PSYCHOTHERAPY & PERSONALITY CHANGE



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Psychotherapy and Personality Change

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Psychotherapy and Personality Change

Evidences of personality change during dynamic psychotherapeutic treatment of a latency-age child must not be measured by the same yardsticks as those used in the evaluation of personality change in adults undergoing similar procedures. This principle applies to therapeutic gains during early childhood and during the period of late latency-early adolescence, as well. The core of this principle lies in the fact that natural developmental changes in personality are manifested during the latency time period. They influence therapeutic outcomes. There are developmental influences and events that are characteristic of the latency period. They are as unique to the latency time as are those that accompany early childhood and adolescence, though not as well known. This chapter will be devoted to a study of these developmental events and the mutual influences that exist between them and therapeutic maneuvers during the latency period.

There is an offshoot of the concept that a progressive march of cognitive, conceptual, and mnemonic developmental events normally accompanies and influences personality changes in the latency period. As patterns of defense are formed to deal with the drives and bring them under sufficient control for states of latency to occur, there are established personality precedents which are echoed in adult behavior. As Freud (1905) observed, it is during the latency period "that are built up the mental forces which are later to impede the course of the sexual instinct ..." (p. 177). Later, Freud (1926a) spoke of "normal traits of character which develop during the latency period" (p. 157). His emphasis was placed on the roots of adult morality and social conformity in latency. There are other areas of adult personality whose origins are to be sought and found in latency. These are organization of memory, cognitive styles in approaching the interpretation and organization of perception, awareness of danger, capacity for self-reflective awareness, future planning, sublimation, channelization of aggression, and the nature and quality of the symbolizing function. An exploration of these origins during the analysis of an adult personality can contribute to insight and foster change.

Awareness of latency-age sources for certain aspects of adult behavior was found in folk sayings of the pre-Freudian world. We may recall "As the twig is bent, so grows the tree," and "The child is father to

the man." The sources of many of the individual features of pathological adult personality dwell not in the first years of life, but in the real world and time of the latency-age child.

In those children who have not yet found their way to the beginnings of the aforementioned elements of adult personality at the time they enter treatment, improvement in personality function is often attributed to the treatment, but it should not be, unless it can be backed up with an evaluation of the relative contributions of normal maturation and therapeutic intervention to the demonstrated progress.

Personality growth and maturation continue whether there is therapy or not. Any personality change during therapy of a latency-age child might be viewed as the product of therapeutic technique set in a context of biologically mandated maturation. Study of individual cases reveals just how much of each factor is involved. Some results are primarily psychotherapeutic. Others are primarily maturational, and many are the product of mixed factors. Typical is the situation in which maturational potential of skills or the debut of new skills takes place as the result of therapeutic intervention.

The last of these circumstances raises a moral issue. Levels of cognition or superego contents that are not derivable from the home environment, or are at odds with that which is available there, can be introduced by the therapist. Essentially the therapist in these situations departs from the professional role and becomes a parenting figure. The right by which a therapist enters this area and the choice of contents or styles of mental function introduced (a good example has to do with the transmission of superego contents) are questions of medical ethics yet to be explored. Implied in this is the power of psychotherapeutic intervention during latency to affect adult patterns of personality. Examples of such traits in addition to superego contents are *self-reflective awareness* and the *capacity for abstract conceptual memory organization.* These skills stand out because neither is necessary for a functioning adult, and there are some societies whose value judgments consider these skills to have negative value. Yet both are necessary if insight is to be part of the therapeutic process in child therapy. (In some therapies, insight is not necessary to achieve a clinical result. In these situations, playing out and communicating manifest fantasy are all that is needed to achieve mastery of an internalized fantasy structure that has driven behavior or sensitized the child to react extraordinarily in ordinary situations.)

Self-Reflective Awareness

Where insight born of self-awareness is required, this personality skill must be developed if not yet present, or enhanced if present but insufficient for the needs of the therapy. This process may introduce skills and personality features that differ from those that would have been present if the child's rearing were left to the parents. Often these enhancements of such skills are achieved without conscious choice or effort on the part of the therapist. The acts of interpretation, clarification, and description of the patient's behavior become sources from which identifications with the therapist can be drawn, giving rise to the cognitive skill of self-directed awareness (cf. MacDonald 1980). An example follows.

A 10-year-old boy showed marked aggression toward his parents after his return from summer camp. In the second treatment session following his return, he began regaling the analyst with ribald songs he had learned at the culture- and science-oriented camp to which his parents had sent him. As he sang the songs under great pressure, his excitement mounted. Attempts to discuss the content were made by the analyst. This blunted the child's pleasure in the songs. It was a technique to be preferred to joining the child in the seductive excitement of the songs; however, the technique failed. No insight developed. Instead, his excitement, which had now lost its discharge function, doubled back and roused more excitement, which was in turn countered by a new mechanism: a reversal into the opposite produced manifest hostility. He seized a toy gun that shoots soft pellets and, turning his weapon on the therapist, loudly ordered him to choose a weapon with which to fight. The therapist was aware of the closeness to the surface of the aggression and of the child's hyperaggressive, excited state. He knew that the child was close to totally losing distance from his feelings and was ready to involve himself in a destructive physical interchange with the analyst and/or his equipment. The analyst chose to avoid any participation in the child's plan to involve them in a play fight with weapons that shoot. The child's personality structure was known to him; he knew that the child rejected his own aggression. He disavowed it and only struck out at those he provoked verbally to strike him first. In this way he could justify his anger as self-defense.

The therapist responded to each invitation to an aggressive interaction with a reflection on the child's planned use of an act of aggressive play on the part of the therapist as an excuse to discharge his (the child's) own aggression. He related this to the child's behavior with his parents, who unknowingly responded, as required by the child to his requests for a parental provocative act that would justify his anger. In addition, he pointed out that which the child had noted previously: when anger was stimulated, either in school or in the analyst's office, his increased anger and excitement fueled attempts to induce provocations at home. This disrupted his comfort. The more he became aware of himself and what he was doing, the more focused became the therapy and his awareness that there was a purpose to the treatment. The session grew to be a place of understanding rather than a place of discharge.

Such self-awareness is a necessary preliminary step in the pursuit of insight. If self-awareness becomes well developed and a part of the personality as a by-product of the analysis, the adult who grows from the child is different in personality from the adult he would have been. He becomes slower to react emotionally; more apt to involve himself in reflection of the role of his actions on his future; he more easily perceives himself as a creature set in a context of time and society where events have causes, and

actions give rise to effects in areas remote in time and place from the point of the action. At certain times, during therapies, such awareness can be used as a fulcrum for insight. Even the act of knowing is therapeutic. Thomas Mann (1948) noted that "No one remains quite what he was, when he recognizes himself." (VII).

Without self-reflective awareness, one can only feel what one is doing. For the future this can only lead to the repetition of something practiced. Being able to conceive, hold in memory, and recall in words what one is doing gives the child—and the adult he is to be—an awareness of self that can be worked upon, recognized, corrected, or worked through, as well as repeated.

Abstract Conceptual Memory

The other personality skill that is changed during child therapy, if interpretation and insight are to be the routes the therapeutic process will take, is abstract conceptual memory organization. This is an ego or personality function that goes a step beyond the ability to follow an interpretation. It is the ability to remember the interpretation in terms of its abstract sense. Here is a developmental step that begins to occur in the 8th year, primarily in children in literate societies and industrial societies. It is not mandatory for adult function. In fact, Murphy and Murphy (1974) report that Mundarucu Indian girls in Brazil who were convent-trained were ostracized when they returned to the tribe until they stopped speaking Portuguese and ceased thinking about and remembering things and experiences in terms of their intrinsic nature. Such thinking and remembering is the essence of abstract conceptual memory. It is unnecessary and even counterproductive in a society in which all things are interpreted, remembered, and understood in terms of myths, slogans, and culturally fixed, verbally encoded explanations. Here words are things in and of themselves. In psychotherapy, the ability to perceive similarities and to retain abstract awareness is a key to making insight meaningful for more than a moment:

An 8-year-old boy who was devoted to a primitive form of memory organization—in which he remembered all he heard by rote, with no concern for the meaning of the words he could recall— was converted to coding of memories through abstractions when his therapist pointed out that the themes of two of his most oft-told tales ("Star Wars" and "The Rescuers") had a multitude of characters and situations that were identical. He began to interchange the characters in the stories. The kidnapped girl in "The Rescuers" became the kidnapped princess of "Star Wars." The hideaway riverboat of "The Rescuers" became the Death Star in "Star Wars." In school there was an improvement in abstraction and mathematical skills.

Behavioral Constancy

When the internalized concept of right and wrong is coupled with the ability to recognize when to apply the knowledge, what I call *behavioral constancy* has become a part of the child's behavior, and we may say that the typical latency character has been established. The child has the capacity to behave as expected as long as the situations are uncomplicated and recognizable on the basis of external characteristics. The child responds appropriately and by rote.

At 8 years of age, the capacity to abstract that permits the differentiation of situations undergoes further maturation of abstract conceptual memory. Development need not expand the personality to contain these new skills. They may develop as the result of contact with such thinking through a literate parent or a therapist in need of abstract memory to support the retention in memory of abstract insights. With the development of this form of abstract memory, as a byproduct of therapy, a more mature form of superego becomes a part of the personality. Prior experiences, understood abstractly, can be applied to new situations. The child's attention can be called to the role of his behavior in the world. At the least, this potential is available and susceptible of development if the parent or analyst can involve the child in discussions that invoke this skill. At this point the child is able to use self-reflective awareness to reinforce the internalized superego demands of early latency. The calm, pliability, and educability of the latencyage character pattern can be maintained by conscious decision.

Therapeutic Result or the Product of Maturation?

So far our focus has been upon personality changes associated with the incidental effects of the technique of therapy on memory, cognition, superego, and abstract thinking. These personality skills undergo marked changes during the latency age period. There are associated marked changes in personality functioning in the child. When it is clear that the child is lagging in the development of these skills, the child therapist can consciously introduce or inadvertently produce moves towards maturity in these functions. These changes are accompanied by improvements in social behavior, which are often attributed to the therapy. It is difficult to know whether therapeutic technique has produced improvement, or if maturation of skills which would have occurred anyway are at the root of the improvement. It is important that the therapist recognize both the limits of his technique and the

potentialities of maturation in evaluating outcomes. There are times when internalized conflicts, which are the roots of neurotic illness, although unanalyzed are no longer manifested in behavior. An apparent remission occurs. In actuality, shifts in personality functions have produced a more socially acceptable manifestation. As an example, consider the cessation of latency-age phobias with the onset of adolescence. This coincides with a period of permissible rebelliousness and the shift in cognitive symbol formation from culture elements (animals, monsters) to real people. With reassertion of superego demands and parental imagoes in the mid-20s, the phobias reappear.

In both child and adult therapies, the true therapeutic result is manifested in the mastery and resolution of internalized fantasy structures, and a shift from adjustment through pathological defenses to adjustment through mature defenses, the replacement of primary process thinking with secondary process thinking, and the shift of the attribution of the quality of reality toward things in the object world and away from elements in the inner world of fantasy.

Distinguishing Characteristics of Child Therapy

As these goals are achieved, personality changes must follow. When a capacity for *self-observation* and *the ability to retain interpretations* is present, these goals are attainable as they are with adults, through insight. However, this configuration of personality function is not always well developed in a child. Therefore, with children there is less emphasis on transference, free association, and dreams as sources of information about the internalized fantasy structures of the system unconscious. In their stead, there are secondary sources, such as parents' reports, and primary sources, such as reports of fantasies by the child and fantasy play in which leads to insight are derived from the child's manipulation of play symbols. The content of play with these objects is dominated by unconscious fantasy; this is the free association of the child. This is not to say that more adult forms of communication and slips of the tongue do not occur in child analysis. However, the field of action contains more activities through which the child can express the unconscious, and the elements that dominate adult analysis are less apparent.

The following vignette could have come from the analysis of an adult.

A 9-year-old boy came into the office with a manner of aggressive bluster. "Remember," he said, "when I had a make-believe where you were a crook and I put you in jail?" He went on without waiting for an answer. He walked over the wall blackboard in the playroom and wrote as he chanted: "Jale before Bale," "Jale before Bale,"

(sic). The words were written from above down. I sensed that he was organizing a prison fantasy. This was a sure sign that he felt concerned about his anger and was about to master his feelings with a fantasy about crime and punishment. His excitement was mounting and it would be wise, I felt, to try to get his attention before his defenses emerged and hid his true state of mind in a fantasy that shifted anger and guil from himself to a masking fantasy. I called out his father's name, which began with I. He stopped short. He thought that I had misrecalled his name. I pointed out that in misspelling Jail (Jale) and Bail (Bale) he had blocked out the first initial of his father's name. "I'm angry at him," he said. "I drop him out. To hurt him I drop out of anything he wants me to do with him like the tennis junior game. I leave like his brother." He went on to tell of the tragic and unexpected death of his uncle. The event frightened and overwhelmed him.

Free association and parapraxes were clearly in evidence here. Such elements, however, do not dominate analyses in children as they do with adults. Instead, the child brings his conflicts into focus through fantasy play and symbols. Children who cannot do this are usually too excited to settle down to therapeutic work. They have poor control in the sessions as well as in the world. They are easily recognized as having failed to enter latency. Therapeutic measures aimed at changing their personalities into that of someone who is capable of entering states of latency revolve around helping the child to develop age-appropriate symbolizing functions.

In children who are capable of entering latency, symbol-laden fantasy play is an outlet for drives. For this reason, fantasy play can be helpful in achieving our goals. It is encouraged in those who fail to enter latency as a means of evoking calm. Fantasy play can be a source of knowledge to be used for insight. The actual act of play is therapeutic. It appears to help the child achieve reparative mastery of the traumas against which the fantasy defends. This tends to lessen the strength of fixations. The contents of the fantasies are used in working toward insight. Most of the fantasies produced by children capable of entering states of latency are products of the structure of latency. This is a fantasy-producing group of functions which produce symbol laden fantasies of a marked degree of displacement. The displaced symbols help the child to master sexual and aggressive overstimulation and uncomfortable affects and feelings. This strengthening of symbols through displacement results in an improved capacity to maintain the state of latency. The structure of latency serves as a safety valve for the instinctual pressures that clamor to push aside the mechanisms of restraint that hold the drives in check, and it enables to exist a calm personality capable of directing its attentions to reality and learning.

"Future Planning" Evolves

Once more we have described an ego function and its underlying structure, which strengthens as a

result of either maturation or unwitting therapeutic actions on the part of the analyst. Encouraging fantasy and symbolic play enhances the structure of latency. Again, it is hard to decide whether changes in personality have been produced by the analyst or by maturation.

The structure of latency uses symbols for the mastery of humiliation. As the child grows into adolescence, the nature of the symbols themselves and their use changes. Play symbols disappear. Dream symbols persist and assume a more important role in the psychic life of the child. The symbols used by the structure of latency become more and more realistic. In adolescence, reparative fantasies manipulate the real world. No longer is the child comforted by thoughts of being a king. Now comfort comes from plans that encompass the sites, partners, and professions offered by the real world. The structure of latency, which produces these fantasies, converts as the symbols are drawn more and more from reality into its adult form and comes to be called *future planning*. Psychotherapeutic strengthening of the structure of latency in the child enhances the maturity of planning capacities in the adult.

Latency and Adult Sublimation

So far we have described symbols actively produced. The structure of latency also adapts the symbols of others (found symbols) as seen or heard in films and stories to the discharge needs and mastery needs of the child. This process continues into adult life. A common example of this is the cathartic role of theater in the lives of adults. Exposure to symbol elements to be used for discharge provides a pathway for acquiring the ethical messages of the stories used. Thus, strengthening of the structure of latency to forward therapeutic goals has the byproduct of providing an ample conduit through which culture elements can be transmitted to the armamentarium of potential responses of the personality to life situations in adulthood. The words and messages of the stories used by the structure of latency for passive discharge shape the adult life of the child.

Summary

Psychotherapy in childhood produces personality change through resolution of neurotic conflict and mastery of internalized fantasy structures, and at times of need, through strengthening the personality and ego functions that create states of latency and later become the ego functions underlying adult cognition, superego content, memory organization, and character.