INT J PSYCHOANAL, 2018
VOL. 99, NO. 2, 355–379
https://doi.org/10.1080/00207578.2017.1416270

From the "squiggle game" to "games of reciprocity" towards a creative co-construction of a space for working with adolescents*

Alberto Stefana [a] and Alessio Gamba[b]

[a]Private practice, Brescia, Italy; [b]Azienda Socio Sanitaria Territoriale (ASST), Monza, Italy

ABSTRACT
The "squiggle game" is, above all, a method for relating and encouraging mutual exchange between the analyst and the patient (no matter if child, adolescent, or adult), enabling him to experience holding and freely explore different communication possibilities. After having explored the "technique" as it has been developed by Winnicott, this study also exposes some theoretical considerations, and some variations in the basic technique, brought together by the crucial role played by reciprocity: "Me a little and you a little." The paper is a clinical case with a Chinese adolescent.

KEYWORDS
Adolescent psychoanalysis; Creativity; Symbolization; Squiggle game; Technique

Introduction

Therapeutic work with the adolescent patient and—although for different reasons—with the child is quite unlike that with adults. It requires a different consultation technique (Senise 1981, 1985; Cahn 1998, 2013; Gutton 2000, 2010, 2013; Braconnier 2010; Pellizzari 2010; Richard 2010), a technique which must necessarily adapt itself specifically to the characteristics that distinguish the child or adolescent patient from the adult. Similarly, the setting (both psychic and concrete) cannot be the standard one devised for an adult, but—without losing theoretical rigour and methodological coherence—must be personalised: that is, made to measure, and, thus, permit this specific dyad to do its clinical work. The formal part of the setting with the adolescent must, for example, include a desk; the concrete representation of the potential space (which unites and separates at the same time), a place of creativity where one can read, write, draw, play … within a stable and reliable time and space made available for the work.

The reflections presented here aim to investigate some of the theoretical and methodological premises which propose the construction of a meeting space in which personal creativity can become shared creativity between patient and analyst (each with his or her own role), in a therapeutic and transformative process. The construction of a "facilitating environment" (Winnicott 1965) is a necessary, although not sufficient, premise for every encounter within which the therapeutic couple's subjective and intersubjective aspects, conscious and unconscious, can be expressed. In this exchange, the patient's

CONTACT Alberto Stefana alberto.stefana@email.it Via Fratelli Bandiera, Brescia, BS, Italy
*Translated by Adam Elgar.

© 2018 Institute of Psychoanalysis

contribution (transference included) meets the analyst's, whose experience and responses can only be understood if our starting point is a re-reading of the main studies of the countertransference phenomenon (cf. for example, Hinshelwood 2016; Stefana 2017b). It is a further aim of the present article to explore these relevant aspects in more depth.

The encounter with the adolescent

The adolescent very often arrives for the consultation in a passive state, without motivation or with vague ones, without knowing what to say; it is rare for adolescents to arrive saying they feel unwell, giving an account what has happened to them, and asking for help. It is very often their parents or school who have pressed them to go for a consultation, and this dynamic poses problems of technique which do not usually arise with an adult patient who, whatever their ambivalences, is autonomously taking the initiative in asking for help. Even in cases of adolescents with less ambivalence—or with greater "resignation," we might say—the objective is still that of building an alliance (Meissner 2007). It would be a mistake to take this for granted, the fulcrum of which may be a point where the adolescent expresses a discontent or a suffering, such as uncertainty or disorientation, for example; or not being able to concentrate, having no ideas, feeling empty, finding everything a bit of an effort, not knowing whether to stay or to go.

In defining and sharing the setting, it helps to start with "what will not happen," i.e. the fact that no one will tell him what he must or must not do ("you must study," "you mustn't be rude to your parents," "that's no good"); while what one hopes *will* happen is that there will be time for understanding who he is and what is really going on in his heart, and time for surprising himself in some way by being in contact both with himself and with another person. Since it is natural for most adolescents to play the role of passive receiver in relation to adults (mostly parents, family members, and teachers) who are trying to direct them with judgements, instructions, or requests, it becomes necessary first of all to reflect on what should be done in order not to fall straight under the shadow of those adult figures (and of their anxiety, which sometimes risks an impingement, whether real or experienced/feared by the adolescent). In this action of "cleansing" the setting, the clinician acknowledges the legitimacy of the adolescent's alarms and/or anxieties, which contain projective or transferential movements that mark the therapeutic journey.

In reality, there is an important consideration to be made, one which leads to a (psychoanalytically oriented) clinical work that cannot uncritically replicate the kind that takes place with an adult. The developmental phase in which the adolescent finds herself is specifically, and nothing less than, a redefinition of her object links, a transition from conditions of dependency towards experiences of autonomy, from similarity to differentiation. In this phase, links with the nuclear family—which stays in the background, but is by no means passive—must be modified, while inclusion in a group of peers also plays a founding role in the subject's identity. In other words, in the psychotherapeutic consultation, the adolescent comes to meet an adult whom she must trust or rely on, at the very time when she has to detach herself from the adults' world so as to experience an autonomy which may gradually lead her to feel "real" (Winnicott 1967b). The encounter entails a movement with a high risk of feeling regressive, or else of coming into conflict with the strong desire for autonomy and independence which are natural to this developmental and dynamic phase (Bolton Oetzel and Scherer 2003). As a consequence of this, the most essential aspects of the alliance

cannot be taken for granted, because help from an adult is precisely what the adolescent would like to do without. It is a sort of oxymoron: becoming linked, while wanting to free oneself from links. It is exactly this that we observe in young people's arrogance towards adults: only by banning the parental object can he enable himself to find it again as his own choice without it being any longer a kind of "hereditary bond" or "blood tie." Only what can be rejected can be chosen in a personal way. In this light, the modifications of technique in work with adolescents do not answer to a facilitating, collusive, or inappropriately active logic, but answer the specific need of that specific person who happens to be in the adolescent phase of development. What it is that brings structure to the encounter, and work with the adolescent must, therefore, find different coordinates for us to move in, because—in the majority of cases, and certainly the most demanding ones—the adult is a feared subject, not desired; predominantly felt as intrusive, other than himself, and other than the exploratory tasks that are the responsibility of the adolescent.

The traditional debate about the modes adopted by the analyst (henceforth the terms "analyst," "psychotherapist," and "clinician" will be used interchangeably, as here we consider them equivalents in that they all refer to a psychoanalytically oriented mode of working) in their approach to the patient have mostly concentrated on its degree of activity, neutrality, and silence. More recently, the impact of theorizations associated with attachment theory, relational psychoanalysis, and child development research has both shifted attention onto the work that is shared by patient and therapist, and changed the context and rules of the encounter: all of which must be placed within the vast chapter of the "setting" (cf. Quinodoz 1992; De Filc 2006; Parsons 2007; Lemma 2014).

It is possible that both positions are over-simplified. Even before we began to consider the intersubjectivity of the exchanges or the therapist's subjectivity, psycholinguistics and semiotics had widely documented the plurality of the communicative contexts in which, even before we think about interpretations or neutrality, there are silences, words, and tones of voice with great communicative value (Austin 1962). In addition to these elements there are the concrete aspects of the setting which "speak": age, clothing, the décor of the consulting room, and non-verbal communication, which should certainly not be considered "mute" elements of how we present ourselves (and relate) to the patient (Peichl 1991; Jacobs 1994), or of how the patient may view us. (Not everything is an intrapsychic fantasy disconnected from external reality.) Is it perhaps possible that the clinician, in her first approach to the patient, can easily think she is being neutral, when in fact she is being overwhelmed by an aura of mistrust from the patient, who sees only the differences between himself and the therapist?

A theoretical and clinical reading of the encounter with the adolescent based on the "activity–passivity" axis in which the psychotherapist must or must not be active, neutral, or communicative, while the adolescent would have to be more or less passive, seems schematic and not very fertile. Certainly, the psychotherapist must not be active in the sense of rendering the other passive and immobile (or alternatively being exciting or seductive), but if she does not transmit a sense of active capability she risks being felt as inconsistent and, therefore, discredited. On the other side, that of the patient, the adolescent can certainly appear passive; however, this "passivity" is not necessarily readable as the result of a withdrawal of libidinal investment—of a disinvestment. It could instead be interpreted as the result of the intense activity and force needed by the adolescent in order not to feel exposed to a personal encounter—that is, "vulnerable" to the thoughts

and affects that animate him—an encounter for which he does not yet feel ready or sufficiently protected. In this case, the passivity is not impotence or indifference, but the fruit of an intense dynamic process that seeks to preserve some equilibrium—almost immobilising himself, withdrawing or buying time—since a therapeutic encounter is taking place which could call into question the patient's defensive organisation and manner of adaptation, to his own internal world as well as to the world outside.

In this scenario, the therapist must not run the risk of being static, intrusive, or demanding; she must, nonetheless, be clear about the best modalities to put in place, so that the encounter with the adolescent can be an opportunity for both to transform their mental functioning (Ferro 2002, 2009).

It seems to me that there are several different observational viewpoints which can enrich the understanding of the dynamics inherent in the encounter with the adolescent.

The "domination–encounter" polarity is highly appropriate to the developmental challenge which the adolescent faces: the passage "from dependency to emotional self-reliance and adult object relationships" (Freud 1965), or from "absolute dependence to relative dependence" (Winnicott, 1962). This, then, becomes the question: how great is the risk of domination by the adult (whether parent or therapist) and/or how possible/probable is it to meet him or her without the fear of threats, intrusions or betrayals? Again, the "excitation–stillness" dialectic allows us to observe in a dynamic manner what happens in the encounter, perceiving its risks and the collateral effects of one or the other pole. Also, "possession–cohabitation" is a further dichotomy, the declension of which, almost another topic in its own right, allows us to understand how far one or the other interlocutor must "colonize" the space and time of the encounter, or, rather, how far can they co-exist in the same time and place without feeling variously threatened, invaded, or non-existent in the eyes of the other. Paraphrasing Winnicott, in order to evaluate the clinical quality of the analytic encounter with the adolescent, we need to observe the vicissitudes of the solitude of the shared space.

It would be a mistake to claim that these reflections are not equally relevant to the encounter between two adults, but in work with adolescents the dimension of reciprocity is absolutely fundamental. The "rules of engagement" between adolescent and adult are not a matter of methodology, as would be the case with two adults, so much as a specific and central containing feature for the adolescent, precisely because of the imbalance in their respective experience of life. It is no longer a question of setting alone, but rather of the central nucleus of a developmental challenge that finds its first focus in the generation gap. From this point of view, the very frequent experience of adolescents breaking off clinical work is not usually the outcome of an internal conflict that is not being borne, but (following Freud's second topical model) relates instead to the functioning of the object. The object is no longer that which enables the discharge of the drive, but an element that is part and premise of psychic experience, an experience from which—taking up an idea of Piera Aulagnier (2001)—the adolescent wishes to withdraw on the basis of the "desire not to desire" the other.

From a different perspective, it is helpful to recall Winnicott's (1967a) idea that, for the child, there is a length of time for maternal absence and tolerable waiting that can be represented as time $x + y$, but, if a further time z is added to it, the sum total $x + y + z$ constitutes a traumatic experience that breaks the sense of life's continuity. Perhaps with the adolescent it is necessary to turn this idea around, and allow a time z to exist in which something or nothing may happen or may be "lost," positioning ourselves in that intermediate space (which is not yet transitional, but may become so once a reciprocal creative

process takes place) between contact and intrusiveness, where only a "peaceful coexistence" enables a personal onward movement to occur. So, it becomes logical to claim that if, for the child, continuity must not be lost through a too intense absence, for the adolescent it is essential not to suffer an impingement by a presence that does not respect the patient's intimacy and private space:

> This mending of the ego structure re-establishes the baby's capacity to use a symbol of union; the baby then comes once more to allow and to benefit from separation. This is the place that I have set out to examine, the separation that is not a separation but a form of union. (Winnicott 1967a, p. 369)

Once again, in the Winnicottian concept of "use of the object" (Winnicott 1969) we find an interpretation that can orient the psychoanalytic approach in a way that is appropriate to the specific characteristics of the adolescent: only a psychotherapist who is not too active (that is, exciting or manipulative) nor too distant (that is, unreachable and useless) can be used in precisely the sense in which we need to use a tool to carry out a task.

Fundamentally, it is a matter of not forgetting the profound lesson of Freud's *Introductory Lectures on Psychoanalysis*, in which he explains how the patient can be cured:

> After all, his conflicts will only be successfully solved and his resistances overcome if the anticipatory ideas he is given tally with what is real in him. Whatever in the doctor's conjectures is inaccurate drops out in the course of the analysis; it has to be withdrawn and replaced by something more correct. (Freud 1917, p. 453)

In a complementary way, it is useful to recall what Winnicott (1968a) says about a need to interpret which must be kept "under control":

> Interpretation outside the ripeness of the material is indoctrination and produces compliance. A corollary is that resistance arises out of interpretation given outside the area of the overlap of the patient's and the analyst's playing. Interpretation when the patient has no capacity to play is simply not useful, or causes confusion. When there is mutual playing, then interpretation according to accepted psychoanalytic principles can carry the therapeutic work forward. This playing has to be spontaneous and not compliant or acquiescent. (p. 597)

Ferro (2004) comes close to this position when he says that

> What had been strongly denied when it came unequivocally through an outside or inner cultural mediator was acceptable when it was "played out" in the session, with a "co-narrative" exchange, giving up the strong but mortifying bearer of truth in favour of a helmsman with whom to read the charts together, making her own active contribution. (p. 38)

So, in the light of these reflections it becomes appropriate to think about modes of encounter that are not the classical ones of the adult setting or those of the few adolescents who adapt themselves to it.

Rethinking the squiggle game

This necessary personalisation of theory and of psychoanalytic work according to the specific character of one's interlocutor[1] was considered by, among others, Winnicott

[1] This is a matter of personalisation, not of adaptation following temporary difficulties for the patient of the kind that led Eissler (1953), for example, to explore the concept of "parameters," understood as deviations from a "basic model technique."

(1965, 1968b, 1971a), after he had noted that his own psychoanalytic consultations often ended up consisting of a single meeting, or only a few. This fact led him to fine-tune a technique that enabled him to enter quickly into a dialogue with the patient about deeply unconscious subjects in such a way as to achieve the most, even in a short period of work. This technique, called the squiggle game, is a method for entering into relations with the patients who come for a consultation, in order to help them use the situation that is being offered to them and, at the same time, to assess their capacity for using it, almost as a prognostic assessment of the possibilities of a shared process.

That is the whole technique, and it is very easy to describe. Winnicott (1968b) presents it thus:

> At a suitable moment […] I say to the child, "Let's play a game. I know what I would like to play and I'll show you." I have a table between the child and myself, with paper and two pencils. First I take some of the paper and fold the sheets in half, giving the impression that what we are doing is not frantically important, and then I begin to explain. I say, "This game that I like playing has no rules. I just take my pencil and go like that … " and I probably screw up my eyes and do a squiggle blind. I go on with my explanation and say: "You show me if that looks like anything to you or if you can make it into anything, and afterwards you do the same for me and I will see if I can make something of yours." (p. 326)

Winnicott emphasises that the child is being invited to play; if the young patient wants to draw or talk instead of using the toys or something else, it is good to be flexible and go along with this because the child is fully at liberty to refuse our suggestion of a game. What is important is to create an atmosphere that is perceived by the patient as welcoming and not judgemental, one in which he feels free to be, and to communicate or not communicate in the various available ways (Winnicott 1963a). Here, it becomes essential to create a space of both holding and containment where the therapist's *rêverie* allows alpha-function to be developed, as well as her own capacity for containing the patient (Ferro 2009).

What is described above is the technique: we move from the free association of words to the free association of drawing. Winnicott (1971a) held that there were no substantial differences between a conversation with a child and one with an adult, he was, nevertheless, of the opinion that "with adults, as with older adolescents, it is unlikely that an interchange of drawings would be appropriate" (p. 331). Over time, the squiggle game—which has its roots in Freud's *Die Traumdeutung* (Stefana, 2018b)—has nevertheless undergone numerous variations large and small, and been applied to different types of people: children, adolescents, and adults, and also with psychiatric patients (Benedetti and Peciccia 1989, 1998; Peciccia 2014) and cancer patients (Günter et al. 1997, 1999; Di Gallo 2000; Di Gallo and Winkler 2001; Günter 2003a, 2003b); with parents and child (Chieffi 2011). The aim of the present paper is to address the variations made for the purposes of working with the adolescent patient. Although there is not a total absence of studies about this (Fiatte 1982; Wakimoto et al. 1984; Bürgin 1992; Branik 2005; Günter 2008; Simond 2009), it is surprising how little the subject has been dealt with in the literature.

Yet, in our experience, as in that of the colleagues cited, the drawing technique has turned out to be useful with/by adolescents (although in their own ambivalent and vacillating manner), although it is necessary at the outset to rethink and contextualise the

methodology of the encounter with the adolescent. An example of this approach can be found in the tool of the "pack of cards" (Pellizzari, 2011, personal communication to Alberto Stefana), with which one can say to the young person, "Let's pretend there's a pack of cards here, I take one out, see what it is and tell you what comes into my mind, and then you do the same," or scribbling on it rather than drawing on a blank sheet of paper. We are not so much speaking about ways to make the intensity of the encounter or its contents more tolerable for the adolescent (which it is sometimes necessary to do), as about a tool for meeting the patient in a neutral "space"[2] where he can be an active participant in the therapy. Instead of saying "I'm going to do this," we say "I'll do a bit and you'll do a bit" (a creation/experience which employs both individually, sometimes "in parallel," sometimes "in turn") and/or "Let's do this together" (a creation/experience which employs both reciprocally), and in this way a reciprocity is set up between us and the patient. Both the pronouns "I/you" and the expression "a bit" should be underlined: they implicitly refer to a dynamic vision of the encounter, to the alternation or interweaving of the contributions, to what is not there yet, to what is missing, to what is hidden or stands beside or inside, beyond that "bit" in the over-determining of the projective process. Finding oneself in this situation, therefore, fosters the reciprocal exchange in which the patient is an active subject capable of accessing that creativity which allows the dramatisation (the portrayal) of the unconscious conflicts.[3] In fact, as some elements that seem significant emerge one by one from the patient's story, we can write them down or portray them. For example, the patient might say, "There are times when I feel empty … ," to which we can say, "Ah, let's write that word down!" and we write "empty" on the paper. As the patient talks, we write down some key words. Or, as another example, the boy exclaims, "My maths teacher is a real bitch!" and so we can draw this nasty woman's face. If he wishes to, the patient himself writes/draws what comes into his mind. The page slowly comes to life, takes shape. The same page will be present in the following meetings, thereby contributing to the continuity of the therapeutic process, which becomes a working space where patient and therapist collaborate. Over the arc of the meetings it becomes possible to make discoveries so that we could, for example, find ourselves saying, "But look! You remember we put this down yesterday? Maybe they're connected … " (and we connect the two things graphically, with a line). This also conveys the idea of joint creative work to the patient. When the page is full we take another one and put it on top; in this way the patient will be able to perceive the (co)construction of his own history visually. It is as if one were creating a slightly chaotic laboratory where there is, nevertheless, a containment, a place where "things" happen, a building site in which "in order to transform the ruined areas into something that can be built, the analyst must offer himself as the labourer who hands out the pieces to be constructed rather than as the architect of (his own) new projects" (Mancuso 2010, p. 195).

[2]The concept of "neutral space" does not seem satisfactory either, because it does not attribute value to that part of "space" that is not neutral or is non-neutral (descriptively speaking), but simply exists psychically for the duration of the encounter. The adjective 'transitional' better describes its richness.

[3]Within the analytic field (Ferro and Basile 2009) are the unconscious sources which sustain the dramatic and dynamic aspect of the squiggle game (Günter 2003b); but it can also be the game itself which, often in the briefest flashes, makes the unconscious internal images emerge (Schacht 2001).

The drawings—or rather, the transformations—created by the patient using the starting point of the squiggles, which are formless materials to be subjectivated, arise from the events of his personal history, made present in the particular narrative which has been set up with his interlocutor. It must be emphasised that, in the creation of the drawing, it makes a considerable difference whether the patient faithfully follows the lines of the squiggle, or deletes them, or acts as if they did not exist; but what is equally important —if not more important—is *how* he draws the lines. So, we should pay attention, for example, to whether the patient digs the point of the pencil into the paper (in this case, it might be useful to consider if he is doing it because he is angry or instead because he wants to leave a deep impression on the paper, since he feels that he doesn't exist) or runs it lightly and delicately over the page (perhaps he is afraid of leaving his mark, of making it known that he exists?), if he is certain or uncertain in the way he draws his lines, if he is at ease or not.

The therapist's freedom in creating his share of the drawings assumes great importance, because the use of this technique enables him to carry out a procedure in which the adolescent does not feel in any way inferior to the therapist, at least in those recurring, circumscribed moments of symmetry in the relationship which reassure the adolescent that the "not-Self" will not preponderate (Bolognini 2005) and which facilitate an analytic work based on the dynamic complementarity of competences reciprocally generated (Pellizzari 2003). If the therapist is prepared to carry on waiting, without dominating the scene, the patient has the space to bring his own spontaneous contribution to the therapeutic situation, in which he will then find herself at ease. The only limit to spontaneity of expression is that dictated by the nature of the white page and the pencil. It must also be remembered that the outcome of therapeutic work with the adolescent is more linked to our capacity for identifying with him, than to our knowledge or ability (Kestemberg 1999). This is because, with adolescents in the throes of a restructuring of their personal identity and a narcissistic reinvestment in new aspects of the Self, it is necessary for the clinician to acknowledge and accept the patient's need for mirroring by means of a process of identification and counter-identification (Senise 1990; Novelletto 2009; Nicolò 2013), in such a way as to "create a liveable environment by dispensing 'doses of the not-Self'" (Bolognini 2005, 34). Success or failure in creating this environment can be grasped by the analyst through the working-out of his countertransference.

What space for interpretation?

When we meet a patient, there is always a "state of not-knowing," of uncertainty, which it is necessary to accept, especially at the beginning of a treatment. The squiggles can be the point of intersection in a process whose aim is not to formulate an interpretation, give an explanation or bring an insight, but more that of creating a moment in which the adolescent finds himself better understanding his own psychic functioning, starting up a process of mentalising his own make-up and his own affective and interpersonal features (Lemma, Target, and Fonagy 2011).

Given that "interpretation, *per se*, is always something that separates and is intrinsically a vehicle of otherness" (Bonaminio 2008, 1109), the therapist must have recourse to his own negative capability, with the aim of not leaping into interpretations of the material brought by the patient, giving himself time and space for the patient's communications

to be installed within him (cf. Winnicott 1970), which means taking the patient's contribution into account in such a way that the final result belongs neither to one nor to the other, but is a "creative elaboration by two people" (Cahn 1998; Ferro 2004; Gutton 2010). The longer the game goes on, the more profound and more meaningful it becomes (it acquires a familiarity; Milner 1952b; Stefana 2018c). Creativity plays a key role here: it is by this means that the adolescent can externalise and share something that he is not yet able to express in words. Adolescent creation necessitates a process of externalisation, of being enveloped by external objects (Gutton 2008). Our task is to transform this material into mental images—into dream, in the terminology of Ogden (2004) and Ferro (2009)—thereby facilitating the work of creation and a growing self-awareness.

Once a certain degree of trust had been achieved, Winnicott also used the squiggle game to "fish" for the patient's dreams:

> It will be observed that I have a definite intention in these interviews to get to real dream material; that is to say, to dreams dreamed and remembered. Dream [which draws on reality, internal and external] contrasts with fantasying [to be understood as a flight from reality], which is unproductive, shapeless, and to some extent, manipulated. (Winnicott 1971a, p. 32)

From this point of view, Winnicott's aim is ambitious: to imbue the (often brief) meetings with contact and depth; the more intense, the more useful. The only way to achieve success in this challenge is to hold fast to the Freudian reading of the dream as representing the first example of creative action, which—between daytime residues, manifest content and dreamwork—enables the expression of and access to a latent content in need of recognition, to conflicts which must be managed, and to the attempt at moving towards the *unheimlich* (Freud 1919). More recently, studies by Bion (1962), for example, of the "waking dream thought" and by Ogden (2004) of the "undreamt dream" underline the risk of losing parts of ourselves when it is not possible to personalise our own experiences, whether through dream or—for Milner (1950, 1952b) and Winnicott (1971b)—creativity.

Before aspiring to share a correct and appropriate interpretation, given at the right moment, capable of making the patient feel physically supported (Winnicott 1988, p. 67), it is necessary "to provide a natural and freely moving human relationship within the professional setting[4] while the patient surprises himself by the production of ideas and feelings that have not been previously integrated into the total personality" (Winnicott 1968b, pp. 323–324). What we can do to facilitate this process is "Speak briefly, well and often, creating surprise, keeping affect and representation closely knitted together […] As soon as the sentence we are uttering gets too long, it becomes that of a teacher and

[4]It must be emphasised that the rigid setting is not suitable for adolescents. "The setting is first and foremost a place in the analyst's mind, of which the external setting represents the spatio-temporal realisation (Giaconia 2005, p. 17); the latter makes possible the development of a sense of continuity, both of the patient's Self and of the relationship with the therapist, of the potential space which is essential to the capacity for play.

> In the mental place we meet the patient's projections and communications with the analyst's inner world and its developmental function. Varying the setting makes possible both the encounter and the fulfilment of this function. It is not easy to defend oneself against the temptation to transform rigour into rigidity or, alternatively, to yield to the narcissist temptation to reinvent the method. (p. 17)

changes the relationship" (Gutton 2010, p. 216), activating our "parentalisation" (*ibid*.). In this case, the interpretation is the result of joint work, put forward so that the clinician's interventions can be felt as real and not too disturbing (Stefana 2017a), and can be shared, introducing the possibility of creating new intra- and inter-psychic links.

It must be remembered that many of the qualitative changes occurring over the course of an analysis depend less on the insights fostered by verbal interpretations than on the process of unconscious introjection which takes place in the significant moments of the encounter (Stern et al. 1998; BCPSG 2005) which are characterised by the authenticity and spontaneity of the two people involved, moments which may last only a few seconds, but are nevertheless sufficient to allow a shared emotional voyage, to create a shared private world (Stern 2004).

The world-sheet

The private world can be portrayed and shared by means of what the Italian philosopher Sini (1997), picking up an expression of the American philosopher Charles S. Peirce, calls the "world-sheet." Even the simplest mark/gesture/sign is a portrayal of a world with its own truth comparable to other representations of the world. Every mark immediately constitutes a map of the world (in cartography, territory is translated into a map which, while not completely coinciding with the territory, tells us something true about it).

If the therapeutic work goes well, this "internal world-sheet" will be followed by a series of other world-sheets, a series of transformations which also coincide with the passage from the "rigidity" of the mark to the "flexibility" of the word, from action to discourse. In other words, this is the transformation of proto-emotions and proto-sensations into pictograms which, when placed in sequence, produce the waking dream thought and can be narrated in narrative sequences (Ferro 2012). That is, we are speaking about the gradual construction of the ability to dream (Ogden 2003). It is not our task to propose our own view of the facts, our own world-sheet of the patient's internal world, but to give the adolescent patient an opportunity to make this creation/discovery herself. In a certain sense, our task is to make a "blank page" available to the patient (or to make ourselves available in this way). By which we mean, being a non-invasive presence able to let ourselves be used (Winnicott 1969) by the patient (which also includes the ability to accept, and let ourselves be transformed by, her projections—thus being prepared to function, in one of the steps of the dynamic with the patient, as a "neutral screen," even while knowing that we aren't). For the patient, this way of being in the session constitutes the basis of the ability to experiment and to think, to re-construct his own identity and history. That said, it must be added that, in the most serious cases we will have to be the ones who propose the first imaginary transformations, the first world-sheets, in order to achieve a work of creative construction with which the adolescent will be able to identify.

The frame of the page and potential space

The sheet of paper is a representation, albeit simplified and incomplete, of the patient's internal world, the exploration of which is made difficult by the implicit conflict between fear and desire that is stirred up in the young person, and which can only be made possible by a safe place to start from, where one can take refuge if the need

arises. It is our responsibility to provide the patient with such a place, defined by the frame of time and space which characterises the analytic session and enables the patient, by means of the creative illusion, to use the available materials and the analyst as pliable: that is, to have a creative experience (Milner 1952b; Stefana 2018a). In the case of the squiggles and drawings, the frame is represented by the edges of the paper, which has the purpose of guaranteeing that what happens within them is not an objective reality, but a "cohabited" illusion (even though this is viewed from different perspectives which cannot by any means be superimposed on each other), which is nevertheless placed within real boundaries. In this sense, what we perceive within the frame must be taken symbolically, as a metaphor (a way of knowing and communicating) expressing the patient's psychic reality in relation to that specific therapist. It becomes clear that the page is not a mere white space, but symbolises potential space (Winnicott 1971b), and is metaphorical.

Winnicott (1968b) had emphasised that "The shape and size of the paper is a factor" (p. 326). What it is important to add—or rather, to make explicit—is that, if the patient goes beyond the space of the paper, what is drawn does not form part of the squiggle, but is to be read as an acting out within the session. In this sense, one does not deprive the adolescent of his own oppositionality or of a need to act, since the paper can be pierced, or the drawing can leave a mark on the table instead of remaining on the page. This is where we need to start from: instead of deleting the mark to make it appear within the frame, we need to create—as in René Magritte's painting *La condition humaine* (1933)—a frame that gives it meaning and re-includes it.

From what has been said up to this point, it becomes important to have available an "empty" and unstructured space and time, an emptiness in a frame (Milner 1952a) from which something positive may emerge. The non-invasive presence of the therapist—who must be able to bear doubt and uncertainty (Bion 1970; Bollas 1987)—represents the white background on which the patient can create her own drawings, make her own games come to life, or project her own anxieties and her own dreams; a white background on which to represent visually—thus, to make objective—the experiences of the Self. The drawings made, the games played, and the dreams told have the characteristic of having "real existence in the outer world and at the same time, in their content and their form, came entirely from [the person who created them] and her inner world, they were a non-discursive affirmation of her own reality" (Milner 1969, 242); they are a piece of external reality on which to base communication.

The white background recalled here is a reality which also acts a container, enabling a first transformation of raw sensory experiences into alpha elements (Bion 1962; Ferro 2009). This function constitutes the basis of thinkability, especially when one is in the presence of anxieties about death or fragmentation, and precedes the unveiling of the significant content. At the same time, the white background is also a content, since it can be attacked, invested, sullied, modified (like a temporary transitional object) or—going further back in psychoanalytic theory—it can be the place in which, as in the "*fort/da*" game (Freud 1920), the various forms of appearing/disappearing/returning of psychic contents occur. It is thanks to the creation of a potential space that mental space, space for play, and for symbolising can be constructed.

Clinical case

One of the authors (AS) was contacted by the department of Child Neuropsychiatry at a hospital about a possible out-patient referral for psychotherapy of a patient who was soon to be discharged: F, a 15 year-old adolescent with serious anorexia, with a sister of only a few years old, and who herself at the age of 2 months had been sent to grow up in China.

Having been born and grown up in China, with a history of separations and reunions similar to that which has marked the early years of many young foreigners who arrive every day in the countries of western Europe, F was brought to Italy while still a girl. She entered psychotherapy after a long hospitalization, during which she did indeed gain weight (on her discharge she had a weight of above 40 kg; the previous year she weighed 27 kg, with a height a little below 160 cm), but without making significant progress on the psychological front. Just before this admission to hospital she had been hospitalised in China, where she had returned for a holiday; her parents had quickly asked for her to be discharged, and shortly after returning to Italy they consulted the public health system here. For various reasons, during this second hospitalisation, F saw frequent changes in the doctors who were treating her; in addition, there was no support to ease the abrupt transition from the previous psychologist to the new one.

The parental couple

F's parents are encountered for the first time at a meeting organised by the hospital psychologist to suggest that, once their daughter had been discharged, she should start twice-weekly psychotherapy, while it is proposed that they have fortnightly meetings with a neuropsychiatrist on days when they bring their daughter to review her medication and check her weight. This plan meets with their approval.

While the neuropsychiatrist goes to fetch the young patient, the parents—who neither speak nor understand Italian, even though they have lived in Italy for many years—and their cultural mediator are invited to wait in the psychotherapist's office. It is F's mother who arranges how everyone is to be seated on the four available chairs: the father on the first chair, the cultural mediator on the third chair, while she herself takes the fourth, the furthest from her daughter. (In a drawing which F later makes in a session, she shows herself, her sister and her father touching each other, and her mother not touching any of them, while all four are underneath smiling star shapes whose eyes are represented by the ideograms of their names). When F enters the room, her mother does not greet her, and the daughter does not go over to her. On the contrary, the father gets up to greet his daughter warmly, constantly caressing and comforting her during the meeting. There are two other striking elements to this conversation: the first is that the parents never look the two specialists in the eye; when they answer questions, they address the cultural mediator directly, and frequently tell her not to translate their replies. The second is the desperate, silent weeping of F, who shows her distress and pain without uttering the slightest sound. The various distances, the physical contact, a suffering that is expressed desperately but uses no words, and a gaze like a blind stain, but also an unsaturated space, lead one to feel the necessity for a sensitive piece of work that will move along the dimensions of boundary and sharing, of the possibility of

intimacy or, even before that, of seeing/being seen, of contact with what is inside/outside. These rigid and restrained relational modes, of switching between on and off, inside/outside, visible/hidden immediately highlight what is missing: there is no experience of closeness (not even in language), whether physical or psychic; there is no psychic dynamic capable of holding together impulses and anxieties, but also needs and requests. A state of high alert predominates, one not without hints of paranoia, in which there can be no meeting, but only an arrangement constructed on the basis of splitting and non-contact.

A little later, the cultural mediator explains that the parents are very worried about their daughter's condition, that they know the problem is not physical but psychological and they are deeply ashamed of this.

During the months of therapy there will be two telephone calls from the parents to F's therapist—made via a relative who speaks Italian—during which they tell him about their great anxiety, first because they have noticed that during meals their daughter only pretends to eat (she is actually hiding her food in her napkin and throwing it away later), and second, because their daughter has told them (in an aggressive and blackmailing manner) about her thoughts of suicide. The patient and the therapist's colleague were informed about both these telephone calls.

The progress of the psychotherapy

Work with F starts a few days after her discharge, preceded by a more informal meeting on the ward at which the therapist lets her know the date when the psychotherapy will begin.

F arrives for the first session 10 minutes early, knocking on the door, smiling and saying, "Hi … good morning … I mean, good afternoon." As soon as the therapist comes into the waiting room, where she had been invited to wait for the session to start, F gets up from her chair and turns to look at the clock on the wall, as if she needed a less confused point, like a timetable, in such disorientation or "psychic dis-location," existential rather than temporal.

In the consulting room, F sits on the chair closest to the wall, not only in the furthest position from the therapist, but also shielded by the monitor of the PC on the desk, which interposes its solidity and becomes a concrete "third" between patient and therapist. F's still body, silent and turned towards the floor, makes her look as if she were inside a shell or a suit of armour in her padded jacket zipped up to her chin, perhaps adolescent, but also perhaps a frightened little child in need of strict, self-made boundaries, in which to feel protected and "not seen."

After a few moments' silence, the therapist says that he knows she has had to introduce herself over and over again, telling her story (the neuropsychiatrist and the staff on the ward had pointed out how worried F was about having to tell her story, as if having to come out of her shell), and adds that he knows a bit about it, and begins a narrative using the elements he knows. She listens seriously with her eyes down, looking up every now and then to correct something or add important parts missed out in the telling of her story. For example, F tells about her mother's leaving to come to Italy: one day her parents told her to get ready to travel to a city 4 or 5 hours away by bus. She was happy on the journey, but when they arrived at the airport, her mother kissed her and went towards the departure gate without saying a word, F understood that her

mother was going away. She burst into tears, weeping desperately and uncontrollably for several hours, but at a certain point on the journey home she stopped abruptly, having understood that it was no use crying, it wouldn't change anything. She never cried again about her mother's leaving.

During this first phase of the conversation, the therapist tells her that he knows how hard it is for her to believe that she can be understood and helped: thinking about the Great Wall of China, he adds that perhaps it feels as if there is a wall between them; a smile appears on F's face. He explains that in the consulting room she can talk, draw or just be silent. F stays silent for a few minutes, but looks at the colours and papers ready on the desk. The therapist says, "Maybe you'd like to draw … ." F replies that she can't draw, and leans on the desk with her arms folded and resting her chin on them, but a few seconds later she asks, "Can I make an origami?" She makes a "flying bird" (whose wings move when you pull its tail), then makes another, smaller one, and finally a still smaller one. However, this last one has a wing that doesn't work no matter how F tries to fix it. The therapist comments that "Maybe that little bird has difficulty flying … it needs someone to help it fly … ." A few minutes later, F tries again without success to fix the little bird's wing, but makes no comment.

The second session is also characterised by origami-making. In the third session F makes a box, then another to contain it, and then another, and so on. In the innermost box of this "matryoshka," as F says in answer to a question, there are "the stars." The therapist comments that it will take a long time and a lot of travelling to reach the "stars." (It may be a coincidence, but the Chinese flag has five stars on a red background.)

During the sessions which form the first part of the therapy, F speaks very little, and the therapist feels he is not doing anything for her, although he is busy being present and alert in his own silence, listening and observing what happens in the session. There are moments when the countertransference experience is one of being actively immobilised and excluded by F, while at other moments it takes great effort not to walk out of the session, to lose contact with an other-than-oneself. In these situations any comment or interpretation could have been experienced by F as an intrusion or aggression, a taking possession in some violent way of the "property" of the session (if not of its communications), expropriating F of the use which *she* was making of it. This allowed F to have the experience of an object that was there, usable (Winnicott 1969), silent and not invasive, watching her play (at being).

In the fourth session, after an initial brief verbal exchange brought to an end by the patient because of her "sore throat," and given her marked state of suspicion towards the therapist and withdrawal from him (a fact which characterised the communications between them), the therapist suggests a squiggle game. F accepts gladly: 18 drawings will follow. From the therapist's first squiggle, F makes a telephone, a device which allows one to keep in contact while maintaining a certain distance, probably expressing her need to communicate with the therapist, but through a medium (the "telephone," or the drawings), with a safe distance in which the dynamic and instinctual aspects can be better kept at bay. From the squiggle that comes straight afterwards, the therapist creates a smiling person lying down with her arms behind her head—a figure which to him conveys the sensation of tranquillity, of tranquil psycho-physical waiting without an internal pressure to do anything but simply "be"—and F responds by turning the therapist's squiggle into a stretched-out hand (as when we extend the fingers of a hand to

shake another hand), of which we see four of the five fingers (the little finger is missing—it would have been off the edge of the paper). In the seventh drawing F shows a snail in a tree, in danger. In the 16th, there is a cat: she is in her basket and weeping (F draws the tears carefully) because her teeth are hurting (an element which recurs in other drawings): however, in the bottom margin of the page there is a man who, hearing her cry, goes to see why she is crying. When the session is over the therapist accompanies F into the waiting room, and as she goes along the corridor connecting the consulting room to the waiting room she presses herself against the wall and slides along it awkwardly (shoulder and head supported by the wall, while her feet laboriously slide, one in front of the other, 30 or 40 centimetres away from the wall). At the end of the corridor she stands upright again and walks towards her parents (it is always they who bring F to the sessions). The therapist will observe this behaviour at the end of later sessions in which a certain proximity, some affective contact, has been created between them.

This session is followed by four or five in which the therapist experiences a great countertransferential anxiety about abandonment, something involved with the fear of not doing well enough, not being loved or lovable … More generally, this is the beginning of a period in which F isolates herself during the session in her own silence[5] and in "making things," which does at least allow the possibility of some interpretations, or in other activities which instead compel the clinician to adopt the role of mute but attentive witness. At other moments, the point of greatest contact is represented by her schoolwork, which she does in the session silently observed by the clinician, although it is sometimes interpreted.[6]

At other times, F writes letters in Chinese characters, saying little or nothing about them to the therapist. A private monologue seems to be taking place in the presence of another, in which the solitary contact with her own internal world is possible only because another is there, in contact that is not alarming, to observe in intense "communicative silence."

This period of prolonged silence ends during a session in which, in reply to a question from the therapist, F says she would like to make a windmill. Not knowing how to construct one (any more than does the therapist) she has a go and starts experimenting, as does the therapist, although the two work by themselves, each with their own sheet of paper. However, being engaged in this activity does facilitate verbal communication: indeed, F no longer responds to comments in monosyllables, but at length. In this way, F comes to talk about herself, her interests, her plans, her best friend and the important conversations they have together, and even asks the therapist some questions (for example, she asks what secondary schools he attended).

Talking about her everyday experiences and hobbies allows a real dialogue to begin, sustained by free association by both members of the pair. Being engaged in an activity enables them to modulate the interplay of looks and the degree of intimacy, thereby overcoming F's fundamental shyness (which was amplified by the fact that the therapist was a

[5]The only departure from silence in this period occurred in a session when F, after coming into the consulting room with her school books, sitting down, putting her books on the free chair, had become evidently thoughtful, asking the therapist a few seconds later, "Do you feel like doing a drawing game?"

[6]For example, in one session in which she began doing some maths homework, she said to herself that it was definitely easier to start off with some mathematical calculations than with her own thoughts and emotions. Or, in the first session after a week's break for a holiday, after F had paused for a long time on the page of her geography book about the North American Great Lakes, the therapist expressed the thought that perhaps it had been difficult and painful to get through the week without her sessions: her response was "A bit, yes … " spoken in a tiny voice.

man, a difficulty reported to the neuropsychiatrist who was monitoring her drug therapy). In the next session, F and the therapist build a windmill together. At the same time, F starts to "emerge" from behind the monitor of the PC.

During a later phase of the therapy, in a session at the start of the week, F comes into the room, sits down, and asks if she can write a letter. She writes for some minutes, then breaks off and puts the interrupted letter to one side. She asks the therapist if he would mind playing a game; he agrees and discovers that the game is "Hangman."[7] The therapist starts with the word "game," which is followed by the word "windmill" written by F. Here, the therapist probably makes a mistake by choosing the word "week" [*settimana* in Italian] (wondering in surprise, as soon as he takes the pencil off the paper, why he had chosen that word), which F has trouble identifying and risks being "hanged." The words that follow are (F) "emotion," (T) "hope," (F) "possibility," (T) "trust," (F) "conversation," (T) "available," (F) "responsible" (T) "being there" [a single word in Italian, *esserci*], and at the end of the session, (F) "organise." (At the end of each session, F takes away pencil sharpenings, little bits of paper, and maybe her most intimate parts, leaving nothing of herself for the other.)

The next session, F knocks on the consulting room door (apart from the first time, she had always been waiting in the waiting room) and is 3 minutes early. She comes in with her school books, sits down, remains silent for a few seconds, and then asks the therapist if he feels like finishing the game from last time. He begins: (T) "together," (F) "journey," (T) "thoughts," (F) "cleverness." At this point, F asks if it is all right to change the game, and explains that they should take it in turns to draw something and the other one has to guess what it is by asking questions and being given hints. The first drawing is an aeroplane. The game occupies the entire 45 minutes of the session, which the therapist allows to overrun for a couple of minutes so that F can guess what he has drawn, at which point he tells her that they must finish but that they can put F's drawing in the folder, that he will not look at it, and they can continue next week. She gladly accepts. At the door, she says that she will not be there next week because she has to go back to the country of her birth for some months. Her parents had said nothing of this either to the therapist or to the nutritionist or the psychiatrist, both of whom they were having fortnightly meetings with (although in fact they had missed the last two meetings with them, without notice). The therapist goes back into his consulting room with a strong feeling of abandonment, and decides to break his promise about looking at the drawing made by F, which shows a young girl with a thought-bubble inside which were the shelves of a refrigerator (or a larder) with various containers of food standing on them. Never before had F "spoken" about her relationship with food.

After much thought about the drawing left by F in his care, and about her life story, and about the long separation that there would now be in any case, the clinician decides to write F a letter in which he will let her know that, given the circumstances, he had decided to look at her drawing, communicated some thoughts about it and about what

[7]The rules of the game are simple: the players take it in turn to choose a word, the letters of which are indicated by a series of dashes, one for every letter of the chosen word, while the other has to try to guess the word, by suggesting one letter at a time. If the letter does not appear in the word, the player who chose the word draws a line of the stylized image of a hanged person (the scaffold is drawn at the start of the game, and then at each error an element is added: rope, person's head, body, arm … until the figure is completed. The loser is the player who does not guess the word before his own character is "hanged."

had happened during the months of therapy, finally telling her that he would wait to continue their "journey."

The months passed without any news, and the nutritionist and psychiatrist likewise received none. Given the demand for the hospital's services, the therapist contacted F by telephone to ask whether or not she wanted to keep her place. She answered that she had been back in Italy for some days, thanked him for his letter, which she had received, her mother had told her to reply to it, but she had not wanted to because "it costs so much to send a letter in Italy." She added that she was well now, that her sister had come back to Italy with her and she was busy looking after her, and that she did not need any more therapy. The therapist said that he accepted her choice and that if in future she needed or wanted to talk, she could certainly get back in touch.

She never did get back in touch or make any further use of the hospital's services.

From "the squiggle game" to the "reciprocity game"

It is generally thought that the squiggle game helps to reach the unconscious core of the patient's problem (Winnicott 1968b, 1971a), however, large or small it may be; there is truth in this, but not the whole truth. The squiggle game is a polyvalent tool: first of all, it is a method for entering into a relationship with the person who is in the room with us at that moment, and for allowing the development of this relationship in a transformative and therapeutic direction. After all, for the adolescent, at least at the start, we are just another adult; why should they "use us," trust us, and feel like coming to tell us their problems (assuming they are aware of what these are)? Therefore, even before working on the unconscious material, it is fundamental that the patient–therapist couple can have access to the conscious and pre-conscious material; with special attention to the latter since it fulfils the role of buffer between unconscious and conscious, preventing the products of one from invading the other (Ladame; in Cahn and Ladame 1992). The material can only be brought by the patient and seen with the therapist, within a relationship of trust, which requires a space between the two subjects. This space is that of the setting and the sheet of paper; of the container–analyst and his holding of the patient; of not understanding (ours and the patient's) and of the adolescent's not wishing to be merely understood (Winnicott 1961), but listened to and comprehended (Gutton 2008); but also of respected silences, which are necessary in order to be able to concentrate in one's own solitude. This vision, therefore, requires work on, and awareness of, spaces, contact, boundaries, within a psychic framework that helps the adolescent not to evacuate the undigested/indigestible elements into an infinite container (Gutton 2008).

It is in the light of this that some of the clinical interactions of therapy with F have been recounted, including the use of the squiggle game, with material chosen not so much for its trans-cultural and ethno-psychiatric implications, as for the importance of work in the area of the unsayable/unknowable/unshareable (while nevertheless searching for a greater knowability and intimacy) which was so characteristic of the process undergone by F and her therapist.

In this scenario, the squiggle game and its variants have been tools used psychoanalytically so that F could encounter herself and be (not entirely) encountered; to have an experience of holding and of freely exploring the possibilities offered by communication. All this was possible by means of a shared, creative and lived analytic experience of

handling. The fact that the patient can have, or regain, a good experience (in which reciprocity, "I do a bit and you do a bit," which occurs above all in moments of temporary relational symmetry, plays a decisive role) gives her a tool for "using" the therapist and the setting. In particular, the patients who are freest to use their own resources are then in a position to make contact with and share, by means of a creative process, some meaningful fragments of their own psychic story.

Squiggles are not the only game that fosters the experience of reciprocity, but certainly the sheets of paper and the pencils, being working materials which make themselves available to what needs to appear, are the material through which it is possible to give shape to one's fantasies, an expressive means which the creativity of the subjects involved endows with infinite potential, especially when—through different linguistic codes, freedom to symbolise and psychic condensation—the visual and concrete are more usable tools than words.

For example, F, the patient described above, made use of the squiggle game at the therapist's suggestion, but was able to use the intermediate space by also creating her own "squiggle game" (first, hangman and then "guess the drawing"): that is, she was able to draw on different media and tools for contact which, depending on the situation, allowed her to regulate her distance from the other[8] in such a way as to be able to communicate certain thoughts and affects which would otherwise not have been able to find a voice, at least for the time being. This shared work made possible the rebirth in F of a basis for trust in a relationship, a fact which allowed her to speak about herself to the therapist and to share many communications, emotions, and projections, certainly more than she would have been able to express linguistically or consciously. Furthermore, these media and tools for contact made possible a speaking-as-dreaming (Ogden 2007): in other words, the unfolding of conversations that are only apparently "non-analytic" and in fact help therapist and patient to start to dream together.

The many communications which the clinician did not grasp in the here and now of the session undoubtedly included F's imminent departure (with its symbolic connotations of separation and distance), which she had tried to tell him about in a number of ways: when she saw that the game of hangman didn't get the message across (the first word she had chosen was "journey"), she decided to suggest a game that placed right under the therapist's eyes (her first drawing was an aeroplane) the graphic image of what she wanted him to know, and which she wished/needed to talk about. However, she also wished not to say it, or to say it only at the end with "cleverness/cunning."

Also far from marginal was the therapist's own experience of incomprehension: sometimes literally (the Chinese characters), sometimes because of the imposed silence, almost a psychic abstinence or a lack of nourishment for thoughts, a psychic anorexia imposed by F, who continued her silence with the unanswered letter, making the therapist "travel" towards her. She needed to feel she had a therapeutic object under her control (present but, fortunately for her, also external and, therefore, not entirely controllable or frozen, as had been the case with her mother) to be used according to her psychic possibilities. These dynamics illustrate the importance of grasping—in and through play—those transferential and countertransferential elements which make that moment in that relationship unique.

[8]Like the Winnicottian mother who "places the actual breast just there where the infant is ready to create, and at the right moment" (Winnicott 1953, p. 95), the therapist places herself from time to time at the right distance (for the patient). In doing this, the adult makes herself into a competent travelling companion who "allows the adolescent to feel that his journey is a protected adventure, a creative act and not a form of control and rehabilitation" (Pellizzari 2003).

In the drawings and objects made during the course of the therapy, a thread of communication could be glimpsed, which it would have been impossible to express verbally (except by imagining a patient entirely different in personality, functioning, and culture). The origami (in eastern culture an expression of a creative process not without allusions to spirituality and to the presence of a "divinity"), the various boxes to be opened in order to find the stars, the game of hangman (with its ambivalence and life-and-death risk), the windmill (moving but fixed at the same time), to the final drawing of the refrigerator with its shelves and the containers of food—all these can describe the progress of a psychic life, hinging on being alive/dead, full/empty, whole/damaged, safe/threatened, visible/hidden (behind a computer screen or a Chinese wall). Any interpretation of the manifest message in the direction of these themes (or sometimes any comment) would risk being an intrusive and narcissistic action (Winnicott 1963b; Manfredi Turillazzi 1978) towards a girl who instead had the absolute need to feel not impotent and not narcissistically empty. Of course, the polysemy of the non-verbal material (beside the difficulty on the level of linguistic and cultural modes, in the case of F) made the work of interpreting its contents and the unconscious communications more complex, and some of their cruxes have only been recognised through a re-elaboration *a posteriori*. However, this aspect can be seen as an inevitable limit for the therapist, and a resource for this adolescent who, even as she is making a link, also needs to feel that she has not been bound by the link.

From this perspective, the ability to have other modes of communication besides those of language, to place oneself where the patient needs the object to be, in close proximity to the possibilities of contact and of modalities of expression belonging to parts of the world as a whole, answers to a logic in which any theoretical reading must take account of the resources, defences, functioning, and contributions which the patient can bring to the clinical work.

The game of hangman, the squiggles, and the drawings do not, therefore, represent a methodological regression by the therapist or an action, so much as the expression of a contribution to which the work of *Nachträglichkeit* (Freud 1918) can find a place in the patient's language, sometimes verbal, sometimes corporeal. At the same time, the cooperative work done by patient and analyst highlights a bi-personal field, the outcome of which is to reinvent, discover, and even create (Ferro 2009), as in the *Two-part Inventions* of Johann Sebastian Bach.

A patient who is not immediately able to transpose her own psychic contents, conscious and unconscious, into words, can only be helped if the psychoanalytically oriented intervention allows a work of transformation to be achieved by working on the flexibility of the defences and on the spaces of contact with the patient's own internal world. Any other kind of intervention would at best produce a resistance, and at worst an impingement (Winnicott 1960).

In this way of thinking, "play" is absolutely central to the communicative and relational processes, imbued with unconscious contents which find a space for their real existence and transformative potential in the shared work of therapist and patient. This is, first, because the existence of a space shared with an "other" in which a reciprocal "use" may be possible, or rather a transitory confluence of "me-not me" (Milner 1952b), permits an experience of creativity. Second, it is because, at its most authentic, play has the potential to make an unconscious content present and render it reciprocally workable and communicable (Ferro 1999).

What emerges in the session is, therefore, both a representation *of something* and a representation *to someone*, as well as a representation *with someone*, a someone whose presence to some extent influences the subject's internal dynamics and, therefore, also the material that emerges in the analytic field. What is marked out on the page (squiggle, drawing, word game) is located half way between the one who draws and the one who observes, and is a medium which takes on the consistency of a "transitional object of the process of representation" (Roussillon 1991, p. 137) and permits different experiences and levels of intimacy between the members of the therapeutic dyad. A communicative experience by means of a graphic medium can certainly be more condensed than a spoken communication. At the same time, what is portrayed in the potential space of the sheet of paper which stands between us and the patient enables the latter to come closer to the internal emotional reality contained in the squiggle or the game, making the progress of the conversation less arduous and threatening in that, behind the symbolism of drawing, many other things that could not be expressed in another way and not yet put into words, can be hidden or left obvious (Günter 2003b), as they were for F. Nevertheless, the anxieties which animate the patient's internal world—finding an (external) form in the drawing/ squiggle/ key-world—can be shared with another person, in a process of re-elaboration which only happens in stages.

In conclusion, this kind of work and clinical product—games, drawings, chains of words —must be seen as something more than a "character" or a screenplay in a narrative conception of clinical work. They should be thought of as material endowed with physical and psychic characteristics, which become located in a precise meeting point, a place of intersection within a primarily psychic space consisting of four dimensions. (a) The individual intrapsychic dimension in which the biological–corporeal is interwoven with the symbolic–representational, the instinctual charge with the ability to symbolise and sublimate, the tensions and conflicts with the defences and the possibilities for re-elaboration. (b) The environmental–relational dimension, which provides the context in which experiences of the Self can be had in relation to the *Other*, experiences which can open onto awareness or be repressed/split off/denied/dissociated, which can constitute traumas and provoke breakdowns or sustain continuity of being. (c) The temporal dimension, in which every moment represents a snapshot of the evolution of the genetic and dynamic aspects, an evolution correlated to the development of the other dimensions. (d) The analytic dimension, in which the clinician constitutes a transformative factor which leads to the construction of a space–time for an encounter in which the patient can gradually experience himself with greater creativity. To the extent that the clinical material of the session is read taking these various vertices into account, the "history of the encounters" (with their relevant transformations) which comes to be constructed, becomes located in a multidimensional continuum of psyche/body, self/other, past/present which relates to the complexity and richness of human nature, with the specific qualities proper to each clinical history and each therapeutic encounter.

Viewed in this way, play, squiggles, and originality in the session can be thought of more clearly and deeply as a founding element of human interaction, recalling the definition by Huizinga (1944), who sees play as equivalent to, if not synonymous with, culture. This definition is also valid in the psychoanalytic context: play is an expression of the culture of that encounter and of those stories, imbued with conscious and unconscious subjectivation. In this culture (simultaneously the terrain on which one grows and

the place of ones' origins, and fruit of the creative and re-elaborative processes), neither of the subjects in the field can avoid working in cooperation (and syntonically in various ways). Broadening the horizon to other theoretical approaches, we can now think about "games of reciprocity" (Axelrod 1984), in which the cooperative encounter with the other—one that is transformative and not a zero sum game—reveals deep down the hope of a healing/transformation in the space–time of clinical work, in an exchange in which each party is absolutely necessary and involved because, as Freud (1912) says, "it is impossible to destroy anyone *in absentia* or *in effigie*" (p. 108).

Translations of summary

Le jeu du squiggle est avant tout une méthode favorisant la relation et l'échange mutuel entre l'analyste et le patient (qu'il s'agisse d'un enfant, d'un adolescent ou d'un adulte) et permettant à ce dernier de faire ;'expérience du holding et d'explorer librement différentes modalités de communication. Après avoir examiné la "technique" développée par Winnicott, l'auteur de cet article expose des considérations théoriques et propose des variantes par rapport à la technique de base, issues du rôle crucial joué par la réciprocité : "un peu moi, un peu toi." Il présente le cas clinique d'un adolescent chinois.

Das „Schnörkelspiel" ist in erster Linie eine Methode, eine Beziehung zwischen Analytiker und Patient (Kind, Jugendlichem oder auch Erwachsenem) herzustellen und den wechselseitigen Austausch zu fördern. Als solche gibt es dem Patienten Gelegenheit, sich gehalten zu fühlen und ungehindert unterschiedliche Kommunikationsmöglichkeiten zu erforschen. Im Anschluss an eine Untersuchung dieser von Winnicott entwickelten „Technik" stellt der Autor auch theoretischen Überlegungen sowie Varianten der Grundtechnik vor, deren verbindendes Element die entscheidende Funktion der Wechselseitigkeit ist: „Ein bisschen von mir und ein bisschen von dir." Zur Illustration dient die Behandlung eines chinesischen Jugendlichen.

Il "gioco dello squiggle" rappresenta soprattutto un metodo per relazionarsi e promuovere uno scambio reciproco tra l'analista e il paziente (bambino, adolescente o anche adulto), consentendo a quest'ultimo di fare esperienza della funzione di holding e di esplorare liberamente diverse possibilità comunicative. Nel presente lavoro, dopo aver esaminato la 'tecnica' del metodo per come era stata originariamente sviluppata da Winnicott, presenterò una serie di considerazioni teoriche e anche alcune variazioni rispetto alla tecnica di base, ispirate dal ruolo centrale che nella relazione ha la reciprocità: 'un po' io e un po' tu'. Il paper presenta un caso clinico con un adolescente cinese.

El "juego del *squiggle*" es, sobre todo, un método para relacionarse y alentar el intercambio mutuo entre el analista y el paciente (no importa si es niño, adolescente o adulto), permitiéndole a este último sentirse sostenido y explorar libremente diferentes posibilidades de comunicación.

Luego de haber explorado la "técnica" tal como fue desarrollada por Winnicott, el autor expone algunas consideraciones teóricas, y algunas variaciones en la técnica básica, concitadas por el papel crucial que desempeña la reciprocidad: "Yo un poquito y tú un poquito." El artículo trata del caso clínico de un adolescente chino.

ORCID

Alberto Stefana http://orcid.org/0000-0002-4807-7184

References

Aulagnier, P. 2001. *The Violence of Interpretation*. London: Routledge.

Austin, J. L. 1962. *How to do Things with Words: The William James Lectures Delivered at Harvard University in 1955*. Oxford: Clarendon Press.
Axelrod, R. 1984. *The Evolution of Cooperation*. New York: Basic Books.
Benedetti, G., and M. Peciccia. 1989. "Das Katathyme Spiegelbild." In *Strukturbildung im therapeutischen Prozess*, edited by G. Bartl, and F. Pesendorfer, 125–139. Wien: Literas-Universitätsverlag.
Benedetti, G., and M. Peciccia. 1998. "The Ego Structure and the Self-Identity of the Schizophrenic Human and the Task of Psychoanalysis." *International Forum of Psychoanalysis* 7 (3): 169–176.
Bion, W. R. 1962. *Learning from Experience*. London: William Heinemann Medical Books.
Bion, W. R. 1970. *Attention and Interpretation*. London: Tavistock Publications.
Bollas, C. 1987. *The Shadow of the Object*. London: Free Association Books.
Bolognini, S. 2005. "Il bar nel deserto. Simmetria e asimmetria nel trattamento di adolescenti difficili." *Rivista di Psicoanalisi* 51: 33–44.
Bolton Oetzel, K., and D. G. Scherer. 2003. "Therapeutic Engagement with Adolescents in Psychotherapy." *Psychotherapy: Theory, Research, Practice, Training* 40: 215–225.
Bonaminio, V. 2008. "The Person of the Analyst: Interpreting, not Interpreting, and Countertransference." *Psychoanalytic Quarterly* 77: 1105–1146.
Boston Change Process Study Group (BCPSG). 2005. "The 'Something more' than Interpretation Revisited: Sloppiness and co-Creativity in the Psychoanalytic Encounter." *Journal of the American Psychoanalytic Association* 53: 693–729.
Braconnier, A. 2010. Quand l'adolescence questionne la psychanalyse. In: J. André, C. Chabert, editors, La psychanalyse de l'adolescent existe-t-elle? Paris: PUF, 2010, pp 23–41.
Branik, E. 2005. "Das Squigglespiel: Funktion des Squigglespiels nach Winnicott für die Diagnostik, Beziehungsgestaltung und Therapieindikation in der Kinder- und Jugendpsychiatrie und -psychotherapie." *Forum der Psychoanalyse: Zeitschrift für klinische Theorie & Praxis* 21: 68–77.
Bürgin, D. 1992. "Zur Indikation psychoanalytischer Psychotherapie bei Kindern und Jugendlichen." *Kinderanalyse* 1: 22–45.
Cahn, R. 1998. *Adolescent dans la psychanalyse*. Paris: PUF.
Cahn, R. 2013. La psychanalyse à l'épreuve de l'adolescence. Du rôle de la subjectalité et de la subjectivation. In: Cahn R., Gutton P., Robert P., Tisseron S., L'ado et son psy. Nouvelles approches thérapeutiques en psychanalyse. Paris: Éditions in press, 2013, pp. 11–66.
Cahn, R., and F. Ladame. 1992. "Psychothérapie, psychanalyse et adolescence Un débat." *Adolescence* 10 (2): 223–235.
Chieffi, P. 2011. "L'uso del gioco dello scarabocchio, secondo Winnicott, nella Consultazione del bambino con i suoi genitori." In: D. Vallino, M. Macciò, a cura di, *Quaderni di psicoterapia infantile* 63: 68–77.
De Filc, S. Z. 2006. "Reflections on the Setting in the Treatment of Adolescents." *International Journal of Psychoanalysis* 87: 457–469.
Di Gallo, A. 2000. "Die Zeichnung als Brücke beim Erstkontakt mit dem krebskranken Kind." *Kinderanalyse* 8: 376–395.
Di Gallo, A., and R. Winkler. 2001. "Drawing as a Means of Communication at the Initial Interview with Children with Cancer." *Journal of Child Psychotherapy* 27: 197–210.
Eissler, K. R. 1953. "The Effect of the Structure of the Ego on Psychoanalytic Technique." *Journal of the American Psychoanalytic Association* 1 (1): 104–143.
Ferro, A. 1999. *The Bipersonal Field: Experiences in Child Analysis*. London/New York: Routledge.
Ferro, A. 2002. "Some Implications of Bion's Thought: The Waking Dream and Narrative Derivatives." *International Journal of Psychoanalysis* 83: 597–607.
Ferro, A. 2004. "Interpretation: Signals from the Analytic Field and Emotional Transformations." *International Forum of Psychoanalysis* 13: 31–38.
Ferro, A. 2009. "Transformations in Dreaming and Characters in the Psychoanalytic Field." *International Journal of Psychoanalysis* 90: 209–230.
Ferro, A. 2012. "Creativity in the Consulting Room: Factors of Fertility and Infertility." *Psychoanalytic Inquiry* 32: 257–274.
Ferro, A., and R. Basile, eds. 2009. *The Analytic Field*. London: Karnac.
Fiatte, C. 1982. "Analyse R.E.D. et mobilisation thérapeutique du soi grandiose chez l'adolescent délinquant." *Etudes Psychotherapiques* 13: 191–197.

Freud, S. 1912. “The Dynamics of Transference.” *SE* xii, 99–108.
Freud, S. 1917. “Introductory Lectures on Psychoanalysis.” *SE*, xv–xvi.
Freud, S. 1918. “History of an Infantile Neurosis.” *SE* xvii, 7–122.
Freud, S. 1919. “The Uncanny.” *SE* xvii, 217–256.
Freud, S. 1920. “Beyond the Pleasure Principle.” *SE* xviii, 1–64.
Freud, A. 1965. *Normality and Pathology in Childhood*. New York: International Universities Press.
Giaconia, G. 2005. “Introduzione.” In *Adolescenza ed etica*. Rome: Borla.
Günter, M. 2003a. “Extrembelastung unter Isolationsbehandlung bei Stammzelltransplantation. Realgefahr und Fantasiebewältigung.” In *Grenz- und Extremerfahrungen im interdisziplinären Dialog*, edited by G. Klosinski, 156–174. Tübingen: Attempto.
Günter, M. 2003b. *Playing the Unconscious: Psychoanalytic Interviews with Children Using Winnicott’s Squiggle Technique*. London: Karnac, 2007.
Günter, M. 2008. “Das Squiggle-Spiel in der therapeutischen Arbeit mit chronisch kranken Kindern.” *Musik-, Tanz- und Kunsttherapie* 19: 53–61.
Günter, M., A. Wernig, M. Karle, and T. Klingebiel. 1997. “Abwehrprozesse als Adaptationsleistung: ein psychoanalytischer Zugang zu Kindern unter Knochenmarktransplantation im Life Island.” *Kinderanalyse* 2: 124–152.
Günter, M., M. Karle, A. Werning, and T. Klingebiel. 1999. “Emotional Adaptation of Children Undergoing Bone Marrow Transplantation.” *Canadian Journal of Psychiatry* 44: 77–81.
Gutton, P. 2000. *Psychothérapie et Adolescence*. Paris: PUF.
Gutton, P. 2008. *Le génie adolescent*. Paris: Odile Jacob.
Gutton, P. 2010. “Perlaborer dans la cure.” *Adolescence* 74 (4): 747–780.
Gutton, P. 2013. De la séance. In: Cahn R., Gutton P., Robert P., Tisseron S., L’ado et son psy. Nouvelles approches thérapeutiques en psychanalyse. Paris: Éditions in press, pp. 67–146.
Hinshelwood, R. D. 2016. *Countertransference and Alive Moments: Help or Hindrance*. London: Process Press.
Huizinga, J. 1944. *Homo Ludens*. London: Routledge & Kegan Paul, 1949.
Jacobs, T. J. 1994. “Nonverbal Communications: Some Reflections on Their Role in the Psychoanalytic Process and Psychoanalytic Deucation.” *Journal of the American Psychoanalytic Association* 42: 741–762.
Kestemberg, E. 1999. *L’adolescent à vif*. Paris: PUF.
Lemma, A. 2014. “The Body of the Analyst and the Analytic Setting: Reflections on the Embodied Setting and the Symbiotic Transference.” *International Journal of Psychoanalysis* 95: 225–244.
Lemma, A., M. Target, and P. Fonagy. 2011. *A Brief Interpersonal Therapy. A Clinician’s Guide*. Oxford: UOP.
Mancuso, F. 2010. “L’adolescente e la psicoanalisi.” In *L’adolescente in persona*, edited by F. Mancuso, and D. Resta. Milan: Mimesis.
Manfredi Turillazzi, S. 1978. “Interpretazione dell’agire e interpretazione come agire.” *Rivista di Psicoanalisi* 24 (2): 223–240.
Meissner, W. W. 2007. “Therapeutic Alliance: Theme and Variations.” *Psychoanalytic Psychology* 24: 231–254.
Milner, M. 1950. *On not Being Able to Paint*. London: Heinemann.
Milner, M. 1952a. “The framed gap.” In *The Suppressed Madness of Sane Men*. London: Institute of Psycho-Analysis. 1987, pp. 79–82.
Milner, M. 1952b. “Aspects of Symbolism in Comprehension of the not-Self.” *International Journal of Psychoanalysis,* 33: 181–195.
Milner, M. 1969. *The Hands of the Living God*. London: Hogarth.
Nicolò, A. M. 2013. “Pensando al futuro. In cosa (e se) si differenziano le interpretazioni nella psicoanalisi dell’adolescente?” *Rivista di Psicoanalisi* 59: 665–684.
Novelletto, A. 2009. *L’adolescente*. Roma: Astrolabio.
Ogden, T. H. 2003. “On not Being Able to Dream.” *International Journal of Psychoanalysis* 84: 17–30.
Ogden, T. H. 2004. “This art of Psychoanalysis: Dreaming Undreamt Dreams and Interrupted Cries.” *International Journal of Psychoanalysis* 85: 857–877.
Ogden, T. H. 2007. “On Talking-as-Dreaming.” *International Journal of Psychoanalysis* 88: 575–589.

Parsons, M. 2007. “Raiding the Inarticulate: The Internal Analytic Setting and Listening Beyond Countertransference.” *International Journal of Psychoanalysis* 88: 1441–1456.

Peciccia, M. 2014. “Sogno e disegno speculare progressivo terapeutico nella psicoterapia psicoanalitica delle psicosi.” *Psicoterapia e Scienze Umane* XLVIII (3): 467–470.

Peichl, J. 1991. “The External World of the Internal World. On the Arrangement of the External Setting by the Analyst.” *Zeitschrift fur Psychosomatische Medizin und Psychoanalyse* 37 (2): 128–145.

Pellizzari, G. 2003. “La psicoanalisi degli adolescenti ha cambiato la tecnica psicoanalitica?” *Adolescenza e Psicoanalisi* 3 (1). http://www.psychomedia.it/aep/2003/numero-1/pellizzari.htm

Pellizzari, G. 2010. *La seconda nascita. Fenomenologia dell’adolescenza*. Milan: FrancoAngeli.

Quinodoz, D. 1992. “The Psychoanalytic Setting as the Instrument of the Container Function.” *International Journal of Psychoanalysis* 73: 627–635.

Richard, F. 2010. Ce que la rencontre avec l’adolescent apprend au psychanalyste. In: J. André, C. Chabert, editors, 2010.

Roussillon, R. 1991. *Paradoxes et situations limites de la psychanalyse*. Paris: PUF.

Schacht, L. 2001. Baustelle Wachstum un Kreativität in der analytischen Kinderpsychoterapie [Psychic Development and Creativeness in the Psychotherapy of Child]. Stuttgart: Pfeiffer bei Klett-Cotta.

Senise, T. 1981. “Per l’adolescenza: psicoanalisi o analisi del Sé?” *Gli argonauti* 9: 42–53.

Senise, T. 1985. “Il setting nella ‘presa in carico’ psicodiagnostica dell’adolescente.” In *Il setting*, edited by A. A. VV. Rome: Borla, pp. 112–120.

Senise, T. 1990. “Al di là della richiesta esplicita: dalla diagnosi ‘oggettivante’ alla ricostruzione dell’identità storica.” In *Psicoterapia breve di individuazione. La metodologia di Tommaso Senise nella consultazione con l’adolescente*, edited by M. Aliprandi, E. Pelanda, and T. Senise. Milan: Feltrinelli. 2004, pp. 204–213.

Simond, M. 2009. “Squiggle et résistances.” *Imaginaire et Inconscient* 24: 165–188.

Sini, C. 1997. *Teoria e pratica del foglio-mondo. La scrittura filosofica*. Rome-Bari: Laterza.

Stefana, A. 2017a. “The (inter)-subjective truth about clinical hypotheses.” *Minerva Psichiatrica* 58 (1): 74.

Stefana, A. 2017b. *History of Countertransference. From Freud to the British Object Relations School*. London: Routledge.

Stefana A (2018a). Marion Milner. Die Rolle der ästhetischen Erfahrung im künstlerischen Schaffensprozess [Marion Milner, the role of aesthetic experience in artistic creation]. Psyche, 72: 50–71.

Stefana, A. 2018b. “From ‘Die Traumdeutung’ to “The Squiggle Game”: A Brief History of an Evolution.” *American Journal of Psychoanalysis* (doi:10.1057/s11231-018-9138-5).

Stefana, A. 2018c. “Marion Milner: Creativity and Play in the Consulting Room.” *Journal of Child Psychotherapy* (in press).

Stern, D. N. 2004. *The Present Moment in Psychotherapy and Everyday Life*. New York: W.W. Norton.

Stern, D. N., L. W. Sander, J. P. Nahum, A. M. Harrison, K. Lyons-Ruth, A. C. Morgan, N. Bruschweilerstern, and E. Z. Tronick. 1998. “Non-interpretive Mechanisms in Psychoanalytic Therapy: The ‘Something More’ Than Interpretation.” *International Journal of Psychoanalysis* 79: 903–921.

Wakimoto, K., H. Kawamura, R. Kaku, and M. Kawata. 1984. “An Approach to Pre-Adolescent Patients Using the ‘Squiggle Game’.” *Japanese Journal of Child and Adolescent Psychiatry* 25: 231–240.

Winnicott, D. W. 1953. “Transitional Objects and Transitional Phenomena – A Study of the First Not-Me Possession.” *International Journal of PsychoAnalysis.* 34: 89–97.

Winnicott, D. W. 1960. “The Theory of the Parent-Infant Relationship.” *International Journal of PsychoAnalysis* 41: 585–595.

Winnicott, D. W. 1961. “Adolescence: Struggling Through the Doldrums.” In *The Family and Individual Development*. London: Tavistock. 1965, pp. 79–87.

Winnicott, D. W. 1962. “Ego Integration in Child Development.” In The Maturational Processes and the Facilitating Environment. London: Hogarth. 1965, pp. 56–63.

Winnicott, D. W. 1963a. “ Communicating and not Communicating Leading to a Study of Certain Opposites.” In *The Maturational Processes and the Facilitating Environment*. London: Hogarth. 1965, pp. 179–192.

Winnicott, D. W. 1963b. "Two Notes on the use of Silence." In *Psycho-Analytic Explorations*. London: The Winnicott Trust. 1989, pp. 81–86.
Winnicott, D. W. 1965. "The Value of the Therapeutic Consultation." In *Foundations of Child Psychiatry*, edited by Emanuel Miller. Oxford: Pergamon Press. 1968, pp. 318–324.
Winnicott, D. W. 1967a. "The Location of Cultural Experience." *International Journal of Psychoanalysis* 48: 368–372.
Winnicott, D. W. 1967b. "The Concept of a Healthy Individual." In *Home is Where We Start From*, edited by C. Winnicott, R. Shepherd, and M. Davis. New York: Norton. 1986, pp. 21–34.
Winnicott, D. W. 1968a. "Playing: Its Theoretical Status in the Clinical Situation." *International Journal of Psychoanalysis* 49: 591–599.
Winnicott, D. W. 1968b. "The Squiggle Game." In *Psycho-analytic Explorations*. Cambridge, MA: Harvard University Press. 1989, pp. 299–317.
Winnicott, D. W. 1969. "The use of an Object." *International Journal of Psychoanalysis* 50: 711–716.
Winnicott, D. W. 1970. "On the Basis for Self in Body." In *Psycho-Analytic Explorations*, edited by C. Winnicott, R. Shepherd, and M. Davis. London: Karnac. 1989, pp. 261–283.
Winnicott, D. W. 1971a. *Therapeutic Consultation in Child Psychiatry*. London: Hogarth Press.
Winnicott, D. W. 1971b. *Playing and Reality*. London: Hogarth.
Winnicott, D. W. 1988. *Human Nature*. London: Free Association Books.