most filled with a sense of agency tend, in the next phase to the group's evolving, to be permitted a large voice in determining topics and who will present them. Those more comfortable in the patient perspective tend to content themselves for a while to "go along." Thus in one group, for instance, the more aggressive ones swung the decision toward dealing with substantive and theoretical material rather than the case presentations which some others would have preferred, and they volunteered to play the teaching roles. But the patient perspective in the Institute involves not only the capacity to bear delay and to wait for the right moment to become active oneself, but also the responsibility to listen actively as well as passively, and to offer to the presenter comments and criticisms of his material and organization, and so this perspective by no means demands inertia or total submission. As these comments are well received, appreciated by both

peers and Animateur, the less bold ones are inspired to action themselves, reaffirm their predilections and claim a full share of the agent perspective.

The capacities of members of the group to identify with each other are enhanced as they participate together over time in the processes of learning and teaching. There is a growth in empathy with the presenter on the part of those who serve as audience, and in empathy with listeners on the part of presenters, based in both instances on personal experience in viewing things from both perspectives. Thus reciprocal exchange is enriched, and "fair play" emerges as students come to know and value each other and to care for that which all are creating: they assume the referee's perspective.

CHAPTER NINETEEN

THE AUTOTELIC PRINCIPLE: THE FUN OF LEARNING IN A SAFE SPACE

According to Moore and Anderson, the environment most conducive to learning will be one in which the activities carried on are maximally autotelic, that is, pleasurable in and of themselves, and hence done for their own sake, with no extraneous objective, no utilitarian purpose. An autotelic act is therefore a ludic act, characterized, as is all play, by that sense of freedom which is possible when there is no desperate inner need and no outer coercion. Tension may be present, but accepted as part of the fun of the game, the challenge being to overcome it, while adhering to the rules to which one has agreed. Part of the fun is the opportunity for self expression and for further development of the self. Autotelic activities are personally meaningful. The player strives for competence in the game itself, the prize being simply a bonus, symbolic of victory but not in itself the valued end.

However heterotelic acts may also be ludic. Piaget (1962), comparing heterotelic and autotelic, says that in the former "the direction of the behaviors is outward in so far as there is subordination of the schemas to reality, whereas in autotelic activities the behavior is inward, in so far as the child, while using the same schemas, enjoys exercising his powers and being aware of himself as the cause . . ." We might say that heterotelic behaviors are those which follow the reality principle, and autotelic, the pleasure principle. Since the

sense of being able to adapt is often pleasurable, even those changes in behavior we may make in order to adjust to a new circumstance or environment may afford us enjoyment. And certainly activities that we have learned in accomodating to reality may later be employed in playful gratifications. Although Piaget defines play as essentially assimilation, he includes "assimilation which subordinates to itself earlier accomodations and assimilates the real to the activity itself without effort or limitation."

Thus, although much effort may go into acquiring the skills to function in this unstrained way, autotelic acts come to feel relatively effortless because of the pleasure experienced in performing that at which one has become very good. And, we might note, the joy at being able to do something well can carry over into the next phase of effort to do it even better. Thus, even a sense of effort can become pleasurable when one is fairly confident of success.

Perhaps it is only in early infancy that we can spend most of our time in autotelic behaviors, oblivious of the issue as to whether they are or are not useful. Nevertheless, we could hypothesize that the memory of those unhurried, relaxed, delightful, spontaneous acts may generate a wish for more of such experiences, and hence power the search for new versions of that easy-going effortless state, the pursuit of happiness (Shor and Sanville, 1978). Freud (1911), although he seemed to favor the reality principle, formulated a more subtle perspective: "Actually the substitution of the reality principle for

the pleasure principle implies no deposing of the pleasure principle, but only a safeguarding of it." Thus he seemed to imply that we must progress in order to protect our regressive experiences of carefree pleasure, a view later identified and elaborated by Balint (1959).

In that same article, however, Freud described education as "an incitement to the conquest of the pleasure principle!" He was speaking of childhood education, of the sort in which love and approval are offered as a reward to the child willing to relinquish joyful pursuits and to turn instead to earnest efforts. Perhaps, paradoxically, playfulness in education may be more likely for adults, at least for those who have attained sufficient autonomy that they are not primarily moved by the need to please others, nor by a practical need for the prize, the degree.

In most programs of clinical education the awarding of the degree or the certification is crucial, necessary to the obtaining even of the license to practice. In the Institute, students have no "public" purpose; they are already in practice, most in situations where they do very well indeed, earning good incomes, enjoying the esteem of their colleagues and of their respective communities. The Master's Degree was an essential, part of the basic requirement to become a clinical social worker, but as yet, the doctorate is not demanded, except in academia. For the most part, students who want to become faculty in colleges or universities would not come to the Institute, since, until it wins accreditation, it is doubtful

whether its degree would be accepted in those traditional institutions. So, students who enter the Institute program do so primarily because they want to learn, to improve their knowledge about theory, and to become ever better practitioners. There is no external coercion; the activity is voluntary. The overall "rules" which obtain are those in the model program of Moore and Anderson: "You do not have to come; you may leave if and when you wish."

But, although students do not need the degree for any practical purpose, they may want it for a variety of private reasons. There may be imagined benefits from the appelation, Doctor, such as that in some instances, employing agencies might be willing to award higher salaries -- although this is untested as yet -- or that, particularly in multi-disciplinary settings, it might bring greater feelings of quality, greater respect from colleagues in the professions already so entitled. Or, as in various forms of play, there may simply be the desire to test oneself out, to discover what one can accomplish; "the mountain is now there, so I will see whether I can climb it." Inevitably, at least among these first students, there must have been something of a pioneering spirit, an adventuresome and willingness to risk.

For risk there is bound to be. Even though the Institute might try, as Moore and Anderson suggested, to "protect its denizens against serious consequences so that the goings on within it can be enjoyed for their own sake," these students experience dangers both inner and outer. Consider their plight. They are seasoned practitioners,

known for competence; fellow professionals have been referring cases to them; they are "established." And now they enroll, at ages in which people have not ordinarily been attending school, exposing themselves and their work to the scrutiny of their peers. As they acquire new information and skills, they may even suffer a sort of retrospective crisis of confidence as they view critically their former ways of thinking and doing. In truth, the conscientious practitioner probably always suspects that he or she does not know enough, does not have skills that are fully adequate; in the nature of their work, clinicians must make peace with some experience of deficiency. Those social workers who enrolled could acknowledge this experiene undefensively, could write of it in their formal applications, and could speak of it in their initial contacts with Mentors, and then could share that inevitable insecurity with their Animateur and peers in colloquia, and some finally in plenary sessions at convocations. Each of these steps has involved, as reported by students, an increasing sense of possible joepardy, but in proportion as the student has been able to experience being known and confirmed, both because of and in spite of being known, his zone of felt safety has enlarged and his capacity for risk taking has extended. There comes to be a sense of pleasure in accepting and surmounting risk; the heterotelic becomes autotelic; the play spirit invades the "serious" side of life.

Moore and Anderson, in their design, felt it important to allow for privacy since "play means both not having to do something and not having to do it in the presence of authorities." The greater part

of the student's learning in the Institute is conducted in private, through reading, writing, thinking, practicing. Like patients, students report a variety of feelings about the large areas of privacy allowed them. Some, perhaps those without immediate family ties, have complained that work itself is somewhat isolating, since -- as we have said -- there cannot be full mutual exchange with patients; these students would like more colloquium meetings. Others, especially those who still have family obligations, sometimes have difficulty arranging the privacy they need for individual work; even colloquium participation can occasionally seem an interruption. Still others manage to set aside predictable time and space, and to thoroughly enjoy their solitary learning. The student brings in distillations of those private activities as he feels it both valuable and safe to do so. We might guess that ideally something of the same dialectic occurs for him as for the patient in liberative therapy, that satisfactions in aloneness carry over into relationships, and that experiences of comfortable togetherness enhance the experiences of privacy and render them more enjoyable.

A possibly special complication to the feeling of safety within the colloquia these first years (1977-79) has been the presence of students who simultaneously are serving as Mentors to students in other groups. Even though faculty is not, as in traditional institutions, playing authoritarian roles, at least initially there was some guardedness and suspicion that student-Mentors were akin to spies in the

group, there to size up the other students and to report to "The Faculty." Thus, like patients, students at first manifest "transferences" from past educational experiences and they project their conscious and unconscious expectations on available "objects." As time went on, and the acts of those student-faculty were not as anticipated, as these Mentors played the role of students while in the colloquia, being open, demonstrating their shortcomings as well as their strength, the "paranoia" subsided.

There would seem to be no short-cut to creating a feeling of psychic safety in a group. Like therapy, the process must run a certain course; it will be longer or shorter depending upon the characteristics of the participants themselves and upon the skill of the Animateur. It will at least be facilitated when we can all consciously subscribe to the idea that "the best way to learn really difficult things is to be placed in an environment in which you can try things out, make a fool of yourself, or play it close to the vest -- all without serious consequences" (Moore and Anderson).

Like patients who progress best when least intent upon it, students will, paradoxically, move most rapidly toward the goal of becoming skilled learners when they have no urgent purpose, so that efforts can feel meaningful because they are directed toward achieving states in which work can feel effortless.

They are then more likely to produce work characterized by originality, humor, playfulness, relative lack of rigidity, relaxation -- and maybe even wild and fantastic ideas! (Torrance, 1965.) From felt autonomy they may move through phases of veritable megalomania and into the illusion of self-sufficiency. But, like the creative children in Torrance's studies, they can be said to be both "more sensitive and more independent," which could suggest to us that they are capable of experiencing also the benign illusion that there is no discrepancy between what they want and what others want of them.

Although the Institute operates on a policy of non-interference, non-pressure, the purpose is not license but rather, as with Summerhill (Neill, 1960), "responsible freedom," which enables students to expand creatively. As Maslow (1968) put it, "succeeding upon the spontaneous is the deliberate; succeeding upon total acceptance comes criticism; succeeding upon intuition comes rigorous thought; succeeding upon daring comes caution; succeeding upon fantasy and imagination comes reality testing."

Maslow stresses the expressive qualities of self-actualizing people rather than their abilities to solve problems or to make products. Nevertheless, Institute students are concerned also with problem-solving, and they do create products.

CHAPTER TWENTY

THE PRODUCTIVE PRINCIPLE I: INFORMATION AS PRODUCT

The productive principle is simply that one environment is more conducive to learning than another if it enables the student to reason things out for himself and hence to generate output of his own. When he acquires not just information but the cognitive skills which enable him to evaluate and to add to his store of knowledge, he feels less dependent upon authority. As he plays with his new intellectual tools, he gains confidence in his ability to deal with ideas. He may then become increasingly prolific in his creative output, and may decide in time even to go into public production with his play.

Attention to this principle in education alerts us to the wide variety of theories and approaches which might be learned, and -- because our cognitive and imaginative abilities are dependent upon the schemata which we have available -- to the heuristic value of the concepts to be studied.

By schemata we mean here those internal, summarized or diagrammatic representations of human experience, those images of "reality," shaped by language, which are necessary for any perception, yet which are always fallible, always in need of refinement to enable us to make ever more subtle distinctions, become ever more precise (Sanville, 1975). These schemata are our agencies, our "tools" for comprehending

the living and ever changing human being in a rapidly changing social situation, and the processes, inner and outer, that promote the sense of participation in that change.

The relevant questions are: What and how much can the student discover on the basis of what he knows, the theories from which he operates? What further learning will enable him to discover more with these theories, or with modifications of them, or with different theories? And what experiences might render him capable of improving his existing schemata, or of inventing new ones?

One could hypothesize an analogous productive principle in psychotherapy, that the patient ideally is equipped with meaning schemes that enable him to make more abundant and useful discoveries for himself, and hence to become increasingly autonomous. To enable the patient to be thus productive, we therapists must be equipped with theories that enable us to make more discoveries and more important ones, as we listen sensitively to patients and conduct dialogue with our inner selves. We seek schemas therefore which enhance not only our understanding of patients, but of ourselves, -- and possibly even of our predilections for one theory over another. Seen in developmental perspective, we might be aware of certain historical factors in our original choice of a theoretical framework, such as the age in which we came into the profession and what was being taught at that time, and what were the prevalent ideas in the

clinics or other settings in which we found employment, and what were our relationships with those whom we regarded as authorities in those theories. Then, as we entered into later stages of our personal and professional lives we may have been influenced by colleagues, but, in proportion as we became independent practitioners, we began to judge for ourselves the merits of the schemata we had acquired and to make those departures which our practice-experience seemed to indicate. We might foresee that, with growing maturity, we would tend to make ever more rigorous demands upon our theories and would become increasingly autonomous in our ability to use theory critically and to contribute to improving it. Such a perspective about our own clinical thinking can be an antidote to conceptual rigidities, and can mitigate the tendency to denigrate those whose theories differ from our own.

Combining the terms of Burke with those of Moore and Anderson, we would say in summary that our theories should let us see ourselves as both <u>agents</u> and <u>patients</u>, having lived and acted and been acted upon in many shifting <u>scenes</u>, in ways that transformed both us and the scenes, and as now living and acting <u>reciprocally</u> with others in a scene which we have created and which, by our <u>acts</u>, will be changing and will change us. They should enable us to <u>referee</u> this game, this drama, so that it moves toward its ideal <u>purpose</u> of liberating us, so that we may keep generating novel solutions to our problems and enable others to do so.

Let us look at the productivity of the Institute in three inter-related ways: 1) information as product; 2) imagination as product;

and 3) public products: writings and the PDE.

Information as product

The word information is peculiarly suited for our considerations here, deriving as it does from the Latin, informare, to give form to, form an idea of. We can read into it that, as we accumulate and shape our knowledge, we simultaneously acquire certain qualities of character, shaping our very selves. When, therefore, we engage in reciprocally animating and inspiring we are forming and re-forming one another. Both the content of learning and the way of learning will affect this product which is information, conceived both as knowledge and as informed self. We have said much about the way; so now we will stress content.

The Institute is committed to a developmental view about human beings, and to a psychodynamic theory as basic, the "trunk of the practice theory tree" (Matushima 1977). There is, first of all, recognition of the need for a common language if students are to learn together, and the language of psychoanalysis is that in which most of us are relatively fluent. Moreover, psychoanalysis has a long history, and has been perhaps the most elaborated of fundamental theories. Those unfamiliar with it are most likely to be taken in by the allegedly "new" notions about psychotherapy, unable to assess them critically, to detect when their founders have simply taken one facet of that multi-faceted design and blown it up into a seeming whole. Many of

the allegedly "new psychotherapies," although claiming explicitly or implicitly to place high value on the patient's freedom of choice, nevertheless use words like instruct, contrive, educate, teach, coach, and train in describing the modes of intervention used by their practitioners. It must be admitted that among orthodox psychoanalysts are many who seem dogmatic in their thinking and ritualistic in their methods. And there are some current schools of psychoanalysis in which therapists insistently push interpretations, neglecting the patient's own pace. All such approaches tend to limit unduly the scope of creative discovery for both patient and therapist.

If we adjudge a therapy by the degree to which it adheres to the ethic which is our heritage from Freud, the ethic of freeing the individual to make his own choices we might set up three criteria for evaluating any given therapy. First, therapy should not impose formalized instructions or inspirational messages, but should afford clients the freedom to discover and explore possible individually valued richnesses in themselves and in their environment. Second, therapy should provide a safe milieu in which patients can express and test out their uneasinesses about both their own and the clinicians needs and intentions in this situation. And third, therapy should not be based just on techniques but on the therapist's evolving theoretical perspective about human development and human interaction (Sanville and Shor, 1975).

Although each student should be familiar with this rich psychoanalytic heritage, he is free to adhere to his own predilections for theory and therapy, and to deepen and broaden his knowledge and skills in that preferred model. But because he can speak in and understand the language of the majority, he can glean more from the presentations of the others, look at his own theory through their eyes, and can enable them to glimpse things through his. This can be productive in both directions, for its provokes the needs of all to re-examine assumptions, and to stay alert to the ways in which our concepts determine what we see. Sometimes we find that others have schemata which permit them to see more deeply or broadly than we, and we must face the need to revise or extend our own concepts.

We could hypothesize that the heuristic value of our theoretical constructs would be measured by their power to let us grasp and to collate clinically relevant information in each of the six kinds of intellectual products delineated by Guilford (1967); units, classes, relations, systems, transformations, and implications. In the realm of information about the human condition, we could see the first four in the series moving from the traditional sphere of psychology toward that of sociology; these "products" are logically related, and, because of their essential inseparability, any full view would have to encompass all. Perhaps when we contemplate that which might be involved in the processes of change in the several spheres, some rather

different interventions would be appropriate, but whatever the method we would expect reverberations throughout the gamut.

The basic unit of clinical concern is the individual, who is seen as a bio-psycho-social being, maturing and developing from birth until death. He goes through ages and stages, each of which is characterized by crises, the outcome of which will be determined by his particular strengths and weaknesses in combination with the social supports and stresses present in his particular environment (Erikson, 1950). He is at once unique and yet shares with humankind universal traits.

The commonalities with others make it possible to describe a person as a member of various classes, as on the bases of age, sex, race, religion, economic condition, beliefs, or diagnostic categories. The development of science is based on evolving ever finer classifications, sub-classifications, and increased specification. Yet the clinician is aware that even the most specifically defined division entails some loss of individualization, and that it is important therefore to stay alert to the dangers of labeling, to be flexibly ready to declassify or reclassify on the basis of fresh criteria.

There exists relations between classes of people: between generations, between men and women, between peoples of different skin color, between those with divergent philosophical outlooks, between authori-

ties and subjects, between therapists and patients. These relations affect how an individual feels to belong to one class or another, and thus influence his self-image. They may result in pride in class belongingness or in shame, or in resignation or in efforts to escape, depending on how rigidly those relations are fixed in systems.

In systems we find the patterning and organization of these units, classes, and relations into functional (or sometimes dysfunctional) entities. The structures of the family, of education, of economic, political, and religious life, and of health care all are affected by and affect the individuals, classes, and relations that are subsumed within them. In proportion as these structures are felt to be fixed and immutable, play tends to recede. Huizinga called our attention to the tendency of systems to become crystallized, "the old cultural soil gradually smothered under a rank layer of ideas, systems of thought and knowledge, doctrines, rules and regulations, moralities and conventions which have all lost touch with play." Since we would undo fixities, we attempt to understand the processes of change.

Thus we would study transformations, the processes by which people modify both their outer behavior and their inner thoughts and feelings and attitudes, by which people merge into classes and re-emerge, by which relations between different classes improve or deteriorate, by

which systems form and jell and become fluid again, by which means affect ends, and by which the processes of transformation are themselves transformed as we develop fresh schemata for examining them.

Throughout, we aim to become increasingly free to associate information in one form with that in another, to be able to anticipate and predict from given information what else is likely or possible, in other words to be aware of the implications of that which we are discovering, including the implications of the schema which we are applying.

Students in the Institute have all begun to move toward healing the old split between practice and theory, with the consequence that a highly responsible autonomy is becoming possible. Students are not learning theory in an ivory tower; they are concomitantly using it in work with patients. As Seeley (1967) tells us, "Theories generally develop best out of problems; and the problems most likely to develop theory are problems for people, problems faced, problems that follow upon commitment and accompany responsibility."

Clinicians are involved in a special kind of problem-solving process which particularly demands creativity, inasmuch as there is no "correct" response to human difficulties. The measure of how "good" is a given solution remains that of the patient; his is the "felicific calculus." Unlike that of the physical sciences, the realm of the psycho-social allows little room for "convergent-production;" there is no "right"

answer in accordance with the information given. Therefore the Institute would ideally promote the development of what Guilford terms "divergent-production" abilities, which are closely related to the capacity for creative thinking: fluency, flexibility, originality -- and the ability to elaborate that which has been produced. And creative thinking derives from playfulness.

In recent years it has been popular for many clinicians to regard themselves as eclectic, but all too often this has only masked a relative naiveté regarding theory. Some young students in schools of social work have been reported as having their impression that theory is not important, that technique is what counts. There is no such thing as functioning without theory; that is only functioning with unexamined theory; and unexamined theory has minimal chance to be transformed.

In the Institute every student has become increasingly conscious of those theories which have guided his therapeutic acts, and most have emended and elaborated their schemata. Although, as we have mentioned, at times a student has been dismayed to find that in this attempt at awareness, his intuition seemed to suffer, in the long run his capacities for "immediate cognition" have been enriched. When the new learning becomes part of him, he can enjoy once more the illusion of knowing without deliberate resort to rational processes, and his use of it will seem natural, or effortless. He will be equipped to become productive.

As John Seeley (1967) writes, "The theory held, or the holding of the theory, is probably the most consequential of all human acts. The beliefs about man are <u>in</u> the culture, and are the most decisive for its general shape. The beliefs about what man is -- about what I am, you are, we are, they are, he is -- and <u>in</u> the person, and are the most decisive for the makeup and outworking of the person."

CHAPTER TWENTY-ONE

THE PRODUCTIVE PRINCIPLE II: IMAGINATION AS PRODUCT

In an article on "The Creative Process," Jacob Bronowski (1958) writes, "The man who proposes a theory makes a choice -- an imaginative choice which outstrips fact. The creative activity of science lies here in the process of induction. For induction imagines more than there is ground for and creates relations which, at bottom, can never be verified." It was out of work with a relatively few patients that Freud created psychoanalytic theory and therapy. At times, in a megalomanic leap, he made sweeping generalizations from several cases. In 1896, for example, he pronounced that every case of hysteria was the consequence of a passive sexual experience the patient had suffered as a child, but only a couple of years later he recognized and corrected his error, discovering that what had seemed fact was inner fantasy. His own lively imagination kept him always revising and improving his concepts, engaging in a dialectical process of testing the heuristic value of his theories with new patients in new situations. Alert to the limitations of his constructs as well as to their use in helping him to discover and learn, being willing to return to the "first idea" (Stevens 1964), the patient himself, and to try to view him afresh, free of predetermined categories. Some of his followers, less gifted in imaginative powers, have sometimes clung in ocnophilic style to the theories of the founder, and have failed to appreciate that there can be only what the poet Stevens calls "notes toward a supreme fiction" which must be abstract, ever changing, and must give pleasure (Sanville, 1976).

As Joyce Carey (1958) put it, "We have to have conceptual knowledge to organize our societies, to save our lives, to lay down general ends for conduct, to engage in any activity at all. But that knowledge, like the walls we put up to keep out the weather, shuts out the real world and the sky. It is a narrow little house which becomes a prison to those who can't get out of it." Particularly in a world characterized by rapid flux and change there is danger in residing mentally in narrow little houses; our old concepts are all too prone to obsolescence. And most especially it is contra-indicated that a clinician on the basis of his preferred theories, should make inferences uncritically about any given patient, or offer interpretations other than tentatively. Clinical social workers, believing as they do in the ultimate inseparability of "inner" and "outer" must stay constantly alert to the ways in which altered social conditions affect intrapsychic conditions, and to the ways in which persons transformed in the changing scene may further transform that scene.

If he is to enable his patient to arrive at new meaning schemes by which to re-order his life, the clinician must himself be capable of generating them. He must be able to depart from or advance beyond the conventional. But, since there is no originality except on the basis of the traditional, he must be solidly grounded in the theories of those fruitful thinkers and doers who have preceded him and in the facts discovered from their premises. Therefore students

in the Institute are encouraged to acquire as large a universe of knowledge as possible, and to understand how it was derived, for we have assumed that information and creativity are related.

Essential to our whole endeavor has been the affirmation that the extensiveness and thoroughness of doctoral level study should foster that comfortable confidence in knowing, or in being able to learn, that could enable the clinician to risk departures from the known, to take off from time to time in philobatic flights of imagination, certain of his ability to return to the relative security of cognitive terra firma, the "reasonable."

For students to become free from intellectual rigidities, the scene must be one that does not equate divergence with abnormality. Unusual questions and ideas are, in the Institute, treated with respect, and "personal style" is valued. The emphasis in learning is not on "facts" but on the principles that pertain for acquiring and evaluating those facts, and on the skills in perceiving the interrelations among those "six intellectual products." Faculty has been selected for capacity to enable students to maintain a critical view of "facts" and of the theories used to garner and explain them. Many students have already developed that critical ability and an imaginative capacity which tends to be contagious; others in association with them tend to catch the same spirit.

Since it was the aim of the Institute to develop scholar-practitioners, it could be relevant here to ask whether we are able to promote those attributes of the creative teacher-scholar as described by J. Douglas Brown of Princeton (1967): an inquiring mind, powers of analysis and accumulation, intuition, self-discipline, and tendencies toward perfectionism, toward introspection, and toward resisting external authority.

Clinically we have always been interested in the factors which render one individual freer than another to ask questions either of self or of others. There are those who hear a piece of information and it drops there, we might suspect minimally in-forming. Others seem stimulated by any new knowledge, aroused to an insatiable hunger for more; they not only inquire further about the topic at hand but are likely to conduct their own private investigations. We begin with an assumption that every human organism has an innate tendency toward exploratory behavior, toward discovering what is safe and what is dangerous in the world around, what things and people can be played with and what had better be avoided or destroyed, and what feelings and actions bring what responses from others. Having experienced in infancy states, inevitably brief, of blissful union with mother, states in which there was as yet no felt conflict between his own needs and wants and those of the other, some part of the infant's search is, albeit unconsciously, for knowledge which would help him to restore the lost illusion. The vicissitudes of this search will be affected by the way in which the child experiences the responses of the environ-

ment to his actions.

Some infants seem essentially more curious than others, less frightened by the novel. Whether this represents an innate difference or is already the reflection of maternal presence it is not possible to say. Phyllis Greenacre (1959) surmised that there are variables within the framework of constancy in the mother's bodily gestalt which furnish the infant with stimulation over and above that which is necessary. In an almost subliminal way the baby then absorbs from the mother's body stimulation which activates his own motor activities. He and his reactions gain individual uniqueness and spontaneity. Kestenberg (1975) has subsequently verified these processes in detail in her observation of the postural and gestural interplay of infant and mother in this early period of life. The mother is thus the first animateur, and we might guess that in proportion as she finds the world pleasurable to explore so would the child be likely to enjoy finding out about many things.

It is our hypothesis that, although these first experiences may exert the most profound effects upon attitudes toward the novel, human beings are eternally capable of being so <u>animated</u>, borrowing, so to speak, motivations from each other, but then making them their own. It is the function of the <u>Animateur</u> to promote the conditions under which this can happen.

Inevitably, students will differ in their ability to internalize this inquiring spirit. Some, in childhood will have been brought up to believe that children should be seen and not heard; others will have been encouraged to converse with adults, their questions and comments respected, valued and responded to. Women students may suffer from old stereotypes that females are intuitive but that intellectuality is damaging to their feminine nature; men may have been taught constraints on expressiveness. Past educational experiences may have instilled concepts of the student role as relatively passive, the patient perspective. And cultural or religious beliefs may have inculcated notions that authority is somewhere outside oneself. However, we may assume that these mature clinicians have, to some extent, been able to transcend those old constraints, and that, to the extent that they are still haunted by them, they are at least aware and are moving toward further transformations by their very presence in the program.

Students in the Institute tend to be characterized by a certain openness to experience, to what Rogers (1954) calls "extensionality." They have, almost without exception, worked -- or played -- in therapy to become maximally undefensive, both to inner and to outer stimuli, and they are generally ready to be undefensive about their remaining defenses. Some have more tolerance for ambiguity than others, a greater "permeability of boundaries in concepts, beliefs, perceptions, and hypotheses." But there does seem evidence that as they "progress" in accumulating a store of knowledge and in ability to apply it, they

consequently become freer to "regress," to play with ideas and their interrelationships. Out of a capacity to order they can engage in some constructive disorder, particularly in this ambience where that is acceptable.

Students are finding themselves increasingly able to acquire, understand, evaluate, and retain knowledge in an orderly manner. All of these accomplishments are facilitated by the constant application of this knowledge in practice. The clinical field is one in which hasty and partial solutions to difficult problems are patently inadequate; and within the Institute the interaction with peers discourages easy answers. Brown speaks of the need for the "cross-criticism of colleagues and the polite doubts of students to prevent mastery from becoming arrogance." Those of us who teach in other settings could testify that young students' comments these days are not always tactful and courteous; but, in the Institute, our fellow students who are also colleagues tend toward responses which are duly respectful or even indulgent, sometimes to the extent that we may not always be sure of receiving the full critique that we seek if we are to perfect ourselves and our social world. Sometimes we have experienced conflict between the wish to tell a presenter the merits of his work and the mutually accepted mandate to offer as well as some judgment of possible faults in his thinking, or in approach. I will discuss later on in this writing the problems and prospects of our developing capacities for creative critique.

Retention is most likely when learning has been acquired in a pleasurable way; experiences in a playful context have a tendency to endure. This is because such experiences are assimilated, become part of us; we remember them and in so doing render our own being continuous (Bergson 1941).

When Bergson affirms that the true nature of things is apprehended by intuition, he is not touting mystical values or depreciating intelligence; rather, as Burke tells us, he sees intuition as a kind of "super intellectual instinct," informed through education.

As Brown phrases it, intuition is "creation from and not against." It requires for its workings a store of knowledge out of which discovery can emerge, out of which one can have the courage to break with convention. We might add here that the knowledge of which we speak is not only of strictly clinical facts and theories, but ideally a rich liberal education. So far, students in the Institute are old enough to have gone to college in the days when one did not major in social work at the Bachelor's level. We have grave questions about the power of the narrow specialized training in BSW programs to promote the development of the "super intellectual instinct," and as the Institute moves to accept younger students there may be some felt need to make up for educational deficits.

The factors which act against the free exercise of intuition are those that diminish playfulness. In the role of student as well as in the

role of therapist, urgent personal concerns can get in the way. When one feels pressured by deadlines, or when there is a demand for "results" the capacity for guessing accurately, for sharp insights recedes and there is resort to rational processes -- or to rationalization. School (from the Latin, schola, meaning leisure, school) requires some free time-space. Those students who did not allow this "leisure", but tacked Institute participation on to already heavy committments, deprived themselves of a sense of playfulness in their learning. This affected their perception of the program, the faculty, their peers, and of themselves; they were prone to feel put upon by inherent time limits such as the dates of meetings with mentors, of colloquia, or of convocations. They more readily projected upon Faculty images of authority, and saw themselves as subjects.

"Academic freedom," says Brown, "is the freedom to think intuitively about all possible answers to man's questions about the unknown or the unresolved." But that freedom is experienced only by those who have established and submitted to an inner authority which is not felt to be tyrannical.

Students who have developed such self-discipline are capable of that sustained work which feeds into the well-spring of intuition, and which is necessary in the process of testing the ideas which intuition has produced. At the advanced level of Institute students this is not ordinarily a problem; there are usually old ingrained habits of

scholarship, perhaps somewhat rusty from lack of sufficient exercise but capable of being resurrected and polished up. This seems to have been minimally difficult when students have been imbued with enthusiasm and love of learning for its own sake; the lines between discipline and freedom become hazy indeed.

It might surprise some clinicians to find "a tendency toward perfectionism" listed as a desirable attribute; we are somewhat accustomed to thinking of the propensity for setting high standards and then being displeased with anything less as a symptom of the obsessive-compulsive character. Indeed, in some of the early colloquia meetings students expressed dismay at what they were feeling were the "perfectionistic aspirations" of Faculty, and some Animateurs, with the benign motive of wanting to diminish anxiety, found themselves reassuring students that the goals were to be "realistic". Such a mode of restoring confidence may preclude the learner's discovery that the wish for perfection resides in his own being, and that it is, in essence, this very wish that provides the root motivation toward repair which patients seek in psychotherapy and which we are seeking in higher education (Shor and Sanville, 1978). When perfectionism appears as an aspect of a clinical syndrome, it will generally be found to be because the patient has been subjected to an authoritarian unbringing; the order toward which he strives is not playfully created out of his own wish for esthetic symmetry, but has been imposed. He thus experiences a "demand" for order as emanating from without, and requiring unremitting labor and a sense of effort. In education as in psychotherapy we may come to recognize the value of a perfectionism that is "owned," and to distinguish that from alien

criteria of success felt to be so impossible of achievement that they are self-defeating -- resulting either in paralysis or in products that are unimaginative. The perfectionism which we could claim is grounded in an image, not necessarily conscious, of a paradise lost, and it manifests itself throughout life as an on-going search to perfect both self and social relationships. That search, evident in the phenomena of play, is not characterized by the steady upward haul but by alternating phases of "progression" and of "regression" that is, of adjusting and adapting to "reality" and of breaking up familiar patterns to reform the elements into new and more abstract designs.

In our toleration for this perfectionism in individuals we will inevitably encounter challenges to our ability to perfect the institutions within which they function. As Brown warns us, such a person "becomes a perfectionist not only in his chosen discipline, but in other areas of living, sometimes to the point of irritation for those who want him to be practical . . . But the true perfectionists is not dismayed and persists in expecting rare foresight and generosity in all those who support his work." He is thus wishing to enjoy new editions of the primary illusion, and we who would gratify his wish must remain playful in our roles too.

As clinicians we would agree with Brown that "the most complex and productive laboratory in the world is the human mind." The tendency toward introspection is well established in clinicians. We might assume that a proneness to self-examination is one of the qualities

that lies behind our very choice of this career, and that this tendency augments with the practice of psychotherapy. But under what circumstances is this habit of contemplating one's own sensations and thoughts likely to contribute to creativity? For, as Brown notes, "This is not always the source of happiness, especially in the perfectionist, the self-critic, and the person of intuition." Sometimes the inward look can be painful, for it reveals a gap between high aspirations and a present level of attainment, or between how one sees oneself and how others view one. Whether that pain is experienced as unbearable, a discouragement, or is accepted as a challenge to undertake the needed repair -- that may be decisive. The Institute would attempt to create a climate in which that latter perspective predominates, and in which there is ample opportunity to fill in felt deficits.

As for the tendency to resist external authority, we might observe that the history of clinical social work can be seen as a series of alternating phases of uniting with and of differentiating out from various sources of authority; it has been a gradual, not steadily uphill ascent, from dependency upon and subservience to external powers and experts, toward fuller autonomy. It is perhaps possible to note that there are some qualitative differences in the nature and consequences of "resistance" to external authority at different phases of development, depending upon the degree to which one is ready to be one's own authority. But even premature rebelliousness has value in that a pretense of independence is at least a sampling

of it, out of which play can come a more accurate measure of that which one needs to assimilate in order effectively to manage both internal and external forces. When one becomes oneself author then one may choose either to resist or not to resist, depending upon one's evaluation of the other author-ity in question.

This leads us to look at the processes and products of writings by Institute students.

CHAPTER TWENTY-TWO

THE PRODUCTIVE PRINCIPLE III: PUBLIC PRODUCTS

So far we have been speaking of the development of cognitive skills and the unleashing of creative potential, but are there not also some products that are visible and subject to appraisal? When Carl Rogers (1954) declares that, for him as a scientist, creativity demands "some product of creation," he is asking for some tangible evidence which could be seen as the consequence of "the unique qualities of the individual in his interaction with the materials of experience."

There are a number of such tangibles produced by students in the course of their several years in the Institute: papers on various topics which are presented either to colloquia or to plenary sessions at convocations and the case reports which are submitted each trimester. But these are not yet fully "public" documents, unless -- as has happened in a few instances -- the student decides to present his work at a professional convention or for publication. Therefore what we shall be discussing here is what is called a Project Demonstrating Excellence, or the PDE, the culminating product of each student's program.

Social workers have generally been rather estranged from research. As Fraiberg (1970) put it, "The clinician has taken to minding the pots in the kitchen, and the researcher is conducting an affair with the computer." There have been various guesses as to the sources of

this estrangement, some attributing it to the kinds of people attracted to social work in the first place: they were feelers rather than thinkers, (women rather than men). Others blamed the lapse of time between entrance to graduate school and undergraduate work (again more common for women who often first reared a family before seeking a career outside the home). It was rare for stipends in schools of social work to require their recipients to teach or do research. Often the levels of learning in Master's programs were unsophisticated; there was insufficient concentration in any one area, so the knowledge base was shaky. There has been controversy for reasons which I shall mention shortly, as to whether research should be integrated into other aspects of the curriculum, and for the most part it was not, so that students did not come to see the connection between efforts to improve knowledge and their desire to help people with problems. Some even speculated that there were basic conflicts between the human qualities necessary to practice and those required for research: intuitive skills versus cold detachment. Moreover, it has often been suggested, the therapist must believe in himself, while the researcher must maintain a questioning attitude.

The planners of the Institute viewed many of these alleged obstacles to be spurious, and saw none as insurmountable. They believed in an on-going exploration of the nature of the therapeutic process itself, extending what Freud (1919) said of psychoanalysis to all of psychotherapy, that "research and treatment proceed hand in hand . . .

The most successful cases are those in which one proceeds, as it were, aimlessly, and allows oneself to be overtaken by any surprises, always presenting to them an open mind, free from any expectations." But we recognized too that such "aimlessness" is illusory, that there are always guiding schemas which we should be capable of bringing to awareness, although we might play at abandoning them at intervals. The surprise of which Freud spoke is the privilege of prepared minds.

We see human intelligence as superior to the computer in the realm of human dynamics, capable of working on levels both unconscious and conscious, able to make "associative leaps," "feeling" the connections between various sources and catagories of information, clinical imagination, being "simply another form of the scientific imagination" (Fraiberg).

We assumed that our students could do clinical research, and that they might even learn to enjoy it enough to incorporate the spirit of research into their everyday practices. But we recognized that the traditional "scientist-professional model" (Stricker 1975) with its rigid and usually statistical type of research was not the most appropriate clinical model. Such research could either drown out clinical interests (Adler 1972), or it would be done out of grim determination for purposes of obtaining the degree but would not become part of the person's habitual way of functioning.

We viewed the dispute over whether research should be integrated into a clinical curriculum as stemming from the perception that the usual model of scholarly investigation involved both acts and attitudes incompatible with those of psychotherapy. Traditional research aims at "objectivity," and so attempts precise definitions, specified units with well-defined boundaries, procedures, a fixed focus, never loose or playful. And the whole project should be repeatable, or the findings are not "valid". In the clinical setting we aim mainly to offer contexts in which events can occur; our definitions and measures inevitably lack precision -- for the crucial ones reside in the patient rather than in the therapist. There is the whole realm of the unverbalized and even unverbalizable. Statistical research attempts to delimit the impact of the special sensitivities and values of the scientist, while the clinician constantly takes these into consideration. Part of what he studies is guided by an ethic that even benign authoritarism is manipulative. He seeks and finds redundancies, within the patient and within himself, and between patients in the therapeutic situation. But he maintains himself open to unpredictabilities, and sees a value in not always knowing and not predicting. He is ever mindful of the danger that what he finds may be what he anticipates and hence imposes on the data. His findings are never exactly repeatable.

Our model then would be both naturalistic and phenomenological (Ralph 1976), would be oriented "toward discovery rather than proof" (Miller 1970). The term, Project Demonstrating Excellence, and the

concept were borrowed from other schools-without-walls,* and was intended to permit a wide variety of possible products to qualify, so that the student could elect to create something personally as well as professionally meaningful.

Nevertheless, there were to be criteria by which Projects were to be assessed; these had been spelled out by one of the special planning colloquia in the year preceding the opening of the school. The criteria contained a lot of "musts." The project must be conceived and developed upon a sound theoretical base. It must be meaningful for the profession of clinical social work but need not be an original contribution to the body of knowledge. The prospectus must reflect a reasonable expectation of demonstrable relevance to the candidate's professional development. The completed project must fulfill the prospectus. The completed project must satisfy the candidate's doctoral committee as to a) utilization of theory, b) quality of presentation, c) documentation of the knowledge base which is the context of the project, d) depth of exploration. The completed project must include a critical evaluation of the process of its fulfillment and its relevance to the candidate's professional development. A final requirement declared that the project must be presented to the candidate's colloquium and "defended" orally, and, if there is sufficient interest, at a Convocation. We later recognized that we had on that must, unconsciously, dipped back into the language of traditional academia, for the very notion of defense connotes its opposite,

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*The Union Graduate School, for example, uses this term for the culminating project of the student.

attack. We did not want the experience of presentation of the PDE to be in an ambience of combat, so we simply specified that the student would present his/her PDE at a specified time and place and would "handle questions and discussion of the topic."

How could producing a Project Demonstrating Excellence to which all those absolute requirements are attached possibly be experienced as pleasurable by a student? If, as Tom Sawyer observed, "Work consists of whatever a body is obliged to do...Play consists of whatever a body is not obliged to do," then this task of doing a PDE could not qualify as play. We might have to agree with Moore and Anderson when they declare that not all activities must be autotelic, "The whole distinction requires a difference between a time for playfulness and a time for earnest efforts with real risks."

Comfort (1974) observes that "Functionalism converts play into earnest and to some extent spoils its magical function." Huizinga too suggests that "the opposite of play is earnest, also used in the more special sense of work," and indeed we do hear students speaking of working on the PDE. The ideas do not always flow; sometimes the writer feels "stuck"; he denigrates his material as not very fresh or unusual, maybe not worth the effort. The sense of effort, even struggle, is common. And yet, once embarked on the project, many students tend to find it absorbing and -- like children at play -- resent the necessary intrusions into the time-space when and where they are thus preoccupied. We might hypothesize

that, to the extent that the student is able to maintain an illusion of freedom in the face of the absolute necessity that he complete this project if he is to win the PDE, to that extent may he preserve an element of playfulness. To do that he would accept those musts as the rules of a game he has voluntarily decided to play, and by which he agrees to abide. He would enjoy this challenge to his own resources and powers, even if, at times, the risks of possible failure might make it feel like Bentham's "deep play," with his whole professional reputation at stake if he should not make it -- and with a dubiously valuable piece of paper affirming that he has been awarded a DSCW as the only reward. And he would risk entering into the obvious competitiveness involved in an attempt to prove or make manifest his quality of excelling, of superiority. This would draw upon his sense of competence in the game and upon his sense of being able to afford losing in the event of that (deemed unlikely) outcome, or of winning -- which could tend to evoke destructive envy in the peers whom he has surpassed.

To the extent that he has conceived and developed a sound theoretical base out of which he has accumulated a store of rich data he may feel an inner abundance which leads to an impulse to overflow, to put on paper some of his ideas and findings. This may be somewhat more frightening than simply speaking of them: for the printed word has a way of seeming fixed and immutable, especially if one knows that one will be judged by it. If, however, the "judges" have to date

been felt to be friendly, and if there has been an emphasis on autonomy and on self-evaluation this fear is diminished. The student may take pleasure in being his own source, drawing both upon what he knows and upon his skill in finding out what more he needs to know -- seeing the whole endeavor not as terminal but as part of his on-going development professionally and personally.

His ability to take pleasure in contributing something meaningful to the profession may depend upon the extent to which he identifies with that profession, and perhaps specifically with those representatives of it who are his colleagues in the Institute. If he has experienced being comfortably apart-together in his relationships with them he may now engage in his private project with a sense of being together although apart and imagine his Project being received and appreciated, as have some of his presentations in colloquium. Since it has been made explicit that his work need not be original, it may, paradoxically, have a greater chance of being so. Freed of that must, he may be able to gather his material and then mold and illuminate it by fusion with his own inner vision in which he has learned to have confidence, and then put it out again, re-shaped for that audience he has come to know and trust. In other words, he engages in something akin to the clinical process with patients, the product of his creativity being, as in psychotherapy, not only his own, but conjoint. It will have significance, which is to say, shared meaning.

The topics chosen for PDE by students as mature as those presently within the Institute generally reflect long-standing special interests, often fairly well developed in their minds, and which they now wish to further elaborate. Sometimes they want to concentrate on a difficult problem recurrent in practice, to comprehend more fully its etiology so as to evolve a more effective treatment approach. Or they may elect to study the applicability of concepts developed for one modality of treatment to a different modality. Or they may try to extend the explanatory powers of their favorite theories. They may even draw upon research in which they are already involved, selecting a special aspect of this to elaborate in its clinical aspects. Occasionally a student will decide to do a statistical project, out of a wish to learn about that kind of research. In our experience to date we find that students choose areas for intensive study that are especially relevant for them personally as well as professionally, thus at least partially bridging the gap between autotelic and heterotelic, and affording a ludic experience.

What of the stipulation that the completed work must fulfill the prospectus? Might this not restrict or limit the potential of his product, as, for example, if unexpected directions were to suggest themselves to him as he went along? Again, it may be that the analogy to play could be applied here, that is, that the formal summary of the intended venture can be seen as the boundaries within which the action can occur, the challenge being to see what that player can make happen within those confines. It is freedom within limits. Inevitably he will learn something about himself, his ten-

dencies to be overly ambitious or to be too constricted, and he may set his sites better another time. For, if he has a good-enough experience with this inquiry he will conduct others in the future.

How he feels about the need to satisfy that doctoral committee will depend both upon how he sees himself and how he sees them. It will be remembered that two persons on the committee he did not choose: the chairperson who is his Mentor, and the Animateur. But by the time he begins his Project, the student will have become quite familiar with the Faculty members of his committee, and, with rare exceptions, will have come to feel reasonably secure with them. He will know them, both in their official roles with him and to some extent personally; he will have become aware of their thinking and their ways, and of how their concepts or approaches may be similar to or different from his own. Indeed they will have in-formed each other in the course of their working together.

The "external member" has been selected by him, with the approval of the Dean, and is a person who has particular expertise in the area of the student's project. The third person ideally is one who can be particularly helpful to the student with this topic, but who also is capable of unbiased judgment about the final product. He is, for both student and Institute, likely to be more unknown, and indeed important precisely because of a possibly greater "objectivity," or at least an outside "subjectivity," offering thus an additional check

on quality. Both student and Faculty could feel an element of risk in inviting this alien opinion, for his judgment of this Project and his judgment of the Institute itself will be inextricably intertwined. And so their conjoint act of consulting this extrinsic authority may draw them still closer together, for both have a stake in the "image" of their school.

Nevertheless this specification that the committee must be satisfied is bound to arouse anxiety in even the most secure student. He has chosen a topic deeply meaningful to him, has labored long hours reading, discussing, and writing; his is an enormous investment in time, energy and emotion. And now someone else is going to read his opus and say either that it is good and sufficient or not good enough or insufficiently sufficient! The situation is one to elicit old malignant regressions, feelings about being a relatively helpless child vis a vis powerful authorities. To what extent those archaic reactions prevail will be determined both by how intrinsic the student feels his gains to be, how well he has learned to cope with old conflicts about those he sees to be in power, and by how the committee members themselves play their roles. If the student has come to recognize expertise in himself as well as without, and if during his time in the Institute he has become increasingly able to self-evaluate and to weigh and accept or to weigh and not accept outside criticism he may be ready actually to enjoy this opportunity for exchange with significant others about his Project, and for incorporating that which both he and they believe will improve it.

Students' own evaluations of their experiences in fulfilling their Project plans are, of course, variable. Some, well disciplined and well aware of their own paces, allowed plenty of time and worked quite steadily toward their goals. Others were conscious of phases in which they were not in the "mood" for work; they reported periods when they had to award themselves "time off," either because they felt "burned out" or isolated, after which they could usually return to the effort with fresh zeal. Some, especially tuned in to their own processes, related stages very like those that Wallas (1926) described as characteristic of the creative process: preparation, incubation, illumination, and verification. The preparation stage often began even before enrollment in the Institute; it included years of collecting ideas, applying them in practice, talking with and listening to others. And before beginning the PDE there was more of that, a period in which they felt free to let their minds wander over many things and to take in as much as possible. They were achieving that "command of the substantive area," which Miller (1970) declares "must be recognized as a central qualification for the conduct of research." Even after a topic had been decided upon there was often some time lapse during which their accumulated ideas would undergo elaboration and organization, not always consciously. There would be periods of insight, or of solutions to parts of the problem at hand out of sustained effort. Many times the solutions were not altogether satisfying, and some of the earlier phases had to be repeated. Then finally, there was the PDE that more or less passed the student's own critical evaluation.

The PDE in a literal sense constitutes a "transitional object" (Winnicott 1953), a product of the student's self in interaction with "reality." It is his actualization of something inner, the product of a deed, which he hopes will make some difference in the "outer" world (Erikson 1962). It is that sort of spontaneous art which Dewey (1934) describes as coming from "complete absorption in subject matter that is fresh, the freshness of which holds and sustains emotion." For Dewey human expressiveness is, unlike that of animals, not mere outburst or display but may involve "any amount of labor provided the results emerge in complete fusion with an emotion that is fresh." The PDE thus can represent both personal act and public process. It is most likely to do so when the student has experienced the educational program as personalized.

CHAPTER TWENTY-THREE

THE PERSONALIZATION PRINCIPLE: SEPARATENESS TRANSCENDED AND DISTINCTIVENESS CONFIRMED

The personalization principle states that one environment is more conducive to learning than another in proportion as it meets two conditions: 1) it is responsive to the learner's activities, that is, permits him to explore freely and to make independent discoveries but gives him prompt and accurate feed-back about the consequences of his actions; and 2) it is reflexive, that is, is so structured that "the learner can learn whatever is to be learned but also can learn about himself qua learner" (Moore and Anderson 1969).

In the Institute, of course, the human environment aims at being responsive to the student's acts and to the products, spoken or written, which are the manifestations of those acts: his discussions in colloquia and elsewhere, his professional papers, case reports, and PDE. The environment is responsive also to the student himself, as a person, as colleague, and as fellow learner, hence offering reflections which can become part of his self image, both professionally and personally. Our clinical concepts about how the sense of self is developed are nearly identical to those of George Herbert Mead (1938). We become aware of self in terms of "other," our attitudes formed by theirs as reflected in us, and these influencing our acts.

I have already made much of the fact that learning in the Institute, designed for adult students who are already advanced professionals,

is highly personalized. The great bulk of learning is done via private study, and is directed toward the individual's particular interests and concerns, both professional and personal. It is largely self-pacing, but within both lower and upper time limits. He is free to pursue his own inclinations as to theory and method, and to discover both possibilities and problems in the ways that he thinks and acts. We would agree with Philip Abelson (1967) when he declares that "in the exploration of the unknown. . . teamwork usually suppresses initiative," but we would add that, unless human discoveries are shared, their meanings are necessarily limited. Not only in childhood but throughout life the individual needs to be responded to if he is to respond and to become responsible. Only in the womb, and maybe not even then, is growth and development solely endogenously determined.

Moore and Anderson were experimenting with "talking typewriters," machines which respond, informing the learner of the correctness or incorrectness of his statements. Our problems are infinitely more complex, since, as we know, there are rarely "right" and "wrong" answers in the sphere of clinical knowledge, and human responders are quite imperfect machines -- precisely because they are personalized! Their responses can be blurred when they contain excesses of hostile aggression or love manifested in overprotection, or can be constrained when there is fear that these emotions will interfere with "objectivity". But human responders are also perfectible in a way that machines can never be -- capable of increasing consciousness of self and of

other, of the processes of reciprocal exchange, and of setting the goal of becoming ever more skilled at creative criticism.

Very early it was realized that the responses which would be most appropriate in this situation, which calls for such sensitivity and understanding, would be appreciative responses.* In each one of its five senses, the word appreciate suggests aspects of that which we want to communicate to each other and even some of the purposes of responsiveness: 1) to estimate the quality, value, significance, or magnitude of, 2) to be fully aware of or sensitive to; realize, 3) to be thankful or show gratitude for, 4) to admire greatly; enjoy, and 5) to raise in value (American Heritage Dictionary). Ideally our responses will confirm and will stimulate; the recipient will want to take them in, globally or in selected parts. They will not negate and hence discourage or impede. Appreciation is related to acceptance, an old clinical concept, connoting not necessarily approval of what the person is saying or doing, but of the person behind the act.

For purposes of his own ultimate self-evaluation the student needs his peers to offer their estimate of the "quality, value, significance or magnitude" of his contributions. In fact, in a school without

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*Suggested by John Seeley at Convocation Two, Dec. 1977.

formal examinations, this peer feed-back must constitute a major source of his information about self as a learner. The manner of its offering will have a great deal to do with how much of it is ingested and digested; in this there is an analogy to the situation in early childhood when parental critiques offered in loving contexts tend to make for benign "introjects", while harsh internalized criticism can leave the child feeling there is an enemy within, to which he then submits, or against which he compulsively rebels -- in either case, with some loss of the sense of autonomy. Therefore human responders ideally are "fully aware of and sensitive to" the student making a presentation. They are not judging simply the content of his report but are attending, as in a clinical interview, to the factors and forces that might be determinants in the way that this person thinks, speaks and acts. For they well know that if transformations are to occur, they must begin with whatever <u>is</u> at the present. That for which they should "be thankful or show gratitude" is that this clinician trusts and esteems them enough to share his ideas and experiences with them. They can "admire greatly" and "enjoy" the fact that he, like they, wants to learn, wants to improve his skills, and that he has the courage to submit his materials for their reactions, or he would not be in the Institute at all. If, in this learning environment, as in the clinical one, they always bear in mind the existence and the power of the reparative intent (Shor and Sanville 1978), they will eschew hostile confrontation, and will make their observation of the wish to remedy inadequate thinking and actions always a part of their response to each other. They

will thus "raise in value" the worth of this individual, both in his own esteem and in theirs, and empower him to grow in his learning capacities.

Clinical judgments involve not only judgments of fact but of value. The very concept of fact as established by sheer observation has given way to "the surprising truth that our sense-data are primarily symbols" (Langer, 1951). We are never seeing "things as they are" but are always interpreting reality on the basis of the schemas from which we operate; "a fact is an intellectually formulated event". The appreciative system (Vickers 1965) is a "net, of which weft and warp are reality concepts and value concepts." To become skilled at constructive criticism it is necessary that the would-be judge comprehend his own set of readinesses to distinguish some aspects of a situation more readily than others, and that he constantly attempts to make conscious to himself and those to whom he offers responses the sources of those predispositions: in the level and breadth of his cognitive knowledge, in the values which he holds, in certain idiosyncratic qualities, and in his present state.

In listening to a presentation we become aware that our own store of knowledge about the topic may be greater or lesser or different from that of the speaker. If it is greater, we could find ourselves harkening back to our own learning of it, which would evoke feelings for the presenter as we remember our own struggle to become informed about that subject, or to apply the knowledge clinically. If we can be comfortable with such "regressive" memories, our comments could avoid the sense of talking down to, but rather be talking <u>with</u> the

presented, empathically, about the processes of learning. Perhaps some fresh learning of areas once mastered can occur, for inevitably, if we can be sensitively tuned in, there will be some new look simply because it is that of another viewer. If our knowledge of the topic is lesser than that of the presenter, we can learn from him, ask questions, elicit more information than he may have initially given. Here jeopardy may be experienced by those who can not bear to not know; they may feel the state of relative ignorance as if it were a narcissistic wound. When what we know about a subject is derived from a theory totally different from that of the presenter it can be fascinating to attempt to view it through his schema, and to offer him the way of seeing it which our own theory affords. But difference often is felt to be "better" or "worse", and then our value systems are called into play.

Clinicians, especially those of the same profession, would seem to share common values. In social work the core values are "a respect for the worth and dignity of every individual, and concern that he have the opportunity to realize his potential as an individually fulfilled, socially contributive person" (Smalley 1967), and a belief that he can, when equipped with insight about himself and his situation, make his own determinations about goals and means. But perhaps professions, like individuals, sometimes harbor an unconscious bias. Some orthodox psychoanalysts and clinical psychologists with their nearly exclusive emphasis on the intrapsychic, might be accused of a "philobatic" bias -- promoting the idea that the individual can become quite immune to the impact of exogenous conditions. In-

deed the emphasis on private experience has been blamed in the past for child-centerdness in families, for progressive education, and currently is being indicted for the alleged prevalence of narcissism in our culture. Clinical social work, on the other hand, with its emphasis on the social, might be accused of an "ocnophilic" bias, the consequence in practice being a subtle or not-so-subtle tendency to nudge clients toward connectedness with others. That psychoanalysis and clinical psychology have been predominantly masculine professions and social work, a feminine one, might be expected to augment those respective biases. Values which are shared unconsciously -- whether between therapist and patient or between clinician and clinician -- tend to go unexamined and hamper potential transformations. Ideally, to implement the core value of social work, we would maintain alertness to the patient's own patterns -- the stages and phases in which he might want to emphasize repair of the self, and the stages and phases in which he might want to emphasize repair of his inter-relationships with others.

Clinicians who have practiced without examining the theories from which they operate may well have fallen into one of these inclinations that can hamper impartial judgment. With the best intentions, they may yet find themselves deciding what is "good for" a patient and selecting a modality of treatment to implement this. When in a colloquium there are therapists of differing inclinations, we may be sure that questions will arise as to whether a given approach may be authoritarian, albeit benign. But when there is shared bias, there might be no one to question; the only antidote would be for

the group as a whole to become alert to its common blind spots, through knowing that they can exist and perhaps through a process analogous to "self provocation" (Shor 1972), such as deliberately exposing itself to professionals holding opposite views or biases.

Into the appreciative system of each of us must enter also certain idiosyncratic qualities which render us likely to identify more, or less, with one person than another, prefer one schema rather than another, think and speak and act in special ways. Sometimes our temperamental peculiarities and our theoretical predilections are inextricably intertwined; they collude, so to speak, to render us hyper-alert to that which might impeded autonomy or to that which might impede intimacy. Again, to the extent that we can become aware in our judgments and be prepared for the reactions of others to them.

Finally there is the consideration of state, and by that I mean a temporal condition: physical, mental, or emotional. Fatigue, hunger, being too hot or too cold, ill -- all can influence our receptivity and responsiveness. Or there can be a kind of mental indigestion, as from taking in too much too fast, without enough time for assimilation. Angers, fears, and sometimes nameless anxieties can interfere with our ability to assess a presentation, as indeed can affection itself.

We have been speaking of the attributes of the responders, but since the situation is one in which reciprocity prevails, we must attend

to that agent who is the presenter.

A response is the act of answering, or a reaction to a specific stimulus. Therefore for the responder to be activated there should ideally have been an expression of inquiry that would call for a reply, or something in the presentation which would have aroused the listeners to activity. The presenter would have to have uttered some interrogations either in phrases or gestures, or to have indicated some points that might be open to controversy, some unsettled issues, some doubts or uncertainties, some problems. If he receives little or no response to his performance he would need to reflect upon whether he had perhaps offered his material in such a manner as to preclude meaningful debate or discussion.

Or the obstacle might lie in the scene. When the Institute first got underway, and we were floundering in finding ways to evaluate ourselves and each other, a student would announce to his colloquium, "I'm going for a 4," which is to say he was asking the group to certify that he had attained the highest "score", signifying he was able to integrate a certain piece of curriculum content with practice. He then often attempted to present something which was perfect rather than perfectible, leaving no room for creative activity in the audience. In both presenter and responders anxiety was heightened unnecessarily, the former attempting to prove, and the latter appointed as judges. He sought and sometimes got primitive "yes" or "no" responses; like Spitz' babies, the participants literally

and figuratively either nodding their heads as though to let the supplicant and his data remain within their visual focus and be affirmed over and over, or else shaking their heads from side to side as though to dispose of him and his material (Spitz 1957). Rarely did this routine stimulate further questions for the presenter to consider rarely was it inspirational, "a breathing into his mind of some fresh idea or purpose" (Greenacre 1964). The one who was beseeching the score of "4" could ask that the members of the colloquium fill out forms detailing the ways in which he fulfilled or failed their expectations. But the whole event was uncomfortable and relatively unfruitful, not promoting that spirit of self-questioning upon which growth as a clinician depends, and not evoking that imagination and vital responsiveness of which the group was potentially capable. The problems did not reside solely in the presenters; we could even say that they were especially courageous in being willing to present their cases in that early stage of group togetherness, before "safe space" could be experienced. They were willing to be guinea pigs, and they began by playing the game according to what they understood to be the rules. It is even possible that, at a later stage in the life of the colloquium, those rules might have been polished up and have come tenable. That "4 level" was, in any event, destined to become better defined, to include a reflective attitude in the clinician, the tendency not only to try to make a harmonious whole of a case, but also to bear with those aspects which elude understanding, the ever present yet-to-be-solved mysteries of being human, and the sometimes strange pathways toward perfection. As

it was, members of the colloquia did begin to inquire of the presenter whether he or she had some doubts and questions, and, as they discovered they could trust each other, they did come to share their uncertainties.

And so, as time passed, these initially sterile approaches to the need and wish for useful evaluative procedures were dropped, and the colloquia returned to a reliance on more spontaneous interchange. But the dialectic of establishing order, then undoing it, and again making new order goes on. One of the colloquia has supplemented the informality by inventing a new formality: arranging that at the close of the year each student meets with the Animateur and Mentor and another participant from his colloquium, selected by him. Each from his special perspective offers the student an overview of his performance during the year, and the student has an opportunity to question and to understand their ways of "appreciating" him, and to offer his own perspective. This mode will be experimented with for a while, and revised or renewed as we work and play toward creating our own rituals which, ideally, will help us "to avoid both impulsive excess and compulsive self-restriction, both social anomie and moralistic coercion" (Erikson, 1977).

We have a fertile area for further study as we try this creating of a school in which the student does not receive grades but rather the responses of peers and faculty which he then integrates into his self-evaluation. What we must learn is not just how to assess learning, but also how to assess ourselves as human responders. Perhaps we can begin to play with the work of those who have attended

to this problem, particularly those who have concerned themselves with the peculiar challenges in appreciating creative products. Jackson and Messick (1965), for example, have identified four responses to the products of craftsmen and artists; unusual, appropriate, transformed, condensed; and they have attempted to relate these dimensions of aesthetic response to dimensions of creative performance. What that means for us is that, if we are to respond in a way that can be valuable to the presenting clinician, we would have to contain and recognize in ourselves the qualities that enabled him to say and do what he did.

When we deem something unusual our reaction is one of surprise, and as we have said, it takes a prepared mind to experience surprise; we must know something of probabilities to see the improbable; we must know norms before we can adjudge that something is not just average. He who did something original had a tolerance for incongruity and inconsistency, and we who appreciate it must also have such capacity to permit deviation from the ordinary.

But the novel is not necessarily creative; it may be, as those authors note, "simply bizarre or odd". Therefore a product must be appropriate, "must fit its context". But appropriateness without the element of the new can be simply trite and ordinary. Also there are degrees of appropriateness, and there are internal as well as external criteria: those of the producer and his intentions and capacities and those demanded by the situation. The clinician is the person most capable of awareness of both qualifying circumstances, and may be able to share more of his sensitivities if we have the

sensitivity to question him further before pronouncing judgment. The aesthetic feeling that we have for the appropriate is one of satisfaction; we share with its creator certain standards and the ability to be at once analytic and intuitive.

Art, like psychotherapy, aims at transformations, at visions of reality that permit us to see in a new way. Transformations are, as Jackson and Messick define them, "unusualness with a difference" . . . attacking "conventional ways of thinking about things." They involve the creation of new forms which are high in heuristic value. The aesthetic response we have when hearing about or reading of clinical experiences or ideas involving transformations is of being stimulated. We realize that some former constraints have been overcome, a greater flexibility attained. To appreciate that, we have to be knowledgeable about the limits and constrictions that generally apply, and we have to be open-minded about human potentialities, to share with the narrator a "playful attitude toward reality."

We adjudge something condensed when it "contains more meaning than can be understood at first glance", when we could stand to see, hear or read it again and again, getting something new from it on each occasion. It is often deceptive in its apparent simplicity, for it contains great summary power. We can therefore savor its richness, its continued freshness. Such condensations are found in the products of poetic persons, who are reflective and spontaneous in their personal style, and to appreciate them fully the critic must possess those qualities in himself.

In every colloquium there has been felt conflict between the two functions: promoting on-going learning, and evaluation of that learning. The latter involves not just the assessment of things, those material products of which most researchers on creativity are speaking. Here the product is also the self, personal and professional, private and public, inextricably intertwined. In all learning there is a risk to narcissistic supplies if one does not do well, but in clinical education we are in the process of perfecting a special instrument for performing the acts of psychotherapy -- the agent and the patient who are the "I" and the "me". It is inevitable that strong emotions are attached to assessment of competence, or of "excellence". And yet, we cannot agree with Carl Rogers (1954) when he asserts that the only question that matters is whether the product is satisfying to the person, is experienced as "an actualization of potentialities". He believes that to foster creativity there must be an environment in which external evaluation is absent. He says, "Evaluation is always a threat, always creates a need for defensiveness, always means that some portion of experience is denied to awareness." We would agree with him when he declares that the focus of evaluation must be within the person, but we would see no way for it to get there other than through the process of taking in, selectively, from the responses of other human beings. Only through processes of exchange can individuality emerge and be refined.

The ideal attitude of the student is that he be open and relatively undefensive -- while at the same time maintaining his prerogative to decide what to assimilate and what to eliminate, and to defend when, having heard and reflected upon the responses of peers, he

remains convinced, at least for now, of the superiority of his own thinking and doing. His is the task of evaluating his evaluators and their would-be contributions as well as himself.

In many ways the colloquium is to the student as the therapist is to the patient, with one crucial exception -- that, in the educational setting, there is an attempt at equal exchange, at sharing of thoughts and feelings and relevant experiences. The group listens, plays audience to the student's presentations, and their attention enables him to feel himself and his message important. He requests feed-back, either from the group generally or from those individuals whom he regards as having some particular knowledge or aptitude which he wants to acquire. He is alert to and follows up on both their verbal responses and their non-verbal cues which he wants to clarify. The participants learn to gauge the efficacy of their responses by how the student uses them. Just as, in therapy, an apt interpretation tends to bring out further confirming material, so will it be with the student; he will be stimulated, and will open up more. If he is not ready to hear and entertain their comments, it may be as futile to push them as it would be to try to persuade a patient of the accuracy of an interpretation. Each participant in the colloquium utilizes the same agencies as does the therapist: intuition, evolving theories, value orientation, and unique individual qualities. He attempts to be as aware as possible and to share the bases of his judgments, so that the student whose work is being appreciated can make better determination about what to try to incorporate into his

own thinking and practice. The purpose of it all is to release the student's own capacities for growth, cognitively and creatively.

Phyllis Greenacre (1970) tells us that, "in group situations the tendency to illusion formation is increased and may be contagious, especially where members of the group share some wish or interest." Because of this, the observations of one dissenter may "prove more accurate than that of the majority of observers. Consequently, the normality of many illusions constitutes one of the serious problems in attempts to vindicate the validity of human knowledge." She contrasts the symbolic value of the fetish, representing as it does primitive body contact, and leading only to fixation, with that of the playful transitional object, which can represent any aspect of the maternal environment and hence can promote widening interests.

In this sense we could view the colloquium as a transitional phenomenon, dreamed up by the founders of the Institute, actualized by participants, and shaped according to their developmental needs at different phases of its existence. It thus has a fluidity and flexibility which enable it to carry "multiple reassuring illusions". As separation-individuation progresses students will be able to discard it to reach out for new investigations, fresh learning activities. Like the transitional object the group will have lent support to these further experiences "by relating them back to earlier ones" (Greenacre).

The colloquium ideally does for the student what the "numinous" presence of the mother does for the infant; it assures him "of separateness transcended and yet also a distinctiveness confirmed" and exposes him to a new version of the "illusory image of perfection" (Erikson 1977) thus fueling his search for the flawless condition (Shor and Sanville, 1978).

POSTLUDE:

BEYOND PLAY OR THE PLAY BEYOND

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We have been concerning ourselves in this work with the value of playful learning for clinicians whose work is with individuals attempting to undo old fixities, to acquire new flexibilities so that they may not only "adapt," that is, change themselves in response to changing cultural surroundings, but may actively create cultures, invent new and more satisfying forms of social institutions for their own evolving purposes. The Founders of the Institute for Clinical Social Work drew upon those felt freedoms which they had attained over six decades of unfolding, and they imagined a new sort of learning environment which has now been actualized.

That environment features the student as agent, teaching others what he himself has learned, as patient, learning from the teaching of others, as reciprocator, exchanging feelings, ideas, and modes of therapeutic approach with valued peers, and as referee, overseeing the whole of the Institute's operations, his judgment of this latter guiding the directions of its further growth. Since students do not need the degree as a requirement to practice, learning can be largely autotelic, for its own sake. Thus a rich storehouse of knowledge can be accumulated, not simply technical or "utilitarian" but a broad and deep grasp of the human condition. Learning is productive, in that cognitive skills are acquired, creative potential is unleashed, and that self-discipline needed for tangible accomplishments, such as writing, is promoted. Each student's program is highly personalized.

Not only does he learn abundantly of contributions of other scholars in relevant areas, but he makes discoveries of his own as he applies new ideas in his practice. Since the personal environment of the Institute is both responsive and reflexive, it contributes to self-evaluation, and to the capacity to give to and receive from peers that "mirroring" which is the foundation of personhood.

But the history of institutions is replete with stories of ventures that began idealistically, and, as time passed, there tended to set in certain rigidifications. Is this an inevitable path for the Institute too? What are the forces, both inner and outer, which might threaten the felt freedoms? And can the awareness of lurking dangers enable its personnel to guard against that rigor mortis that has been the fate of other educational organizations? Or must the play which they have enjoyed be hemmed in, rendered a brief chapter, an interlude, in the on-going history of the profession?

The historian Johan Huizinga, whose seminal ideas on the topic of play provided the point of departure for this work, ends his Homo Ludens with the sad observation that the play-elements in culture are in jeopardy in the modern world, and that indeed they have "been on the wane ever since the 18th century." However, looking at his evidence from a different vision, one enriched by psychodynamic concepts, we might interpret some of his evidence differently, while nonetheless paying attention to important clues about the sources of danger to play and playfulness.

Huizinga noted that those sports which used to be for spontaneous amusement are now organized into systems, composed of permanent teams, with strict and elaborate rules. We could now add that there has been a commercialization of sports; they are big business. So we would say that the split which he described between amateur and professional has widened. However, we would also observe that games of all kinds are widely popular: tennis, badminton, volleyball, baseball, touch ball, soccer, and others; and we might surmise that people's active participation makes them better connoisseurs of the sports they see in person or on television. Moreover, their witnessing the play of the professionals may provide them models of greater perfection for which they then strive.

In the beginning the participants in the Institute were, although professional clinicians, amateurs at education, engaging in it more as a pastime than as a field of work. Not only did they receive no money for their time and efforts, but they even paid for the privilege of taking part in originating new structures for learning. Their planning years were taken up fully with the study of clinical education; they trained themselves by reading, discussion and experimentation. In the first year in which the plans were actualized, there was a split between those who would remain students and those who would now play faculty roles. Some of the latter were also students, paying tuition and approaching curriculum, practicum and Projects Demonstrating Excellence like the others, but they were also paid

as Faculty. Soon, when they have attained their degrees, they will be only Faculty, and the split will widen, with the Faculty becoming professionals in education as well as in clinical practice, and the students, albeit assuming responsibility for teaching as well as their own learning, still amateurs, contributing their knowledge out of love and not for money. Will this lead to an "inferiority complex" in these amateurs, as Huizinga predicted in the realm of athletics?

And will it mean that the motivations of a Faculty dependent upon income from the Institute will shift, that they will "need" those jobs and hence be wary of changes that could either render their services unnecessary, or make it wise that they surrender their positions to others whose professional and personal growth and development might profit from a stint as Animateur, Mentor or Dean?

Traditional academia has developed a system of tenure for faculty persons who have performed well over a specified number of years. Tenure has many advantages: protection for the free play of ideas without risk of dismissal, job security for faculty, and predictability for the university or college. But disadvantages are also manifest, a certain loss of flexibility both for professor and for school; they are interlocked. For the professor there is the sabbatical, a sort of interlude in which he is free to puruse interests and inclinations of his own. And for the large educational institution there is ever an influx of new personnel. But for a small school like the

Institute, it could be a mistake to have tenured or even full-time faculty, for it could reinstate the split between practice and education which its founders set out to heal.

Undeniably a degree of continuity is desirable, some stability in that nucleus of persons responsible for the smooth running of the school. But equally desirable will be the infusion of some fresh blood, the inclusion of those who are still imbued with the spirit of the amateur. It will be one of the biggest challenges yet to participants to invent the rules which should apply to attain and maintain that delicate balance.

Huizinga bemoans the "paraphernalia of handbooks and systems and professional training" that can turn games into "deadly earnest business." In its first year with students the Institute suffered from a dearth of written materials that could instruct them on the rules of the game and how it might be played. As some put it, "The track was still being built and the train was already running." Clearly there was some apprehension of "going off the track" with function thus preceding structure. Participants bore with the anxiety of not quite knowing sometimes wherein they could be sure of "safe space" and what were their permissible moves. It takes a great deal of safe "inner" space for people to do that; those in whom that security was not very extensive suffered most. Now there are a number of rules and regulations which have been designed as meaningful to the purpose of the school, and they are being gathered together in manuals and handbooks, for use by both students and Faculty in the future. Structure was created as the need arose, and was not then

felt to be arbitrary as is so often the case in many older establishments, but will it tend to become so, now that "it is written...?"

We could observe here that a natural tendency of play, indeed one connected to the reparative intent, namely its inclination to create order out of chaos, can be one of the ways in which it gets "played out." It seems to move to construct methodical arrangements, designs exquisitely planned for the purposes of the moment, but which can then become fixated, seemingly immutable. What was ritual becomes ritualism, the original meanings obscured, and certain procedures followed just because that is "the way it is supposed to be." Particularly, we might guess, would that be true when the players are those with an ocnophilic bias, inclined to cling to that which is apprehensive about from the known, the familiar. The antidote would reside in the capacity of participants to oscillate freely between phases of operating within the rules which have been laid down and phases of re-forming those regulations as they become obsolete for the safeguarding of the clinical principles upon which learning ideally is based. Players who have discovered that they can invent structures which enable them to accomplish their purposes are likely to be less fearful of leaving the "safety" of the well worn paths. They can be philobatic too, de-structing that which is no longer useful, and, taking off in flights of imagination, return with new in-formation. Thus, play will be invoked recurrently for purposes of repair, because of its talent in undoing fixities and creating new ways.

Huizinga to the contrary, the rules of play are not "unchallengeable for all time." Were we to study the history of any old game, we would undoubtedly find that much had been altered, over time and in the different countries in which it had been played. For instance, chess, one of the most ancient of games, underwent many permutations over the years and over its travels from India, where it is said to have originated, through Persia, into Spain, Italy, France, Scandinavia, and England. Although the King seems to have had the same moves as at present, the Queen has undergone changes in name, sex, and power. Once that piece was known as the "counselor" or "minister" or "general." Not until France did it metamorphose into a female, and a virgin at that, one of the weakest pieces on the board. By the middle of the 15th century she had gained immense power, but still could not meet another Queen on the board head-on, for the two moved on different diagonals (Encyclopedia Britannica 1962). Now, of course, they are very strong and mighty, and able to confront one another.

Freud (1913) called our attention to analogies between chess and psychoanalysis, observing that in both "only the openings and end-games admit of an exhaustive systematic presentation;" otherwise there exists an infinite variety of moves. Among the plethora of of psychotherapies on the scene today are some which restrict the play even in the middle phases. The Institute is committed to a psychodynamic model which has many permutations from the orthodox one, among these a heightened attention to the ever evolving powers of woman, and to the desirability of minimizing the authoritarian

stance of the therapist, and to the obvious interrelationships of these two concerns. The new model would augment the powers of the patient, female or male, to act, to be agent as well as patient, and to assume prerogatives of referee, to call an intermission or to interrupt the game at her or his own discretion, and to resume it at will. Openings, middles and endings might all be unpreditable. For potential to be actualized there must be freedom of action. The new moves permitted to women may necessitate new options for men too. Among others, they may, like the king in chess, come to claim castling privileges, that is, to "own" an ocnophilic side of their beings.

The Institute doctoral program was conceived at a time in history when, in the western world, women generally were achieving many new freedoms, and when professional women particularly were wanting to include in their generational capacities not only the parental and the curative but the productive and even the didactic. In spite of the fact that social work had been predominantly a woman's profession, in traditional schools seven out of ten doctoral students and graduates were men, and there was even evidence that this proportion was increasing. Women were usually older than men at the time of returning for the doctorate, and a lesser percentage was married. Clearly women were more likely to be tied down with families and children, and had less of the mobility which was often necessary (Lowenberg 1972). It is also possible that schools of social work gave some preference to those younger males, a judgment which could

be viewed as quite "rational," since they would have more years to give the profession. Although it seems to have been no part of the conscious purpose of the founders, the format of the Institute has facilitated women's becoming doctoral students in greater numbers. More than half of the candidates are women, many of whom are married and have children, some quite young and others, like their mothers, working for advanced degrees! These women are claiming instrumental along with expressive capabilities. And, we might add, the males in the program are not simply headed for positions in academia, which is the direction of most persons holding doctoral degrees from universities and colleges; these men are primarily practitioners, wanting to increase their clinical skills and knowledge, to claim expressive as well as instrumental capabilities.

These are then some of the workings of play, that irrepressible human impulse toward repair, toward making more whole that which is fractured or maimed, the model of wholeness or "health" deriving from the primary illusion, an image of potential perfection.

The "art" of psychotherapy, like the fine art of which Huizinga writes, has increasingly been "appreciated" by a broader segment of the population. Books, periodicals, radio, television -- all promulgate ideas gleaned from clinical sources. Just as the media gobble up ideas and crave novelty in drama and music and painting, so they do in psychology. There is a craving for the novel, a rush toward whatever promises to be new and different that we might

almost identify as a rampant philobatism, except for our clinical sensitivity to the underlying search for something to hang onto, for some ideological terra firma which would gratify also ocnophilic inclinations. As more and more of what clinicians learn is disseminated into the culture, they will be freed to work on the margins of knowledge, to extend the areas of what is known about the human condition. The content of their learning never remains static; human beings and their social situations are involved in processes of open-ended evolution. The solutions to today's problems will not be suitable to those of tomorrow.

For education too, there seems to be an insatiable hunger; and just as there is competition in the marketplace among the vendors of the various therapies, so there is competition among the many alternative programs of education, for both lay and professional buyers. We cannot predict which of these will survive, but we do know that viability will be related to flexibility, and -- as we trust the consumers of psychotherapy -- so we might trust those who sample the various educational offerings and the patients whom they serve to be ultimate competent judges of their different values. It is quite possible that a program dreamed up to heal the split between praxis and logos, as was the Institute, will find that its solutions have themselves made new problems. Some of these can be foreseen, such as those which will be engendered as we begin to accept younger and less experienced clinicians as students.

But that is a change which we want and for which we can plan. Others could occur which would render the Institute no longer necessary or useful in the total scheme of things. We might then have to grieve its demise and begin again, retaining the central values and the ethic, but re-forming to actualize these ideals under new conditions.

As games have become altered according to the different scenes in which they have been played, so with both psychotherapy and education. Psychoanalysis was transformed when it moved to America: there was an "Americanization of the Unconscious" (Seeley 1967) as players differently acculturated toyed with Freud's ideas and methods. But they and their culture were changed simultaneously, as we have suggested in our backward glance at history, and they are still changing. Education too has taken on alterations in the new world, and over time, both in attempts to adapt to shifting social situations and in efforts to free further human potentialities. The dialectic is ever at work -- creating new ways, modifying or dissolving them so that others can be tried, in an unceasing search for improvement. There are also at work the forces of conservatism or of reaction which would circumscribe this human impulse which seeks perfection via playful creativeness.

And so we set out to try to design a learning process which would move us toward a broad view of the human condition and its potentialities, and we said that, in contrast to traditional education, such

learning should be maximally playful. Play has been likened to "optimal generic learning by experimentation in a relaxed field" (Fagan, 1975). The goals of such learning are not to control anybody or anything but to find out as much as possible by creating and modifying models of self and of surround. Education is characterized by a certain inefficiency when students absorb maximum information with no immediate idea of how they are going to use it. But this information is the raw material for intellectual play -- for generating new orders, new meanings. An informed mind can risk de-structuring, even discarding ideas which are no longer good enough, for it has a rich storehouse of resources which can be assembled in novel combinations. The more extensive our knowledge, the more flexible can be our thinking and our actions.

Unlike investigation in which one observes or inquires into a subject in detail and systematically (from in, plus vestigare, to trace, track) and which can be brief and relatively passive, "optimal generic learning" must be active and temporally prolonged. We do practice and try to apply what we are learning. From that practice we glean fresh insights which we carry back into our reading, our writing, our discussions. We see more in our cases because we are aware that more can exist; and we are more critical in our study because we inform ourselves in our therapeutic sessions. There is no end to the workings of this dialectic.

Unlike a situation in which the goal is control, driving toward a specific and regardless of factors inner or outer, optimal generic learning is disequilibrial. We never arrive at a system which is finally stable, balanced and unchanging -- not in ourselves, in our clientele, in our institutions, and certainly not in the ISCE! Instead we become maximally sensitve to the unknown, to variations on diverse themes. Thus, it would be unlikely that a graduate could ever subscribe to any of the simplistic prescriptions for therapy which abound today, which affirm that if you just apply this technique, you will attain a specific result. We are likely to eschew the "it works" school of psychotherapy.

Like play, optimal generic learning occurs only in a "relaxed field" when our immediate needs are satisfied and we sense no potentially disastrous threat to our sense of well-being. When there is some felt urgency or some jeopardy that must be warded off then we take on a control task. In such a circumstance we learn, it is true, but only about those aspects of self or others or subject which are directly relevant to our intent to bring about a specified result. When students have pressured themselves, hurried to prove mastery of core curriculum or to complete certain assignments, they have reported a narrowing of the sphere of learning. And when they have had to busy themselves managing fears and dreads of receiving psychic wounds or giving hurts to others, a similar constriction has occurred.

The scene which is California has been a fit container for the act of creation of the Institute. Its laws expressly permit and encourage experimentation with new forms of education; and its people, including professionals, tend to be open to novel ideas and ways, particularly when these are in the direction of providing new arenas for the exercise of felt freedoms. But there are those on the national scene who view with alarm any educational innovation by and for professionals which might occur outside the sacred walls of accredited academia.* They would arrogate to themselves the authority to pronounce what is best for all, prohibiting even an interlude from the main pedagogical (or androgogical) show. Thus they do exemplify the waning of the play spirit which Huizinga bemoans, and concommitantly a decline in the belief that human beings have the right and capacity to institute for themselves new agencies for the accomplishment of their purposes, and, as agents, actively to measure for themselves the merit of their inventions. Their voices are those of "social scientists," not of therapists. They prescribe for us and do not speak with us.

The sociologist J. P. Netl (1969) writes of the tendency for intellectuals, who should have faith in the capacity of people for self-induced change, to be displaced by "social scientist" who would engineer

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*"Any diminishment of the location of social work education within the academic mainstream is of concern to the Council on Social Work Education and the National Association of Social Workers." From Social Work Education Reporter, Vol. 26, No. 2, May 1978.

that change. There has been a "miscegenation," a "fusion of scope-directed science with component reversing qualitative intellectualism." The whole ceases to be in the picture; it disintegrates into "facts." Netl categorizes ideas into two types. The first is scope, a word he uses in the sense of "something aimed at," or "purpose," especially of adding something new. The second is quality, which has to do with rearrangement of the known and hence with change. He decries the "mandarinate of social scientists who self-consciously confine themselves to, and service the means pole of the means-ends axis," this only masks a "determination to influence ends," to achieve "social planning purpose." But he is also critical of those "social scientists" who only study what is happening instead of conceiving ideas of what could ideally happen. The role which he would prescribe for the intellectual is the reordering of knowledge toward an ideal -- perhaps, in Wallace Stevens words, to create a "supreme fiction," -- to forge a better image of the potentialities of human nature and human societies (Sanville, 1976).

Now, interesting for our consideration of the setting in which our learning should occur, is that Netl supposes a "natural tendency" for each of the two categories of ideas to seek particular structures for their diffusion. The new (conceived as the area of scope ideas) requires "a limited number of highly skilled peers who diffuse the new by application or teaching," so some sort of academic environment is indicated, but "not necessarily a university environment." Ideas that have to do with the quality of human life tend to lead into dissent

with the established order; hence they predicate a socio-political movement. We did not have new information to impart; we did have quality ideas -- ideas about what ought to go into good clinical social work education, and those ideas did entail a scrambling up of old modes of teaching and learning and the setting up of a new social structure, the ICSW. It is some sort of academic environment, but also a socio-political movement, as we have discovered in the reactions of the forces of conformity, the Council for Social Work Education, and the NASW.

In aspiring to the highest academic degree which can be awarded, we acknowledge a wish to become intellectuals, to add the ability to learn and reason to our time-honored capacity for feeling and intuitive understanding. We belong to a profession that is culturally validated; we admit to a role that is socio-political (although we have yet to articulate the responsibility inherent in this); what we would cultivate is a consciousness that relates to universals.*

So what is the nature of our social responsibility, and from whence does it stem? The question as I have come to formulate it is not just what is our responsibility as clinical social workers, but

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*These three ingredients enter into the definition of an intellectual put forth by Edgar Morin, and used in Netl's article.

what is our responsibility as clinical social workers with the title, doctor? Edward Shils (1969) says that intellectuals have a special "interior need to penetrate beyond the screen of immediate concrete experience," while the laity is more content with the "here and now." The tasks of the intellectual in society include infusing "into sections of the population which are intellectual neither by inner vocation nor by social role, a perceptiveness and an imagery which they would otherwise lack," providing models and standards and symbols to be appreciated which then "elicit, guide and form the expressive dispositions within a society." In other words, they provide means by which the population participates in central value systems.

But intellectuals also innovate, adapt the heritage to new tasks and obstacles. Such elaboration and development further entails the possibility of rejection of inherited values. Shils declares, "The major political vocation of the intellectuals has lain in the enunciation and pursuit of the ideal."

Are we then ready and willing to say that the major social responsibility of the DCSW is to articulate and strive for the ideal in psychosocial therapy and to disseminate that ideal by precept and by example? It is an awesome responsibility.

To confuse things a bit, let me quote Talcott Parsons who says that the intellectual is a "person who is in his principal role-capacity is

expected -- an expectation normally shared by himself -- to put cultural considerations above social" in defining his commitments. He must do this because "those with societal responsibilities are disposed to sacrificing cultural to societal interests," that is, to relinquishing ideals and adapting to the exigencies of interaction among acting units both of individual persons and of collectivities. Even in religion, "the matrix from which other principal parts of the cultural system have differentiated," "pure" religious concern has been mainly outside of institutionalized religion. Parsons sees the "pure" disciplines as having made greater contributions to practical benefits than practitioners have to generalized knowledge from the induction of their practical research.

Our burning question is: Must that be so? Or can we educate people to be both practitioners and educators, people with the flexibility to oscillate between the ideal and the practical, improving each out of contact with the other?

We might expect some complications, even conflicts, from the fact that ours is an applied field. Yet we are different in essential ways from the practitioners of other sciences. We are a profession more concerned with process than with goals, both for ourselves and for our clients and patients. We want to equip ourselves with the means to enable others to acquire the means to change themselves and their social world. We are of course, interested in <u>scope</u> in the sense of wanting to increase our range of perceptions, thoughts

and actions, so that we may gain a breadth and length and sweep in our professional functioning. But we do not want to manipulate people toward ends which we have determined for them, not even secretly. As usual, I cannot help playing with the origins of the word, scope, which derives from Greek, scopos meaning watcher, goal, aim. We would be more akin to the watchers, pepole with vision -- and visions which might be shared -- than with those who set "targets" (although this latter has been a popular word among some kinds of social workers). Our "aim," if you will, is to recombine concepts to arrive at a more holistic vision, a "supreme fiction" which can never be final and complete, and to do that via a dialectic between praxis and logos.

In playful learning there is more thoroughness. Newly assimilated ideas and newly mastered acts are imaginatively "tried on for size" in as many ways and in as many situations as possible and available. There is pleasure in knowing just for the sake of knowing, in finding out "what I can know and what I can do." Fagan has suggested that truly playful learners may extract rules -- that is, discover them -- rather than merely modify or complete them. In fact, at least one historian, Kuhn (1962), writing of scientific revolution, has discussed periods of paradigm change almost as though they involve the type of play of which we here speak.

On the face of it, to facilitate learning that is inefficient, long drawn out, that never arrives at a stable view of people or their social world, that is in some sense "purposeless," loading the minds of students with all sorts of irrelevant knowledge -- could sound

anything but responsible. How can we reconcile such frivolity with the desired growth of competence as clinical social workers? After all, competence does entail, at least in part, matching means to ends. As R. W. White (1967) defines it, the sense of competence is "the degree to which a person feels able to produce the desired effects upon his environment, human and inanimate -- how he feels able to secure the goals that are important to him and to elicit from others the behavior he desires." Yet he speaks for a quality of competence that involves openness to fresh avenues and solutions; and he too affirms that such skills and abilities are best acquired through that active, exploratory play which "follows the pattern of a steady interest rather than an intense craving or violent passion." Such play is self-rewarding, creating in the player a "feeling of efficacy," one of the most important of the affects which distinguish health from neurosis.

Clinical competence includes prominantly the ability to enable others to experience inside-outside safe space, a "relaxed field" in the therapeutic scene; that is the "desired effect" we want to produce in those we serve. To attain that objective we need skill in discerning and interpreting the many subtle ways in which patients might unconsciously relinquish to us their rights to set and to re-set their own goals in the process of using therapy for <u>self-induced change</u>. Our therapeutic responsibility is to enable patients to enjoy what we have ideally enjoyed: the accumulation of perceptions about self and social world which may at the moment seem useless or "inefficient" -- to do their own "pure research," the experience of setting for themselves the pace and duration of therapy, the feeling of not being

driven to a predetermined goal, the discovery of potential aims of which they may not even have dreamed. (Competence, we might remind ourselves, come from com, together plus petere, to seek, strive.)

How to carry over such playfulness into the area of social responsibility? Perhaps Ralf Dahrendorf's model has particular applicability for clinicians who have cultivated quality ideas. Dahrendorf (1969) in his "The Intellectual and Society: The Social Function of the Fool in the Twentieth Century," proposed that the "fools of modern society. . . are the intellectuals." In ancient times it was the fool, the court jester, who could tell the monarchs uncomfortable truths which no one else dared to do; he was indispensable for correcting the monarch's errors. His power lay precisely in his freedom in respect to the hierarchy of the social order; he could speak from outside as well as from inside. "The fool belongs to the social order and yet does not commit himself to it; he can without fear even speak uncomfortable truths about it."

The intellectuals, the court jesters of modern society, "have the duty to doubt everything that is obvious, to make relative all authority, to ask all those questions that no one else dares to ask." Dahrendorf asserts that "shocking questions must be asked: each position whose opposite is not discussed is a weak position." Clearly to play such a role we have to risk unpopularity. But "the truth of the fool is

never quite serious, for it lacks the important mooring of responsibility (and also, of course, of power). This does not lessen its value; it makes it, however, all the more unreasonable to meet it with the heavy artillery of public suspicion and aspersion."

To paraphrase Dahrendorf, whether a profession can include intellectual court jesters who critically question its ways, and how it tolerates them, may be a measure of its maturity and inner-solidity.

We lack the "mooring of responsibility" in that, as autonomous professionals we are not beholden, not "hooked in" or tied to the system. From our independent vantage point, equipped now with an enriched critical capacity, and with a determination to continue to seek an ever heightening consciousness relating to universals, we now take on a special responsibility to safeguard what is "humane, liberative, enhancing of human life" in our enterprise. We will be alert to that "element of power-serving of alignment with the power-elite and the dominant, of arrogance, of reducing hunans to experimental or technological foder, of inherent insanity in the name of sanity. . ." We will stand ready to eschew and expose that new mental health industry which "will be formally shining, sterile, quality-controlled, impersonal even in reference to what is most personal, the epitome of a "secondary" relationship to "primary relations" (Seeley, 1978).

As in clinical social work at its best, we in the Institute have been seeking together via a creative process as defined by Torrence (1976):

"the process of becoming sensitive to problems, deficiencies, gaps in knowledge, missing elements, disharmonies, and so on; identifying the difficulty; searching for solutions, making guesses, or formulating hypotheses about the deficiencies; testing and retesting them; and finally communicating the results."

Our creative tendencies have paralleled those of psychotherapeutic process. First, there has been the tendency toward structuring and integrating, but we know that too early structuring can lead to commonplace responses. To make a mental leap demands a degree of tension tolerance, so we have tried to avoid premature closure. Second, there is a tendency toward disruption of old structures in order to create something new; that we have done. Third, there is a tendency toward finding a purpose for something that may have had no definite purpose and to elaborate it in such a way that the purpose is achieved.

Every creation involves unavoidable paradox: it is in some way recognizable and familiar; hence it must have something to do with antecedent experiences. But it is also radically new, and therefore, in some respect unfamiliar. Its specific nature cannot be predicted from a knowledge of its antecedents. It cannot even be deduced from the dream which brought it into being. In some sense it is undetermined, both genetically and teleologically, or it is both determined and undetermined simultaneously.

In clinical psychotherapy at its ideal best the outcome is never predictable; we facilitate and enable, but the patient determines the ends, the goals, and we as therapists are often surprised. So with this educational program in the Institute for Clinical Social Work. We have all been the agents, we have engaged in a process of seeking together, but each student has set his or her own goals. Now there is a product, the DCSW, something new that did not exist before. What are its characteristics? What are its values? Its nature and use have yet to be discovered by the persons who have been or will be awarded that degree, by the patients whom they will treat, by their colleagues, their communities. As of now we can only say that our graduates are made of new stuff -- the ingredients of theory and practice, logos and praxis, in a new field of substantial relatedness. Inevitably they will have new parts to play. Perhaps they will be both playfully responsible and responsibly playful.

APPENDIX A

CURRICULUM OUTLINE

INSTITUTE FOR CLINICAL SOCIAL WORK

Curriculum Outline

1000	Developmental Theories, including both normal Psychopathological Development	
1100	Psychoanalytic Theory	(Two areas 1, 2)
1200	Other Psychoanalytic "Schools"	(Two areas 3, 4)
1300	Other	(Three areas 5, 6, 7)
2000	Practice Theories	
2100	Theories of Psychotherapy	(Two areas 8, 9)
2200	Techniques of Psychotherapy	(Two areas 10, 11)
2300	Supervision and Consultation	(Two areas 12, 13)
3000	The Profession of Social Work	
3100	History	(One area 14)
3200	Social Responsibility	(One area 15)

Definition of Levels of Competence

1. Insufficient.
2. Can discuss subject with knowledgeable peers.
3. Can organize subject content and impart it to others for professional use.
4. Can present a case illustrating integration of subject content with practice.

Required Demonstration of Levels of Competence

At least level 2 competence must be demonstrated in all fifteen areas. In addition, level 3 competence must be demonstrated in at least one area. Level 4 competence must be demonstrated in the following:

1000	At least two 4's, one of which must be in 1100 or 1200
2100	At least one 4
2200	4 in both areas
2300	At least one 4
3200	4 required

Note: The first digit of the number represents one of the three major sections. The second digit designates the sub-section. The two digits (01-15) number the areas in which the student will be evaluated. (December, 1977)

CURRICULUM OUTLINE

1000 I. Developmental Theories including both Normal and Psychopathical Development

1100 A. Psychoanalytic Theory

1101 1. Freud, et al.

1102 2. Modification and additions to Freudian Theory, e.g. Ego Psychology including Hartmann, Rapaport, A. Freud, Erikson, et al.;
Object Relations Theory including Spitz, Mahler, Jacobson, Klein, Kernberg, Kohut, et al.

1200 B. Other Psychoanalytic Schools

1203 1. Jung

1204 2. Others: e.g.
Social-Psychological "Schools", including Adler, Fromm, Horney, Sullivan;
Transactional Analysis (Berne);
Rankian "School".

1300 C. Other

1305 1. Psychosomatic and Soma-Psychological Theories, e.g. Alexander, Bruck, Dunbar, Selye.

1306 2. Cultural Factors in Personality Development.

1307 3. Other major theories and their relationship to Personality Development, e.g.
Learning Theories including Behavioral Theories (e.g. Skinner, Pavlov), Social Learning Theories (e.g. Mussen); Organic Theories, including Kretchmer, Escalona, Bio-chemical Theories, Neurological Theories, e.g. recent research on hemispheric dominance; Piaget's (cognitive) Concepts and Personality Development; Systems Theory; Existential Psychology; Humanistic Psychology.

2000 II. Practice Theories

2100 A. Theories of Psychotherapy

2108 1. Psychodynamic models, e.g. Classical Psychoanalysis, neo-Freudian, Object Relations, et al.

CURRICULUM OUTLINE (con'td.)

2109 2. Others, e.g.
Learning Models, e.g. Behavior (Lazarus, Wolfe, Wolpe, et al.), Rational Emotive (Ellis), Reality (Glasser); Sexual Dysfunction (Masters and Johnson); Growth Models, e.g., Existential (Rogers, Maslow, May); Transactional Analysis (Goulding, et al., Gestalt, Perls); Conjoint therapies (Satir, Bateson, Jackson).

2200 B. Techniques of Psychotherapy

2210 1. Treatment, including:
Diagnosis, including psychodynamic diagnosis, psychosocial diagnosis, and traditional classification of psychiatric disorders.
Treatment planning, including selection of modalities (individual, couple, family, group) and treatment approach (crisis intervention, use of community resources, use of psychotropic drugs, brief therapy, long term treatment, etc.) and establishment of treatment goals.
Use of treatment interventions, including establishing treatment alliance, handling resistance, transference, counter transference, working through, acting out, termination, etc.
Evaluation of treatment.

2211 2. Therapeutic Role and Self Awareness; understanding of and commitment to the special requirements (ethical, personal, professional, legal) of the therapeutic role, capacity for self awareness and for maintaining a realistic sense of therapeutic optimism.

2300 C. Supervision and Consultation

2312 1. Issues in Supervision: parallel process in supervision and psychotherapy; group supervision; gearing supervision to individual learning styles; use of various recording techniques in supervision; other.

2313 2. Issues in Consultation: differences and similarities in supervision and consultation; the consultation contract; peer consultation; other.

3000 III. The Profession of Social Work

3114 A. History of social work in America, including the development of the clinical social work movement and the relationship of clinical social work and psychotherapy.

B. Social responsibility and leadership; includes knowing at least one service delivery system well enough to be able to analyze it, and make recommendations for legislative, policy or program change; capacity to utilize clinical knowledge and skills in a community project.

Accepted 11/20/1977

APPENDIX B

ADDRESS TO PARTICIPANTS

IN THE PLANNING OF

THE INSTITUTE FOR CLINICAL SOCIAL WORK

May 20, 1977

It is with both thrills and misgivings that I have agreed to serve as your Dean for the coming year. You have heard of Queen-for-a-Day? I wish also a hyphenated title, Dean-for-a-Year. I have neither special aptitude nor special interest in an administrative job, but will try, with the excellent help which you all provide, at least to launch our project. It is thrilling to see the dream being realized. I have fervent beliefs in its goals, its means, and in you. My excitement is tinged with fear because of doubts whether I have the stuff which a management role requires. My basic character is more congruent with the part of clinician. Even the role of educator has entailed certain stresses, and those you will all be sharing with me. As clinicians we can be non-judgmental. Ideally, we have no agenda for the patient but allow him infinite possibilities for self-growth toward his own goals in his own way, at his own pace. We have nothing to gain and nothing to lose from the patient's autonomous decisions. As educators we also facilitate growth, but we must judge. There are high standards to be upheld. We have much to gain if we establish ourselves as an institution of the highest caliber. We have much to lose should we turn out graduates of whom we are not proud. In other words, a clinician can eschew authority; the educator cannot.

The Dean, so I am informed, is the final authority. My dean-friends tell me, "You will learn the meaning of that

saying, 'The buck stops here.'" They warn, "You'll get all the blame, but not necessarily the credit. Somebody is always bound to be displeased, and on you it will be dumped." But worst perhaps of all, a colleague, describing a dean whom she had known before he had that title, mourned that his whole personality had changed for the worse. She hinted darkly at some kind of inevitability in that.

I have long been interested in social roles, and how people get their identities mixed up in them. I have liked the concepts developed by Kenneth Kenniston (1970) who, as you know, has put forth the notion of Youth as a period of separation of self from society. As he sees it, just as the task of adolescence is an inner separation of self from parents, so the task of Youth is to achieve a certain psychic distance between self and society. There is a suggestion that the longer the period of refraining from committing to roles, the more likelihood that one could keep identity apart from role. I have refrained for a long, long time. So, to me, the solution to my dilemma lies in playing Dean, and not in being Dean. I have no investment in the role itself, and, in fact, want someone else to assume it as soon as my playfulness runs out.

Bemusing this matter, I turned one evening to the Encyclopedia Britannica, curious about what it might reveal regarding the title, Dean. The first definition was, "One having authority over ten," the title of an ecclesiastical dignitary or a university or civil official. All right, I

thought, perhaps there is some prophecy in that. Indeed, as it looks now, the faculty over which I might preside would number about ten. Next, I observed that the term had originated in the fourth century, and that it was applied to members of a guild whose occupation was the burial of the dead. Hastily I read on. Now I found a clue as to why I had been selected. The title, Dean of the Sacred College, is borne by the oldest (in standing, if not in age) of the cardinal bishops. Hence the word "dean" as signifying the oldest member of a corporation.

Finally I learned that there are four sorts of deans, among them one that suggested some integrative possibilities: "Dean of Peculiars" who "hath no chapter, yet is presentative, and hath cure of souls." That latter at least hinted at a clinical component. Presentative, I found to mean, "having the capacity or function of bringing an idea or image to mind." Since my presence does these days indeed evoke the idea and image of a non-establishment doctoral program for clinical social workers, that seemed appropriate. "Peculiars" are "those standing apart from others, calling for special consideration and attention; distinct and particular." There could hardly exist a more fitting description of our students and of our faculty. The "no chapter" part refers to a parish being under the jurisdiction of a diocese different from that in which it lies. Certainly the Institute can be seen as an enclave surrounded by academia differently conceived, differently administered.

Not quite being able to leave it at that, I sought for the word origin of "peculiar" and found that in Latin it had to do with "wealth in cattle." I will leave it to Harvey Gabler to investigate if that is the proper way in which he might invest our $50,000. For me, the wealth is in the "peculiars" who are our founders and our participants.

The role which I would most have coveted in the Institute would have been that of student. It would have permitted me the maximum of play. I had already thought about my PDE: my title would have been "Play in Psychotherapy with Children and Adults." Clinically, I have long been interested in play, both as a mode of overcoming trauma and as creating new patterns for life. Although the Institute has healthily irreverent attitudes about old role limitations and can readily conceive of faculty-students, and of student-faculty, it appeared more problematic to justify a dean-student or a student-dean. So, I have decided to pursue my 'PDE' in another educational institution, International College, under the tutorship of John Seeley. Many of you may know of him from his book, The Americanization of the Unconscious, and from his participation in the Center for the Study of Democratic Institutions. He is a Renaissance man, and a pixie, who has agreed to play with me. My project will begin with a study of the play element which I see as having gone into the creation of the Institute, and with its function in our culture building. The main question which I will examine will be whether and to what extent

we can keep alive a climate for play in an educational setting. Underlying it all is my affirming with Plato that "Life should be lived as play." (Laws VII, 803).

Huizinga (1938), in his book Homo Ludens, proposes that all culture emerges from play. Like all writers on the subject, he does not find a satisfactory definition of play, but he does enumerate the criteria. Almost without exception these were present in our activities of the last year. A certain fun element is of the essence; many of you have expressed the sense of renewal, arising from participation in this adventure-some experience. For all of us, it transcended the immediate needs of life. It was voluntary, free; none of us was needing a doctorate. Thus a certain disinterestedness could qualify our efforts. It would be satisfying, but not crucial that they succeed. We gave ourselves special time and a special place, a playground as it were, in our three-day weekends at Mills College secluded from home and practice. This special separation from ordinary life was marked off, too, in ideas. We cut loose from previous conceptions, previous modes of education for clinical practice. We developed a feeling of being apart together which tended to retain its magic even beyond our Convocations. We dreamed up a new order, new ground rules for the game of learning. There were elements of tension and uncertainty, a chanciness. We were aware of dangers from outside, in the forms of doubts whether we would be accepted and recognized by others in our profession, by the academic world. There were dangers from inside,

anxieties about whether we would be accepted and recognized by each other. An element of pretend permeated our activities. We constituted a sort of make-believe school. We played at being students, at learning from and teaching each other. Unlike other schools, we did not have the jeopardy of exams and grades, so we could bear some judgment by our peers. An ethic of respect for each individual permeated our interactions. A non-authoritarian attitude encouraged imagination, for no conformity was demanded.

Now Huizinga also claims that as a culture proceeds, either progressing or regressing (and we will do both), "As a rule the play element gradually recedes into the background." He sees all civilization as having "grown more serious; it assigns only a secondary place to playing." In other words, what was once playful becomes crystallized, "the old cultural soil gradually smothered under a rank layer of ideas, systems of thought and knowledge, doctrines, rules and regulations, moralities and conventions which have all lost touch with play." Play and seriousness which once were not separate become polarized. Sadly, the reactions of some of academia to the formation of our Institute are apt illustrations of this. Perhaps this is one reason why the late Robert Hutchins could say, "Learning is accompanied by pain," and "Too many of us will not endure that pain." How can we protect an atmosphere of playfulness so that our Institute may survive and thrive, without rigor mortis?

We might hypothesize that there are two types of felt dangers or anticipated pains for any of us: one, that I may be inadequate to or out-of-step with other learners and hence come to feel either inferior or isolated; and two, that I may lose my individuality and be swallowed up in group identity. If we can play with ideas instead of making dogma of them, we diminish these jeopardies, and there can perhaps be ever closer approaches to the "supreme fiction" of which the poet, Wallace Stevens, writes. Those of you who heard my address, On Our Clinical Fantasy of Reality, (SCSW Annual Meeting, 1976), know something of my philosophy about that. In a spirit of playfulness we could each feel safe to explore our own predilections without the danger of disrupting the group feeling, and safe to immerse ourselves tentatively in the group without the danger of self-extinction.

Our whole structure and organization has been set up with this in mind. We are democratic in a way perhaps unheard of in traditional educational institutions. The Institute has been planned over a three-year period by an ever larger group of people. The present participants had a whole year in which to offer input. There is to be equality of pay for all faculty positions, with none carrying higher status than another. No one's professional survival depends on the role which he or she will play. Even the student and teacher parts are interchangeable.

We have dual aims: that we should all master a "core curriculum," and that each of us individually should develop and contribute in an area of special interest and expertise. To share that common core will be essential, not because its content represents final Truths, but because it will provide us with the language in which to communicate with each other and with basic concepts from which we can, both collectively and individually, take off to discover new data and new theories which, in turn, may mean a gradual reshaping of the core itself. Our mode of striving for such goals entails a dialectic between group and individual learning, so that each may benefit richly from the other's unfolding.

As of now, the faculty is to be filled mainly by those who have participated in planning, in other words, those acculturated already in this Institute. This will afford us a continuity, involving as it does persons who already have the momentum. We see present participants as those most equipped to evaluate and to recommend those changes which will inevitably be necessary to further the realization of our ideals. To those of our critics who see this as a bit incestuous, we can answer that there will be links to the outside, and that all critiques will be welcomed.

The doctoral committee will include a DSW consultant (in addition to the animateur, the doctoral mentor, and a peer). This fourth person is an outsider, differently acculturated;

his role perhaps akin to what the British call, "the loyal opposition." In the course of work with us, it is likely that these DSW consultants will come to share many of our views and ways, and that they will help us to discover our own blind spots. They have been chosen for their sympathy with our endeavor, and their willingness to be thus involved. Moreover, there will be adjunct faculty, partly chosen from the field of participants, but also from elsewhere, since it is unlikely that we have the resources for teaching all the courses which will be demanded. They, too, will contribute from a different point of view.

All of us who will be working together in this special structure are clinicians, imbued with certain principles from our practice which might help us to maintain that special balance between safety and risk that is optimal for a creative endeavor. We believe in self-determination, in the capacity of each individual to grow and change. Clinically, we know that to maximize that capacity requires mainly the removal of obstacles, inner and outer. We approach our task with a high degree of self-awareness, of wisdom about principles such as transference and counter transference which can help us to highlight for ourselves and our peers both barriers and resources, inner and outer. In such an ambience it becomes both safe and fruitful to play with one another's working hypotheses. In the functioning of our Colloquia we will have the opportunity to test our clinical wisdom in its application to education.

In the second century B.C. Buddhist text known as the Pali Canon there is a story suggestive of potential problems and potential answers. Prince Menander wishes to converse with the sage, Nagasena. To the prince's request Nagasena replies, "If Your Majesty will speak with me as wise men converse, I will; but if Your Majesty speaks with me as kings converse, I will not." The king asks for the meaning of that, and Nagasena tells him, "The wise do not get angry when they are driven into a corner." The hints which we find there are that games of the intellect must be played between equals, and that hostility can spoil the play spirit.

This brings us to issues having to do with the composition of our Colloquia. There will be a degree of equality, if one can say that. All will be Fellows, seasoned and experienced clinicians. It is unlikely that anyone will be lacking in an area of excellence. However, there will also be the inevitable inequalities: in age, amount of experience, cognizance of theories, capacity to conceptualize, to articulate. To some, competition is stimulating, and to others, disabling. We shall need to discover the influence of ambience on that, and to find ways to cope with our differences.

We know that compelling inner forces (instincts) can be a threat to play, for they also have a way of compelling others. We are speaking here of any arousal that requires discharge. The danger may not be in the arousal per se, but

because that threatens the delicate balance between the subjective and the objective, and thus can make it unsafe to share the subjective. We must be free to express thoughts, feelings, and opinions which may be only tentatively held if they are new and fresh.

The role of animateur is designed to allow opportunity for formless experience, and hence for creative impulses, what Winnicott terms, the "stuff of playing." The animateur is non-authoritarian, facilitating, creating a safe play space. She or he recognizes that play must be spontaneous, not compliant or acquiescent. Just as in treatment, the patient's creativity can be all too easily stolen by a therapist who "knows too much," so in education, the student's creativity can be squelched by a teacher who knows all the answers. The animateur, like the therapist, reflects back to the individual and to the group and offers tentative hunches and hypotheses in such a way that participants may themselves give shape to what they are seeing, hearing, thinking, and feeling. Students are then enabled to experience the exciting interweaving of subjectivity and objective observation..."in an area that is intermediate between the inner reality of the individual and the shared reality of the world outside." (Winnicott 1971). The acceptance of the animateur becomes a model for the group members' acceptance of one another. This is far from saying that these members would always be in agreement with each other. The animateur must recognize both what Hesiod called,

"beneficial strife," and destructive Eros, lest the individual's need for group approval make for a stultifying conformity. The animateur must be aware even of those subtle coercions which can come from non-recognition of transference, if students are to be free of "super ego intropression" (Ferenczi). The emphasis will be kept on what are good questions, rather than on definitive answers.

We must give careful thought to the issue of the animateur's role as evaluator, for that can be in direct conflict with the non-authoritarian mode we have prescribed. We are faced with some of the same dilemma which has beset the role of training analyst in Institutes for Psychoanalysis: he/she is to offer that security which promotes learning and growth, but then is asked to judge the candidate's professional qualifications. We have tried to build in some safeguards in that evaluation; as we have conceived it, it is an ongoing process in which peers and learner regularly partake and which essentially belongs to the latter. We have declared that it resides in the student to assimilate and utilize such appraisals in his own behalf, and to present them to the members of his doctoral committee, the ultimate judges. We may hope that such mediation of the inherent dilemma may permit the Institute to create safe space for playful learning and yet enable it to fulfill its other function of certifying excellence worthy of the highest professional degree.

A final word about the doctorate itself. Our school would have been "safer" from outside forces had we not gone for a DSW or a DCSW. Existing academia would have applauded had we only taken upon ourselves responsibility for some continuing education for clinical social workers. They may not forgive us hubris in aspiring to award ourselves that degree. But we should perhaps concern ourselves even more with what it will mean to us. What will it do to our processes of learning that we have that particular goal orientation? And what will it do to the way in which we practice clinically once we have attained it? Freud (1926) once spoke as though the medical degree were a sometimes curable obstacle. Perhaps we may approach a cure if we can infuse all of our seriousness with playfulness.

APPENDIX C:

A FIRST PUBLIC PERFORMANCE

The scene was the 9th Annual Scientific Conference, co-sponsored by the Society for Clinical Social Work and its offspring, the Institute for Clinical Social Work, at the Holiday Inn Union Square, San Francisco, and the time, October 1978. The playbill announced the theme: Clinical Social Work: Many Faces, Many Places. The Foreward, written by Carl Shafer, the current President of the Society, declared that the Conference provided a forum for the exploration of new ways and new settings, for the challenging of traditional thought, and that it represented "a continuance of the dedication of both organizations to the enhancement of clinical social work practice." That there was national interest in this performance was evidenced by the designation of these meetings as the 1978 National Conference of the Federation of Societies for Clinical Social Work. Thus the audience was composed both of Californians and their colleagues from across the country.

Among the featured actors (agents) in the 46 sessions were twelve students and two DCSW graduates of the Institute; and I want to report how their acts were received. Lest the reader assume a likely bias of the Dean in the role of critic, I will defer to the reactions of the audiences -- as overheard in the halls between meetings, on elevators, at meal times, and at the evening receptions.

In the pre-Institute past, several of these same presenters had given papers at state-wide meetings, and their sensitive

clinical reports had always been a source of much satisfaction to the listeners. Therefore it came as something of a surprise to hear that their offerings this time were viewed as transcending those of previous years. These seasoned clinicians seemed to have gone beyond their own previous constraints, and their shared sense of this break-through evoked excitement and stimulated the audience.

Among the student presenters were four who had been part of small study groups on object relations theory and borderline conditions. When those workshops got underway a year ago, they had sent delegates to the Dean, begging for experts on Kernberg and Kohut. I had sympathized with the difficulties which they were encountering, but suggested that those authors were probably themselves the main experts on their writings, and since they were presently unavailable, the students might first attempt to tackle those books on their own, with faculty standing by to help as they could. Now, two of the acts on the Conference program were billed as: "Kernberg's Borderline Personality: Theory and Application," and "The Use of the Transference in the Treatment of Narcissistic Personality Disorders." Each presentation was given in tandem by two students from those self-generated and self-taught seminars. Their shows were sold out, and the lucky ones who were admitted were delighted, not only with content, but with the team teaching which, they declared, had never been done so "expertly." The two "teams" have subsequently been invited to do their act in other settings.

Also playing to full houses were other presentations by students on widely varying topics such as: object relations theory and grief reactions, integrating fiscal accountability and quality control, contracts within treatment relationships, and changes in the American family. Some innovative approaches were put forth by students -- one an "Art Journal Workshop," and one a paper on "Aerobic Exercise as an Adjunct to Psychotherapy" -- and both provoked lively discussion.

In every instance, students anchored their presentations in practice, as clinical social workers have traditionally been trained to do. What distinguished these papers was the interplay between clinical data and conceptual thinking. They illustrated the workings of that dialectic out of which both practice skills and theory are extended and enriched.

It began to be rumored about at the Conference that ICSW students and graduates were upstaging even those well established (but as yet non-ICSW) clinicians who had previously been regarded as "stars," but who were now being seen by the audiences as less informed, less imaginative, and less productive than these new-comers to the stage. Clearly new aesthetic criteria were in the making. We could predict that professional audiences at future conferences will be increasingly dissatisfied with presentations which are not up to the higher standards.

Perhaps one of the most dramatic acts was that of a young student who had initially come into the Institute as an announced "Behaviorist." Entitled "Transference and Countertransference Reactions Elicited by a Therapist's Pregnancy," her paper symbolized a transformation of first magnitude! In her daily practice before and during the months when her pregnancy was in evidence, and after the delivery, she had reflected upon both her own inner experience and the responses, non-verbal and verbal, of patients, and she came up with keen intuitive observations, out of which she formulated beautiful theoretical constructs with psychodynamic depth. Members of the audience expressed appreciation that they had heard something not only original and sensitive but of such summary power that they longed to hear or read it again. In the audience sat this student's husband, holding the baby, now several months old. The little one made occasional utterances upon hearing his mother's comments. Perhaps he was reflecting that, just as she had provided him safe inner space, she now would make available safe outer space so that he and her colleagues may continue to play and hence to grow.

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(Arranged by Chapters)

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