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# Reshaping a Brain through Play

## An Interview with Ruth Codier Resch

Ruth Codier Resch is a psychoanalyst who has practiced child and adult psychotherapy for thirty-five years. She has held staff and supervisory positions in psychiatry and clinical psychology at the SUNY Downstate Medical Center in Brooklyn, City College of New York, Memorial Sloan-Kettering Cancer Center, and what is now the Weill Cornell Medical College. Currently she is an allied professional in neurorehabilitation at the Providence Medford Medical Center in Oregon where she works mainly with patients with catastrophic illnesses such as stroke, aphasia, and brain injury. She has published research and clinical studies in the *Psychoanalytic Study of the Child*, *Infant Mental Health Journal*, *Psychoanalytic Psychology*, and the *New England Journal of Medicine*, among others. Also a painter and printmaker, Resch trained in drawing and painting at Parsons The New School for Design and recently has begun to integrate digital images into her artwork. In this interview, Resch explores the defining events of her personal and professional life—a stroke that left her without the ability to speak—and how her play with the sensory and the nonverbal in various forms of art and dance allowed her to rediscover and then transcend the spoken word.

**A**ERICAN JOURNAL OF PLAY: In 1975 before you suffered a life-changing stroke, what did your future look like?

**Ruth Codier Resch:** I was a newly minted New York University PhD with a dissertation based on natural observation of high-risk infants separating from their mothers. The noted clinical psychologist Norbert Friedman had asked me to teach my methodology in his research training program for psychiatrists. He had also connected me with Adolph Christ who was director of child and adolescent psychiatry at the Downstate Medical Center and wanted to start a baby-observation study unit there. These connections had led to an appointment to consult in clinics that served high-risk infants, and I even had a small private practice. I was living my professional dream.

**AJP:** What led you to that dream? How did you become interested in the development of children?

**Resch:** I came to baby-development interests from two directions. My own early childhood was overshadowed by very unhappy parents, and I wanted to understand the details of how infancy goes right. Also, I took huge pleasure in watching my own daughter's development over her first two years—her

thinking mind not yet verbal, her budding sensory understanding, and her joyful curiosity. While a young mother, I gained a background in social work and research interviewing, and that led to my graduate work.

**AJP:** Tell us about the events that interrupted your professional dream.

**Resch:** In 1980 I had an exciting opportunity to travel to Estoril, Portugal, with a student and present my work to other baby researchers at the First International Congress on Infant Psychiatry. I went with the relatively new video technology and showed clips of the natural emotions of infants at six months old, and the presentation made an early contribution in the young field of describing human emotions in general. After the sessions, my student and I went to the mountains to play and rest, but once we arrived, a roaring headache settled low in the back of my head and incapacitated me for most of the day. By the next day, the pain had subsided, and we went to flea markets in Lisbon before going to the airport to fly home. Occasional fleeting things crossed my visual field, but it was a beautiful, sunny day, and I paid little attention. During the long flight, I felt mildly headachy and nauseous, but mostly I felt happy about my presentation. Unfortunately, things changed quickly when we landed.

**AJP:** What happened?

**Resch:** Probably two minutes off the plane in New York, as I walked toward customs, I suddenly folded in half. I was still standing, but my eyes were inches from my toes, and my shoulder bags were scattered all over the floor. At that moment, I couldn't hear clearly—sounds came to me as if filtered through a fish tank—and I couldn't see. When I straightened up, my hearing cleared and I could see again, but when I tried to tell my companion that something immensely terrible was happening to me, I couldn't. I could only struggle to say "ca . . . n't sp . . . ea . . . k." No words. I was terrified and couldn't grasp all that was happening. My companion tried not to appear alarmed and suggested that perhaps my ears had clogged up during the descent. She chatted about the luggage and anything else she could think of to soften my desperation. We kept walking, and somehow she got us both through customs, into a cab, and headed to a hospital. A subway strike made the New York rush hour worse than usual, it was monsoon season, and the rain slowed traffic even more. It was a very long ride. But the most peculiar thing was that I could think but not in words.

**AJP:** What did you learn about what had happened to you?

**Resch:** We found out much later that I had a rare type of aneurism; a clot had

wedged itself into the wall of the left interior carotid artery, just above the top of my spine. I had experienced a stroke. Each stroke is different in type and extent as well as in where the damage occurs. Strokes to the right hemisphere have very different effects than strokes to the left. When a big piece of the clot broke off and flew into my expressive speech area on the left side, it caused a sudden loss of speech and ability to conceive thoughts in words.

**AJP:** How else did losing the ability to speak affect you? Did it affect your sense of self?

**Resch:** That's a good question. The verbal had been at the core of my life. And with the loss of speech, my life changed catastrophically without my will. Life had been mostly orderly before, but now it became uncertain, leaving me with big questions. What would happen about my speech? What would life without speech be like? Without speech, how could I be a person? In the early years after the stroke, I worked so hard at coping—pressing on with how to do a clinical practice, figuring out how to have a life—that I couldn't begin then to introspect what was happening to my sense of self. I had lost a significant piece of myself, but not my whole self by any means. I had to deal deeply with grief, of course, but it was in the form of measuring each moment's limitations and fatigue. I had survived! I wasn't dead. Most of my thinking brains were intact. This was a remarkable affirmation of self beyond chaos. I guess that, in itself, is part of the answer; I didn't give up. I had inner strengths that I didn't know I had, and I put them to use.

**AJP:** What did you lose besides language?

**Resch:** My dream of my professional life was suddenly in shambles; my personal life was in chaos. I lost my research career—I couldn't do my checkbook, let alone research. I lost a large part of my community too—professional and personal.

**AJP:** How did your colleagues react?

**Resch:** Most people couldn't imagine losing language. "Oh, I lose words too," they would say, thinking that would suffice as empathy. But it only left me on one side of a huge chasm. When I could eventually work again, my speech was slow but fluid enough, and new patients didn't seem to notice I was disabled. To them I seemed thoughtful! But I couldn't do well at professional or social gatherings. If you don't talk, you simply aren't there; and I was thrust to the edge of my world. In fact, as I think about it at this vantage point, for many people around me, the very idea of losing language was so

ultimately horrifying that they couldn't make a bridge to me or maintain a thoughtful relationship with me. This hurt; it left me isolated. I needed my larger communities to remember me, to come after me when I didn't have enough words or capacity to go after them. Though it was challenging for my family and friends, they held and supported me. Over time, my core friends and colleagues helped me make new connections.

**AJP:** When you said that immediately after the stroke you were thinking but not in words, what did you mean?

**Resch:** It has taken me a long time to articulate this experience. I remember it as though I was thinking in words, but I wasn't. But I remember, too, how difficult it was after I returned to clinical practice. The stroke left my comprehension of language unimpaired; I heard what patients spoke to me, but then I had to reorganize what I heard into my own understanding. You see, language isn't the only mediator of thought; historic sensory memory, current sensory experience, learning, play, and intuition all participate. I realized there was a no-word space for the kind of thinking that included impressions, sensations, and images. Thought is in this nonverbal space but *un-worded*. This is what I mean by thinking without words.

**AJP:** Can you give us some more specific examples of nonverbal language?

**Resch:** When we appreciate the visual by making art or looking at art, we are sampling nonverbal language. Puzzles and games challenge our ordinary way of thinking and give us a new kind of cognition. Exercises like Nia—which is gaining popularity in Oregon where I live now—yoga, and Shotokan karate integrate our bodies and minds. Meditation expands our sense of ourselves. When we listen closely to sound and music, we begin to appreciate the aural, another language of the senses.

**AJP:** You mentioned learning to think differently when you returned to clinical practice. Did you have to readjust in other ways?

**Resch:** As a psychoanalyst, I thought saying few words would do okay. Well, that was wrong! No one left because they thought me dumb or not precise in language, but as I said, I soon realized that simple listening is only the first step in interior thinking. My expressive aphasia wasn't just a disability in the language that came out of my mouth; it was also a mental fluency disability, and I had to learn to reorganize what I heard so that I could understand it. Without available vocabulary, it was difficult to find interior words that could articulate or *translate* all my thoughts.

**AJP:** What do you mean by *translate* your thoughts?

**Resch:** Let me answer with some everyday examples. For instance, if I were to forget what I went into the bedroom to get, I might retrace my steps to the place where I remembered the wanting. And there I would remember the image of my hair and of brushing it. Then I would remember the word *hairbrush* and return to look for it. I was once trying to write a paper and couldn't remember a name to cite. My mind wandered for a while and found an image of an open book, a title, and an author. Margaret Mahler, the psychoanalyst, was the author in the image and the very name I needed.

**AJP:** Did you search for words this way when you interacted with patients?

**Resch:** There was a period in my practice when I gave up the hunt for particular words and took anything adjacent; it was easier. When I had let go of precision, something else took hold that was perhaps as effective. The words I got weren't nearly as exact, but they had poetic impact. Patients had to reach a bit for my meanings. No one complained, and it had a certain poignant pleasure all around. It was unintended play.

**AJP:** You valued the playful aspects of therapy?

**Resch:** Yes. I have to say here that although it was difficult, I loved my practice. It was play for me. I had a "puzzle mind." What is the missing piece that will help a very young child retrack into the power of progressive development? With an adult, what is the missing piece the person needs to know to resolve an issue?

**AJP:** How were you able to sustain the deep concentration required for this type of play and your practice in general?

**Resch:** I got help. Most people with the kind of stroke I had don't go back into high-level professions like clinical psychology. Because clinical practice was so verbally effortful and massively fatiguing for me, I finally went to a speech pathologist, Martha Sarno, director of speech and language pathology at the Rusk Institute of Rehabilitation Medicine in New York. This was a great good fortune for me, because she told me that I was fatigued because I was attempting something my brain couldn't do and I was accomplishing it anyway. Rather than dissuade me, she taught me over many years how to keep rearranging my life and practice with greater simplicity, rest, and variety so that I could actually do a practice.

**AJP:** Variety of what sort?

**Resch:** Dr. Sarno told me at the outset to follow any of the arts that pleased me and to do them a lot. The stroke was a threshold. I had to give up or go

on. I had first stepped into refurbishing my verbal life through perseverance. With Dr. Sarno, I walked through another doorway. I spent a lot of time in sensory pursuits less loaded with language. These challenged me and gave me new mastery and pleasure. Through art I began an adventure into nonverbal languages and drew on far larger brain resources. Making art allowed my verbal mind to rest and challenged my brain and spirit in ways other than verbal.

**AJP:** This must have pleased you enormously.

**Resch:** This was huge—verbal rest and visual challenge. My brain *loved* this. My mind could think pleasure, but my brain experienced it.

**AJP:** Rest and pleasure in art, which is a form of play—is that how the sensory became therapeutic for you?

**Resch:** Yes. The hardest work for me was struggling to find words, retrieving and thinking in words. I might be having pleasure with friends and at the same time be working hard at speaking or even listening. My brain practiced incessantly, looking for words, shaping sentences. When an art friend and I went to see museum shows, the words were easier because we were focused on the art, the vision, the details, and the medium—sensory play. Art—and music—softened the rushing torrent of words. But the torrent didn't stop—hasn't stopped. If I paint, it doesn't matter what I'm painting or looking at; my whole brain gets rest and pleasure.

**AJP:** Would you describe this progress as recovery?

**Resch:** I think of the process I experienced as “reinventing self,” and it involves two aspects of brain plasticity. First, with new activity, the brain can enlarge areas. It can also change the real estate and rearrange functions to other places. Both happened with me. More activity, more variety, and more pleasure made my brain a much more expanded place. Thus, losses in speech had new support in other kinds of activity. These offset my impatience to retrieve higher levels of speech. In the mix, I became more patient with myself, more compassionate with my various areas of progress. Death had slammed my brain and thrust me into new life. My plastic brain allowed me stunning new possibilities. I live in an altered world now.

**AJP:** Altered in what way?

**Resch:** One of my teachers, a storyteller, showed how to use sensory language to begin to tell in words what I experienced without words. The ambivalence I had in returning to speech cleared when I could think of language as painting pictures. In fact, as I dropped deeper into memory, pictures and

sensations are what I found. So I began *linguaging* them directly and using metaphor along with sensory words. This is deeply satisfying for me.

**AJP:** It seems instructive too. Do we harm ourselves by undervaluing the sensory?

**Resch:** Yes, and we do it deliberately. In industrialized nations and cultures, we are obsessed with the centrality of language. We begin to teach children of six or seven the primacy of verbal reality, a specialized precision. We teach the names of birds and animals, but not their visual, sensory, living qualities. Babies and toddlers learn the fullness of sensory experience as part of natural development. The sensory is seen powerfully in the poetic language of three- and four-year-olds as they begin to grasp the wide, delightful *beingness* of the surrounding world. After a child reaches seven years or so, our culture doesn't much support the extensiveness of sensory experience. Aboriginal peoples and cultures that are less obsessed with language maintain more of the sensory in ordinary life. For them there is more of a balance throughout adulthood between right side functions of the brain and left side functions.

**AJP:** If art was sensory play for you, where was the playground?

**Resch:** Initially, it was at art school. If Dr. Sarno said do art, I decided I would go to the best school, no matter how dumb I felt. I gave up thinking I had to have talent. I enrolled at the Parsons, now Parsons The New School for Design. I went to explore and learn, eased into it, and made wonderful discoveries—personal vision and seeing in the mind without an outer model. I stopped wondering whether I was good or not and asked instead: Do I like what I see, is this enjoyable, and am I feeling a progression in ease? When I released reluctance and self-consciousness, I learned a whole new array of possible pleasures. My brain was balanced at those times. I would go to class, left brain exhausted, and leave rested and exhilarated. I didn't know a brain could be happy!

**AJP:** What about the technical part of art training? Did you also find pleasure in it? Was that part of the experience playful too?

**Resch:** In a sense, yes, but for me, craft was simply part of play and learning. I wasn't interested in craft or technique as things in themselves. As I said, I focused on how I was seeing and how I wanted to elaborate that. Babies and toddlers approach the world that way too, taking pleasure in sensation and in the medium. The teacher showed me a few basics and let me go on. First there was a big vase of flowers. I selected a few asters and started drawing them on the paper—the stems, the shapes, the colors. While they were fairly

realistic at this stage, they didn't look anything like the bouquet in front of me. My eye and hands did other things than my mind (figure 1). Other students in the class did totally different things with the vase of flowers. From this, I learned that I had my own way of seeing and visioning with my hands. At the start of a drawing, I had images of what might be, but it mostly would turn in a direction that I hadn't imagined. As I kept practicing this way and staying with curiosity and pleasure, I was developing mastery in my own way. So, I learned technique by watching and asking questions, but in none of the classes I took was specific technique central.



Figure 1. *Asters* by Ruth Codier Resch.



**AJP:** Did all your teachers encourage you in your own methods?

**Resch:** Not all of them. Once I went to study in a room totally filled with beautiful flowers of every sort. It was enchanting. I started painting a lavender chrysanthemum, using lavender of course, but I also painted blue and magenta petals and even a red one. I was quite smitten with my ingenuity. Coming by, the teacher said, “You can’t do it that way!” and walked away. For me the pleasure vanished there—and the play too. I’d had you-must-do-it-the-right-way art experiences like that in high school with the same dampening effect.

**AJP:** Yet this didn’t discourage you?

**Resch:** No. I became an artist through sheer practice, keeping on keeping on, and because I did what gave me pleasure. I’m certain that anyone can become artful this way.

**AJP:** So you found a relationship between pleasure and mastery?

**Resch:** Yes. This brings me back into verbal culture. Through professional reading, I’ve learned about the great paradigm shift from a localized brain to a plastic one. I am my own thirty-year longitudinal study—a poster woman for plasticity. This is a huge positive for the adult brain. But how does neuroplasticity work in ordinary life? To understand this, I look to the development of infants for basic principles: novelty, variety, and pleasure. Babies love the novel; they love surprises. From a basis of familiarity, they look to the new. This is basic curiosity; it funds the incredible growth of the brain in the first two years of life. Curiosity and the new are what challenge areas of the brain to grow and make functional behavior. Variety is a corollary to novelty; variety continues to challenge the brain. The brain, in turn, supports growing function. The baby’s pleasure in all of this is what powers the system. Because it is so pleasurable, we call it play.

**AJP:** Where does practice come in? You did it a lot.

**Resch:** Practice and pleasure both are components of mastery. The baby gets better at stacking blocks by having fun and practicing. Curiosity plays a role here. How does stacking work? What will be the outcome this time? Does the toy dropped from the high chair ever stop midway? It’s all sensory observation, sensory thinking. There is intelligence at work here. Learning and play are totally consistent. When the baby in the high chair drops the toy and watches it fall and the adult picks it up and the baby does it again and then again, this is both play and learning with a considerable dash of pleasure. The baby does it because it is both fun and interesting.

**AJP:** Was your rehabilitation in effect a developmental process like the ones children experience?

**Resch:** Like babies and toddlers, I played with the materials at hand, practicing just to practice, just taking delight in trying something out and doing it again. Practice can be play. I gave pleasure to my right brain to allow my left brain moments of profound rest. As I think back on my rehabilitation, first with speech and then with sensory-perceptual integration disabilities, developmentalist ideas very much apply. Infants love novelty from the get-go. The developing brain recognizes the familiar and then chooses to play with the new. The brain develops by taking risks. Babies do this and so did I—finding more ways to explore along the edges of damage, disability, and pleasure. In a rehab context, it was essential to hone the challenges to specific disabilities and to create variety and interest within each band of challenges. I practiced with activities that were specifically challenging but also pleasurable. Good rehabilitation practice allows for that. I persevered much longer and effectively with activities I could love and wouldn't find boring in repetition. When people remember what they love or could love, and use it in their rehabilitation, they get farther.

**AJP:** Is playing with art a continuing therapy for you?

**Resch:** Yes. Later, when I had another neurological event—not a stroke—that struck at subcortical, sensory-perceptual integration and planning, I took up Adobe Photoshop to challenge those functions. I also use Photoshop to layer my beautiful angiogram cerebral arteries onto self portraits, and, eventually, onto natural subjects as well as abstractions (figure 2). Learning what I wanted of the software and making trials was difficult and pressed against my limitations. But I found pleasure in the art that came of it, in the sense of mastery of beauty coming from messing around, and in the process of the medium having its own way alongside my imagination.

**AJP:** You noted pleasure again. Rehabilitation is often billed as “no pain, no gain” and not much fun, yet you made it fun.

**Resch:** I did. The pleasurable activity must challenge the disabled function—not too much, not too little. The challenge must have variety to keep curiosity and pleasure going in order to persevere further into change. And, as I said before, rest must be built in, both for the body not to overdo and for the brain to integrate and assimilate the practice.

**AJP:** Overall, how have your experiences changed your clinical practice?

**Resch:** I returned once again to clinical work four years after being disabled the second time. For the last two years, I've been in private practice and on staff



Figure 2. *Can't Speak* by Ruth Codier Resch.

at a local medical center attending in the neurorehabilitation in-patient service. I am reinventing my practice in a totally new way by integrating my thirty years of experience with disability. The core of my work with survivors of various sorts is to help them reconnect with what they love. I help them find ways not to give up their passions whatever they are and whatever the disabling limitations are. Pleasure feeds the soul, the brain, and life. The loved activity behaviorally feeds and challenges both the limited and the plastic brain. A loved activity is play.

**AJP:** So you play with paint as a way of communicating?

**Resch:** Yes. Let me give you an example involving a fellow artist who was los-

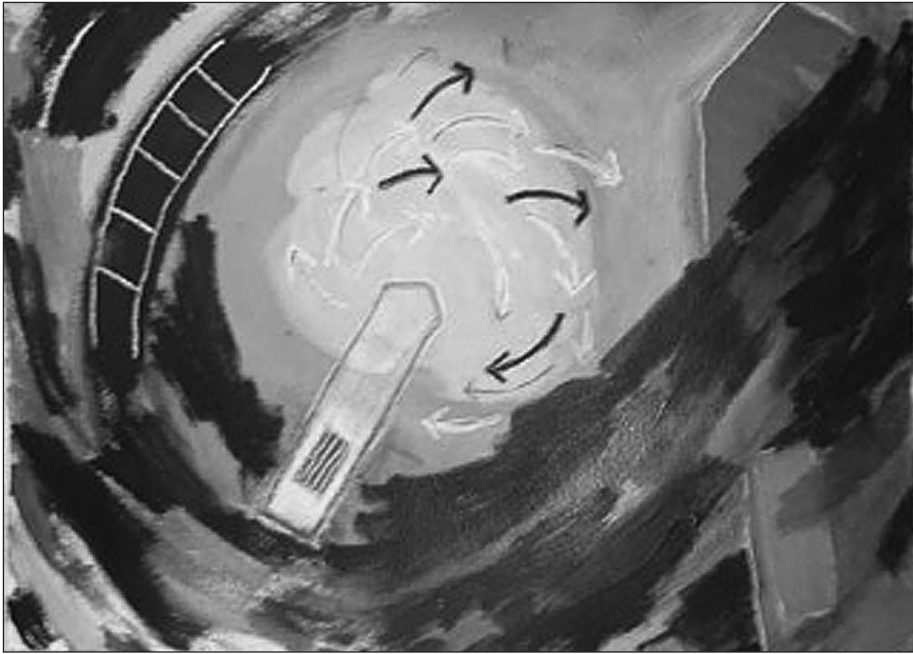


Figure 3. *Tower* by Ruth Codier Resch.

ing her husband to cancer. She was a kindred spirit—I was willing, now, to know the daily soft presence of death living in my brain. We painted together; for a while we painted on the same piece of paper, alternating like in a dance (figure 3). This was deep and fun. Death came into the paintings we made; our *Tower Painting* is one of them. It seems to live in an ecstatic place between death and life.

**AJP:** Looking back, do you find continuities between your play as a child and your interests today?

**Resch:** As a child, I loved fairy tales, and fantasy play came easily. Our family played many, many versions of jacks, always challenging each other to more complex levels. We played card games too, cribbage in particular. And we played Monopoly, of course. In grammar school, hopscotch was a favorite before school and during recess. I was physically reticent, definitely not adventurous, and not much good at gym or sports. It wasn't until I went to college that I learned that physical education could be—and should be—fun. It was there that my long-term love of dance started.

I'm much more adventurous now, more open, and more willing, in

fact. I'll try anything that looks interesting to me and has a neurological challenge benefit—even Shotokan karate, one of the more vigorous of the karate styles. My *sensei* (an instructor or teacher) is an incredibly big-hearted man, and I would study anything with him. With his instruction, I relearned active physical coordination in spatial and perceptual terms. I began to sense what was around me and to sense movement intention. I progressed to green belt when I was seventy-two years old—now I look toward brown and black! I wouldn't have believed at anytime I could do this. Being a little older now, I don't much care what others think of what I do or what I look like doing it. I've lost reticence without losing respectfulness. There are gorgeous young jocks in karate who run up walls and do complex, beautiful *katas* (patterns of karate movements). They are also teachers to me, effective and gentle.

**AJP:** Earlier you mentioned Nia. Tell us about that.

**Resch:** I loved expressive dance in college, and I keep that love quite alive now by practicing Nia. It's an exercise program that blends nine forms of dance, healing, and martial arts. Imagine crossing karate and Isadora Duncan dance with principles of Feldonkrais therapy, and you would have something like Nia. I find it playful, healing, comfortable, and fun! When I had new neurological sensory-perceptual issues, Nia was an excellent way to start small, progress in stages, and still enjoy myself in a class.

**AJP:** Nia is said to have a remarkably fluid, almost magical look when performed. Is there more than agility training in it for you?

**Resch:** There is, in fact, yes. The magical and mystical are deep pleasures for me. Because I still don't read easily, I take great pleasure in reading novels that have a magical, mythical base and explore the natural mystery of this planet. These explorations are play for me, engaging feelings that extend from the right brain, lightening, opening, and expanding. It takes too much energy to be ashamed of being limited.

**AJP:** You do so much, how do you keep from doing too much?

**Resch:** Two ways actually. First, being disabled has been a catalyst for me to discover new ways around and through. At first, it was dogged perseverance, but then I discovered pleasure. Pleasure is play. Play is pleasure. These leavened my life and made it doable as a disabled person. Second, I rely on my remarkable service dog, a curly standard poodle named Satsi, to keep me in check. He has so carefully attuned himself to my neurosensory system that if he notices I'm going over my sensory motor limits in a Nia

exercise class, for example, he suddenly gets up from his place and moves toward me. He reacts even if he has been fast asleep, and I get the message. When I overdo on the computer, he tosses pillows off the couch and then stands there looking eye-to-eye with me like a father expecting results. When I sit down or moderate what I am doing, he lies back down. If he's not satisfied, he looks at me reprovingly again with that "father" look, and I know that I should do even less.

**AJP:** Has Satsi been trained to do this?

**Resch:** He has developed his own nonverbal language with me, and I've learned to listen carefully to him. Incidentally, he has also always been really good at solitary play. Sometimes his play is a ploy to get me to stop what I am doing and shift to something else; this is a very important aspect of my rehab, and he's on the job.

**AJP:** Tell us more about Satsi's play.

**Resch:** He really enjoys dribbling balls on his own—and moving toys back and forth in and out of the house with great deliberate intent and pleasure.

**AJP:** You said he uses nonverbal language in caring for you. Does he use it in his play?

**Resch:** I've noticed very recently that he likes dramatic play. He may be playing with a ball then suddenly drop it, rush off at speed, careen to a dead stop, and look very intently ahead. Then he will suddenly rush back to the ball, stop, look at it for a moment, and then rush off in another direction and end with a dead stop as before, looking ahead, with his body totally alert. He may repeat this whole sequence several times with great concentration and then, just as suddenly as he started, simply walk off. Watching him, it is clear to me that he has a story in there that he is playing out for himself. It makes me think of toddlers and preschoolers in dramatic play with objects; their pretend play may be with or without language. With language, it is a story told to oneself or to the objects. The precursor to the overt telling is, of course, telling the story in one's head. I think that is what Satsi is doing. Given his facility with both my language and my intent, it doesn't surprise me that he would find pleasure play acting his own stories.

**AJP:** No one reading your telling of how you understand Satsi's story would suspect that a stroke once left you at a loss for words. Is language regaining for you the core importance that you once afforded it?

**Resch:** It is only in the last few years that I have regained mental fluency with words, and with that I have begun to articulate and reflect upon the many

feelings I experienced through these decades since the stroke. But I now want most to convey the inner world without speech, and I want to explain what is important for others to understand about this drastic disability. My life is very different now. I have moved deeply into sensory worlds. I have gone beyond my wildest imagination even before the stroke. Words are now only a handmaiden to that.

**AJP:** You worked so hard and so deliberately at rehabilitation and in finding the benefits of play, do you have a message for the rest of us who, without your challenges, undervalue play in our daily lives?

**Resch:** Anyone, with or without disability, can do what I did: find pleasure and play. The central problem is that we undervalue pleasure. We live in a culture that is consumed with the Protestant work ethic. Work as work, not work as play, is a powerful pressure against play. In that ethos, pleasure for itself is frivolous. So play is not widely seen as a value in itself for adults. I have learned, to the contrary, that play is, in short, excellent for my health—for brain, mind, and emotions, all of which promote well-being in my life, economically, emotionally, and spiritually. For health, everyone should choose and pursue activities that are playful and truly pleasurable.