

## **The therapist's capacity to play**

### *A capacidade do terapeuta para brincar*

Yossi Tamir<sup>1</sup>

Member of The Israeli Psychoanalytic Association and Professor at Tel Aviv University –  
Advanced Studies of Psychotherapy

E-mail: yostamir@hotmail.com

**Abstract:** playing is a central concept in Winnicott's developmental theory as well as a basic of human nature. In his last book –"Playing and Reality"- he also referred to the capacity to play as a central attribute of the clinical encounter, related both to the patient as well as to the therapist. However, Winnicott's intention as to the therapist's capacity to play remained unclear. This paper is an attempt to clarify Winnicott's intention, on the basis of the description of short therapeutic moments.

**Keywords:** Winnicott; Playing; Illusory reality.

**Resumo:** brincar é um conceito central na teoria de desenvolvimento de Winnicott, além de um componente básico da natureza humana. Em seu último livro, "O brincar e a realidade", o autor também se refere à capacidade de brincar como um atributo central do encontro clínico, tanto no que diz respeito ao paciente quanto ao terapeuta. Entretanto, não se sabia exatamente quais eram as intenções de Winnicott ao mencionar a capacidade de brincar do terapeuta. Este artigo é uma tentativa de clarear essas intenções a partir de pequenas descrições de momentos terapêuticos.

**Palavras-chave:** Winnicott; Brincar; Realidade ilusória.

In this presentation, my purpose is to provide a clinical examination of Winnicott's well-known statement on the relation between play and psychotherapy. This statement appears twice in "Playing and Reality". It says:

---

<sup>1</sup> Clinical Psychologist; Child, Adolescent and adult Psychoanalyst – IPA Faculty member. training and supervising analyst of the Israeli Psychoanalytic Association; Co-founder of the Israeli Association of Self-Psychology Supervisor - Winnicott Israeli Center Teacher and Supervisor – Advanced Studies of Psychotherapy, Tel Aviv University.

*Psychotherapy takes place in the overlap of two areas of playing, that of the patient and that of the therapist. Psychotherapy has to do with two people playing together. The corollary of this is that where playing is not possible then the work done by the therapist is directed towards bringing the patient from a state of not being able to play into a state of being able to play (Winnicott, 1971, p. 39, original italics).*

The general principle [for both psychoanalysis and psychotherapy] seems to me to be valid that *psychotherapy is done in the overlap of the two play areas, that of the patient and that of the therapist. **If the therapist cannot play, then he is not suitable for this work.*** If the patient cannot play, then something needs to be done to enable the patient to become able to play, after which psychotherapy may begin (Winnicott 1971, p. 54, original italics).

The first quote refers to two concepts: “areas of play(ing)”, and to a prerequisite of the curative process – the patient’s “capacity to play”. The second quote refers to the same concepts but emphasizes an additional point: the therapist’s capacity to play as a mandatory and imperative requirement. While these statements seem clear at first sight, a close reading arouses a sense of vagueness and opacity. This sensation is related to the common and conventional definition of play activity as an amusement and an entertainment (Collins Dictionary, 2019). Indeed, Winnicott had a tendency to use every-day words as a mean to communicate some of his theoretical conceptualizations. While this praxis might facilitate understanding, it can also arouse misunderstanding.

In order to clarify Winnicott’s intention, we have to relate to his specific use of the words “play” and “playing”. He states that

For me, the meaning of playing has taken on a new color since I have followed up the theme of transitional phenomena, tracing these in all their subtle developments right from the early use of a transitional object or technique to the ultimate stages of a human being’s capacity for cultural experience (Winnicott, 1971, p. 40).

Indeed, the elaboration of his theoretical view on “playing” is unfolded in his last book “Playing and Reality”, posthumously published in 1971. The fact that he has chosen the book name by himself designates the importance he attributed to the phenomena of playing. I have often wondered on Winnicott’s choice of this title: “Playing **and** Reality”. It is not “Playing **or** Reality”. It is not “Playing **with** Reality”. I think that he wished to assert his claim on the existence of a third area of the mind besides inner and outer reality, that is equivalent to reality and that has an ever-lasting presence in Man’s mental life.

The claim has already been made in Winnicott's famous<sup>2</sup> paper "Transitional objects and transitional phenomena" which is the base of the development of his thesis on "playing". He writes there:

It is generally acknowledged that a statement of human nature in terms of interpersonal relationships is not good enough even when the imaginative elaboration of function and the whole of fantasy both conscious and unconscious, including the repressed unconscious, are allowed for. There is another way of describing persons [...] Of every individual who has reached to the stage of being a unit with [...] an outside and an inside, it can be said that there is an *inner reality* to that individual, an inner world which can be rich or poor and can be at peace or in a state of war. This helps, but is it enough?

My claim is that if there is a need for this double statement, there is also need for a triple one; the third part of the life of a human being, a part that we cannot ignore, is an intermediate area of *experiencing*, to which inner reality and external life both contribute. It is an area which is not challenged, because no claim is made on its behalf except that it shall exist as a resting-place for the individual engaged in the perpetual human task of keeping inner and outer reality separate yet inter-related (Winnicott, 1971, p. 2).

This intermediate area is the "area of play", in which illusion is its basic element. This state of illusion is "the basis of initiation of experience" and is not expressing an inability to recognize and accept reality. It is a mental area where illusion and reality<sup>3</sup> are both present, and we can name it the area of **illusory reality**. Winnicott's overt assertion is that this area is accountable for the emergence and presence of art, religion, and creative scientific work in Man's life. However, his unequivocal declaration that playing and psychotherapy are interconnected suggests that the illusory reality is the foundation of therapeutic work, from the patient as well as from the therapist side. As such, it consists of an inherent **paradox**, and that is exactly the main feature of this mental space area that has to be welcomed, allowed, and fostered. Like the transitional phenomena, it is

[...] a paradox to be accepted and tolerated and respected, and for it not to be resolved. By flight to split-off intellectual functioning it is possible to resolve the paradox, but the price of this is the loss of the value of the paradox itself (Winnicott, 1971, p. XII).

---

<sup>2</sup> According to the PEP, it is the most frequently viewed paper, and one of the most cited.

<sup>3</sup> Winnicott formulates it as the distinction between perception and apperception (Winnicott, 1971, p. 3).

In regard to infant development, the recommended tolerance towards the paradox which is inherent in the area of illusion and **illusory reality** is achieved through the parent's capacity to participate in this illusion:

“that what the infant creates really exists” (Winnicott, 1971, p.14)

In regard to psychotherapy, this is the essence of the therapist's capacity to play: he has to accept the illusion as real without challenging it. Acceptance here means to believe in the truth of the illusion, the “playing truth” and to discard the “factual truth”.

But Winnicott's request from the therapist includes something in addition, which is indicated in the mentioning of “the therapist's area of play” and “playing together”. To my mind, this is an allusion to the idea of the therapist's engagement in “active playing”. Winnicott demonstrates this position in his “playing” with the analytic setting, proposing long sessions (Winnicott, 1970, p. 36) or “analysis on demand” (Winnicott, 1980). But the “active playing” of the therapist is not to be restricted only to the setting elements. It consists also of being able to form his own illusory realities<sup>4</sup>, which are sometimes confined to the area of thoughts and imagination and sometimes they are communicated through words or actions. In other words, the therapist has to be able to immerse himself into his patient's and/or his own illusory space. Winnicott provides us a wonderful illustration of this therapeutic stance in his description of the squiggle game.

In order to freely enter into the play zone, the playful therapist has to be able to tolerate ambiguity and contradictions. **Tolerance for ambiguity** can be defined as the degree to which an individual is comfortable with uncertainty and unpredictability. It means staying in the uncertainty and the unknown, or staying with questions, despite the discomfort of not knowing the answer, or not knowing where we're headed. Play provide answers and explanations and it reflects the ability to build a private reality which tolerate contradictions. As Winnicott has stated, in the area of play, one can “create the world” and “find the world” at the same time. The therapist who has the capacity to play accepts this as a fact and an undisputable truth.

---

<sup>4</sup> To my mind, it can be referred to as a state of “mental wandering”.

The **creation or finding of new “worlds”** needs an ability to move from one concept to another, to change theories and to play with new ideas. Innovations in theory are born from this position which entails a process of adaptation to those new creations. The playful therapist has to be able to detach himself from “old theories” and to create “new ones”. Paraphrasing Lacan, it requires a renunciation of “the law of the father” (non-creative playing) and adherence to the “law of the infant” (creative playing).

## **1. Clinical examples**

The clinical examples which I present refer to therapeutic situations in which the patient and/or the therapist are communicating by means of the language of play, which is the language of illusory reality. Sometimes, it is the patient who communicates by means of this language and the therapist who is able to play has to adhere to this mode of communication. The first example, from Winnicott’s (1980) treatment of “The Piggie” demonstrated the playing with ideas and interpretations, which requires a readiness to be in a state of “not knowing” and a capacity for flexibility. The next two examples demonstrate the therapist’s capacity to play in such clinical situations, manifested in his readiness to join the patient into his “area of play”. The fourth example describes a clinical encounter in which the therapist creates an illusory reality and invites the patient to his “area of play”. The patient readiness and consent to share this illusory reality and play reflects a therapeutic move. The last example describes a clinical encounter where mutual playing is taking place. This can be achieved if the therapist avoids using the language of interpretation and is ready to release himself from theoretical imperatives.

### **1.1. The capacity to “play” with theoretical conceptions**

This example refers to a short segment from Winnicott’s analysis of “The Piggie” (1980). In most of the sessions she used to play with trains and joining them and Winnicott states that “there are many interpretations to do with the joining of parts of trains”

(Winnicott, 1980, p. 77). This observation, which reveals his ambiguity and “not knowing”, leads him to “play with interpretations”, a play that needs flexibility and readiness to move from one conceptual world to another.

The following excerpts are from the Sixth Consultation (Winnicott, 1980, p. 77-8), intersected with my comments.

The patient was now two years and ten months old. I greeted her on the doorstep with: “Hullo Gabrielle.” This time I knew I must say Gabrielle, not **Piggle**. She went to the toys immediately.

Me: Gabrielle has come to see me again.

Gabrielle: Yes.

She put the two big soft animals together and said: “They are together and are fond of each other”. **She was also joining two carriages of a train.**

Me: **And they are making babies**" (my emphasis).

Commentary: Winnicott's first interpretation is theory-bound, based on a Kleinian conceptualizations of the unconscious fantasies of children.

Gabrielle: **No, they are making friends.**

She was still joining up bits of trains and I said: “You could be joining up all the different times that you have seen me”. Her reply: “Yes”.

Commentary: Gabrielle rejects his interpretation and corrects him, he is ready to play with her and offers her another one, based on her correction, but with a very playful imagery: meetings can be connected one with the other, like train cars. Gabrielle’s affirmative response indicates that she is playing along with him.

Obviously, there are many interpretations to do with the joining of parts of trains, and one can use this according to the way one feels is most appropriate at the moment, or to convey one's own feelings. **I reminded Gabrielle of my interpretation of last time about the curly hair having to do with Piggle having a baby of her own.**

Gabrielle: Things I think about.

She then made a distinction (in some way or other, quite clearly) between telling and showing (reminding me of the song in My Fair Lady, “Show Me!”).

Me: You mean showing me is better than telling me about something.

Commentary: Here it seems that Winnicott is struggling with the renunciation of his first interpretation, and he brings it back. It seems that Winnicott understood Gabrielle reply to his re-interpreting the baby theme: She wants to show him what she had told him about making friends

Gabrielle took a little bottle and made a noise like the noise of water: “They make a big circle when you make a big splash.” She was lisping, and sometimes it was difficult to make out what she said: “I’ve got a little paddly pool outside” (meaning in the garden) “and two greenhouses. There’s our big house, and then my small house”.

Me: The small one is yourself.

Gabrielle: Just you, [She said it three times and then:] Just Gabrielle. Just Winnicott.

**She linked two carriages together.**

Me: **Gabrielle and Winnicott make friends, but still Gabrielle is Gabrielle and Winnicott is Winnicott.**

Commentary: Winnicott is making another move in his play and return to the “friend” theme. There are not persons making babies but persons “making friends”. We witness here his readiness to make a creative shift in his initial conception: there are not persons making babies, but persons “making friends”. We see his readiness to make a creative shift in his initial conception: there is a merger, but it is not automatically sexual. This readiness to change reflects an important element of the capacity to play.

## **1.2. Participation in the illusory reality of the patient – first example**

The following example is from Ofra Eshel’s paper (1998), where she described a patient who was surrounded by, and trapped into a reality of death and mortal illnesses. He felt himself living in a world of “black holes”, entirely captivating and totally absorbing him. It seemed that he had lost the capacity to play. The patient is a young oncologist in analysis who developed strong attachments to three female patients suffering from cancer and undergoing intensive chemotherapy. He became intensely involved over a period of years in their illness and very devoted and absorbed in their condition. A lot of his time, concern, feelings, passion, and commitment were devoted specially to one sick, dying woman, to the fight for her life.

Ofra Eshel (1998) reports a session that took place after the patient had returned to work after about two weeks of absence: he revealed that in addition to his three patients whose condition had worsened, a childhood female friend, and his classmate throughout elementary and high school, was also diagnosed as having cancer. He said, “All the women I know have cancer” (p. 1120).

Ofra Eshel (1998) reported that she felt his world, consisting entirely of women with cancer fighting for their lives, sweep down upon her with enormous intensity, perhaps even more because she had been away from it for two weeks. She recounts:

I found myself drawing back, all bunched up inside, pressing hard against the back of my chair, as if trying to distance myself from him and this world of sickness and death, in which health and sanity suddenly seemed an absurd illusion, trying to move away and remove myself from the impact of this horror on my body and psyche. I said: The room today is full of cancer (Eshel, 1998, p. 1120).

Eshel’s verbal reaction reflects her capacity to play in a very condensed emotional situation. She departs from a clinging to the reality of the fatal illness as was sensed by her in her immediate emotional reaction. She then succeeds to move from the initial reaction where “sanity and health seemed an absurd illusion” (p. 1120) into another illusion: it is the room which is full of cancer. I see this reaction as a piece of playfulness because it participates in the patient’s illusory world. She accepts her patient’s vision of a world full of cancer, of people ill with cancer to a “room full of cancer today”. Her playfulness mind transforms the world into a room, and it is today. It is not everlasting, leading to death – it is today; and it can be managed because it is in the room. There is hope in her statement because cancer in the room can be expelled, not as cancer in the body. One can see in this example the inherent presence of hope in the playing state of mind.

### **1.3. Participation in the illusory reality of the patient – second example**

Eva is a young woman who has been in therapy for almost three years<sup>5</sup>. She suffered from a mild depression accompanied with feelings of void and unhappiness. She also

---

<sup>5</sup> This example was presented in a previous presentation (Tamir 2008)



complained of eating problems which led to overweight and a persistent inability to control her eating and weight. The treatment was experienced both by her and me, as a catalyst of significant insight into the dynamic and psycho-genetic meaning of her symptoms but with no shift into the above symptoms.

In one of the sessions, she suddenly asked me: "Do you believe in reincarnation, in past lives?". I was a little bit surprised by this unexpected and unusual question, but I decided to reply to the point and see what would be brought up. And since I am agnostic, I had no problems telling her that I could envision believing that.

Then, she told me that she dreadfully wants to rid herself of her long-lived weight problems. As up to this point, the treatment had not helped her reach her aim, she had decided to seek treatment with a reincarnation specialist. This specialist told her that she had identified her previous incarnation – it was a woman who died of hunger at an extermination camp. She was told that this woman resides now in her body, collecting and hoarding food. This description made a great deal of sense to her.

As she was saying this, I thought of her need to seek assistance with someone else and I wondered whether this was an expression of resistance, or whether this was an expression of her anxiety towards our intimate dyad, to which she felt compelled to add a third person, a woman. A variety of interpretations and assumptions were coming to my mind. Yet, at the same time, I also had the feeling that she was going through something that was very meaningful to her. Moreover, I was not detecting any signs of defensiveness, escapism, or some illusionary childlike false belief on her part.

Therefore, I decided to try to refrain from any judgmental position and simply be with her, with and in her experience – her full and absolute belief in his state of being, joining her in this space of belief. Consequently, I was able to tell her: "You know, we must now take good care of you now. When people leave the camp, they are extremely starved and they can easily consume more food than they are able to digest, sometimes eating themselves to death."

And so, in this way, we talked about the woman from the camp for hours on end – about her experiences, her anxieties and all the events that she went through in the camp. Gradually, she succeeded to control her eating. I was surprised of the effectiveness of this

“insight” into her symptom, while a similar connection has been mutually constructed by us – revealing the hungry baby in her adult self.

It was only later, and gradually, that I fully understood the analytic significance of this unusual experience. Our insightful constructions did not take place in the area of play. She needed me to feel my full readiness to merge with her experience, to accept her belief as a reality without challenging it. This is a therapeutic position of playing, where I was able to participate into her “area of play” without seeking to take her out from it. This can be achieved only through the suspension of reality judgment and factual truth.

#### **1.4. The therapist’s creation of an illusory reality**

Betty is a middle-aged woman who suffers from mild depression, feeling and complaining recurrently that she has a void in her life and a lack of expectancy. Over the course of the treatment<sup>6</sup>, she achieved some changes in her emotional state, but still felt dissatisfied with her life. She repeatedly expressed a lack of expectation from the treatment itself and from life in general. She used to say: “Nothing can really change! That’s the way life is expected to be!”. Sometimes, she added a remark about the arbitrary boundaries of the treatment setting.

In one session, after bringing up her usual complaints, she added that nothing could really be achieved in a mere fifty-minute session. Listening attentively to this, I suddenly sensed an initial glimmer of hope: perhaps something can be achieved if more time is allotted. I started to reflect on the possibility of adapting our sessions to a length of time or intervals that would more appropriately suit her. I considered offering her the possibility of time extensions onto our regular sessions or adding on additional sessions. I thought of how to fit this into my schedule. However, as I was looking into these propositions, I began to feel like I was slipping into a concrete and practical dimension, whereas she was actually talking about a different dimension, an open-ended space of time, with no limits and boundaries. It seemed that she was calling my attention to a dimension where the desirable and the possible do not meet.

---

<sup>6</sup> This example was presented in a previous presentation (Tamir 2008)

And so, I told her that I was willing to sit with her for as long as she needed. I also added that she could end the meeting whenever it was convenient for her. Betty replied: "Do you mean that we can meet for more time? For how long?" and I said that we could meet for as long as she needed. She then asked in distrust: "So we could meet for two, three hours?" and I answered: "For as long as you need". Betty continued to ask: "Half a day is possible? And what if I refused to leave?". I replied using the same answer: "For as long as you need". She moved to provoke me, saying: "You know, I could stay here forever, and never ever leave", and I responded: "If that is what you need, that is what it shall be". As it turned out, there was no need to use this measure.

As I realized later on, the emphasis on the open-ended option was related to my readiness to play. Play takes place in the readiness to conceive (create) an intermediate area where reality and illusion can "live together", where the desirable becomes possible. My playfulness stimulated her potential capacity to play, and it seemed to be an important step in the restoring process of her damaged sense of hope.

At another time, Betty dropped again into despair and hopelessness. She used to say repeatedly: "What is the point of making an effort? We will all end in death anyway, and you will die as well". At one point in such a lamentation, I decided to reply differently to her, that is, not from an interpretative or encouraging position, as I had done many times before. I told her in all seriousness: "I will not die on you!". She turned at me with a surprised look, and grumbled: "How could you say such a thing? You will die at the end, like everyone else!". And I replied, still firm in my voice: "I will not die on you". She then smiled and said: "You know, even though I do not believe you, since there is no way to believe such a crazy statement, I still believe you... can you say that to me again?"

From that point forward, whenever she had difficulties accepting the possibility that something positive happened as a result of her treatment, she would conclude with a smile: "You know, one day, I will actually believe that you will never die". I emphasized the fact that she smiled while delivering me her "conclusion", because it seemed to me that this was a clear sign of what we can conceptualize as the "capacity to play", manifested in the emergence of a sense of humour. As Winnicott (1971, p. 40) states:

I suggest that we must expect to find playing just as evident in the analyses of adults as it is in the case of our work with children. It manifests itself, for instance, in the choice of words, in the inflections of the voice, and indeed in the sense of humour.

### **1.5. Release from limitations imposed by theoretical principles**

Claire, a professional woman of 40 years old, married and mother of two children, started psychoanalytic treatment because of diffuse anxiety states and an enduring sense of distress<sup>7</sup>. She pictured herself as “having a hardened heart inside her and nothing could dissolve it or drive it away”. Despite her professional and personal achievements, she complained that she did not dare to realize her own dreams and desires. For years, she felt herself flowing with the current of life, without feeling that she was the navigator. She said: “I always did what I was expected to do. I was a good child, a model child”.

The accepting atmosphere of the analysis paved the way very fast for the mobilization of a “quiet” love-transference which was expressed in various forms. She felt excited before each meeting, sprucing and primping herself for it. She described how her heart pounded wildly as she was waiting at the door. She wrote and gave me love songs and complained that the analysis with me invalidates the possibility of intimacy between us. Listening empathically to her, I could detect her desire to love and be loved, to feel a sense of realness, aliveness and excitement without the danger of sexual abuse she encountered as a child and as an adolescent when feeling and expressing those feelings and sensations.

This stable and quiet positive transference went on until the beginning of the second year. She then began to declare at the end of each session: "You know, I really love you very much, Yossi". At first, I was surprised and puzzled at the bluntness of her statement, but I also sensed that there was no implicit expectation for a similar statement from my side. It seemed to me that there was mainly a desire to express herself overtly. Therefore, I decided to treat her declaration as something that did not require explorations

---

<sup>7</sup> This example was presented in a previous paper (Tamir 2010). The relationship between the Mirroring Presence and Shame – Theoretical and Therapeutic Aspects. *Sihot*, vol. 24/3 (in Hebrew).

or clarification (not at that moment or at the next session). I would say "thank you" or simply nod.

Gradually, I began to understand that she was "playing with love". I realized that it was, for her, an area of play that has been "attacked" during her childhood, and she did not have the opportunity to play "love" without fear and without shame. Thus, I began to respond to her statement in various ways, in the spirit of this understanding. For example, I would tell her that I was very happy that she felt that way, because I felt she could feel love inside her, a love that was real to her and that she could also give herself, managing to express her.

Since my reaction was given at the end of the hour, immediately after her declaration, I had no opportunity to observe her response to my intervention. In the hours that followed, she usually repeated her declaration of love, but always without reference to my reaction. I understood that the very occurrence of this playful interaction, which lasted for several months until it dissipated and disappeared, was the important factor and not its verbal clarification.

Later in the analysis, she began to ask me, suddenly, if I loved her. This time it was during the session. I was surprised, but she did not wait for an answer and went on talking. I do not really remember what she was talking about as I was busy with how I should respond to her question. Somehow, I felt that it would not be appropriate to answer the question in the "regular way": why is she asking me this question or what is raising it now? While wandering in my mind, searching for a tentative interpretation, I heard her say in a plaintive and expectant tone: "You did not answer my question if you love me". I found myself replying immediately: "Of course I love you". Betty went on to ask: "And why do you love me?". And again, I answered immediately and without hesitation: "Because you're very special. You have a very, very unique and special beauty, and I love to see how this inner beauty radiates".

Claire went silent for very long minutes, and she then asked me in a hesitant, slightly ashamed voice: "Would it be all right if I asked you the same question from time to time and that you would give me the same answer?". I told her it was fine to me, and she said: "You know, it really makes me feel good that you agree. When I come here and see

your plants in the clinic, I think that you're a good gardener, and that you probably know how to give each plant exactly the amount of water and fertilizer it needs. And I'm a kind of plant that needs to be told many times that you love me. It's the water and fertilizer that I need, and getting it, I will grow to be a strong and healthy plant, like your plants".

Later on, she was able to create this piece of play with her new partner. She asked him to tell her every three days that he loved her and explained to him that the effect of this declaration last only three days, and that this was the rate of irrigation she needed in order to keep blooming. And to her great joy, he agreed.

### **Summary**

Winnicott's main advice for therapists is to develop their capacity to play. I would add to his general advice two recommendations: to "keep it alive" and to enjoy it. This joy is connected to the state of unintegration which is a state of curiosity, revelation and creation. The capacity to play, which emerges from this primary and ever-lasting mental state, enables the therapist to hold and to interpret, to facilitate regression and to be able to stand its manifestations. Moreover, the area of play is the base and locus of Hope. Through playing, transformations can be initiated, formed and processed. Paradoxically, Playing facilitates connection and creative adaptation to Reality.

I have a drawing in my clinic, showing fishes and birds. At its bottom, the painter wrote: "A fish can marry a bird, but where will they live?". Many times, I felt tempted to reply to this painter: "There is no problem! They will live in a world that WE will build for them, a world where birds and fishes can live and play together".

### **References**

Collins Dictionary. [2019]. Checked on November 10, 2019. Available in:  
<https://www.collinsdictionary.com/dictionary/english/play>.

Eshel, O. [1998]. "Black Holes", Deadness and Existing Analytically. *Int. J. Psycho-Anal.*, 79:1115-1130, 1998.

*Revista Natureza Humana, São Paulo, v.21, n.2, pp.274-288, 2019.*

Tamir, Y. [2008]. On the capacity to believe and its developmental roots. Paper presented at the International conference on “The Unbelievable Need to Believe”, Jerusalem, Israel, 2008.

Tamir, Y. [2010]. *The relationship between the Mirroring Presence and Shame – Theoretical and Therapeutic Aspects*. Sihot, vol. 24/3 (in Hebrew), 2010.

Winnicott, D.W. [1951]. Transitional Objects and Transitional Phenomena. In: *Playing and Reality*, p. 1-25. London: Tavistock Publications, 1951.

Winnicott, D.W. [1971]. *Playing and Reality*. London: Tavistock Publications, 1971.

Winnicott, D.W. [1980]. *The Piggle*. London: The Hogarth Press and the Institute of Psycho-Analysis, 1980.