Facilitating Therapeutic Change Through Safeness and Play

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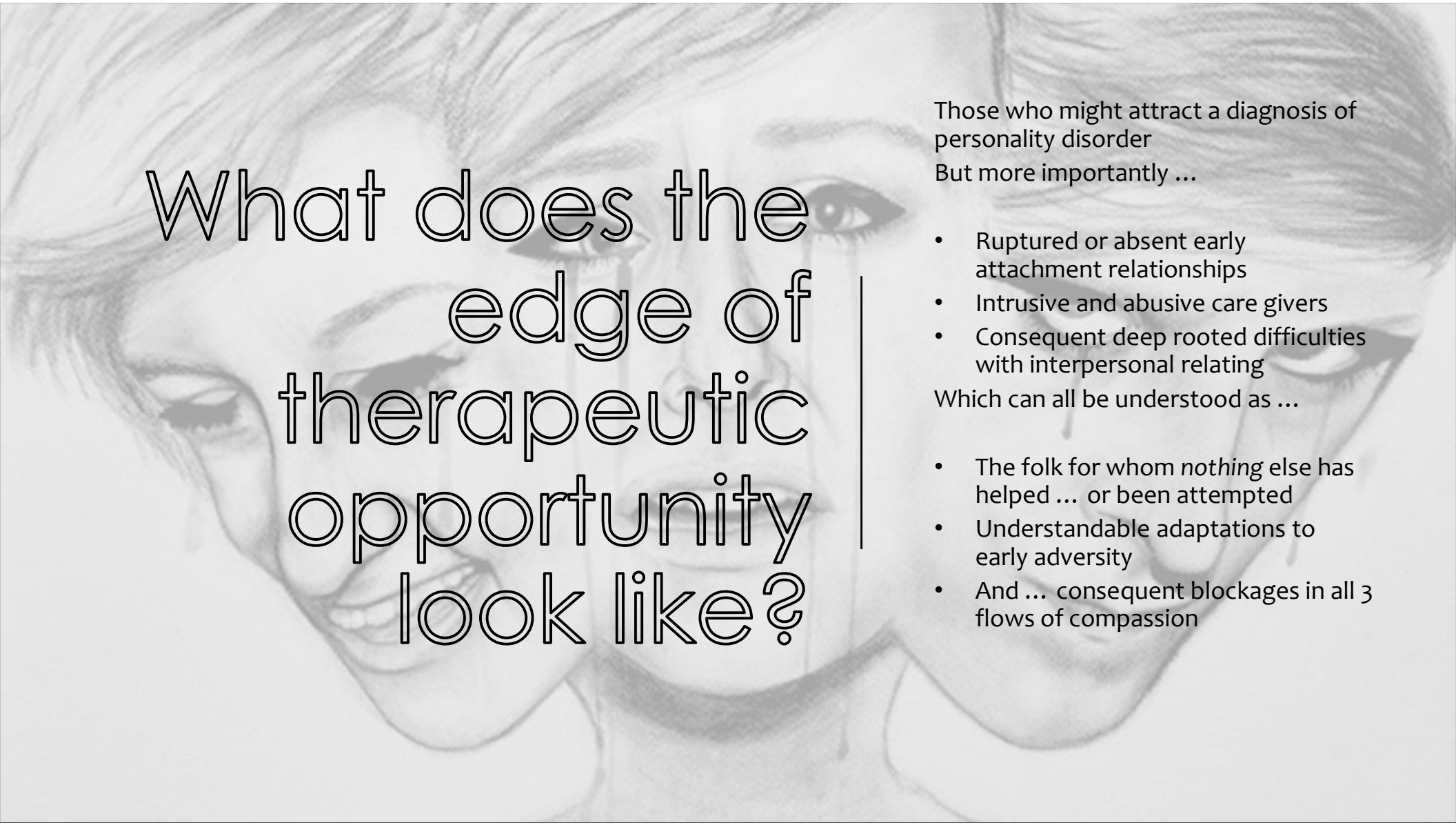
Plan

- An exploration of the difficulties for many patients
- Understanding the distinctions between playing and safeness
- Getting into the paradox
- Exploring Winnicott's ideas
- Where to start? ways to begin cultivating the conditions for safeness and playing
- Case study
- A practical example of role taking as a way of introducing structured play



What does the edge of therapeutic opportunity look like?

Those who might attract a diagnosis of personality disorder

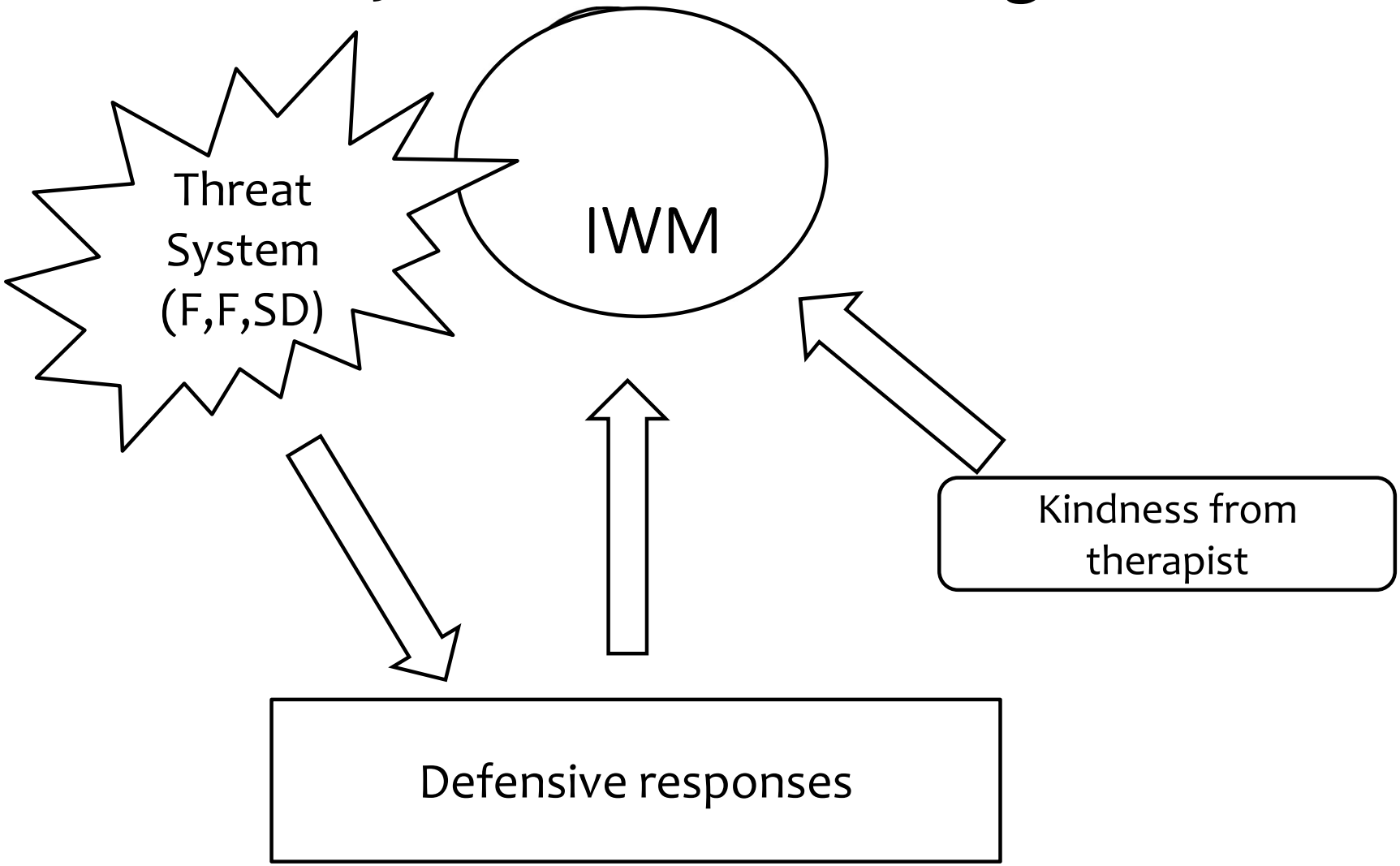
But more importantly …

- Ruptured or absent early attachment relationships
- Intrusive and abusive care givers
- Consequent deep rooted difficulties with interpersonal relating

Which can all be understood as …

- The folk for whom *nothing* else has helped … or been attempted
- Understandable adaptations to early adversity
- And … consequent blockages in all 3 flows of compassion

Why kindness isn't enough



Let's start with some distinctions

Safeness isn't just the absence of danger. It's the presence of:

- **Predictability** — knowing the rules of the space you're in
- **Trust** — believing you won't be judged, punished, or humiliated
- **Permission** — feeling allowed to try, fail, and try again
- **Support** — knowing someone or something has your back

Play looks spontaneous, but it thrives when:

- You're not scanning for threats
- You're not worried about consequences
- You feel free to improvise
- You can be silly, curious, or experimental

More distinctions
Safeness Versus Safety

- Safety is running from ….

- Safeness is not needing to run at all ..

The Paradox of Play and Safeness

- real play actually *depends* on a foundation of safeness,
- This can create a dilemma in the therapeutic process
- Where to start
- Mutually dependent
- And supportive

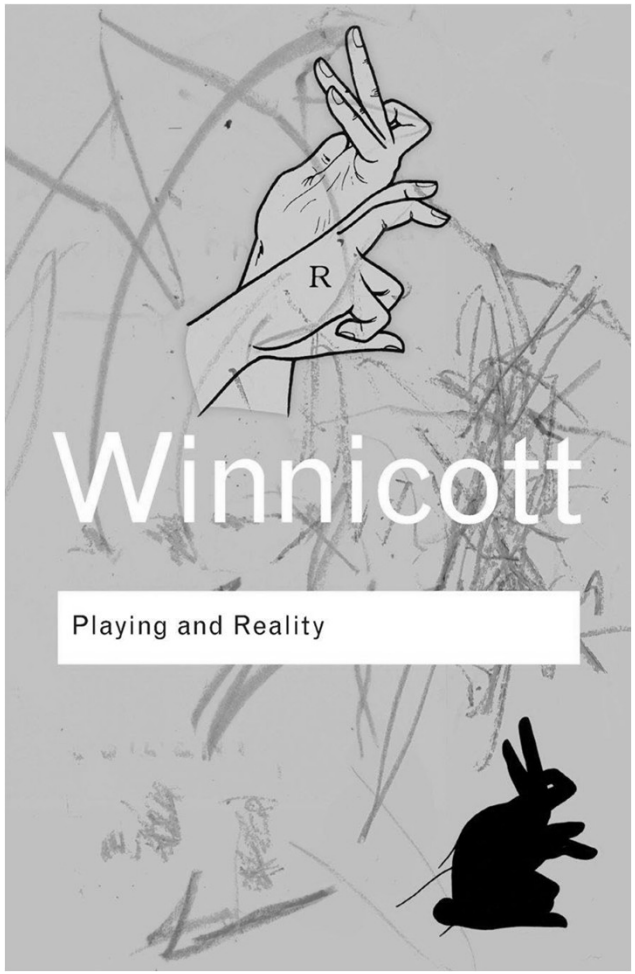
Winnicott's idea

Winnicott saw **playing** as the engine of psychological development:

- the place where the self is discovered,
- anxiety is metabolised
- reality becomes negotiable rather than overwhelming.

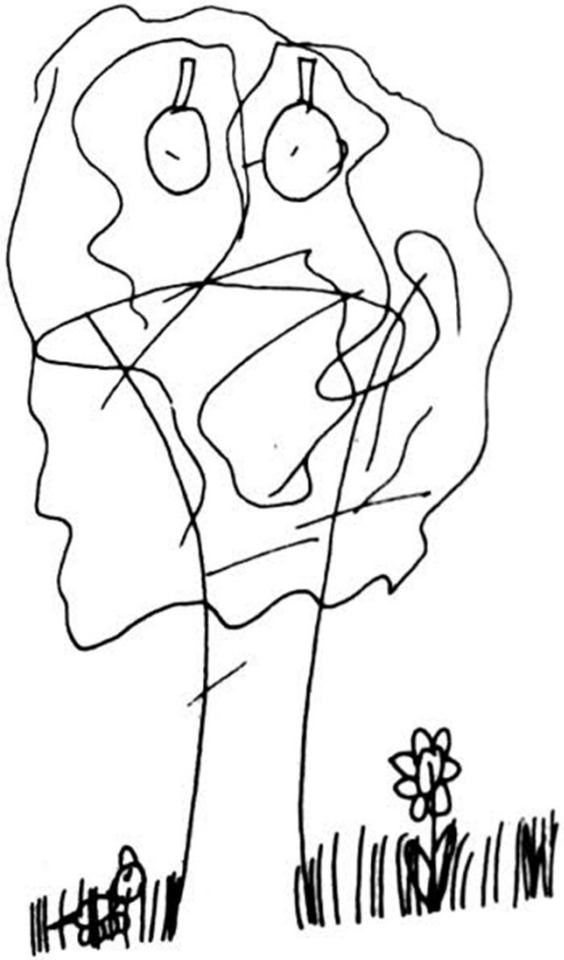
When people lose the ability to play:

- they lose access to creativity,
- spontaneity
- authentic relating

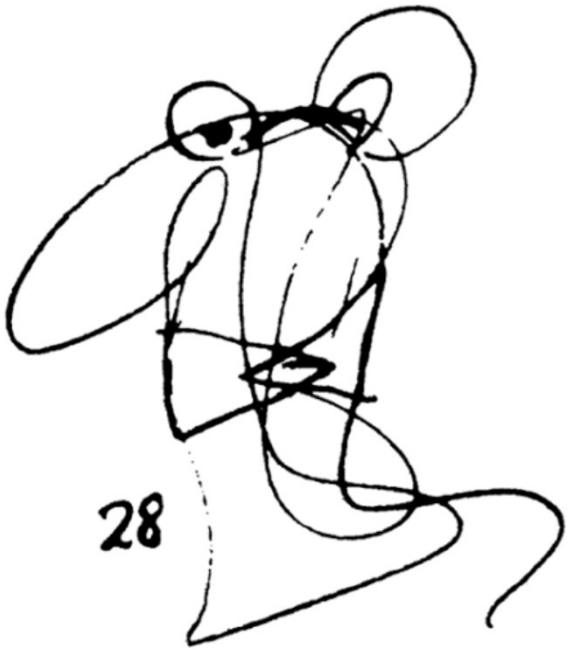


The Blocks

- Burnout is often a loss of play.
- Trauma collapses transitional space.
- Creativity requires a safe relational environment.
- Authenticity emerges only when play is possible.
- Many adults live in fantasy (escape) rather than play (engagement).
- Winnicott gives us a language for why people feel “false,” stuck, or disconnecte and a pathway back to vitality.



Play is the nervous system's way of saying:
"Let me try this out without being destroyed by it."



Transitional Space: The Architecture of the Inner World

Winnicott's "transitional space" is the **in-between zone** where:

- The infant's inner world (fantasy, omnipotence, imagination) meets
- The outer world (the mother, objects, reality).
- This space is **not purely internal** and **not purely external,** it's relational. It exists *because* the caregiver is reliably present but not intrusive. That reliability allows the child to experiment with separation without panic.

Transitional Objects

These objects aren't just comfort items. They are:

- **Symbols of the mother's reliability**
- **Tools for managing absence**
- **Early experiments in autonomy**
- The child invests the object with meaning, but the object also exists in the real world. That duality is the seed of creativity.

Playing vs. Fantasizing

This distinction is one of Winnicott's most misunderstood contributions.

Playing

- Interactive
- Symbolic
- Reality-linked
- Creative
- Growth-oriented
- Happens *in relationship* (even when alone)
- Playing is how the psyche experiments safely with impulses, desires, fears, and identity.

Fantasizing

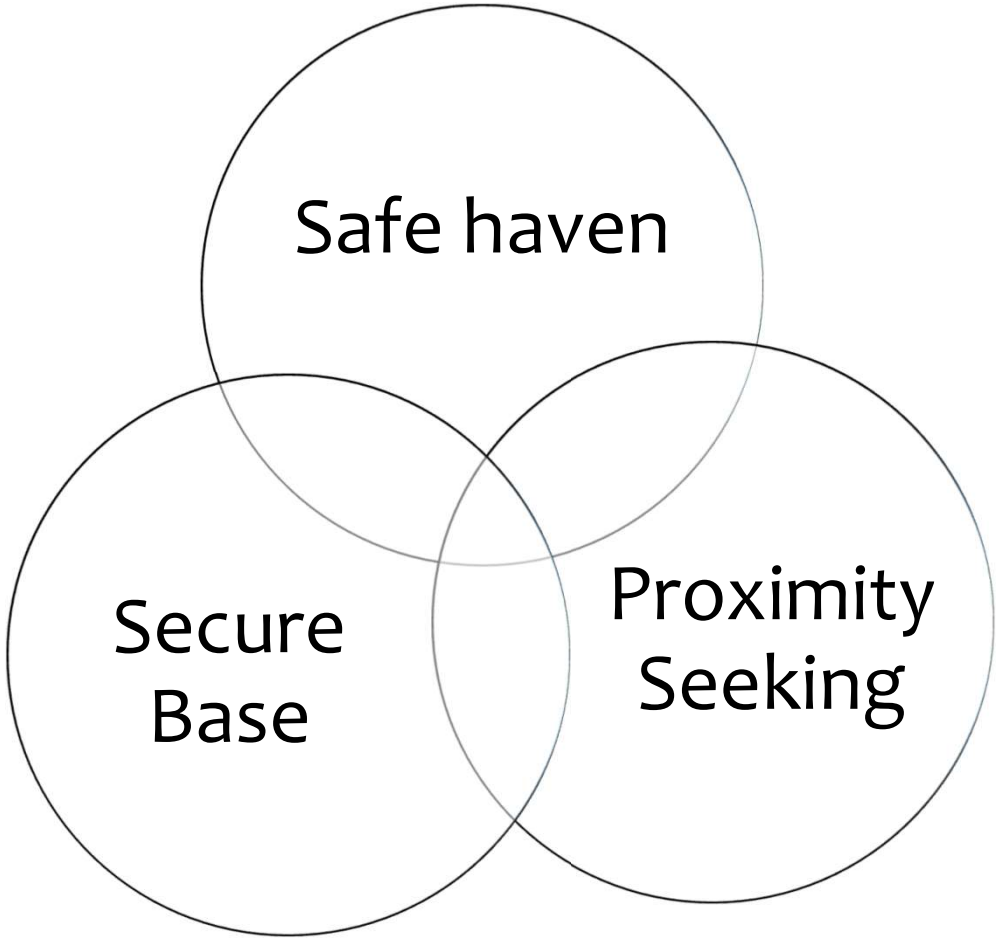
- Dissociated
- Defensive
- Closed off
- Drains energy
- Avoids reality rather than negotiating with it
- Winnicott wasn't anti-fantasy — he simply saw that fantasy without play becomes isolating rather than developmental

Therapy as a Form of Play

For Winnicott, therapy is **not** an intellectual exercise. It's a **shared play space** where the patient can:

- Re-enter the transitional space
- Rediscover spontaneity
- Safely express impulses
- Experiment with new ways of being
- Repair early disruptions in the capacity to play
- The therapist's role is to **hold the space**, not direct it. When the patient cannot play, the therapist "plays for two" until the patient can join.
- This is why Winnicott is beloved by relational and humanistic therapists, he reframed therapy as a *creative collaboration* rather than a technical procedure.

3 primary attachment functions

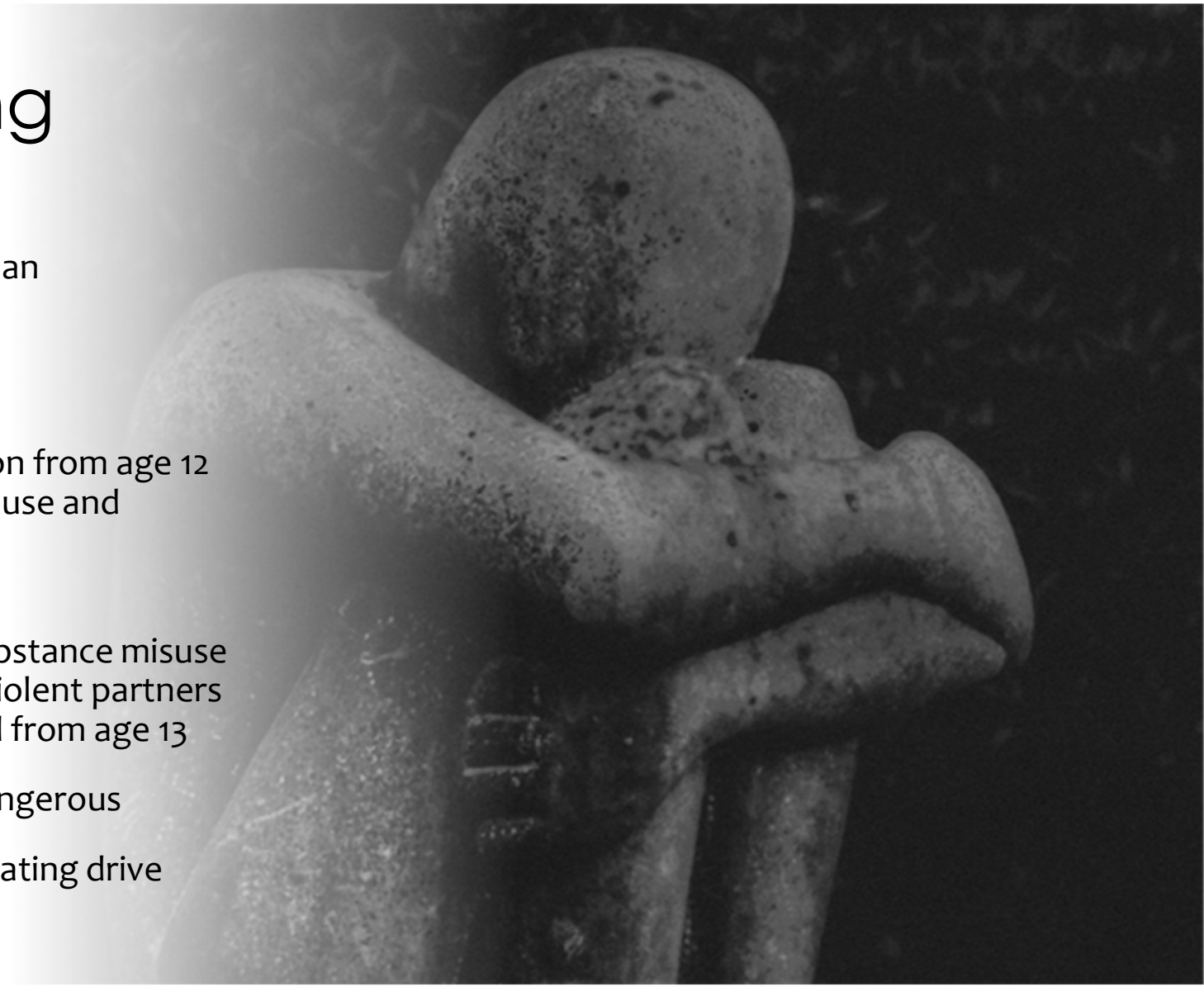


The Mobius Loop of Play and safeness

- What is most needed, can be the most illusive
- The capacity to experience safeness and play is grown not made
- “are you laughing at me?”
- Light touch can be a trigger for threat activation
- Attachment and Relational Trauma compromises both capacities
- Play as a neural and reciprocal exercise
- Compassion can be vehicle but only if it is tolerable

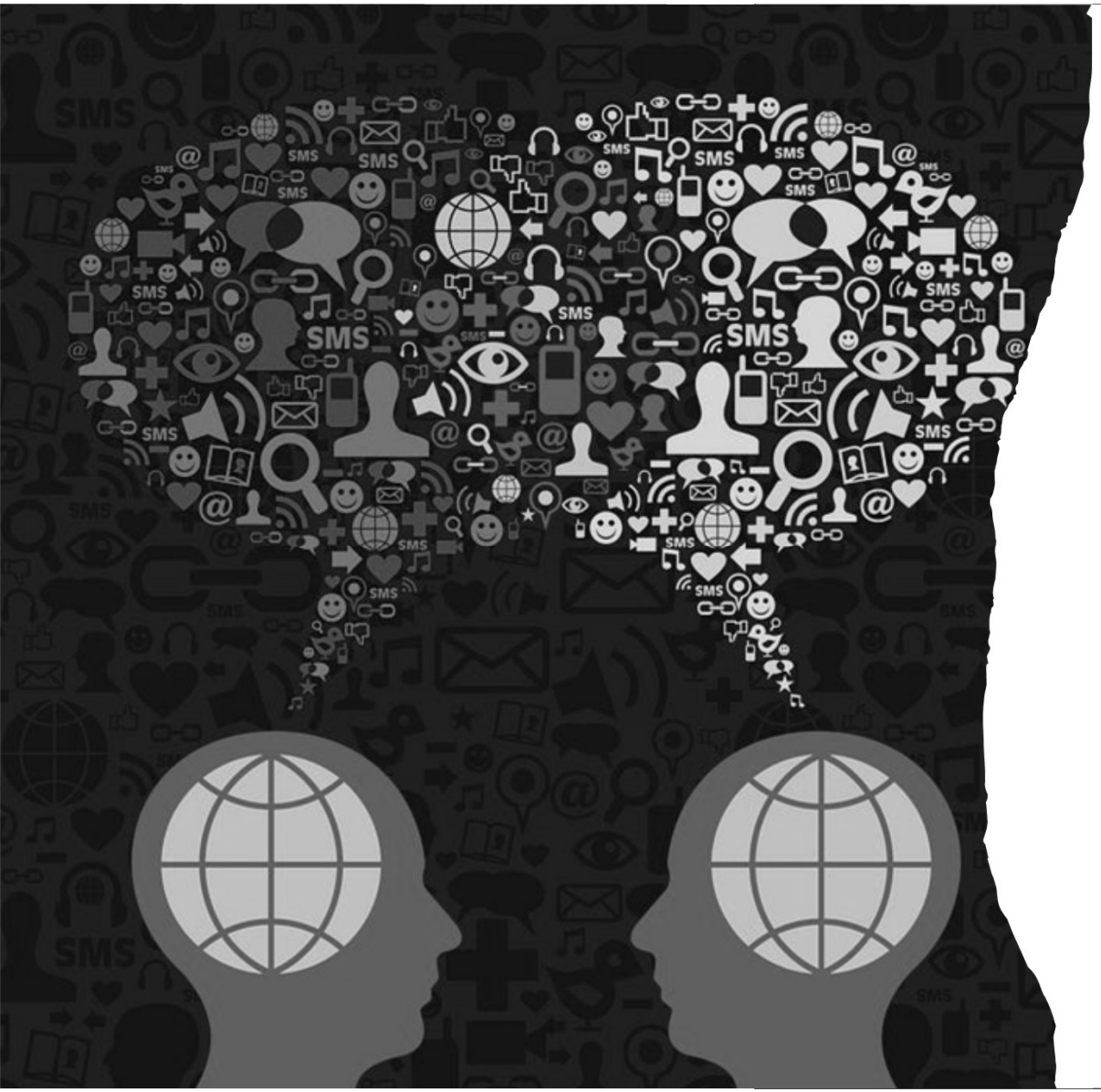
Introducing Clara

- 43 year old white English woman
- Wealthy family
- Lost her mother age 11 years
- Mother was an alcoholic
- Father violent and abusive
- Substance misuse and addiction from age 12
- Multiple incidents of sexual abuse and intrusion
- Forensic history
- No previous therapy
- Diagnosis of BPD, PPD and substance misuse
- 4 children from domestically violent partners
- Difficult relationship with food from age 13 onwards
- Periods of food restriction (dangerous weight loss)
- Shopping as a means of stimulating drive and soothing



What happens when play isn't fun

- Clara's reaction to art materials
- Making space to understand what triggered the reaction
- Working to slow the process to increase capacity to tolerate
- Play and safeness in equal measure
- Allowing for the guilt and shame
- Exploring the grief which sits underneath



We as mammals have a social engagement system that evolved to employ cues

from face-to-face interactions

to efficiently calm our physiological

state and shift our fight/flight behaviors to trusting relationships.
(Porges, 2015)

"It is the first time I was upset without being angry and part of that was because I felt safe"

Cultivating the conditions for safeness

- Creating safeness is a process which requires work (sometimes this is the work)
- Collaboration paramount to therapeutic process
- Containment
- Playing and playfulness
- Pacing and tone
- There must always be an escape pod – extra chairs, objects…. You
- Concertina hierarchy
- Need to make things concrete – scarfs, pebbles, buttons and cubes
- Placing an actual boundary around the work in the room Group as a space for our selves and our emotions
- Finding a home for all kinds of messy, complicated, painful, joyous feelings
- Being met as a person

How safeness and play reinforce each other

- Safeness **creates** the conditions for play
- Play **strengthens** the sense of safeness
- Together they unlock creativity, learning, bonding, and resilience
- Think of it like a trampoline: the springs (safeness) make the bounce (play) possible.

Winnicott's Holding

"at other times the group members may provide a shield and insulate each other from stress, offering through encouragement, positive regard and a titration of the challenges. "

"At times we will need to just listen, absorb the projections from the group, digest them and likely at a later stage offer back to the group something more processed and manageable. This is of course Bion's ideas of the need for containment in groups and we are also modelling to the group that difficult material can be tolerated and not ejected back into the room or ignored"

Bion's Containment

Warming up.. Warming down .. Games and when to play them

Drive System Activation

- Let's walk like
- Count to 10 without eye contact
- Swopping chairs
- Zip Zap Boing
- Word associations
- Introducing your compassionate other
- Compassionate postcards
- Role taking

Soothing System Activation

- Circle of strength
- Mapping connections with wool
- Imagery exercises
- Compassionate mind training
- Breathing and embodiment
- The Compassion Shop Game
- Compassionate postcards

Compassionate Kitbag work will sit in both

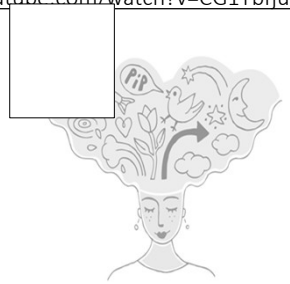
The compassionate kitbag

practical ways to develop our compassionate identity

The Compassionate Kitbag

as a meaning making machine

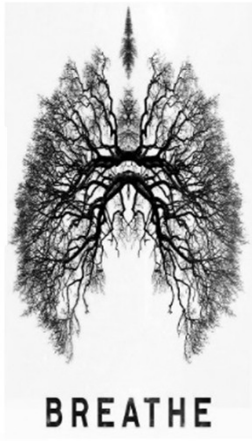
https://www.youtube.com/watch?v=CG1TbfjuyzA



Imagery

Precious Objects

goodTASTES



Compassionate Letter to self

kitbag®

Activities

Stimulating motivational systems and processes rather than symptomatic relief

The Compassionate Kitbag

I need a volunteer

The Compassionate Kitbag

- Multisensory ways of cultivating a compassionate identity
- Not just symptom relief .. Although this can be an added benefit over time
- A way to make the work of compassionate mind training concrete
- Creating a compassionate identity
- Activating your drive and soothing systems
- Build your kitbag then put it to work!

Role Taking ….

- To deepen the empathic bridge to another part of the self or to another
- To try on a new role such as the Compassionate Self
- Anthropomorphism is a helpful process to stimulate care giving and receiving mentalities
- In the context of the kitbag to understand more deeply the importance of meaning of the object
- Exposure to receiving care from another albeit in imagery
- Functional analysis in action – bypass cognitive processes

Your turn …

- In pairs inviting the other to take the role of the representation or actual kitbag object
- Take in turns to take the role of….
- Conduct an interview with the object, playfully
- Make sure you keep your interviewee in the first person
- Take some time to really explore and understand the other perspective
- Don’t forget to de-role!
- At the end of the process spend a few moments sharing your thoughts

Role taking suggested Questions

How long have you been in … life?

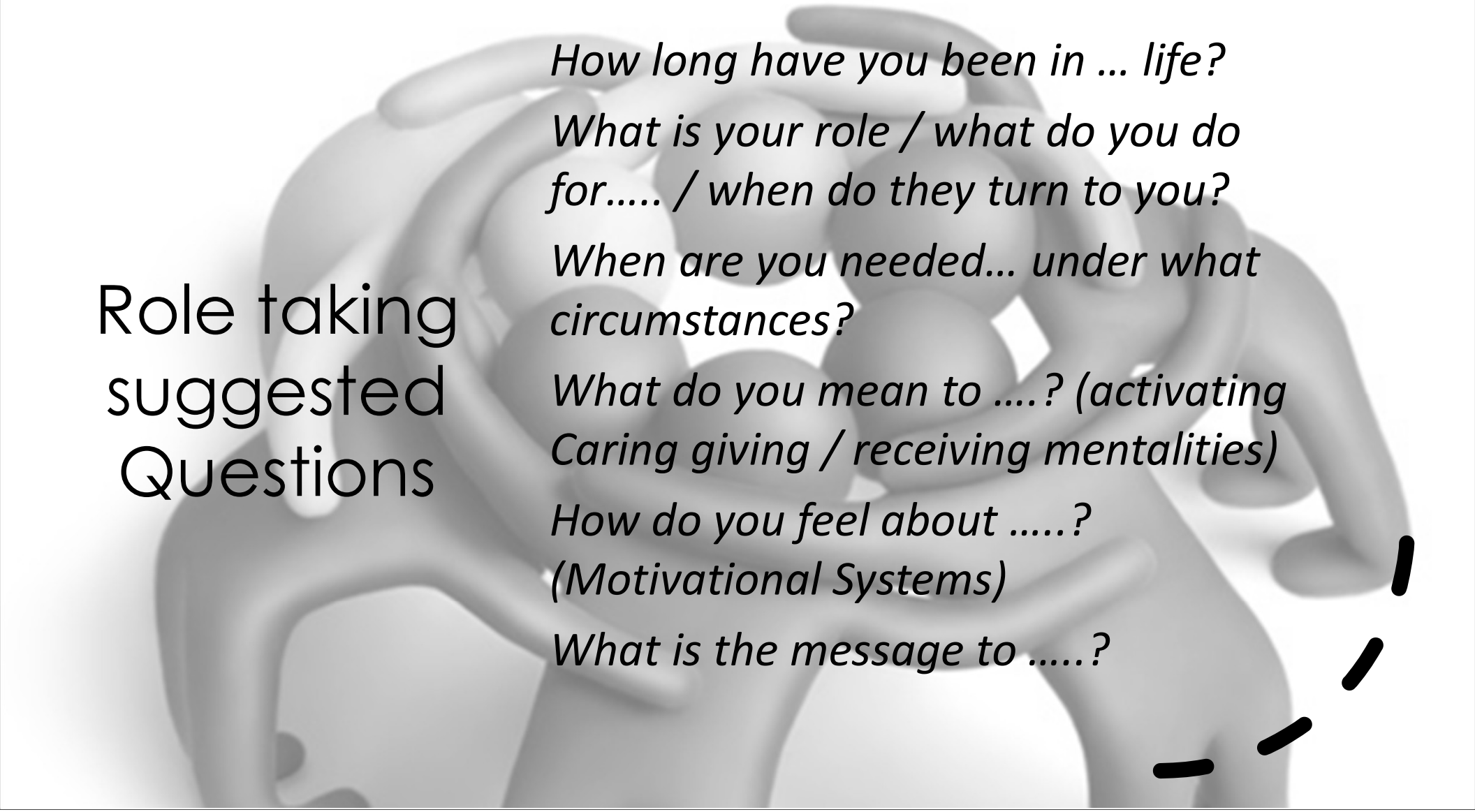
What is your role / what do you do for….. / when do they turn to you?

When are you needed… under what circumstances?

What do you mean to ….? (activating Caring giving / receiving mentalities)

How do you feel about …..? (Motivational Systems)

What is the message to …..?




Support
Challenge
Family
Believe
Stage
Experience
Haven
Relationship
Mind
Breathe
Soothing
Quiet
Journey
Depressed
Kind
Instinct
Relax
Flight
Moment
Therapy
Help
Structure
Talk
Laughter
Respect
Human
Space
Aggressive
Emotionally
Maintenance
Boundary
Worry
Emotion
Circle
Genuine
Bond
Rule
Anxious
Together
Routine
Love
Safe
Feel
Play
Kitbag
Stone
Group
Fear
Sense
Unhelpful
Kate
Tribe
Progress
Home
Share
Process
Honest
Calm
Brain
Shift
Anger
Hope
Being
Stuck
Impact
Accept
Social
Practice
Others
Graham
Compassion
Hurt
Scared
Settle
Gentle
CFT
Sad
Connect
Struggle
Trigger
Stress
Uncomfortable
Friend
Difficulty
Realise
Relate
Goal
Assert
Change
Fight
Comfort
Anxiety
Safe
Understand
Tough
Critic
Difficult
Threat
Meditate
Confident

The good news about …

Change continues throughout the life cycle so that changes for better or for worse are always possible. It is this continuing potential for change that means that at no time of life is a person invulnerable to every possible adversity and also at no time of life is a person impermeable to favourable influence. It is this persisting potential for change that gives opportunity for effective therapy."

John Bowlby (p. 154, 1988)

Mobilising Compassion

www.mobilisingcompassion.com

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