DEVELOPMENTAL CONSIDERATIONS IN THE PSYCHOTHERAPY OF LATENCY-AGE CHILDREN

Charles A. Sarnoff MD

Developmental Considerations in the Psychotherapy of Latency-Age Children

Charles A. Sarnoff, M.D.

Table of Contents

Developmental Considerations in the Psychotherapy of Latency-Age Children

In this chapter, aspects of the development of cognition that are pertinent to psychotherapy during latency will be explored. An attempt will be made to integrate developmental cognitive information into the theories of personality that are used as the basis of psychotherapies for children aged 6 to 12.

For the most part, the psychotherapies of childhood are derived from a model with roots in adult psychopathology. Since adulthood is characterized by a relative cognitive fixity, adult therapies pay little attention to cognitive changes. This attitude is brought to the training situation, along with other aspects of the adult therapy model, by the budding child therapist whose prior experience has been limited to adults. Similarly, theoreticians apply current theories derived from adult therapies to children. Rare is the child therapist who continues to treat children through the many years it will take him to become a recognized theorist. Memory of experience rather than experience itself becomes the source of data; theory breeds theory. The theories of child therapy, therefore, tend to become adultomorphic. Since adults, by definition, are individuals who have completed development, adult-oriented psychotherapy is designed to deal primarily with emotional conditions that reflect disorders in the workings of the defense ego. Emphasis is placed on faulty function involving repression, affects, and reminiscences rather than on developmental factors. These emphases spill into child therapy.

Workers in cognition, in contrast, are oriented toward child development, with little orientation towards therapy. They have concentrated on memory, mentation, and the explanation of events by children at the moment of happening, with the result that cognitive psychology and dynamic psychotherapy exist at arm's length. Intuition, not theory, guides the child therapist in dealing with the cognitive aspects of communication and pathology in children under treatment.

There have been some exceptions, however. Switzer (1963) devised tests to determine the timing of maturational changes in cognition from verbal to abstract conceptual ways of perceiving and remembering. I have blended these data and clinical observations to produce a theory of the relationship between changes in memory organization and the state of latency (Sarnoff 1976).

There has as yet been little attempt to understand the impact of developmental change in cognition on the technique of child psychotherapy and child analysis. Such developmental changes are reflected in an important observation made in the early 1920s by Vygotsky (see Luria 1974). He described it as follows: "Although a young child thinks by remembering, an adolescent remembers by thinking." (p. 11). The young child experiences memory. The adolescent tends more to discover his past through words. Essentially, the purpose of this chapter is to study the possible impact of Vygotsky's phenomenon on the technique of child therapy and child analysis during the periods of transition between young childhood and adolescence (latency).

Psychotherapeutic techniques depend for their effectiveness on the memory organization used by the patient. Memory function especially is involved in the process of free association and in the ability of the patient to recall interpretations. As Vygotsky, as well as Switzer, has observed, memory organization changes with maturation. Changes in the way memory is organized have their effect upon free association, interpretation, and the possibility of retaining insight in the psychological treatment of the latency-age child.

Forms of Free Association in Childhood

The experienced psychotherapist of adults who comes to the treatment of the latency-age child for the first time expecting that the child will free associate in the manner of adults will be quite disappointed. Although free association does occur in children, it does not take exactly the manifest form that one finds in adults. In adults, conscious effort can be enlisted to put into *words* insights into self, memories, latent contents, the past, and verbalized abstractions. The flow of words reflecting unconscious motivation and determined by psychic factors conveys the stream of consciousness that reflects the inner workings of the personality. Children may, indeed, use a flow of words so contrived in this way; however, other conduits tend to predominate. The content of the play of children also reflects unconscious motivation and is determined by psychic factors. In this regard, the flow of the play and fantasy productions of children may be considered the equivalent of adult free associations and dreams. Cognitive development through the latency years is reflected in a shift from *play to words* in free association.

To understand the psychology of latency-age children, one must master the subtleties presented by the metamorphic nature of their free associations. The changes involved are maturationally based. Examples of such metamorphoses are to be found in the shift of emphasis that occurs in the processes of communication and retention of unconscious content. Two of the metamorphoses are salient. In the first, the child in late latency moves the area of free association from unfocused fantasy play to verbalization and dream reporting. In the second, there are changes that occur throughout the latency years in the organization of the thought processes involved in memory (the developmental aspects of memory function.)

From Fantasy Play to Verbalization and Dream Reporting in Late Latency

Typically, during early and mid-latency the spontaneous reporting of dreams lags behind that of late latency, adolescence, and adulthood; instead, fantasy play is predominant in symbolic communication.

Fantasy Play

The latency-age child is capable of bringing to play therapy the kind of symbols found in dreams. Fantasy play contains such symbols. One might infer that fantasy play lives next door to the dream. In play, toys and actions take the place of visual dream imagery. Contained within the flow of fantasy play are reflections of latent contents as well as regressions in the face of stress. These regressions, one finds, are similar to those in the verbal free associations of adults. There is a direct relationship between the mental activity involved in the fantasy play activities of the latency-age child and the mental mechanisms involved in dreaming. The symbolic forms (ludic versus oeneric—see Piaget 1945) are almost identical.

Fantasy play as a form of psychic activity is available from late in the third year of life to the end of the latency period. Its beginnings can be roughly correlated with—and most certainly follow upon—the ontogenetic appearance of distortion dreams at this time. Both fantasy play and distortion dreams are characterized by the presence of psychoanalytic symbols, which mean that the latent content is not available to the conscious awareness of the dreamer or player at the time that the manifest form of the symbol is being experienced. Maturation of the cognitive skills that support adjustment through

discharge in fantasy and the development of the ego organization that I call the structure of latency combine to provide a drive outlet through the use of dream symbols in fantasy play. This persists, and may divert energies from dream reporting until late latency, when further maturation strips fantasy of much of its discharge potential. In addition, play (ludic) symbols mature. They become less evocative and more communicative. With adolescence, they practically disappear. As a result, primacy shifts to the dream as the vehicle through which evocative psychoanalytic symbolic contents are borne to the therapist in adolescence.

Concurrent with these developmental events during the latency years is a shift of emphasis in the memory function of spontaneous recall. Recall through feelings and the manipulation of objects gives way to remembering through the use of verbalization, which influences the nature of children's productions during therapy sessions.

The capacity to recall latent content on the level of verbalized abstractions derived from intrinsic qualities appears in late latency. By this one may explain the predominance of ludic fantasy symbols (play form) in the content of the productions and the relatively rare spontaneous dream associations of an early-latency-age child. The younger child is more likely to present his associations to events, recent humiliating experiences, dreams, and therapeutic interpretations in the form of indirect fantasy symbols and activities requiring play objects, than to use words for the expression of his latent concepts. Older children in states of anxiety that require defensive regression may regress to the use of these early modes of cognition. The behavior patterns thus produced in psychotherapy sessions appear to be failures in free association. In actuality, this is a regression resulting in a failure to produce adultiform verbal associations. The play and fantasy symbols that are produced in these circumstances are rich in reflections of latent content associated to an event, interpretation, or dream which has preceded it. Knowledge of the nature of the symbolic forms produced by the immature symbolizing function of the latency ego, especially in regard to the "when" and "where" of their activation and function, may be helpful in the analysis of fantasy play, late-latency regressions, and the occasionally reported dream of the early-latency child. Instead of giving up in the face of such symbolic forms during a therapy session, one should adapt one's technique in order to use them. Insight into the intricacies of these symbolic forms and their times of appearance aids the therapist in helping a child expand the expression of his associations.

A child of seven had dreamed of a snake-like monster, but could give few verbal associations, was encouraged to extend her associations to the dream by making a semi-permanent clay representation of the monster. This play symbol was then used in subsequent sessions in a multitude of fantasies and contexts to expand insight for the therapist. Fantasy content can be expanded in this way (see Sarnoff 1976).

A mid-latency child who was troubled about her classroom situation found herself at a loss for words in describing very threatening experiences while in school. She was able to expand her expressive skills to reveal a fantasy of an armed murderous revolt against the teacher when she was encouraged to draw pictures of the participants. The pictures were cut out, glued on boards, and turned into puppets. These could be used session after session to reflect her unfolding day-by-day experiences, as well as the invasion of her recall and interpretation of the school events by the internalized fantasies that dominated and distorted her interpretation of the people around her.

Such an approach becomes less necessary with the late-latency child who is beginning to seek objects for the discharge of his drives in real action, using real objects, in his peer group. Such a child tells of his dreams more readily; he tends to stop and think more about what has been said and then to associate to it verbally. Should the older child block in the face of this advance, fantasy play can be encouraged to maintain the continuity of free association. Such encouragement, though, runs counter to development; it is intrinsically infantilizing and should therefore be limited in usage. Verbal free association is more efficient and makes dream reporting possible.

Verbalization Including Dream Reporting

Dream reporting in the therapy of early and mid-latency-age children is rare. Apparently, the ability of the early-latency child to express conflicts through fantasy play using dream-like symbolism is a dream equivalent. Its use obviates the need for expression of drive derivatives through the direct reporting of dreams to the therapist. Voth (1978) has described spontaneous dream reporting in a latency-age child who was very responsive to dream analysis. The child revealed his inner life and internalized conflicts through dreams. This permitted a working through of his problems to an unusual degree for a child receiving psychotherapy twice a week. Such an approach cannot, of course, be generalized to all children. In the sparse literature devoted to children's dreams and concerned with children's ability to work with free association during the latency age period, there is evidence that these problems have been approached and worked with on a theoretical and clinical level. Dream interpretation at this age has been discussed in my book *Latency* (Sarnoff 1976). A. Freud (1927) and Lippman (1956) have reported on the usefulness of dreams in child analysis and child therapy. The

contribution of the former, given here, is the most complete and most graphic.

> We have in dream interpretation a field in which we can apply unchanged to children the methods of analysis of adults. During analysis the child dreams neither less nor more than the grownup, the transparency or obscurity of the dream content conforms as in the case of adults to the strength of the resistance. Children's dreams are certainly easier io interpret. We find in them every such distortion of wish fulfillment as corresponds to the complicated neurotic organization of the childish patient. But there is nothing easier to make the child grasp than dream interpretation. At the first account of a dream I say 'No dream can make itself out of nothing; it must be fetched every bit from somewhere'—and I then set off with the child in search of its origins. The child . . . follows up the separate images or words into real life with great satisfaction. I have conducted . . . analyses (of unintelligent children) almost exclusively using dreams, [p. 18]

The potential usefulness of dreams in the psychological treatment of children had been established at the very beginning of child analysis. The frequency and actual usefulness of dream reporting in latency-age children became the main area in which differences of opinion occurred. Sterba (1956) found, in a dream frequency study involving more children and more therapy hours than any other available in the literature, that in five phobic children, only three dreams appeared in 1,000 treatment hours. She concluded that "[dreams] are found to play a surprisingly insignificant role in the treatment of children" (p. 130).

Drawing on her general experience, Sterba (1955) noted "one exception to this, i.e., in cases where direct instinctual gratification of one erotic zone plays a dominant role, as for example in *bed wetters . .* (italics mine). "In such cases one may see repetitive dreams around one subject, such as, for example, dreams of water or fire in the wetters . . ." (p. 131). Conclusions in regard to the frequency of dream reporting in the literature imply that it is uncommon in child therapy sessions. Actually, dream reporting is not rare, and occurs frequently in certain groups, such as bed wetters.

There is controversy in the literature as to the actual clinical usefulness of the dreams that are reported. Voth (1978) implies an unequivocally positive impression about the usefulness of dreams. One of his patients was able to free associate to the dreams verbally and to search out unconscious meanings. In my own work (Sarnoff, 1976), I have found that there are children who can cooperate in this way and others who cannot. Voth (1978) suggests that the primary factor to be considered in explaining this difference is age. He states, ". . . it may well be that younger patients do not associate as well as did this very bright eleven year old boy" (p. 255). Age and levels of cognitive skill are important in determining how well a child can free associate in words.

A. Freud (1927) described clinical incidents in which children in the latency age period reported dreams during treatment, after which "associations to the dreams fail to appear" (p. 18). Ferenczi (1913), in detailing a report of a 5-year-old boy who crowed like a cock, made one of the earliest references in the literature to the poor verbal free association skills to be found in early-latency-age youngsters.

> Immediately on entering my room his attention was attracted by a small bronze mountain cock among the numerous other objects lying about; he brought it to me and asked 'will you give it to me?' I gave him some paper and a pencil and he immediately drew a cock. . . . But he was already bored and wanted to go back to his toys. Direct psychoanalytic investigation was therefore impossible, [p. 244]

Unfortunately, Ferenczi did not follow up the other conclusion to be drawn from his description. Children have other ways of remembering, and therefore associating to, concepts and memories. Among these are the capacity to play or to draw pictures of the concepts and memories. Sterba (1956) concluded from her aforementioned study that in latency-age children, dreams and free associations are limited.

It may well be that the ability of the child to express conflicts through fantasy play using dream-like symbolism is a dream equivalent, and obviates the need for expression of drive derivatives through reporting of dreams. As stated before, this kind of fantasy activity is available from 3 years of age to the end of latency, and begins with (or certainly follows upon) the ontogenetic appearance of distortion dreams. As I have pointed out (Sarnoff 1974, 1976), "Dreams which contain psychoanalytic symbols have not been reported prior to the first half of the third year of life. Until then, there is no distortion in dreams. Before twenty-six months, dreams are wish-fulfilling dreams. Anxiety dreams occurring before this time contain direct reproductions of anxiety causing situations met in recent daytime experience. The appearance of these events in dreams is an attempt at a mastery through repetition identical to that which is seen during traumatic neuroses in adulthood and latency" (Sarnoff 1976, p. 27).

Even the shape of dream reporting has an ontogenetic history. Wish-fulfilling dreams continue to go on throughout life. Distortion and symbol formation contribute to dreams and fantasy beginning with the third year. Maturation of the cognitive skills that support adjustment through fantasy and the development of the state of latency provide a drive outlet through the use of dream symbols in fantasy play. This persists and may divert energies from dream reporting until further maturation strips fantasy of much of its discharge potential during late latency. This later step in maturation puts dreaming into a

position of primacy as the vehicle through which the dream symbol is conveyed to the therapist. It explains the relative paucity of dream reporting in the psychotherapy of early latency-age children. It leaves unanswered the question of the relative failure of children who have reported dreams to associate to the dreams verbally after the dreams have been reported.

Dream symbols are but an item on the developmental timetables for the tools through which children express for the therapist the latent memory contents that press for representation in the therapy. Capacity to recall latent content on the level of verbalized abstraction appears in late latency. This offers an additional explanation for the dominance of fantasy symbols in play form within the content of the associations of an early latency-age child. The younger the child, the more is he apt to present his associations to dreams in direct fantasy symbols and activities requiring play objects rather than words for expressing latent concepts.

There are differences in the ways that awareness of self and memory of the past can be conveyed by children to therapists. The differences may be noted from child to child and from one age to another.

These differences relate to the unfolding of cognitive skills in the area of the organization of the memory function. Factors influencing this unfolding fall into three distinct groupings. These are: psychogenic, developmental, and innate. The developmental factors in memory organization and their influence on therapeutic interventions are the topics of the rest of this chapter.

Developmental Aspects of Memory Function: Influence on the Psychotherapy of Latency-Age Children

Memory finds consciousness through signs, signifiers, metaphors, *symbols,* feelings, and affects. These elements shape the presenting face of those psychic events which involve memory. Memory can only be perceived by the outside observer through these representations. In this context, the symbols that appear during psychotherapy sessions represent memory. Since developmental modifications occur in symbols during the latency years, one could get the impression that the memory function represented in symbol formation has been comparably modified. This impression should be rejected, for it is untrue and it casts discord on logic.

In therapy with adults, an intact and mature memory function is taken as a "given"; *i.e.,* it is taken for granted that what is said will be remembered. Further, it is taken for granted that all that is worth remembering can, and will be remembered in verbal form. Regressions to the use of sensations and affects as conduits for memory elements are recognized as special cases. The visually oriented symbols that occur in dreams are an exception, which goes unemphasized in the mainstream of current theories regarding ego function. The intact and mature memory function of the adult psychotherapy patient is a clinical verity. Its presence explains why it is that little time is spent in discussions of psychotherapy and psychoanalysis as applied to adult patients, on problems in therapeutic progress created by inefficient, immature, or nonfunctioning memory organizations. During the latency years, active developmental changes in memory function and organization force modifications in techniques of diagnosis, listening, and interpretation. For this reason, experience with adult patients in psychotherapy provides insufficient theoretical resources for understanding the free associations of children.

In working with a child in the latency years, one must understand the developmental aspects of memory peculiar to the age. In addition, developmental aspects of the formation of symbols that communicate the contents of memory to the therapist must be separated from memory function itself.

To facilitate the separation of the stages of symbol development during the latency years from the phases in the development of memory function during that period, it was necessary to spell out in advance, in the introduction to this chapter, the independent developmental modifications we might expect to find in the symbols we observe during psychotherapy. In this way, the study of memory development can stand alone.

The Development of Memory Function

Memory function matures and changes during the latency years. This has far-reaching implications for the nature and effectiveness of activities undertaken in child therapy.

There is little reflection of the development of memory function in most discussions of the theory of psychotherapy during the latency age period. The topics covered in such discussions are usually confined to the latest findings in research in early infant development or the current fads in adult

psychotherapy. As a result, discussions of specific problems of latency-age development are neither broadcast nor pursued.

Concomitantly, the fact that memory function matures and changes during latency is rarely focused upon in approaches to the psychotherapy of the child. Yet, the importance of memory limitation in child therapy can be simply illuminated if one only thinks about the following fact: A child who has not yet attained a level of memory organization that will permit the retention of abstract concepts may nod his head in agreement to an interpretation framed with such thought, and yet be little able to understand— and less able to retain— the concepts for use in comprehending his behavior or holding insights.

Spontaneous Recall

Memory means many things. It is worthwhile, therefore, to define the functions of memory to which I shall be referring. I have specifically in mind the capacity for the *spontaneous recall* of experience, perhaps best illustrated as the differentiated function used in answering "fill in the blanks" questions on tests, in contradistinction to multiple choice recall through recognition. Spontaneous recall can occur without external prompting, as happens when a tune is suddenly recalled, an unaccomplished responsibility pops into one's head, or when a free association occurs during one of the psychotherapies. Spontaneous recall can also occur in response to a suggestion or request that something be recalled: such is the case in the "fill in the blanks" questions, and in the response to a question or interpretation by a therapist. There are other forms of recall, such as *recognition recall,* in which a representation of the experience or the thing to be recalled is shown to the subject and is recognized as part of a previous experience. Recognition recall may be used to activate spontaneous recall, which is the activity involved when the nonintrusive therapist permits the patient to free associate. *Free associations* are spontaneously recalled thought elements.

The unbidden appearance of organized patterns in free associations consisting of nonstimulated spontaneous recalls led to the theoretical concept that there are drives that impel memory elements back toward representation in consciousness. These representations are shaped by the form of the media for representing past experiences appropriate to the age and culture involved. They may be actions (as in fate neuroses), words (as in adult analyses), affects (as in mourning), or symbols (as in dreams and

fantasy play). There appears to be compulsion to repeat prior experiences (see Freud 1926a). This is especially so in response to experiences that have been uncomfortable, traumatic, humiliating, or incomplete (the Zygarnik effect). The repetition appears to serve a mastery function. Rarely is the experience recalled without some modification that favors the person involved. For instance, the person who has recently had his fender dented in an automobile accident can think of little else for a while. During this period the number of other cars with dented fenders that he notices increase incredibly, in keeping with his need to have a sanctioning experience which will help him master the recent trauma. Or consider the following case.

> A 10-year-old boy came for his appointment within a hour of a confrontation with two older boys who demanded that he buy marijuana from them. They threatened to kill him if he told anyone that they had approached him. He reported their action to his parents, after spending half an hour hiding from the boys. He could speak of nothing else during the session. However, the pressure to master the experience caused him to present himself as a hero, and to leave out the part of the story in which he hid in fear.

There are many ways to remember. Which experiences will activate an ongoing spontaneous recall? Frankly traumatic events lead. For children, humiliating events are important factors. An apparently benign experience may not be exempt, however. This is the case in situations that reopen for the person highly charged fantasies and complexes and their associated anxieties which had previously been mastered.

Let us consider the ways in which spontaneous recall is manifested during the latency age period. There are two types of recall, distorted representation and direct representation.

Distorted representation entails recall through symbols that mask meaning. This form of representation persists throughout latency as a memory moiety that gives to the latency state its most striking identifying characteristic, that is, the existence of the structure of latency. Distorted representation changes in form in concert with developmental changes in symbolic forms.

Direct representation entails the rote recall of events and information. It undergoes a series of developmental changes in its intrinsic nature because of the existence of three discrete forms of memory organization: the affectomotor memory organization, the verbal conceptual memory organization, and the abstract conceptual memory organization. The therapist must contend with these in dealing with the latency-age child.

Distorted Representation: The Structure of Latency as a Memory Moiety

When a child has been exposed to a trying experience, the repetition of the experience can color his mental life for years. Direct recall of such traumatic and overwhelming events repeatedly over a period of years would be counterproductive. There is no mastery in the recall of one's own weakness and impotence. Let us not forget that for adults, the need to recall and master may help to propel the thinking of the subject away from an amotivational state of withdrawal and into a state of heightened tension during which activities and planning that take into account one's potentialities overcome humiliation, strengthen the self-image, and initiate future planning to benefit the subject. Such a healthy response is not possible for the latency-age child. "The latency age child is too small physically to express his aggressive drives effectively in reality. Latency age children are, with few exceptions, maturationally incapable of achieving orgasm and ejaculation. . . . Children of the age period are therefore unable to express sexual drives effectively" (Sarnoff 1976, p. 153). Adultiform behavior in response to the compulsion to spontaneous recall of disquieting memory elements is not possible. Planning and actions to make sure that it will never happen again is beyond their skills. "There is no way out and no possibility of a face saving victory in reality for this biologically celibate soldier-dwarf" (Sarnoff 1976, p. 153). The child comes to terms with the compulsion to recall what is painful through the distortion of the memory through the use of symbols in a form that can be more easily handled. There are produced fantasy situations in which the uncomfortable affect is masked, modified, encapsulated, and even isolated. This protects the child from being overwhelmed and makes possible the establishment of extended periods of calm. It is the group of mechanisms that produce this cushion for calm that I call the structure of latency.

An example of the structure of latency functioning as such a memory moiety was presented rather graphically during a recent supervisory session.

> The supervisee was just beginning his child therapy training and had been assigned the evaluation and treatment of a youngster whose sole problem was a failure to advance with others of his age in school. A central processing disorder had been identified, and the child had been classified as having minimal brain dysfunction. He was a compliant and cooperative youngster. However, there was very little in his conversation to hold the interest of a student. He said little spontaneously and responded to questions with a well-modulated "fine" or "O.K." As the student prepared to leave my office, with the suggestion that he continue to follow the child until he had been assigned to a learning disabilities specialist, he turned to me and asked, "Oh, by the way, I had meant to ask you what I should do about the binoculars, but I forgot." "What binoculars," asked I. Said the student, "The boy wants to know if he can bring in binoculars, and I want to be sure that it's proper and won't

interfere with the therapy." I assured him that it would not, and suggested that he ask the child why he needed them. The child made it clear that he wanted to look at the chimneys of the nearby hospital that could be seen through the window. The need to look had a sense of urgency, a touch of fear and an air of mystery. No amount of questioning could elicit more than the information that there was something there that the child had to look at. I finally suggested to the student that he ask the child to draw a picture of the smokestacks. The child did, and indicated that there was something behind the smokestacks that he wished to see. He studied the smokestacks hard. The next suggestion was that clay figures of the smokestacks be made. The child made such a smokestack with a hole in the top, and a little hole was also made in the base of the smokestack. When questioned about this concrete representation, the boy told of snakes that went into the hole and of his need to watch them. He commented that if his brother could see the stack, he would say it looked like a penis. Two years before, the child had had penile surgery for the correction of a mild congenital deformity. Whatever residual memory he had of his response to the surgery was now involved in his fear fantasy involving the smokestacks. Some approach to his surgical experience could be made through the smokestack made of clay. Essentially, this child was psychologically asymptomatic. The curiosity of the therapist had led to the revelation that the child, along with thousands of others his age, was in the process of working through the spontaneous recall of a traumatic past event through the use of masking symbols.

Nondistorting Memory Functions: Their Development during the Latency Age and Their Effect on the Nature of Interpretation

Although willing to cooperate, the child in the case of the smokestacks could not respond to verbal questions about his earlier trauma, which probably was neither experienced nor remembered by him verbally. He could not even associate to his two-dimensional drawings, which were abstractly reduced representations of his visual experience of the symbolic smokestack. Only with the three-dimensional clay figure was he able to represent and talk about what was out of sight, and thus unavailable for verbalization. He brought it into sight, and was able to verbalize what was concretely before him. Free association of adult form was obviously not available to him. However, once the therapist had found the key to the level of memory organization from which the child was drawing his symbols, and concurrently found a means for stimulating associations (interpretation to activate spontaneous recall), the hiding place of the child's thoughts was revealed and secret sufferings and fears stood ready to unfold, directly and undistorted, from his memory.

We are now ready to move from the role of symbols as a tool for adjustment (through repression) in the latency-age child to those direct-recall aspects of memory during latency that undergo developmental modification and underlie the latent contents that may be directly represented, or find their way to consciousness, through masking symbolic forms.

Clarity of memory is defined in terms of the type of memory organization being used by the listener

or observer. Thus, a person who speaks only French will find the English-speaking person totally unclear in his ability to help recover an element from the past. In like manner, a person who expects a patient to remember and to free associate in words will consider the use of visual symbols in free association to be neither memory nor free association. For this reason, the categorization of the material here to be presented as nondistorting memory implies that the observer-therapist is aware of the developmental aspects of memory during the latency age period and recognizes that more than words may constitute the manifest content of free association.

The developmental steps are, in order of increasing maturation: affectomotor memory organization, verbal conceptual memory organization, and abstract conceptual memory organization. There is also a form of memory organization involving abstract topographic memory, but this is rarely developed in those outside the field of mathematics. The names describe the primary means through which the world of experience is apprehended and carried forward in time in memory elements. Motivation to recall may occur as the result of a purposive scanning of the registration of past events, or the spontaneous calling to mind of memory elements that results from the compulsion to repeat and master.

Affectomotor Memory Organization

The affectomotor memory organization consists of two components, motor and affective. The motor component is acquired first. It consists of purposefully modified patterns of motor activity. Piaget describes the earliest acquisition of the motor component in the first year of life in the process of exercising of schemata and "circular reactions." Essentially, the contents of memory of this component are motor syntaxes. Affect, as well as sensory stimuli, can activate the spontaneous recall of these syntaxes. Because of the early and primitive nature of these memory responses, they are of great use to the child therapist. By involving the child in motoric expression during a therapy session, otherwise unavailable areas of memory may be tapped. The silent child can be encouraged to play. Thus, the child who was asked to shape the object of his attentions, the chimney, with his hands was able to be brought into concrete motoric contact with the content of his concerns and, once focused on a representation of his concern, to widen his ability to represent it in words (codify for recall in words).

When a child moves to motoric memory elements spontaneously (a regression), the therapist

should be wary. If the regression involved is not limited—and one can only predict this at the time in a patient one knows well—there is a danger that all verbalization potential will be lost and that the child will begin throwing things. If this is the case, or is suspected, further regression can be blocked by introducing a miniaturized representation of the room, a verbalization, a symbolic play object, or any element that will take the child away from further regressed motoric activity. Interpretations at such a time should be approached with great care and should always offer strong defenses or support against anxiety, if accurate, they will push the child further into regression and action.

> An 8-year-old boy who was very much concerned with cleanliness noted that he had stained his coat with chalk. He tried to brush it off. He turned then to play with clay in the room. At first he formed a snake. Then he announced that it was not a snake but a messy "duty." He then began to pound the snakelike form. The therapist interpreted that he wanted to beat away the "duty" the way he wanted to beat away the chalk stain on his coat. The child picked up the clay and threw it at the therapist, hitting him in the head.

The affect component of the affectomotor memory organization consists of the ability to evoke recall of learned patterns in the form of affects, perceptions, and bodily postures associated with the initial experience. It represents the ability to organize recall around sensory experiences. These are usually recalled in their entirety, and thus is a rather inefficient medium for carrying experiences into the future. This ability develops during the first year of life. Piaget (see Woodward 1965) suggests that acquisition of the sensory image, as the vehicle of the ability to represent an object symbolically in the absence of direct sensory stimulation from the object, occurs at the end of the sensorimotor period (about 18 months).

Affectomotor memory organization persists in creative geniuses to the extent that they have whole worlds that they can bring into focus as adults, which they then draw upon in the creation of works of art.

Proust made this famous in his description of the evocation of an entire town recalled to mind by a bit of biscuit. Traumatic dreams carry this skill into the realm of possible manifestations in the area of emotional health.

Conceptual Memory

During the last half of the first year of life, words are acquired. At first they serve to please parents and to name things; but not long after, speech is harnessed as a potential signifier of sensory memory

contents with a greater capacity to transmit the content efficiently. By 18 months, symbols in the form of things begin to take on this function. At 26 months, repression comes into play. Psychoanalytic symbols are activated, and interpretations of the unconscious become possible. The harnessing of words as a potentially more efficient medium for the recall of experiences introduces memory organization on the conceptual level.

Conceptual memory is defined as the ability to evoke recall of learned patterns in the form of verbal signifiers, such as words and related symbols. Conceptual memory may be divided into the earlier-appearing verbal conceptual memory and the relatively late-appearing abstract conceptual memory. *Verbal conceptual* memory involves recall of earlier experiences through socially dictated verbal schemata for naming. *Abstract conceptual* memory is defined as recall of experiences through verbalized abstract concepts representative of the intrinsic substance of things and events.

Verbal Conceptual Memory Organization. Verbal conceptual memory organization is present, and available for use, by the third year of life at the latest. It is not the primary means used for memory until about 6 years of age, when latency begins. The extent to which it is used is strongly determined by environmental and social factors. In highly literate cultures, its use may become so intense that verbal constructs are employed in the retention of events in memory and in the interpretation of perceptions, as well as in the process of recall. Individuals who operate in this way are truly locked into their culture, for they no longer can see or recall things as they are, but can only see the slogans of their faith. The child therapist must diagnose the nature of the child patient's verbal conceptual memory organization in his verbal approaches to the child, and modify his input to be more sensation- and motor-oriented in working with the child who records information through the sensory rather than the verbal route. In addition, one of the goals of the therapist may be to guide the child to more efficient ways of perceiving and identifying with his culture and its requirements.

The development and primacy of the verbal conceptual memory organization is influenced by environment. It is not wholly dependent on cognitive maturation. The level of verbal conceptual memory that one reaches is a social phenomenon. Primitive tribes block abstract conceptual memory. A culture that is preliterate limits verbal concept memory while encouraging sensory-affectomotor memory. Mack (1976), in describing his interviews with Arab tribesmen of the desert, noted that they had acute and

detailed memories for events:

> Perhaps this is due to absence of literacy, and the dependence on recollections through sight and sound, when communication is achieved orally. "Their very illiteracy has trained them to a longer memory and a closer hearing of the news," Lawrence of Arabia once wrote, [p. 206]

The development of high levels of skill in the use of the verbal conceptual memory organization is sometimes a product of therapeutic influence. It may happen just because there is someone (in the form of the therapist) to interpret the action or the experiences on a verbal level and to encourage the patient to do the same.

Abstract Conceptual Memory Organization. Abstract conceptual memory organization is a maturationally based modification of conceptual memory. It first appears between *7 ½* and 8 ½ years of age, and consists of the skill of interpreting events in terms of their intrinsic substance and retaining this substance in memory through abstractions, with or without words. The most common area in which such interpretation takes place is in "getting the main idea" during reading. In life situations this is sometimes called "reading people quickly" or being able to "size things up." Piaget (see Woodward p. 65) describes as *concrete operational thinking* such skills in relation to the interpretation of concrete events, things, and experiences. Abstract conceptual memory goes beyond the level of interpretation to the level of storing for future use, that which has been learned. By the age of 12, the accumulation of abstractions in memory should have reached the point at which abstractions can be applied to the interpretation of other abstractions. Clinically, this takes the form of being able to interpret proverbs.

As I have said, literate societies tend to encourage the development of abstract memory skills, whereas primitive societies discourage it, encouraging instead rote memory for verbal concepts. In this way a gathering of abstractions in memory, which might topple simplistic myths, is averted. This is necessary for the maintenance of a society controlled through magic and myth.

Luria (1968) described a mnemonist who had a perfect memory for visual and verbal percepts. This man achieved his remarkable capacity for total recall by "converting meaningless sound combinations into comprehensible images" (p. 45). He actively sought to recall through images and was very successful. He was fixed at the sensory-affectomotor level of memory organization. He recalled word images primarily, but had poorly developed the capacity to gather abstractions in memory so as to create

a bundle of abstract conceptions against which to compare new experiences. Never could he develop the abstract conceptual level of memory organization. "Thus, trying to understand a passage, to grasp the information it contains (which other people accomplish by singling out what is most important), became a tortuous procedure for S., a struggle against images that kept rising to the surface in his mind" (p. 113).

Clinical Applications

We shall concentrate from this point on the clinical applicability of the foregoing material. In children, who tend to defend through using symbols—which mask—to serve as the elements in consciousness through which memories are activated (the structure of latency as a memory moiety), free association of the adult form is not to be expected. This is also the case for those who regress to the use of motor syntaxes to serve as associations. Free association of the childhood kind (as already described) can be followed, understood, and interpreted when working with such youngsters, if the therapist is alert to the way in which symbols and action are used in free association.

When an interpretation is to be made to a child who uses symbols and actions (reflecting an operative memory organization between the affectomotor and the verbal conceptual, and an interpretive level between the intuitive-symbolic and concrete operational thinking—see Piaget 1945), the therapist would do well to note that his personal way of understanding the child may take a form (i.e., getting the main idea and forming an abstraction) that the child cannot use. Such children experience recall through symbols that represent sensory recollections. This is far removed from that which the therapist experiences. Rather, the therapist records an abstract interpretation of the cryptic symbols that are the products of the child's recall. This is a common source of misunderstanding—the therapist's abstract interpretations might as well be written on the wind. Though heard, they will not be understood, or if understood by the child, they will not be encoded for memory in the abstract form in which they are presented. The goal of providing insight that will endure beyond the boundaries of the session is beyond reach.

To achieve therapeutically effective communication, the therapist has two choices when establishing a psychotherapeutic strategy, either modification of his approach, to put himself in touch with the cognitive and memory level of the patient, or assisting the child in achieving a more mature

level of memory organization. For the child younger than 6, the first approach is primary. For the child older than 8, the second is mandatory and therapeutic, since it coordinates with the expected thought processes of our society. The skills of the first approach must be ever at the ready to deal with regressed states and the structure of latency.

Movement, Affect, and Play Object Symbols as Free Association

The following clinical vignettes illustrate the therapeutic approach to the child who is capable of verbal recall, but who free associates through recall that is immersed in movement, affect, and play object symbols. Note that the main purpose of the technique is to get the child to use a more mature form of communication and memory organization in his associations.

Converting Action into Fantasy

A youngster, aged 9, stopped talking to the therapist and began to play by bouncing a ball against the wall. The therapist watched to observe if there was any fantasy involved. He searched especially for signs that would reflect an associated thought content, and noticed that the child was repeating numbers as he played. "What are you playing?" the therapist asked, "Are you keeping score in a game with yourself or with someone else?" "With my father," the child said. "Quiet, I'm winning."

Unlocking the Fantasy to Reveal the Problem Within

A 10-year-old boy in the third year of treatment began a session by picking up sticks and guns from all over the playroom. He locked some play money in a box and hid it. He announced that it was a box of doubloons. He gave me a gun and told me that they were going to rob the bank where the doubloons are kept. Stories of robberies and being captured were standard fare for this child; they were usually brought up when he felt guilty about something. I asked about this. The boy explained, "I really like stories about robberies and being captured. Nothing special happened (to stimulate the fantasy)." He then proceeded with the story, in which he played the chief and I, a henchman. In the course of preparations for the robbery, he walked from the playroom into my office, where he planned the crime while sitting at my desk and swiveling in my chair. This was a change from the routine story. I pointed it out. "I'm the 'Godfather'," said he, "I need a big desk." I pointed out that I've noticed that people his age always go to my chair when they come into the room. What did he think the reason was? He explained, "When I was little I could use the table in there as a desk." He then described in detail his need for objects in reality to fulfill his fantasies. "Now when I want to feel like a big shot, I have to have a real desk." I asked, "What else do you do when you need to feel like a big shot?" "Have some gum," he said. "You chew gum?" I asked. "Sure," said he. "Did you ever smoke?" "No," I said. "I'm going to smoke," he said, " 'cause then I'll feel sharp like a grownup and when I'm 20 I'm going to buy a stick of marijuana and try it. Do you know what marijuana looks like? Today someone said, 'a penny a piece or 100 for a dollar.' I bought one." He went to his coat pocket and took out a "punk" and asked if it were marijuana. He seemed relieved when I told him it was not. We spoke about drugs till the end of the session.

Even though the boy began the session by playing out a fantasy, the therapist was able to bring the child to a discussion of developmental changes in his defenses, as well as bring into focus the question of fear of drug usage, which was the problem behind the fantasy evoked. He had mobilized fantasy as a defense (structure of latency). The original conflict of the day was reconstituted by calling attention to a change in the content of an oft repeated fantasy. The stress of the conflict had resulted, in this lad with an obviously well-organized abstract conceptual memory organization, in a regression to affectomotor expression as a defense against feelings of guilt and smallness. He chose action involving the desk, chair, and role of the "Godfather." This was associated with chewing gum, which symbolized adult-type relief from tension in the form of smoking. The therapist's verbalization encouraged the child to shift to verbalization. His concern that his search to feel like an adult would lead him into drug usage could then be pursued on the level of verbal abstraction.

Verbal Conceptual Memory Elements Converted into a Meaningful Communication

Let us now consider what impact is produced on the therapist's activity by comprehending a child's level of cognitive function during an initial interview. The client is a 7-year-old whose mental life has reached only the level of verbal conceptual memory. We illustrate the modification of approach required to put the therapist in touch with the cognitive level of a patient who has learned to remember by rote the essential nature of the experience remembered, without necessarily comprehending it on an abstract level.

> A 7-year-old boy was brought for evaluation because of anxiety, hyperactivity, and excessive anger. At the beginning of the session I asked why he had come. He explained that he had "behavior problems." "What are they?" I asked. He had difficulty with this, finally explaining that he knows what to do, but it just comes out bad. He answered questions freely, and in a short time I had determined that he heard his own voice telling him to misbehave. It seems that words like "behavior problem," "excitement," and "I want to do better" were rote repetitions of things he had heard his parents say. Not knowing of the voice, they had theorized an explanation. The child knew that he would be rewarded if he used the words of the explanation; however, he could not explain the abstract meaning of the phrases as they had been used. When asked, "What will you do when you are doing better?" he answered, "I forget what I do wrong. I never done it twice. I try not to do it." "What?" I asked. "I want to behave better," said he. He could not tell what that meant, or when he had misbehaved or what he had done. He could use words for effect, but not for meaning. He said his mother said he misbehaves when he is "excited." I then asked him, "Do you know what it means to be excited?" He tried to find words. He had a concept but no words. He began to jump up and down. He stepped aside and, pointing at the place in which he had been jumping, said, "Like that." Thenceforth he said, "you jump up and down," whenever he wanted to say excitement. By using the same phrase, I was able to question him about situations that excite him and the things he does when he "jumps up and down."

He could not recall his "make-believes," but he did remember that he had dreams of monsters. He said, "I pretend monsters come in dreams and kill me." I asked what a monster looked like. He said that he didn't know. He could feel the monster, but not see it. I asked him to draw it. He said, "I can dream a monster but I can't draw it. I asked, "Can you make one out of clay?" He responded, "Sure." I gave him Playdoh. He made two pylons, then another two. Those, he explained, were legs. He made two more legs and began to make a body to put on them. As the clay monster took form, he became afraid of it. He could not continue his work on it. I found that though he feared the three-dimensional figure, he could continue to work with a less threatening, two-dimensional picture. I had drawn a picture of the legs of the clay figure. He looked at it and peering at the clay figure drew into my sketch a body and head. He then drew a line from the monster's head to the ground.

I have chosen these vignettes from this initial interview to illustrate:

1. the affectomotor recollection of a concept (jumping for excitement) followed by the establishment of a verbal description as a signifier of the concrete act. The verbal conceptual mode of expression was then used to explore the experience of excitement. Surely this child thinks by remembering.

2. the observation, which I have noted repeatedly, that an early-latency child can draw what he has difficulty describing and can mold what he has difficulty drawing, or can fill in another's drawing. This knowledge may be used by a therapist in encouraging an otherwise noncommunicative child to associate further when blocked; it is done by using phase-compatible materials to encourage associative expression.

Treatment of the Child with Delayed Abstract Conceptual Memory

In dealing with the problem of the late-latency child who has not achieved full usage of abstract concepts as the medium for retention in memory, the goal of the therapist is twofold. In addition to seeking phrasings for interpretations that are compatible with the patient's style of thought and memory function, the therapist should seek to help the child achieve an abstract conceptual memory organization.

To some extent this problem may be found in each child who is newly arrived in the late latency. To the extent that this is so, the brief recommendations that will be presented are applicable in many cases. One should be especially on the alert for this condition in youngsters who present with symptoms based upon the use of motor function and body organs or orifices. Such conditions as enuresis, stuttering, encopresis, and thumb sucking have, in my experience, often been accompanied by difficulty in school work and limitations in abstract conceptual memory organization. A cardinal sign of this condition is a combination of extended fantasy play with answers to questions that consist of the word "fine" or a

distracted grunt. Other clues are extended and detailed reports of dreams or television shows. The latter reflects the presence of an extraordinary verbal memory, such as that possessed by Luria's mnemonist.

> One such youngster 10 years old asked me if I had seen the "Wizard of Oz." I asked him to tell me about it. To my amazement, he presented the script almost verbatim, or so it seemed. He took two sessions to do it. When I asked him afterwards what the story was about, he could not tell me.

In dealing with youngsters who have this problem, one should continually refer to earlier fantasies or events, with abbreviated phrases. In essence, one lends ego by introducing an "abstract" or symbol that the child will be able to recognize as a part of the whole. Sometimes the child is so delayed that word exercises are not sufficient. Then, it is best to use a medium for recall of memory that the child is capable of handling, for instance, clay figures or drawings. Clay figures which represent an element in a fantasy can be made. They are preserved and kept in a safe place. They can be brought out in session after session. They can be used as reminders of earlier and similar fantasies when a derivative fantasy based on the same latent fantasy as the earlier fantasy is presented. Pictures may be used in the same way with children who are at the level at which two-dimensional items are usable for activating spontaneous recall. Often a bulletin board to which drawings can be attached may serve as a substitute memory. The figures can serve as an interpretation. When they are accompanied by words, the use of words for transmitting abstractions in memory is reinforced and furthered, as in the following case.

> A 10-year-old boy had a fantasy about an army tank. He was not capable of elaborating on it. I suggested that he make one for us to use so he could tell me about the fantasy by acting it out. At the next session, he brought in two enormous shipping crates from which he built the tank. He was so concrete in the memory organization used in his fantasies and free associations that he could not play out his fantasies with the slight degree of abstraction needed to reduce the size of the tank. When he found his "tank" unwieldy, he welcomed my drawing of a tank and went on from there.

In treating youngsters who have difficulty in word representations and drawings it is sometimes useful to draw a background of houses or the out-of-doors and to place figures in the picture, inviting the child to add his own answering figures. The fantasies involved here are not necessarily the child's alone. The process is not aimed at uncovering material, but encouraging free association on a more mature level than otherwise possible.

> One youngster, aged 10, who was subject to episodes of breaking things, accompanied by diurnal enuresis (EEG findings were negative), drew some pictures of "the breaker" when asked why he wet. He could tell no more than this. After a year of play therapy, in which most of the techniques described were used, plus exercises in drawing figures in story contexts, the child was able to elaborate a context for the breaker that reflected his

> inner experience of the voice. The child was able to tell me when I pointed to the picture of "the breaker" (which I had cut out and pinned with a firm backing to the cork board on the wall) that whenever he wet and broke things, he had heard the voice of "the breaker" telling him to break. There could be no resolution of the symptom until it was understood in its entirety, and it could be interpreted to him that the voice was a projection of his wish to revenge himself on his father whenever the father scolded him.

In the case of this youngster, as with many others, intensification of the symptom occurred when confronted with fantasy elements that required phallic aggressiveness. Reactive regressions to anal-sadistic levels were manifest; for example:

> An 11-year-old stutterer stuttered most during the sessions when he asked me if a particular thing, which he wanted to use, was in the playroom. If he could be prompted to order *me* to get the item, he could say the entire command without stuttering.

A state of doubt in the face of aggressive parental figures who interfere with the child's comfortable expression of phallic competitive strivings is a prime psychological factor in the retardation of maturation of the abstract conceptual memory organization. It should be looked for in such cases. Interpretation of it, using the child's level of memory organization, will enhance the abstract memory, as well as ameliorate the overall state of pathology.

Treatment When the Child Has a Competent Abstract Conceptual Memory Organization

In treating the child with abstract conceptual memory skills, the approach is similar to that of the treatment of adults. Both groups "remember by thinking." Up to approximately 12 years of age, abstract concepts should be applied to concrete events. At 12 [with the development, as observed by Piaget, of abstract operational thinking (see Woodward 1965)], the application of remembered abstract insights to abstract situations can be expected and utilized.

Summary

An investigation of the role of memory in free association has been presented. The mode of registration and recall (sensory images and/or words and/or abstractions) differs in the child of latency age from that of the adult. During the latency age period, the child's cognitive processes undergo a marked series of developmental changes in the elements used in memory organization. To the extent that these differences in mode of manifestation of memory exist, there are differences between the free

associations of the child and those of the adult. Children do free associate. It is necessary to understand the principles that govern age-appropriate memory elements in the child before these free associations can be used therapeutically.

By helping the child to develop the capacity to store abstractions in memory, the therapist also helps the child to gather a context of abstractions through which to interpret his behavior. In essence, the abstract conceptual memory organization is the carrier of the capacity to step back from oneself and take the role of the observing ego. Strengthening of these functions furthers the results of child therapy. In this chapter, related memory organizations, memory modes, and the theory of their ontogenesis were presented, and followed by clinical examples of the application of this theoretical material in the psychotherapy of children.