From Truth or Dare to Show and Tell: Reflections on Childhood Ritual, Play, and the Evolution of Symbolic Life

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From *Truth or Dare* to *Show and Tell*: Reflections on Childhood Ritual, Play, and the Evolution of Symbolic Life

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INTRODUCTION: HIDE-AND-SEEK

Hide-and-Seek

The game starts with all players in a central location. One player is given the designation of “it.” There are two portions to the game: the hiding—all the players, except “it,” locate a place in which to hide, and the seeking—“it” attempts to locate at least one of the players. The overall objective is to not be discovered by “it.” (“Hide-and-Seek,” retrieved from Wikipedia, November 30, 2008)

In his 1963 essay on communication, D.W. Winnicott evoked this familiar children’s game to capture the poignant plight of the child who longs for a sacred zone of privacy even as he wants to share and be known. “It is a sophisticated game of hide-and-seek in which it is joy to be hidden but disaster not to be found” (p. 186).

In her 1994 article “Love in the Afternoon,” Jody Davies finds herself with her adult male patient, Mr. M, in a paralyzing dance of secrecy, privacy, and unspoken—even unthinkable—desires. Davies describes her particular entanglement not only with her patient but with psychoanalysis’ history and with its ensnaring legacy—a legacy stemming from the analyst’s so-called quest for “neutrality” and from implicit (and, at times, explicit) demands for handling countertransference and erotic desire in a private, undisclosed manner. In parallel, Davies’ patient, Mr. M, has his own zone of privacy and shame, his own unmentionable erotic desire. We can interpret Davies and Mr. M as engaged in their own sophisticated game of hide-and-seek: At times both members of the relationship are in hiding; and at times Davies ventures to seek, but when she does her patient stonewalls her, rebuffs her, and preserves his camouflage.

In this essay, I revisit Davies’ exchange with her patient and then present an extended clinical illustration of my own. My goal is to illuminate the reciprocal ways in which an evolving dialogue about desire is both predicated upon and conducive to symbolic life. Let me first place these
expeditions in context by reflecting briefly on antecedents to the psychoanalytic discourse on erotic desire and play.

**BETWEEN THE SQUIGGLE AND EROTIC PLAY**

Winnicott’s theorizing achieves its rich return on our investment in large part because of his appreciation of paradox. But what is puzzling, if not ironic, in retrospect is that he dedicated so much attention to play but almost no attention to erotic play. After all, Winnicott didn’t shy away from exploring the sensual erotics of infant touch, of motility, and of the spontaneous gesture, as well as the ruthlessness of infant aggressive desire. His invention of the squiggle game, his use of the inviting spatula (waiting to be desired), and of course his seminal work on the transitional object have become psychoanalytic signifiers of creativity, symbolism, and play.

Furthermore, Winnicott’s theory locates play beyond subjective omnipotence, beyond that sacred realm of private desire (with our original love objects), locating play rather between subjective fantasy and reality. But he neglects to elaborate (or, at best, leaves implicit) the parallel idea that erotic play is also located between fantasy and reality, including between unconscious fantasy and historical reality.

This omission by psychoanalysis’ leading theorist of play is even more remarkable given that sexuality and erotic (oedipal) fantasy had from the beginning been the special province of psychoanalysis. We are reminded of Freud’s (1912) conjecture that “because sexuality begins in incestuous fantasy, it always smacks of the forbidden” (Phillips, 1993, p 16). And in his 1915 essay “Observations on Transference Love,” he challenged psychoanalysts to summon up forbidden spirits “from the underworld” for the sake of including them in a conversation about desire. Undaunted but not naïve, Freud recognized that an inevitable consequence of this pursuit would be that psychoanalysts would face a struggle between either the sterile temptation (and risk) of sending this spirit back “without having asked him a single question” (p. 164), or the seductive temptation posed by that spirit to make “a man forget his technique . . . for the sake of a fine experience” (p. 170).

By marrying psyche and Eros, and the here-and-now transference with original love, Freud ensured that psychoanalysis would achieve its most potent impact by working at the edge of what is taboo. If that weren’t a slippery enough slope, Winnicott brought the potentially forbidden into greater relief by providing a glimpse of mother as subject, located not only beyond fantasy (if she is able to survive her infant’s ruthlessness) but between fantasy and the reality of her own desire. In that sense, he took psychoanalytic theory to the edges of erotic play but left for another generation of psychoanalysts, most notably Jessica Benjamin, to contemplate what he left implicit. Insofar as psychoanalysis today is now conceived—following Winnicott’s theorizing (and as elaborated in original ways by Benjamin, 1995, and Ogden, 1994)—as an intersubjective journey that evolves between two subjects of desire, the potential risks and rewards of a professional enterprise dedicated (ultimately) to that most personal and intimate of conversations seems ever more palpable.

1Winnicott’s complicated relationship with aggression has been extensively mined in the literature, but to my knowledge, his relationship with sexuality and eroticism considerably less so.
It follows that, as Celenza (2010) reflected, “all treatments must revolve, at some level, around the question, ‘Why can’t we be lovers?’” (p. 66)—a conversation, of course, usually reserved for when a sexual relationship is realistically possible. But, then, how do we preserve that ethical line essential for our work, which nonetheless and ultimately insists on, and consists of, a discourse on desire? Freud, as early as 1895 (and before he developed a remedying conception of transfer-ence), warned that “the special solicitude inherent in the treatment” could encourage patients to become “sexually dependent on their analysts (Breuer & Freud, as cited in Greenberg, 2001, p. 366). It is no wonder that, as Kernberg (1995) soberly observed regarding erotic transference and countertransference, “There is probably no other area of psychoanalytic treatment in which the potentials for acting out and for growth experiences are so intimately condensed” (p. 114).2

RELATIONAL THEORY AND RELATIONAL ETHICS: THE ROLE OF THE THIRD

If Winnicott tilted psychoanalysis towards a two-subject, or intersubjective, paradigm, he also countered that tilt by his introduction of some “friction,” in the form of a theory of play that offered an antidote to the fraught polarities of hiding and of naked exposure. Transitional experience was our insurance, providing a third space between hide-and-seek, in which we revealed ourselves, even as we simultaneously concealed ourselves. This was the realm of symbol creation and shared play.

As relational theory first evolved, it came to focus considerable attention on the “two subject” tilt that we find in Winnicott’s thinking. Among its particular concerns were evolving conceptions of the analyst’s use of his subjectivity—including the need to transcend a more narrowly defined countertransference, and even to acknowledge the analyst’s status as a “personal subject” (Slavin, 2010)—in fulfilling the promise of relational theory and practice as dedicated, at least in large part, to mutual recognition. But we tended to lose sight of the transitional (fantasy/reality) dialectic that sustained Winnicott’s two-subject theory: By grounding intersubjectivity in the third of material reality, Winnicott guarded against its collapse into unmediated, omnipotent fantasy. Thus he paved the way for a psychoanalysis that could both recognize the relational context for meaning-making and articulate the developmental progression of symbolic life (Gentile, 2007, 2008).

As relational theorizing subsequently emerged, it drew inspiration from Winnicott’s ideas even if it also obscured Winnicott’s grounding of his conception of transitionality in the material world, a factor that may have contributed to the resistance and/or cautionary notes it soon met with (for example, Greenberg, 2001). According to some critics, relational theory (perhaps necessarily, at least for a time) overemphasized the analyst’s subjectivity at the expense of the patient’s unconscious life, and overstressed relational enactments at the expense of describing processes that fuel the capacity for symbolic and authentic communication (Jacobson, 2003).

But with the evolution of an instructive and perceptive literature on the relationship between enactment and the ability to “stand in the spaces” (Bromberg, 1998),3 relational theory has gone

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2I am grateful to Paul Renn’s postings on the IARPP online colloquium (May 2010) that alerted me to both Kernberg’s and Celenza’s quotes on this subject.

a considerable distance toward addressing these concerns. For example, its focus on possibilities of negotiation and paradox (Pizer, 1998) and a “multiplicity” of self-states (Davies, 1996; Harris, 1996) at least implicitly reminds us of the central function of symbolic life. Furthermore, contemporary ideas of thirdness, by building upon Winnicott’s conception of transitionality, offer a very useful corrective to the flattening of psychical desire and conflict that accompanies adopting a narrow, confining dyadic focus.4

A specific goal of my own writing (following Winnicott’s, 1951/1992, work on transitional phenomena) has been to reanimate ideas about material reality within relational theory. Doing so allows us to better perceive the embodied nature of intersubjectivity, which is located as much between psychical and physical reality as between two subjects. I’ve referred to this as “transitional intersubjectivity.” That is, not only do we create transitional phenomena, but we and our patients also create ourselves as transitional subjects between our thought-laden psyches and our sentient bodies, between our private experiences of psychesoma and the public world of real others.

It is this grounding that enables us to trust the seemingly invisible (but nonetheless real) net that sustains us as we engage in dialogue and the making of visible, shared, and symbolic communication (Gentile, 2007, 2008, 2010).5 And it is this realm of reality (and physicality) that links our subjective processes of meaning-creation to a transcendent and lawful ethical realm (Benjamin, 2004; Gentile, 2007, 2008; Muller, 1996). And it is also in this realm—which includes the world of physical objects, the body, and “thing-like” gestures and words—that we first begin to play with meaning, by interpreting “the thing in itself” (Winnicott, 1971, p. 88). “The thing about playing,” wrote Winnicott, “is always the precariousness of the interplay of personal psychic reality and the experience of control of actual objects [emphasis added]. This is the precariousness of magic itself” (p. 47).

It is within this framework that we may now return to the hide-and-seek quality of the interaction between Davies and Mr. M. This is not just a random association: Winnicott’s seemingly offhand reference to the game of hide-and-seek has become a commonplace in psychoanalysis; and of course it has remained ubiquitous in childhood—across generations and across cultures. What I am suggesting here is that hide-and-seek, and other reverberating and emblematic games and rituals of childhood, are not only natural developmental phenomena but also phenomena that inform our practice as psychoanalysts.

To bring the point home, I revisit Davies’ powerful clinical example and—inspired as I am by that precedent—offer one of my own, suggesting as I do so that the ubiquity of these childhood games tells us something about the developmental tasks that we all must face: Namely, that to realize ourselves as desiring subjects in the world and in relationship, we must bring our own (psychical) fantasies into expression between the psychical and the material, between private and public—and that the practice of psychoanalysis is constituted precisely by this pursuit. It is the pursuit that leads us home.

5Precedents for this line of thought are many, including Lacan’s location of language as much in the intersubjective sphere as in the realm of the material, nonsignifying letter, and Muller’s (1996) subsequent delineation of a communicative trajectory between a foundational Third (a semiotic code) and intersubjective processes. After all, Freud himself (1912) had conceived of transference as that lived, interdimensional location between past and present, material reality and oedipal fantasy.
In illustrating this conceptualization, I use Davies’ original essay in order to bring out and then build upon some of her theoretical assumptions. Though we often remember her clinical material from that essay because it was both vivid and the focal point of some controversy, my interest lies in how her essay contributes a relational lens to a conversation—rooted in the origins of psychoanalytic theory and still critically relevant today—about the evolution of symbolic space as not only an ethical third, but as “a playground” (Freud, 1912) for the communication of conflicted desires.

**BETWEEN COURAGE AND FEAR: TRUTH OR DARE?**

Truth or Dare? is a party game requiring a minimum of two players. The game is very popular with adolescents, but is also played by some adults.

**Rules:**

One player starts the game by asking another player, “Truth or dare?” If the queried player answers, “truth,” then the questioning player asks a question, usually embarrassing, of the queried player; otherwise, if the queried player answers, “dare,” then the questioning player asks the queried to do something, also usually embarrassing. After answering the question or doing the dare, the queried player asks “truth or dare?” of another player and the game proceeds as before. (“Truth or Dare?” retrieved from Wikipedia, November 14, 2008)

As I have suggested, Davies’ efforts to find her patient leads to their oscillating game of hide and seek. After a few rounds of preserving the status-quo arrangement in this way, Davies implicitly recognizes that she cannot “find” her patient while he is in hiding, and so she challenges him to venture out. We might say that she invites him to take ownership of his own disavowed impact on her—to become an agent of his own therapeutic action, and of his own desire. Before we examine what happened next, however, allow me a brief digression.

Our literature on therapeutic action has highlighted principally the analyst’s action (e.g., making interpretations, creating a holding environment, self-disclosing, etc.). Of course, more recently, that lens has expanded considerably to encompass the mutual constitution of subjectivity and, by extension, therapeutic action itself. While overwhelmingly agreeing with the value and validity of this latter perspective, I have also tried to bring into bold relief the patient’s independent agency and desire as just that—an independent and vital component of transformative therapeutic action (Gentile, 2001, 2008). Without explicating the goal of the patient’s initiation of her own acts of interpretation and meaning-creation, the process by which she achieves this goal remains opaque, and the patient herself remains only dimly known as a personal subject. That said, there is now widespread recognition that individual agency and intersubjective processes advance dialectically (Frie, 2008)—a shared perspective that enables us to articulate how the patient ventures out beyond her familiar confines so as to actually create new identity and experience.

Some of the most compelling efforts in this direction are found in Ringstrom’s (2001, 2007, 2011) studies of therapeutic action as a form of improvisation. Ringstrom (2011) described improvisational moments that arise when “characters” draw from something real within themselves along with who they are ‘casting’ each other to be” (p. 453). That is, although we may implicitly know each other (Stern, 2009), it is by playing with the multiplicity within ourselves and others that we begin to reveal previously hidden parts of ourselves. In a similar vein, as we
relocate ourselves in the spaces in between—the unspoken and the spoken, between the private and the public, between psyche and soma—our experience of identity and of what feels most real shifts towards that realm of lived, in-the-moment experience, constituted of past and present, fantasy and reality, you and me. These are all forms and moments of play, just as they are expressions of personal agency. As the patient initiates this play, she also becomes an agent of her own therapeutic action. Play is experimental agency.6

From this perspective, we might say that although Davies recognizes that she cannot find her patient unless he ventures out to be known, she also recognizes that he is in retreat, unable to acknowledge his own desirability, let alone initiate (at this stage of the treatment) signals of his own desire. So she takes the lead—a gesture that Benjamin (2009) noted may be critical in breaking out of states of impasse. Recognizing the deadlock she is in with her patient, Davies initiates something new, landing (we might say) upon another template from childhood play: the game of Truth or Dare.

In contrast to its predecessor hide-and-seek (which itself is just one of many developmental games that involve playing with processes of recognition, discovery, and risk taking), this new game is one that most of us come to know during a later developmental phase—that of early adolescence. Through the lens of this new game, we can see that Davies faces a choice. She may do more of the same, which risks the disastrous consequences that Winnicott alerted us to of leaving her patient “unfound.” Or she may take another risk, one that involves a dare. In the narrative described, Davies speaks the truth of her desire. This is also a dare, one that she is willing to take because she and her patient are at an impasse, and “the game” as it has been played out between them so far has none of the qualities of play.

Ringstrom (2011) conceives of improvisational play in analytic treatment as “an implicitly radical if not even—some might argue—‘subversive’ paradigm for therapeutic action” (p. 449). What makes such improvisation possible is “the cultivation of a play space, similar to the one that children naturally convene, and that it is one in which ‘Bang, bang, you’re dead’ can be taken deadly seriously without anyone really dying” (p. 453).

Of course, the dilemma in Truth or Dare is that the symbolic space for improvisation is only beginning to form—and is made possible by the very same play that threatens its collapse. There is no option in the game to retain any fantasy of omnipotent control.7 There is no choice but to become exposed; the player merely chooses what to expose. From a developmental perspective, the players cannot reveal themselves or come to trust the realm (and boundaries) of play unless they take this risk. In this clinical vignette, we wonder with Davies: will she dare to tell the truth of her experience, or will she take the alternate dare? As Davies proceeds with Mr. M, they de facto renegotiate the boundaries of what they can and will reveal to each other, but they don’t agree to the rules of the game in an explicit way. Nor do they acknowledge that they are “playing a game,” even a very serious game, except that Davies explicitly nods to an implicit set of rules. She tells the patient her truth: “But you know, I have had sexual fantasies about you, many times”; but she also sets the boundary: “We certainly will not act on those feelings (p. 166).”

This action has been the cause of some significant controversy in ensuing psychoanalytic dialogue, most memorably in the reactions of Gabbard (1994). But here I am interested in how

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6 Thanks to Jonathan H. Slavin for suggesting this phrasing.
7 Interestingly, at least according to Wikipedia, of the many variants of truth or dare, one version of the game is known as “truth, dare, or torture.”
Davies grounds her actions in the rules of the game that we call psychoanalysis. By virtue of this grounding in what we refer to today as the realm of the third, she and Mr. M remain situated within the freedom and constraints of dialogue. Rather than collapsing the space between her and her patient in the direction of enactment or foreclosed opportunity, Davies’ self-revelation signals the potential for greater freedom of expression for both members of this particular analytic pair. Not only can two people share and expose their desire, but they can do so in a way that both creates and expands the symbolic space between them—an incipient space now constituted (even if only, precariously) between fantasy and reality, and between mind and body—and between each other. It is as if Davies trusts in what to us may seem an invisible net: She trusts that she can sustain dialogue and, in so doing, sustain a holding environment (and, ultimately, a symbolic space) for the most startling and dislocating communications.

Once Davies has spoken to her patient, it is his turn: Like Davies, Mr. M is faced with a choice in which Truth or Dare is actually a game of Truth and Dare: Will he dare to acknowledge the truth of Davies’ admission and its meaning for him or, by denying this truth so forcefully as to render himself physically sick, will he be forced to accept the dare of exposing something that some part of him doesn’t want to know—another hidden truth?

The implicit torture (and relief) of the game Truth or Dare is that there is no privacy and no escaping exposure. Whether we choose truth or dare, we must be willing to expose ourselves to potential humiliation, to potential loss of control, to an act of self-revelation not of our own choosing. This is the risk that is inherent in the fundamental rule (Freud, 1912) of the game of psychoanalysis: the rule of free association in which “the patient takes the risk of not knowing what he is going to say” (Phillips, 1993, p. 29) and of thus possibly exposing—irretrievably—a previously private, and heretofore unconscious or “unformulated” (Stern, 1997), realm of desire. Given the potential risks, this action reflects a testament of hope over despair, potential pride over potential humiliation.

In this sense, Truth or Dare may be seen as a developmental advance beyond Winnicott’s mostly preverbal and enacted hide-and-seek because it repositions us as subjects of desire further “out there.” That is, we play the game at the intersection of physical action and direct verbal communication, coercion and choice, enactment and symbolism—en route to though not yet firmly situated in a genuine play space. Nonetheless, fraught as it is, Truth or Dare serves the interests of making public, often for the first time, what we regard as almost always sacred, if not also shameful, nascent experiences and furtive “unthought” knowledge (Bollas, 1989)—of our physical bodies, awakening desires, first love, first secrets.

By stepping into this terrain, Davies tries to pry open a space with her patient not only between fantasy and reality but also between courage and fear, seeking to expand the symbolic terrain of play. In this example, Davies pries open the space not only on behalf of and with her patient, Mr. M, but—recognizing the risk—also on behalf of and with us: the entire psychoanalytic community. She brings this originally mostly private discourse with her patient out into the realm of mostly public discourse—with the possibilities but also the perils inherent in that gesture.

True, there were some brilliant and inspiring (if also unsettling and challenging) antecedents to Davies’ overture to her patient, including Freud (1915) and Searles (1959/1965), who each memorably recognized the embodying functions of speech in relation to transference love. Searles, in turn, drew on Tower (as cited in Searles, 1959/1965, p. 287), who noted that “virtually every writer on the subject of countertransference . . . states unequivocally that no form of erotic reaction to a patient is to be tolerated. This would indicate that temptations in this area are great,
and perhaps ubiquitous.” Indeed, Gabbard’s (1995) detailed study of early boundary violations in psychoanalysis supports the validity of Tower’s very early concern.

About the same time as Tower’s essay—and long before the contemporary turn towards processes of intersubjectivity and mutual recognition—Barry and Johnson (as cited in Searles, 1959/1965, p. 289) advocated that the patient’s oedipal strivings be “met, in the analyst, by deeply felt reciprocal responses.” They also believed that patient and analyst come to renounce erotic longing only through a process of “recognition of the separate individualities of the protagonists and the deeply felt acknowledgement of mutual love and respect for the individualities concerned.”

With respect to the erotic countertransference, Searles (1959/1965) concluded that “the analyst’s own inner awareness is the main thing here; when one recommends his doing much along the line of overtly expressing such feelings to the patient, one is on dubious and shaky ground” (p. 291). But Davies, writing some 35 years later, argued (persuasively, some thought) that such overt expression may sometimes be therapeutic. We need to create a symbolic space, she told us, and we do this through dialogue. But not just any dialogue: in particular, dialogue through which the therapist—at least at certain critical junctures—exposes herself as a subject of embodied desire.

The critical point, here, as Davies puts it, is that, as relational theory sought to dispense with notions of depersonalized drive, “we in large measure cast aside the reality that sexuality is still an outgrowth of shifting physical sensation as it occurs in relation to specific fantasied and interpersonal relationships” (p. 159). To help our patients overcome their own dissociation between mind and body and come to know (and symbolize) their own physicality and sensations together with foreclosed mental knowledge, Davies argued, the analyst needed to process her own somatic states in the erotic countertransference. Beyond that, Davies explicitly sought to resolve the internal contradiction between shifting towards relational theory while retaining a conception of the patient’s unilateral Oedipal romance and the analyst’s dispassionate, disavowed eroticism. From Davies’ point of view, favoring this “renunciation and resignation over the symbolic powers of transitional play” and “essential paradoxes” (p. 161) set the stage for dangerous enactments and failed to provide the patient with a real experience of the analyst as a subject of her own erotic sensation and desire.

Davies’ essay, we now see, was remarkably prescient. It anticipated much of what contemporary psychoanalysis has since wrestled with: the inability of either therapist or patient to constitute herself or the other as a subject of desire in the abstract. Rather, the path to mutual recognition is located between my psychesoma and yours, adding a dimension of visibility, even tangibility, to this process. The clinical story that Davies shared and her theoretical argument together advanced our understanding of the physical body as the “third” to an otherwise dissociated psychical relationship between analyst and patient.

Although the recent flurry of attention to embodiment in psychoanalysis has inured us to some degree, at the time of Davies’ essay this was a startling exposure. It may be hard to recall, or to imagine for the first time, the professional climate in 1994 when Davies’ paper was published: Psychoanalytic Dialogues appeared on the scene in 1991, and relational psychoanalysis was in its early stages of consolidating and creating its identity (see Aron, 1996). The “playground”

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of Freud’s classical transference (as a one-way street) was in the midst of being renegotiated between two very real participants (Slavin, Rahmani, & Pollock, 1998), even if it also, in part, was still recognized (at least by many) as founded in the realm of unconscious and, to a large extent, in intrapsychic fantasy.

In that context, Davies’ sharing set another precedent. She showed us that we can cultivate conversation about desire in our practice by making explicit (as best as we can) what we tend to keep implicit. This may always evoke for us that familiar anxiety that we associate with *Truth or Dare*. (And it may at times tilt even more uncomfortably, in the context of professional discourse, toward the nonplayful, and quite serious, adult variant—*Truth and Reconciliation*.) But, as Renik (1999) reminded us, bringing how we work (in our private/public communications with our patients) into a private/public space with our colleagues may also have a restorative and healing impact within our community. After all, from its beginnings in Freud’s use of free association—through whatever twists and turns in theoretical perspective—psychoanalysis has always been about making the unspeakable speakable.

This sort of sharing, these revelations, this bridging of private and public, has, I believe, an underlying structural relation to the games and rituals of childhood. Furthermore, these games and rituals can be used to understand, even to foster, the evolution of symbolization within relational psychoanalytic practice—the forging of a symbolic space for desire, play, intimacy, and erotic life. As an exemplum, let us consider a clinical tale from my own practice, in particular a series of communications with a patient, Mr. G, that began during our fifth year together. In telling this story, I will leverage two games—Winnicott’ *Hide-and-Seek* and Davies’ intuitive incarnation of *Truth or Dare*—to expand our psychoanalytic repertoire to include yet another ubiquitous childhood ritual, this one from most of our grade-school experiences: *Show and Tell*.

**CLINICAL CONTEXT AND THEORETICAL FRAME**

Before delving into the terrain most relevant to this essay, let me provide the reader a bit of clinical context, as well as some general thoughts about the work I’d been doing with my patient. Mr. G had entered treatment in the aftermath of a recent divorce. His concerns were many, not least of which was the narcissistic blow he’d suffered after discovering his wife was having an affair—a discovery that fueled the couple’s decision to divorce. Meanwhile, his mother—with whom he’d sustained a loving relationship, but one tinged with resentment—had died the year before. And he was gradually (if warily) venturing back into the world of dating. But what seemed to concern him most were conflicts with his ex-wife (with whom he shared joint custody) regarding what he characterized as her capricious and overbearing relationship with their children, and his fear that her impact could be enduringly problematic for them.

As I started to get to know Mr. G, I was struck by how little comfort he found in revealing his own intentions or desires, and how routinely he portrayed himself as a passive recipient of life circumstances. He described a relatively unremarkable childhood, spent in the suburbs within a middle-class family that valued education and his achievements, his fulfilling the roles of the accomplished “student” and “athlete,” the well-behaved and successful “son.” He revealed a considerable capacity for intellectual and interpretive nuance, which, together with his personal aesthetics and history, rendered him uncomfortable with, and turned off by, crude, loud, uncouth (and stereotyped phallic) expression.
Over the years, Mr. G and I had the opportunity to talk at length about many of these dynamics, and about his own complicated agency in perpetuating roles that both troubled him and formed the basis for pride and identity. For example, Mr. G came to appreciate that, at least in part, his prideful identity as soft spoken and self-erasing was a reaction (formation) to his father’s frequent irritability and episodic, loud, intimidating “tantrums.” These volatile behaviors (also manifested by his ex-wife) fueled Mr. G’s distaste but also his sense of moral righteousness. Similarly, conflicted agendas inflected his relationship with his mother. She, kind and attentive generally, was also prone to competitive (if covert) one-upmanship—a dynamic that became particularly evident once he too became a parent and stepped into what she regarded as her proper territory. Now, in the context of his divorce, he glimpsed an identification with this aspect of his mother’s demeanor. He was proud of his emotional resonance with and empathy for his children; but pride was offset by a contempt for his ex-wife’s far more blunt and oppressive style.

Problematic as these dynamics were, I tended to empathize with Mr. G. Not just because I believe that my recognizing his feelings of victimization would facilitate his own capacity to attach validity to his affective life. But also because my empathy reflected a real identification with Mr. G, and an affinity with his preferred aesthetics and moral judgments (even if they were also moralizing, and predicated, in part, upon splitting). Although this identification with Mr. G was, in part, useful in facilitating our (selfobject) relationship at the early stages of treatment, it also threatened our foothold in a third. And this mirrored the missing third (reflected by the dynamics of splitting) in his family of origin.

As Mr. G developed an increased capacity to claim for himself (without my active intervention) the validity of his perceptions, our exchange now felt flattened by its static familiarity. I began to feel more responsibility, and more freedom, to challenge him. Specifically, I became increasingly interested in how Mr. G’s refusal to identify with aggressive others had not only promoted his pride and self-respect but also (by significantly constraining his expressive and behavioral repertoire) dampened his capacity to experience a robust sense of his own personal masculinity and agency. I wondered about my own need to expand my repertoire in the direction of less comfortable, if not refused, identifications.

Our work had advanced toward the possibility of my patient expanding his repertoire and elaboration of previously disavowed identifications. What now constituted empathic responsiveness, the validity of his perceptions, our exchange now felt flattened by its static familiarity. I began to feel more responsibility, and more freedom, to challenge him. Specifically, I became increasingly interested in how Mr. G’s refusal to identify with aggressive others had not only promoted his pride and self-respect but also (by significantly constraining his expressive and behavioral repertoire) dampened his capacity to experience a robust sense of his own personal masculinity and agency. I wondered about my own need to expand my repertoire in the direction of less comfortable, if not refused, identifications.

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his ex-wife’s agenda. My hope was that, as he became more capable of communicating his own intentionality, he’d also become better able to set useful boundaries that held others accountable for their behavior (including me in our relationship) and would no longer would need to rely on the indirect, oblique solutions to which he’d grown accustomed.

This evolving focus on accountability was not just about setting boundaries. Boundaries also create space, and they create power. As we pried open the meanings imprisoned in the collapsed tension between loyalty and spite, we cultivated a space for experience beyond flat, reified roles—a space of thirdness. It was in this context that our still more challenging work could begin—in which the treatment relationship itself would become an arena for the communication of conflicted desires: between past and present, between transference and current relational experience. Recall that in my patient’s familial history, such possibilities has been foreclosed—the family had no reliable, functional relationship with a third. Instead, familial interaction was dominated by well-rehearsed role-based relations that became nearly synonymous with identity. And so it would be impossible for Mr. G (or any other member of his family) to have been recognized as a distinct personal subject with his own sense of interiority and desire.

To see how expanding the communicative arena, and engaging the realm of materiality, opened up new possibilities for my patient, let’s take “a look” at a series of vignettes between Mr. G and me. These help ground our work in the material realm as a stepping stone to symbolic life, even as they liberate us to initiate and sustain a dialogue between desire and fear, between conscious and unconscious (not yet formulated) experience, and between each other.

SHOW AND TELL

Show and tell is the process of showing an audience something and telling them about it, predominately in North America. It is usually done in a classroom as an early elementary school technique for teaching young children the skills of public speaking. Usually, a child will bring an item from home and will explain to the class why they chose that particular item, where they got it, and other relevant information. (“Show and Tell,” retrieved from Wikipedia, December 11, 2008)

One day, Mr. G arrives at session with what I’ll call “props”—a toy ball and Slinky. He tells me that he was at a corporate retreat in which consultants had conducted workshops aimed at helping employees unlock their creativity; the toys were brought in as creativity aids. So now, Mr. G—playing with the role of consulting me, as it were—shows me the Slinky and the ball; he then hands me the Slinky while keeping hold of the ball. As I take hold of the coil, I commented on his decision to give it to me, and indeed on his decision to bring in “toys” in the first place, hoping in this way to call attention to my patient’s experience of ownership of his provocative action. Mr. G said he’d noticed that I sometimes work with children, and that he’s seen some toys stuffed into a corner of my office. He feels, he tells me provocatively, that “hands-on play” is not for children only.

Now, it was hard to argue this point with Mr. G, because I hadn’t ever really thought about it from his perspective. And indeed his point seemed valid. It is true that I do work with children and often use toys to encourage the evolution of symbolic play. And it is also true that, in my work with adults, such “play therapy” has been hands-off, and that I almost always rely on the conventional tools of our trade. That is to say, I rely on words in the quest for symbolization. But that is not to say that I haven’t, from time to time, played in a more “concrete” way with
patients—for example, by introducing drawing into a session, or looking at photos or a book that a patient has brought in. Such ways challenge the line in the sandbox, so to speak, between the “play therapy” that we conduct with children and the “talking cure” that we engage in with adults. At the same time, they prompt us to reassess the distinction we make between them.

As my theoretical interests in the use of the “material” realm in our self-creation as subjects evolved, I found myself increasingly curious about how and when to foster a symbolic space of play in adult treatments. How might we use our experiences (with the realm of the “thing in itself”) to open up a “transitional dialectic” between fantasy and reality, mind and meaning, even while we recognize that such a dialectic may flatten in the direction of enactment? \(^9\)

In any event, given that I’ve been absorbed by these sorts of questions, my patient’s overture did pique my interest in that troubling line between talk and so-called enactment (Levenson, 1983). So, as we skirted the boundaries between playing with words and playing with toys, we talked about what it meant to play with a “ball” and a “Slinky” and what it meant to handle these “props” together. I turned the focus to meaning in order to sustain our dialectical space between the realm of “things” and the realm of interpretation. What did he notice about the touch and the feel of the ball? How did he imagine, and what did he hope, I felt as I played with my Slinky?

There was, inevitably, a touch of mutual seduction and teasing in this talk, as now our toys were not only “toys” but were taking on elements of sex toys. Keeping this ball in the air through dialogue was becoming challenging. I put the Slinky down. I needed to reflect on my participation in this enactment; perhaps I needed to regulate my arousal and that of my patient. The session was nearing its end, so I asked Mr. G to consider how he felt after this session; I hoped thus to advance his capacity to sustain reflective space, to sustain this dialogue with desire, this experience of psychesoma, this conversation about meaning, including sexual meaning. \(^10\)

At the next session, my patient brings in some tiramisu. It is my birthday, he tells me, something he’d asked about months earlier but I hadn’t remembered sharing. He brings in tiramisu, he tells me, for his Italian therapist. At this point, I am surprised by my patient’s direct, personal, even presumptuous action, and I also admire it. I respect his taking ownership of his desire in the space between us, and his granting himself the status to touch his therapist in this playful, personal, seductive, and directly enacted and unhidden way. In response, my digestion made an uncomfortably revealing decision to audibly squirm. We talked about his desire and his bodily experience, but my bodily experience was now also inescapably implicated. Given that my body had made what to me seemed like an independent decision to reveal itself, I tell Mr. G that for me, apparently, the very thought of tiramisu provokes digestive turmoil. This admission, or so I imagined, signaled to him—in a way that I recognized as provocative and potentially overstimulating, but also as real—both my desire and my conflict. \(^11\)

So here we are: My patient is handing me a fork, and I am feeling a loss of that reflective space that our work is predicated upon (and so much of recent psychoanalytic theorizing challenges us

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\(^9\)To pose the challenge another way: it is not the transitional dialectic that is the culprit in enactment, but rather its collapse into a split between omnipotent fantasy and concretized reality (Gentile, 2007).

\(^10\)Freud’s theorizing on children’s games located their origins in their sexual researches. For example, Freud (1910) declared, “the one wish to get big and do what grown-ups do . . . is the motive of all their games” (p. 126).

\(^11\)At the same time, I wondered about the transferential component, and how Mr. G’s potential overstimulating status for one or both of his parents (as an oedipal candidate) may have contributed to his developmental impasse—but I postponed this line of interpretation for the time.
to have and to create with our patients). I'm trying to find (or draw) a line *between* fun and caution, desire and restraint, while resisting the impulse to either impose a rule or to veer into reflexive action. So with a nod towards Fonagy and his colleagues, I ceremoniously take a forkful of tiramisu. I invite my patient to share the tiramisu with me, handing him a separate plate and fork. As it turns out, his stomach isn't as fickle as mine—or at least he is more cavalier than I am in the face of such stimulation—and so he is happy to partake.

Now, it's the next session that I get really excited about. Why? Because my patient is onto my desire. He has intuited that, although I do have a soft spot for balls, Slinkys, and tiramisu, what turns on this particular therapist (*qua* therapist) is her love for psychoanalysis. But I don't think he was conscious of my true desire; he perceives it only dimly. So why is this gratifying for me? The patient is making inroads in a process of mutual recognition, conjured by his assertion of a desire to probe what excites me, to discover me in “the place where [I] live” (Winnicott, 1971), and, through this process, to claim his own engagement not only with my desire but with his.

At this next session, my patient announces that he has brought another “toy.” He reaches in his briefcase and pulls out, of all things, a toy elephant. He places it on the table next to my chair, between me and the couch he sits on. He announces, “There’s an elephant in the room. We need to talk about what’s going on between us.” We both smile, appreciating this moment in which my patient, who has used material props to expand the scope of our play into the perilous realm of enactment, now also makes use of a material gesture but this time to ground us in our emergent and challenging symbolic terrain.

We talk together about the literal and the symbolic elephant, what it has meant to him for us to play with the constraints of dialogue and to sometimes push the envelope of that dialogue to its edges. Many times during our work together, Mr. G had queried the boundaries of that work and had challenged me to hold our “meetings” in more romantic or, at least more egalitarian, settings. However, he had granted me, almost solely, the status to set—and to bear responsibility for—the boundaries between us. My response to this challenge was a balancing act—I welcomed his initiatives for intimacy, his displays of desire, his challenges to the psychoanalytic etiquette, but I also verbalized my commitment as his analyst to his developmental agenda—often reminding Mr. G that our “play” is bounded by our “work.”

What is new is that it is Mr. G who now takes initiative and ownership of our interaction, and he does so in a way that (to my mind) is inimitably expressive of his personal idiom (Bollas, 1989). It both honors and humbles me. His gesture with the elephant not only takes ownership of his need for our constraints but also affirms that he can hold his own in the terrain of symbolic space, signaling the possibility that we have established a foundation that will allow our work to begin to take greater risks towards a potentially greater degree of psychological and real freedom—to experience, to live, to be, to love.

Reflecting now upon this period of our work together, I don’t know if my patient and I needed tangible, physical toys to find a play space between fantasy and reality, between his bodily desire and mine, between courage and fear, between a safe, indirect sensuality and a more threatening, direct sexual communication. I’d say probably not—at least based on my experience working with other patients. But there is no doubt in my mind that, in this case, the use of physical objects

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12Fonagy, Gergely, Jurist, and Target (2002) described how mothers exaggerate their gestures in response to their infant’s gesture, thereby enhancing the capacity for reflective function and encouraging the evolution of a dialectic between sameness and difference.
in a dialogue with desire laid the groundwork for making explicit the elephant in the room, for ushering into symbolic expression what was real and what was fantasy in the space between us, and for signaling the possibility that we might now delve more deeply into the space between historical reality and (historically) unconscious fantasy. The elephant would guide us as a third in the room between us.

LOST AND FOUND

Lost property redirects here. For the legal concept, see Lost, mislaid, and abandoned property.

A lost and found (American English) or lost property (British English) is an office in a large public building or area where visitors can go to retrieve lost articles that may have been found by other visitors. (“Lost and Found.” retrieved from Wikipedia, July 25, 2008)

It’s been four years since that session. One evening last summer, Mr. G arrives late for his session, an uncommon event in the years I’ve worked with him. I hear him in the waiting room but he disappears into the restroom, and so I return to the office. He arrives moments later with a small, candlelit piece of tiramisu and two forks. I am however feeling exhausted and, what’s more, I’d managed to repress the fact that my birthday was the very next day. But he had remembered, which startles me, both because it reminds me of my status for him and because it makes me confront my own disavowed birthday desire, and makes me feel vulnerable in the face of his agenda to assume a new status for me.

We share the tiramisu before processing this very conscious reenactment of our experience years ago. It is an intimate, reminiscent moment between us: I reflect to him that we now share a ritual, an experience that is ours and for which I’m grateful to him. I tell him I’m curious to know more about its meaning for him and for us.

But he doesn’t seem to be in the mood to reflect or interpret; and as I remark on this he takes an action that tacitly “speaks” his reply. He briefly steps out and then returns from the waiting room, with a new “present”: a baseball bat. It is his own bat, from childhood. He hands it to me, and I accept and take it with hesitation. It is, well, it is the shape of a bat, and it is made of wood. So the reader can imagine both my pleasure and my desire in touching the bat made of hard wood on the night before my birthday, my palate filled with the soft tiramisu and my soul tired from a long day of work and the ambivalent feelings so many of us experience as birthdays approach.

But mostly what I feel, holding his bat, is touched: it is his bat, and he is sharing it, exposing himself, taking a chance on my desire, owning his own desire. I touch his bat, dare I say, perhaps I stroke it? I wonder if there is space to play with you, my reader? After all, my relationship with Mr. G has developed over many months and years now of our work, but we don’t know each other, and I must hope that there is faith between us that we share a commitment to the depth, complexity, and beauty of the psychoanalytic process, that we can also share the kind of exposure of desire and eroticized play.

As I noted earlier, my patient first came to treatment after his wife left him. Unbeknownst to him, she had been having an affair; but he was able in retrospect to recognize the telltale signs of her disaffection from him and her preoccupation with a new lover. At the time he’d been in denial and was incurious about her behavior, instead entering treatment, where he tried to hide
from the meaning her affair held for him. In early sessions, at least in part, he presented himself as both narcissistically injured and castrated, raising questions about his masculine potency. Despite his generally nuanced intellectual and emotional style in regards to these matters, he displayed a tendency to organize meaning in a rigidly conceived, “is what it is” way (Ogden, 1989) that deprived him of, and denied, his status as an active agent. Disowning his own agency and desire, he accommodated to others in a stance that was both loyal to them (if not to himself) and allowed him to harbor further resentment and moral indignation. Over time, as I have suggested, my patient gained an increased sense of his own agency and power in our relationship. But at this moment, he signaled to me a readiness to advance this potency in a somewhat more explicitly embodied direction by claiming the phallic symbol.

In many past sessions, my patient had discussed his love of baseball, and we had often used metaphors from the game in our work together. Baseball for me, as for him, is an original love. For me, it was a safe way to be close to my father in my childhood. My patient had been completely absorbed in the sport as a child, played it competitively for many years, and often returned to it as spectator. He frequently talked to me about it—about its real history, and about how its legends and lore nourished him. During the past few years, he had taken up playing softball with a community league, resurrecting his ambitious and intuitive athleticism, and his competitive nature along with it. He told me, with pride, of some of the defensive plays he made on the field and of his turns at-bat. I often appreciated his description of his play because he had a sensual take on the game—which lends itself to sensual experience, as writing about it often captures—and he held his own in that genre. He was in possession of himself, of the game, of his bat, and at these moments, of his words—and, to no small degree, of me and my desire.

He tells me that he had recently played a game with his wood bat (the bat that he brought into my birthday session), which had till recently been in disuse for many years, collecting dust in his garage. Typically these days, he played softball instead of baseball, using a shiny aluminum bat, and though he’d gradually learned to unlock that bat’s secret powers, he’d always felt that his identity was more suited to his original wood bat. I say to Mr. G, admiringly and warmly, “You’ve brought your wood bat. I’ve heard a lot of stories about this bat.” He watches as I look at and touch the bat, something I want—and choose—to do.

But while there are many ways we might respond in such a moment, there is something that I, as his therapist—now communicating with other therapists—don’t think any of us has a choice about, if we want to be human, and that is that we must in some real way affirm the patient’s gesture. It is a moment of intimacy and exposure. Given my response, there is no escaping now that I am touching the hard wooden bat that belongs to my patient, who has just brought me tiramisu with a candle for my almost repressed (because conflicted) birthday. My patient is too smart for me to deny that we both know that his bat is somehow more than a bat—to both of us. It is his bat, and, of course, even a layman would regard it as a phallic symbol. But, as with the elephant years earlier, the history between us granted us a space for its introduction into the treatment in this strong and concretized (but also symbolized) way, and for its interpretation.

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13 Of course, the paradox here is that our experience to respond intuitively, without making a choice is in a very real way predicated upon our experience of choice, without which we’d be in a flattened, coercive dynamic that bypasses desire and agency.
Let me elaborate. My patient knows I love to play with symbols in my work, and he knows that I have a passion for psychoanalysis. And I know the story of his bat—of its dispossession and of many emergent moments of triumph in his battle to reclaim it. And so we both understand its many facets: its particular status as simultaneously a real bat, a phallic symbol, and a personal symbolic communication of his own self-possession. We both know that we are now once again dancing along that ever so fine line—that we’ve reentered the realm of props that are tilted in the direction of the “real” even as they are also signifiers of symbolic life—but I trust that he and I have built a real and symbolic foundation beneath us that grants us the space to play.

I can’t hide in his presence, nor he in mine. In a certain sense, there are two psychoanalysts in the room, and two patients, who are now joined as two very vulnerable and embodied subjects with desire. Reminded of the continual relevance of Ferenczi’s (1932/1988) pioneering forays into “mutual analysis,” with its possibilities and its hazards, I placed the bat in front of me, resting it on the arms of my chair. He tells me of his association to my interested (did he say aroused?) but somewhat tentative handling of the bat. He tells me now, interpreting my gesture, that I am holding the bat between us, like a safety restraint, that it reminds him of the bars on rides at an amusement park. I laugh (maybe I giggle?), and I acknowledge to him that perhaps I’m afraid that I may get a little too excited for my comfort, if not for his, and for our work together. I say this with a sense of humor and with a sense of respect for the potency of his gesture, but also as a way to set a boundary that reasserts that the dialectic we seek belongs to that space between desire and dialogue, and ultimately between our current evolving relationship and a “deeper” play that is not yet explicit between a younger version of my patient and the subjects of his oedipal desire. It is a moment shared, between fear and courage, truth and dare. A moment in which the risks of veering into a “confusion of tongues” (Ferenczi, 1933/1980) are averted by a dedication to our symbolizing capacities, by our turn to a third.

I gently, firmly hand him back his bat, which, in that moment, was also mine to play with. And he gently takes the bat back from me, into his firm grip. The firmness of Mr. G’s grip stands out to me, because it lies in contrast to the self-soothing and sensuous gestures that Mr. G would often exhibit (e.g., stroking the fabric on the couch, caressing a pillow) earlier in our work. These I would associate with Ogden’s (1989) descriptions of the non-self-reflective and presymbolic, autistic-contiguous mode of organizing experience in which “sensory need is in the process of acquiring features of subjective desire” (p. 54). But I interpret the changes in his touching, in his grip, as nonverbal signifiers that there is now a space to play with firmer expressions of aggression and sexuality, and for us to navigate between these differing modes of organizing experience.

Quietly and soberly, Mr. G thanks me for respecting the sacredness of his bat, and of the meaning of his desire to play, to expose his talent, and indeed to expose the bat itself. There is now a return to our interpretive, reflective space. He refers to one recent session—in which he had wanted to impress me by sharing with me the play-by-play of his consecutive feats at bat and of his fielding prowess. But, as he later thought about this session, he recognized—and his words and his shyness tell me this is harder for him to acknowledge—that he’d shared these stories of

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14 The boundary posed by the ongoing asymmetry in the roles between us (Aron, 1992) ensures that, in fact, there is one analyst and one patient in this relationship, and that our roles are not equivalent.

15 My patient’s associations to the amusement ride and the need/wish for a safety restraint, along with the emergence of his literal boyhood bat, suggest that we are nearing an engagement with unconscious oedipal material.
his prowess not for me but for him. “I’d forgotten I even possessed this bat and that I knew how to use it. In the end, it was lost, but I needed to find it—to own it.” He continues to grip the bat firmly, but now he flicks his wrists, taking a partially real and partially mimed swing with it. We make eye contact, we both smile. I feel proud, honored, deeply touched and deeply in awe of my patient, of his potency—and of the potency of psychoanalysis.

My patient had participated in a symbolic and real game of show and tell. Through countless acts of “embodying speech” (Muller & Tillman, 2007) and in specific acts of self-conscious exposure in which each of us participated, we’d discovered along the way that what had originated as a game of hide-and-seek, and that had evolved into one of truth or dare and show and tell, was now turned on its head, as a story of lost and found.

EPILOGUE: LOVE IN THE EARLY EVENING

Ours was a love story that evolved in the early evening. While it took place at an appointed time and place at the same hour, over several years, between Mr. G and me, it also took place in relationship to a third, in part represented to me by an earlier story called “Love in the Afternoon,” and told by an earlier imaginative and heartfelt storyteller, Jody Davies. She dared to emerge in the space between fear and courage, truth and dare, in order to show and tell psychoanalysis something about the importance of the shared communication of erotic desire. This shared communication, while potentially threatening to collapse a space of meaningful reflection and symbolization, is also its most vital building block if we are to work in the “playground” between the real and the imagined, between classical conceptions of transference and its ideas of unconscious fantasy and the mutuality of desire inherent in intersubjective relatedness.

Much of what occurred in the course of my work with Mr. G in our early evening sessions can be seen as a direct legacy of Davies’ and others’ instructive psychoanalytic sharing. But also, and moreover, it is a legacy from the ubiquity of childhood ritual and play, which in themselves may be understood as a testament to the lived, interdimensional expression between intersubjective processes and the realm of the third. My sessions with Mr. G involved a series of potentially dangerous “enactments” between us, a word I hesitate to use—since so much of the work took place at the intersection of the enacted and the owned—in the space between us and our love of the games of baseball and of psychoanalysis. It is precisely here, in the realm of the improvised (Ringstrom, 2007, 2011)—between the enacted and the owned—that the childhood games and rituals that I have set out to use in this essay—to interpret, and to ground my conception of psychoanalytic and therapeutic action—become meaningful.

Although it is tempting to reduce such rituals to the repetitive and mind-numbing, if cute, behaviors of children, my goal is to capture—through accessible (if easily caricatured) formulations—something that I believe to be both subtle and fundamentally bold about developmental phenomena that we all contend with if we wish to participate as embodied subjects in the game of life and participatory dialogue. Mr. G and I still have further to travel, and the recent road has been bumpy and potholed, as the stirrings of desire have unleashed mounting frustration. Long sustained but no longer sustainable, the split between loyalty and spiteful refusal has become more precarious (and less persuasive) as a basis for Mr. G’s identity and relatedness, because he now has the capacity to “play” that Winnicott (1971, p. 54) argued is necessary so that the “work” of psychotherapy may begin.
Put differently, he now has the emotional resources to challenge the status quo of our relationship and of his familiar identity. And so, to claim a new, more genuine, reconciliation between childhood fears and fantasy, and adult desire and ambition, while entering a relationship of mutual recognition at the same time. But our elephant remains in the room, grounding us, sustaining us, reminding us that, in the end—for patient and analyst, parent and child, lovers, and friends—the path to intimacy is not forged between them directly, but rather emerges in the symbolic anchoring of ineffable desire in the third of material life.

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