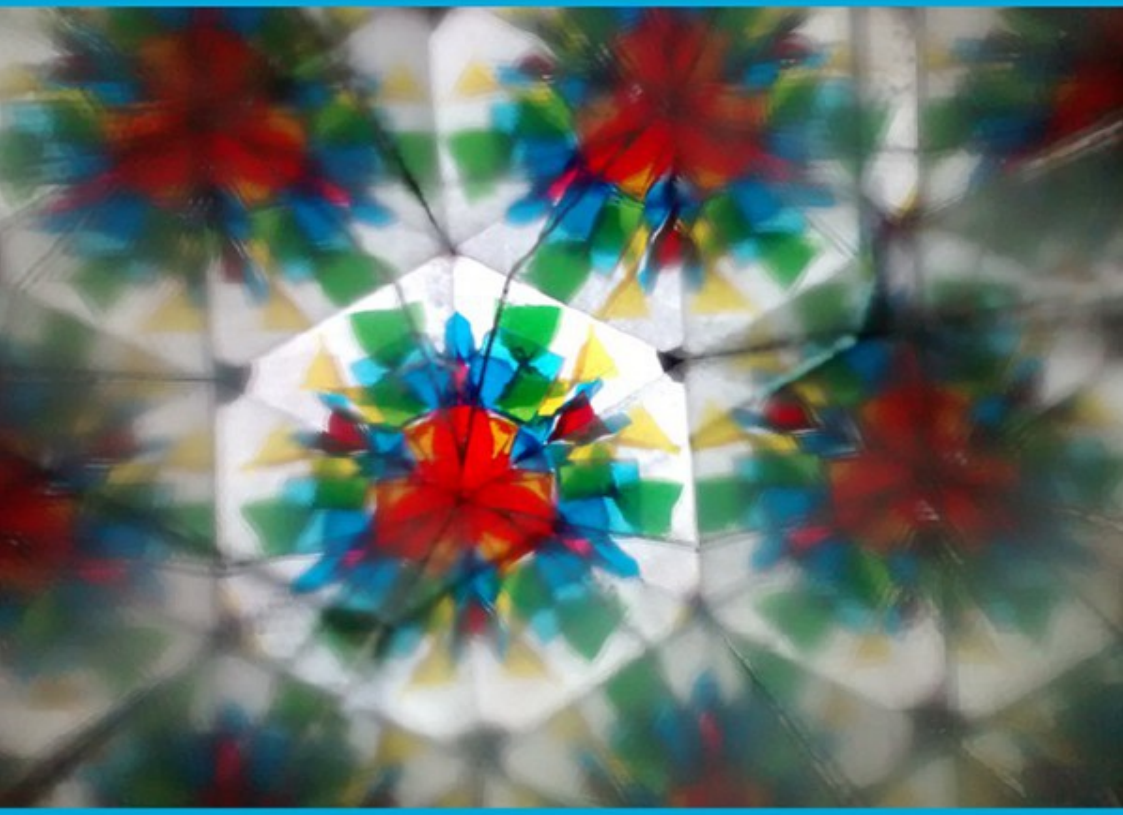
REPETITION COMPULSION & REPARATIVE MASTERY



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Psychotherapy of children is aimed at achieving repetition and mastery of remembered past traumas through the analysis of symbolization, play, and direct recall. Through this is achieved resolution of early- and latency-age conflicts, during latency.

This chapter will provide an in-depth presentation of an important cognitive developmental step, that is, the shift in the polarity of symbols from the evocative to the communicative mode. This is an early sign of the shift from latency to adolescence.

Repetition Compulsion and Reparative Mastery

Repetition Compulsion

The structure of latency and the fantasy play of the latency-age child, to which it contributes strongly, are primary outlets for discharge of tensions in the child. Adults have reality objects with whom to express drives and live out fantasies or lives. Younger children are more direct in their demands. Latency, though, is uniquely the period in which fantasy has primacy as a technique for drive discharge and mastery of stress. As such, the latency age period becomes a time in which the repetitive use of fantasy for discharge dominates and seems to the observer to be exaggerated.

The first historical description of drive discharge through childhood fantasy play was based on an observation of an 18-month-old child by Freud (1926a). The child was observed throwing a reel with a string attached to it, far from him. By pulling the string he retrieved it. Freud saw throwing and drawing back as childhood repetition aimed at mastering an unpleasant experience. The structure and function of such a repetition are similar to that seen in the repeated traumatic dream. Freud postulated that there is a compulsion to repeat those life events that are experienced as unpleasant. From the standpoint of drive theory, such activity may be viewed as the discharge of an aggressive drive which has been turned on the self. It can also be seen as a regression to a paradigm derived from the earliest narcissistic position (primary masochism). This consists of the self-cathexis imposed by that early state in which there is no

psychic differentiation between self and world. Then there can be no object in the mind's eye.

When there is only discharge of drive without resolution of fantasy or trauma, each pressure to regress starts a repetitive pattern. Ever and again, the drive discharges. Pain repeats. The memory for the painful experience becomes the obligate pathway through which the drive, bereft of external object, finds moments of release. As occurs while traveling, the journey can usurp the attention at the expense of the goal. It has been said, "Getting there is half the fun." In this situation, the repetition of the fantasy becomes the sole purpose and provides only the reward of misery. The resolution of the fantasy and the finding of a new and contemporary object are forgone while attention and energies go to affect and process rather than to resolution and object-seeking.

To paraphrase Freud (1926a); patients of any age "cannot remember all that is repressed and what cannot be remembered may be precisely the essential part of it. . . . [The patient] is obliged to repeat the repressed material as a contemporary experience" if an adult, or to employ symbolic masking in the form of repeated play fantasies, if a child. Such ever-repeating fantasies, which evoke past events and moods while hiding antecedent meaning, predominate in the repetition compulsions of latency. They are closely related to dreams. This is especially so in regard to the symbolic forms used. It is of interest that spontaneous dream reporting is relatively rare in latency-age children, even though dreams are not. They use the ludic (play) symbols, which are cousins to oneiric or dream symbols, in their therapy play and therefore do not require dream symbols to evoke their moods. The situation changes as the child enters adolescence. Ludic symbols disappear (ludic demise). Adolescents shun the playroom and toys. Now, dreams bear the brunt of providing discharge symbols for the repetition compulsion, until, as part of the march of cognition that follows the evolution of the capacity to fall in love, peers in reality are wielded as the symbols to serve in fantasies that the person is compelled to repeat.

Reparative Mastery

There is an alternative form of fantasy play that we see in latency-age children which bears a surface resemblance to the fantasy play of the repetition compulsion. This form of play is used to recall, process, discharge, and permit the child to shed the memory of a trauma. I call such play *reparative mastery play.* The memories dealt with are recent, for the most part. Under the pressure of internal

emotional guides, the play fantasies of children in latency drift toward the symbolic depiction of the more distant past.

The point of departure in differentiating the two sorts of play fantasy lies in the concept of mastery. Repetition compulsion repeats endlessly: reparative mastery, once experienced, ends the mnemonic hegemony over life events and conscious awareness that had been held by the traumatic events depicted. Obviously this is an important distinction. The encouragement of reparative mastery play is a potentially effective psychotherapeutic maneuver. It should be considered in the protocol of any psychotherapeutic strategy. In a similar vein, repetition compulsion should be discouraged or converted to reparative mastery play. The means of differentiating these types of play and the means of converting repetition play to mastery play will be described in what follows.

Clinical Examples

Reparative Mastery

The reparative mastery fantasy in latency is characterized by constant form, with changes in details that reflect ongoing involvement with teachers and peers. The symbolizing function uses ludic symbols to express fantasy during play. There is regular and sometimes impressively swift improvement in behavior outside the session, an improvement that seems to correlate with continuous use of fantasy play and the inclusion of verbal communication to the therapist during play activity. The child is frequently quite verbal, and permits exploration of content and extension of fantasy.

The Massive Transference Shift

> A common form of reparative mastery is the massive transference shift. A late-latency-age girl in analysis entered the room briskly. She went to a table and began to play with some toys. I asked her about the play. She did not answer. I watched her play, and prepared to interpret. As I spoke, she said, "You're contaminated, I won't talk to you." I thought a bit and then asked, "Who called you contaminated?" "My sister," said she. "She had a friend over and they wouldn't play with me and they called me contaminated." She continued her stance for the rest of the session. At the end of the session, she felt better and the episode was never repeated. I served as a symbol of the sister and her friend. Her vengeance vented, she had mastered the humiliation and could go on from there.

The Ludic Symbol. More typically, the mastery fantasy takes the form of a fantasy of punishers, cops

and robbers, or heroes scaling heights. The following vignette depicts such a mastery fantasy in which the classical ludic symbol is used.

> The patient is a 9-year-old boy who had recently been transferred from a therapy of one year's duration in which no progress had been made in controlling poor behavior, poor peer relations, and bullying of peers. In that therapy, the child had been exposed to interpretations of his drives equating phallic exhibitionistic behavior with the wish to expose his genitals to the therapist and to seduce the therapist. Such interpretations might be effective; in this case, defenses were bypassed. Drive energies were stimulated rather than helped toward control. At one point, the boy stamped on the roof of the therapist's car after a session.
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> When he came to the first session in my playroom, he went directly to a punching bag and began to beat it fiercely. At one point, I asked him whom he would like to hit like that. He immediately gave a confusing answer, in which he revealed that his father was the target of his wrath. However, it was made clear that he was not beaten by the father. Rather, he had observed his father beating his sister. Here, the transference shift used a bop bag as a symbol of the sister and himself as the father. Fortunately, he had not chosen to have me serve in the sister's role, an activity that he suggested to me a few sessions later.
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> I called the mother after these sessions of bop bag beating to ask if there was any change in his behavior. She described improvement reported from the school and observed greater tractability at home, though he teased his 15-year-old sister when a boy came to visit.
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> During the sessions the beatings continued for three more weeks. At one point, the punching bag burst and had to be replaced. He continued the beatings. He answered all questions. It became clear, though, that most of his experience in the session was on the level of affectomotor discharge, with a minimum of verbal structure. The action and affect were repeated almost ad infinitum.
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> Then one day he said he was bored. He asked me to show him my gun. I asked where he had gotten the idea that I had a gun. "Aren't you afraid of robbers?" He walked to my consulting room and opened my top drawer to look for the gun. As he looked, he said, "Dr. L (his former therapist) has a gun for robbers. He showed it to me." I explained that I had no gun. He repeated the question in subsequent sessions. Each time I explained that I had no gun (and thought to myself about his prior therapist's interpretation of phallic exhibitionism).
>
> After about a month, the fantasy content changed. He took a Superman figure and bound it with rubber bands onto a doll bath filled with water. All this was done in silence. As he approached the end of the binding process he explained spontaneously, "He is bound by krypton rope and can't get away."

Note here that the fantasy play, although silent, had a communicative function. He wanted me as audience to his fantasy, and he gave me a summary to convey the meaning in his actions. Subsequently, if I asked him questions he answered freely at any time, although at times he had to think to formulate his answer. Notice, also, that the symbolic object, the tied subject, was very much a true ludic symbol as defined by Piaget (1945)—namely, a structure of matter and dimension used to play out a fantasy—also known as a toy. This ludic symbol was used with emphasis on the communicative pole in its symbolic usage.

The story did not end there. In the next session, he had Aquaman cut Superman's bonds and save his life. Superman was put aside. Aquaman was joined by Wonder woman and Batman. They were bound together within a wide cardboard cylinder, around which tape was wound. He taped the figures together. There was an obvious change in content; I asked what had happened, and why the person who saved Superman was punished. "They stole something," he said. I reminded him that in the movie "Superman" three people had been found guilty, bound into a clear flat sheet, and shot into the universe. "You got it," he said.

Converting the Verbal Symbol to the Ludic Symbol. The next case represents an example of a mastery fantasy in which exploration and expansion of the fantasy are achieved by converting the symbolic form used from verbal symbols to ludic symbols. What is the purpose of the conversion? More extensive processing (working through) is produced.

> An 8-year-old boy was brought to therapy because of refusal to "behave," refusal to go to bed when told, hopping out of bed to harass his parents, and yelling at his parents in public. In all other areas, his behavior was exemplary. The father was capable of calling his son at the last minute to cancel the appointment that had been set at the expense of the boy's other activities.
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> In sessions, the youngster readily told of his bad dreams, which caused him to resist going to bed on time. He detailed a dream. In it, a father yells at his child and the child wants to hit him. The father never takes the child anywhere.

My therapeutic strategy at this point took two directions. First I advised the father to spend time with his son. The father began to take him out. Second, I encouraged mastery through play.

> In ongoing sessions the youngster told a story of the boy who wanted to hit his father. I asked him to draw a picture of the people in the story. He drew the father and the son. I cut out the figures he had drawn and glued them on cardboard backs set on stands. "I'll make the whole family," he said. He drew many figures populating a world. The boy figure hit the father. Then another father figure and a boy went to a ball game. About the tenth session the mother reported that his excellent school behavior was now present at home. He was sleeping well and behaving well. During the twelfth session, the child said, "Now I'm going to draw a monster—watch what he does to the others." He drew; I mounted it. The session ended. A few hours before the next session, the father called me. He said that the child was doing well, thanked me for caring for his son, and said that since he was moving into an expensive new house, he could not afford therapy for a healthy child. "Today will be his last day," he said. When I discussed this with the child, he said, "I have to get used to it." We discussed his anger at the mercurial nature of the father's life style. At the end of the session, he asked if he could take home the figures. I put them in a box and he left quietly.

Repetition Compulsion

Repetition compulsion fantasy in latency is characterized by constant, almost unchanging repetition of stories, ludic symbols, used in the evocative mode, no improvement outside the session in spite of continuous use of fantasy play, and the exclusion of the therapist from the play activity. The child may be quite verbal, but does not permit exploration of content or extension of the fantasy.

> A 10-year-old encopretic youngster, who soiled at the command of hallucinations, played out movie plots unceasingly. He remembered the movie scripts word for word. If I tried to ask a question while he played out a fantasy, he would respond with the diagnostically significant phrase, "Wait a minute." I could wait for hours and not have reason to believe he would return to my question.

The stories that serve repetition compulsion are not meant to communicate. They do not attempt to create a psychic reality out of a shared concept or experience. These fantasies do not try to strengthen reality testing by forcing the fantasy into a verbal form that would convey meaning to another and superimpose the influence of socially shaped verbal concepts on the loose logic of fantasy. The fantasies could serve these purposes, but the service of such a goal is not the goal of the poorly relating child. The ancient trauma itself is hidden by the ritual use of a current public fantasy in the case of this child. Other children spin out a fantasy that serves only to evoke the past, and conveys no meaning to the therapist, except that which can be guessed or surmised from the language of universal symbolism.

> An 8-year-old boy played with a marble and a stick. He faced the corner and hid his play from me at every turn. If I tried to see what he was doing, he shifted his position to block my view.

> A girl of 9, who was intensely jealous of a younger sister, hit her sister at every turn, was unpopular at school, and involved in a relationship with her mother in which she would scream, stamp her feet, bite her hand, and flap her fingers in angry excitement. In my playroom she used many small family dolls to tell a story of two groups of children. One group had a favorite little girl. This little girl was removed from the other group by trickery. I was assigned by the child to move the dolls in the other group. As the story progressed, she moved from a communicative to an evocative symbolic mode. She handed me a group of dolls and pointed to the corner across the room. From where I sat, I could see that the favored little girl doll was being hanged. She continued to play at this for a number of sessions. There was no improvement at home. I knew I would have to convert her play to a communicative mode. Any attempt to ask questions or make an interpretation was met with, "Shh!" or "Not now," or "I'll tell you later." At times she screamed at me, "Be quiet!" After one attempt to communicate with her, she handed me some doll furniture and seven or eight dolls, and ordered me to play by myself and leave her alone.

Converting the Evocative Mode into a Communicative One

I placed one doll on a desk top, lying supine with arms crossed, and surrounded the figure so formed with other

> dolls. She glanced over at this somber grouping. Her face became quizzical, then disdainful. "What's that?" she asked. "He died," I said quietly. "I don't want anyone dying in the stories here," she rejoined. "I think I saw you hang the kidnapped little girl." "That's different," she said, "she was bad, she took all the attention." "Tell me about it," said I, *and she did.* Concomitant clinical improvement was reported; conversion achieved.

Catching the attention of the child is vital to conversion from the evocative to the communicative mode of symbol usage which is intrinsic to the conversion from repetition compulsion to reparative mastery.

> The youngster who retold movies was engaged in communicative (reparative mastery) modes, when he was caught short by my comment to him that "Star Wars" and "The Rescuers" have the same plot. He was able to improve his capacity for abstraction in relation to this interchange, as well as to accept the interpretation that his choice of similar themes reflected a contribution from his own personality. With a youngster such as this (he was psychotic and experienced command hallucinations), one can expect to achieve communication and its attendant mastery only briefly. Longer and longer periods of communicative activity can be achieved during a long therapy.

There is a world of difference between these two cases. In one—the girl with the tale of the kidnapped child—there was intermittent regressive withdrawal into the exitless trap of the self-dominated world of primary masochism. In such cases, the child seeks to suffer the evocation of trauma alone, requiring intrusion by the therapist to restore her to her intact capacity for the communicative use of fantasy for mastery. In the other, the boy who repeated unchanged tales that had been previously told by others (movies, television stories, etc.) had a fantasy life dominated by a continuous, fixated position of rest in an objectless world of self-directed rage from which he must be drawn in gradual steps.

Although both children are locked in repetition compulsion, the first has a greater degree of potential mental health and capacity for the spontaneous resolution of conflict. From such cases it is possible to see that in this regard there are three categories of latency-age children: those whose fantasy life is devoted to reparative mastery, those whose fantasy life is dominated by repetition compulsion, and those who run the danger of shifting from the first category to the second.

Summary

Children who do not or cannot convert their repetition compulsions into reparative mastery during latency are doomed to an adult life shaped by the repetition compulsion. Those who cannot shift, or be shifted, from an evocative to a communicative mode in their fantasy and speech produce a cognitive style

close to that seen in the borderline psychotic, or psychotic as adults. Failure to resolve psychopathogenetic fantasy content during latency through the use of the communicative mode leaves the post-latency individual with intrusions of content from the past that will shape sensitivities and patterns of planning and expectation to the extent that the sense of reality (psychic reality) will dominate over reality testing (the world one can touch). In adolescence and in adult life, attention cathexes will be drawn to fantasy-dominated plans and conclusions in preference to reality.

The degree of penetrance of the evocative fantasy pole in adult life may be predicted to some extent by the therapist. There is correlation of this outcome with unwillingness of the latency-age child in therapy to answer questions in self-designated, specific areas. Although specific symptoms may pass with time, the unremitting use of the evocative fantasy pole (repetition compulsion in contradistinction to reparative mastery) is one of the underpinnings of latency-age psychopathology that will persist.