Symbols in Psychotherapy

Symbol Theory Applied During Psychotherapy

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INTRODUCTION

Symbols provide a cushion in facing stress that makes adjustment to uncomfortable affects possible. There are pitfalls in this aspect of symbol formation that support psychopathogenesis. This occurs when the roles of symbols as moieties that carry memory, categorization, and communication, is set aside; and the symbol becomes a conduit from past to present for experiences that sensitize a patient to distort current reality and affect.

For example in the following case note the transmutation of an architectural form, a chimney, into a symbol, which is laced with affect from a past experience.

A resident who was just beginning his child therapy training, had been assigned to evaluate and treat Paul D., a latency age child whose sole problem appeared to be a failure to advance academically at the same rate as his peers. 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. There was very little in his productions that the student thought was important. The child said little spontaneously and responded to all questions with a well-modulated "fine" or "O.K.". At the end of a supervisory session in which little neurotic content was reported, I suggested that the child be followed only until his assignment to a learning disabilities specialist was completed.

As the resident prepared to leave my office, 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. In the next session, the child made it clear that he wanted to look at the chimneys of the nearby hospital, which was visible through the playroom window. The child's need to look had a sense of urgency, a touch of fear and an air of mystery. No amount of questioning of the youngster could elicit more than the information that there was something there that the boy wished to investigate.

I suggested to the resident 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. My next suggestion was that the patient be encouraged to make clay figures of the smokestacks so that they could be turned around and the back of the smokestack be visualized. The child modeled a smokestack with a large opening at he top and a little hole was made at its base. When questioned about this detail, 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 surgery for the correction of an aberrant urethral opening at the base of the penis. A residual memory of a response to the surgery informed intense fantasy distortions about the smokestack. Entry for a psychotherapeutic approach to the emotional residua of his surgical experience had been opened through a smokestack modeled in clay. The therapist's request for a three dimensional symbol to represent the inordinately important flat smokestack produced an image which contained a distortion. Such distortions indicate that here there are symbols, which signal to the therapist that a conflict area in need of attention is present. The child, in using a symbol in an age typical manner, revealed a potential for reparative mastery and working through of past trauma through communication using a masking psychoanalytic symbol.

The task of the therapist in a context such as this is to help the child develop verbal and abstract representations of traumatic experiences and non verbal thought processes through expression in the form of symbols that can be interpreted and whose context can be expanded to produce new information for clarification by the therapist. Such symbolizations use toys, affects, drawings and play for the presentation of latent content. This is the latency age equivalent of the use of adult free associations and dreams as a source for uncovering unconscious content. Note how little Paul D.'s therapy illustrates the way in which experience is carried through memory into the present in the form of a sensitizing latent content that encourages misinterpretations of a new perception.

An attempt at mastery through symbolic repetition of past experience could be seen in Paul's distorting experiencing of a new reality in the form of a chimney with a hole imagined, where no hole should be. The process is a dynamic one. Its driving force comes from the pressure of unresolved traumatic events of the past. When communicative symbols are used, forces of mastery and repetition

seek new experiences to serve as symbols to be used in the working through of past traumas.

In non-therapeutic situations this process can produce distortions of reality that interfere with adjustment. These include misunderstanding, false perceptions, manifest fantasies, and defensive (masking) fantasy diversions such as attending plays and opera, watching stories on TV and fantasy play in children. The process may occur to such a degree that defensive energies are mobilized at the expense of neutral energies needed for the pursuit of healthy growth. For instance affect generated by a mutilated tube can be strong enough to force a child to avoid a smokestack, resulting in a clinical phobia.

Psychotherapy and the Symbolizing Function

Psychotherapy aims at achieving mastery of past traumas through the exploration of influences from the past on symbolization, play, free associations, dreams, direct recall and transference. In regard to these areas, psychotherapy takes advantage of the symbolizing process when the therapist recognizes and interprets the meaning of symbols that appear in a child's play, in adolescent descriptions of friends and films and dreams, and in the adult patient's free associations, fantasies, dreams, and actualizations of fantasy content in relationships. These elements and transference are in large measure symbolized derivatives of unconscious fantasy activity, which is an attempt to work through past trauma. Unconscious fantasy content manifested in symbols can be interpreted as part of the process through which the therapist helps the patient to express in consciousness and master remnants of past trauma and to achieve resolution of prior conflictual experiences. Schilder (1938) described the role of symbolic play in child therapy in the following terms:—

> "The child sees in the figures of the play its own problems and expresses itself freely, at first concerning the characters of the play and learns so to understand its own problems. It gets a new insight into human situations and learns so (sic) about its own problems. It may be easier for the child to understand its fear of aggression by the mother when it is shown a witch and it may understand its counter aggression better when it is at first experienced towards the symbol of the mother." (p 26)

The Years of the Ludic Symbol 26 Months to 11 Years

Piaget (1945) introduced the concept of the ludic Symbol, which is a psychoanalytic symbol used in play. It resembles the dream (oneiric) symbol with the exception that ludic symbols are plastic objects in contrast to dream symbols, which are primarily visual. In addition ludic symbols cease to function as

discharge pathways at the end of latency while dream (oneiric) symbols persist throughout life.

Ludic symbols dominate the period from 26 months till the extinguishing of play symbols at 11-12 yrs (ludic demise). During this time, the use of symbols as the source of data about unconscious motivations during psychotherapy is intense. This time period is as great a field for the study of symbols as is the world of adult dreams. It is then the structure of latency produces highly symbolized, defensively altered manifest fantasies, which while giving content to play, mask conflicts, which persist in latent fantasies.

Latent fantasies are part of a system of psychical forces, which are ever at the ready to bring unresolved experiences and traumas from a child's past into action in the child's reactions and interpretations of reality experiences. For instance, the child whose latent fantasies are tied up with jealous feelings in regard to his parents will be apt to be stirred by the seductive behavior of others to the point that the structure of latency will introduce Oedipal context symbols into his play.

The therapist' translation into its referent of a play fantasy, or a topical emphasis in free association or a massive onslaught of transference that is superimposed on the recent reality input that has activated it, requires an interpretive technique similar to dream interpretation. Reality stresses influence fantasy and transference in the way that a day residue influences a dream. They intensify sore spots, in the sensitized psyche. Such a spot is present wherever there are old unmastered experiences (for instance, infantile memories of deprivation or trauma). Such sensitizing latent fantasy provides a pattern for environmental signal recognition, which repeated traumas intensify. Interpretation of new experience is based on latent fantasy.

A synthesis of past and present results in the formation of manifest fantasy. The process is a dynamic one. The search for mastery through repetition continuously seeks new experiences to serve as symbols for past traumas. At times the compulsion to repeat and live out a referent fantasy creates an impediment to progress in a therapy. An example of such a situation involves 'masochistic braggadocio'.

The Symbols of 'Masochistic Braggadocio'

Both in adolescence and adulthood, the regressive or persistent use of real people as symbols and

fantasy objects through which personal agendas of fantasy are evoked becomes the basis for impaired object relations and "fate neuroses" throughout life. Persistence of such immature symbolic forms or regression to their use produces clinical states such as 'Masochistic Braggadocio', a clinical syndrome in which the patient spends session after identical session complaining of how badly she is treated. Strangely seeming, the story is always the same though through the years the partners change. They serve as foils and as symbols for the reliving of images of persecution. Such partners serve the power of the symbolizing function to superimpose a patient's fantasy onto reality. Eventually it becomes clear that such a patient is not able to conceive of the healthy relationship she is missing and that she cannot direct the therapy to work on cognitive and fantasy impediments to healthy object relations. Her images overwhelm reality and perception is distorted into foregone conclusions. The patient is more interested in converting the therapist into a witness to her pain than she is in recruiting professional help that would aid her in achieving an adjustment of which she can hardly conceive. Reality testing and interpretation of underlying fantasies is of little value when first working psychotherapeutically with these patients. In the beginning one must interpret the patient's characterological and manipulative use of the therapist. Then the immature working of the symbolizing function needs to be pointed out as it happens. Then the patient has the choice, if she wishes, to work through the impediments to the pursuit of love objects in reality.

Ludic Symbols and Dream Symbols

Oneiric (dream) symbols are cousins in obscurity to ludic (play) symbols. By way of example, one youngster, 10 years old, reported that he himself could not remember his dreams but knew that they occur. He commented on their poor communicative value, saying "Dreams don't make sense—unusual". Spontaneous dream reporting is relatively rare in latency age children, though dreaming is not rare. This is likely so because the use of ludic symbols in therapeutic play makes for little driven requirement for equivalent dream symbols to be used for the evocation of moods or referent content.

The situation changes as the child enters the psychological world of adolescence in which ludic symbols play little part (post ludic demise). Adolescents shun the playroom and toys. 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 recruited to serve as

symbols in the actualization of the fantasies that the person is compelled to repeat.

Mastery of Trauma through Fantasy Play

There are two forms of fantasy play seen in latency age children. They have a surface resemblance. These are fantasy play, involving the use of communicative mode symbols as part of reparative mastery, and fantasy play using evocative mode symbols as part of repetition compulsion.

During reparative mastery, symbolic play is used to recall, process, discharge, master, and shed the influence of referents derived from recent trauma. Encouragement of such play is a fundamental function of child therapy. Symbolic representations of recent referents used in reparative mastery should be differentiated from the evocative symbolic representations used in repetition compulsion based play. During repetition compulsion, representations take part in a repetitious distorted symbolic depiction of the more distant past.

The point of departure in differentiating the two sorts of play fantasy lies in the success of the use of each fantasy type in achieving mastery of past emotional trauma. Reparative mastery fantasies contain communicative symbols. They are successful in ending the mnemonic hegemony, held by recent traumatic events, over life events and conscious contents. Repetition compulsion fantasies fail in this endeavor. They are evocative. They are repeated endlessly without altering the effects of their distant sources and their potential to do mischief to interpretation of perceptions, and the creation of behavior. Conversion of the symbols of repetition compulsion play from the evocative to the communicative mode introduces the possibility of mastery of early trauma into the child therapy situation.

Mastery through Conversion of the Evocative Mode Symbols of Repetition Compulsion into the Communicative Mode Symbols of Reparative Mastery

Fantasy, as a manifestation of repetition compulsion during the latency years is characterized by constant, almost unchanging, repetition of stories. Ludic symbols are used in the evocative mode. There is no improvement outside the session in spite of continuous use of fantasy play. And there is exclusion of the therapist from the play activity. The child though quite verbal, does not permit exploration of content or extension of fantasy. Ever-repeating fantasies that employ symbols to evoke past events and moods,

predominate in the repetition compulsions of the latency age child. These symbols serve poorly the process of mastering unconscious content. These symbols serve primarily the process of discharging tension while hiding meaning.

The degree to which the evocative fantasy pole will continue into the adult life of the child can be predicted by the therapist on the basis of the child's symbol contexts. Persistence is correlated with unwillingness of the latency age child in therapy to answer questions in self-designated specific areas. Though specific symptoms may pass with time, the unremitting use of the evocative fantasy pole (repetition compulsion in contradistinction to reparative mastery) points to latency age psychopathology that will persist.

Children's stories and play that serve repetition compulsion are not meant by the child to communicate. They express feelings and carry recalls repeatedly, in the manner of a moving image imprinted on the side of a drum that revolves continuously around a pole. The image keeps reappearing. It seems to move. Yet it never makes progress in moving from the pole and is immune to external influence. With so little capacity to move forward or communicate it is not possible to derive from a shared concept or experience a common view of psychic reality with the therapist that can be used as a basis for discussion. The form of the telling is not wed to the therapist's verbal requirements, nor does it attempt to hold his attention. Fantasies in the evocative mode do not lend themselves to a strengthening of reality testing in the way that communicative verbal forms do. Because they are not shared with the therapist, they do not open thinking to the weight of a therapist's secondary process based verbal challenge. Questions, which could press socially shaped rational verbal concepts upon the loose logic of fantasy are ineffective. Though any fantasy could at first glance seem capable of participating in such a therapeutic activity, fantasies populated by evocative symbols neither lend themselves to nor invite secondary process influences. The service of such a goal is not the self-perceived purpose of the poorly relating child who is in therapy. That child seeks to hide meaning.

Converting the Evocative Mode into a Communicative One

Children, who emphasize evocative symbols actively during psychotherapy, avoid the acquisition of reflective self-awareness and the study of the intrinsic nature of things that make up mature abstract

thinking. In fact all forms of repression and psychoanalytic symbol formation, which bend toward the evocative pole serve to block this insight oriented skill. To be effective in doing therapy with children whose symbolizing function uses the evocative mode, the nature of the memory referent to be mastered or the reality problem to be solved must be identified. One must convert the child's use of symbols to the communicative mode so that effective verbal resolution of conflict becomes possible.

All symbols at all stages of development have the potential to serve in both evocative and communicative roles. In the analysis of any individual symbol, an estimate of the degree of emphasis on the evocative or communicative pole is appropriate. Such analysis can be applied to all symbols at all ages and stages. For instance, the adult patient who insists that he is being persecuted by the analyst and cannot recognize that he is expressing a transference fantasy is using an evocative mode of symbolization.

Play symbols used in the evocative mode are often reinforced by distancing and guarding behavior on the part of the patient. An example of such guarding would be the eight-year-old boy who played with a marble and a stick, while facing the corner of the room, with his back to me.

Conversion that Corrects Dynamic Regression in Mode

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 had been 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 defended against sharing awareness with the therapist of scatologically tinged referents by moving from a communicative to an evocative symbolic mode. This was achieved by handing me a group of dolls and sending me to play in a distant corner of the room from which my view of what she was doing could be limited. Her own activities involved repressing her current concerns through regression of the object of attention of the system consciousness to earlier (e.g. anal phase) drive manifestations. The manifest fantasies in therapy of this latency age child came to be dominated by teasing, sadism and scatology. From where I sat, I could see that the favored little girl doll was being

hanged. She continued to play through these evocative symbols for a number of sessions. She resolved nothing. She did not permit my interventions. There was no improvement in her behavior 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.

I realized that holding the attention of a child is vital if one is to convert her from the evocative to the communicative mode of symbol usage. This step is intrinsic to the conversion from repetition compulsion to reparative mastery. Therefore I created a scene with the dolls assigned to me that was aimed at creating an attention getting surprise. 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-. This led to a description of her resentment of her sister. Concomitant clinical improvement was reported.

Modifying a Fixed Regressed Mode (Psychotic Functioning)

A ten-year-old encopretic youngster soiled at the command of hallucinations. When he started therapy, he told me about the figures who commanded him. He drew them unchanged in detail in sessions years apart. One could only guess at what past events were evoked. These figures, called sun and moon and wet head conveyed no objective meaning to the therapist, except that which he could surmise from an hypothesized universal language of symbolism, an approach that proved unproductive.

The child spent much time in his sessions repeating movie scenarios. His associations found their expression through recall of films to which his family had taken him. This is a form of cultural capture. Cultural capture refers to the use of contaminants in play therapy in which ready made fantasy figures and stories shoulder away from center stage the private symbols that a child could have used for evocation or mastery in therapy. He remembered movie scripts word for word. Such mnemonism is

characteristic of people with impaired symbolization associated with concrete thinking. (See Luria 1968) He filled his sessions with verbatim retelling of movie stories. Though he had moved his fantasy characters from delusional figures to a new set of story characters whom he could share with the therapist, his behavior continued still to conceal his ancient traumas. Through the ritual use of current public fantasy figures (such as those in the "Wizard of Oz") he spun fantasy that served only to occupy time in the session. To deal with cultural capture the therapist should attempt to get the child to add his own symbols in the communicative mode to the story or to catch attention and create discussion about the stories told.

His capacity for communicative mode symbols was limited. 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.

I noticed a similarity in the plots of two of the movies he had been repeating. I pointed this out to him. He shifted to a more communicative (reparative mastery) stance, when caught short by my comment to him that two of the movies of which he had spoken, "Star Wars" and "The Rescuers", have the same plot. He participated actively in matching up the comparable characters in both stories. He seemed shocked by the therapist's introduction of abstract comparison of gross contents of the fantasies using concrete individual details of content that were based upon the patient's rote memory for experience. He was able to improve his capacity for abstraction and ability to get the main idea when reading after this interchange, as well as to accept the interpretation that his choice of similar themes was a contribution from his own personality. With a youngster such as this (psychotic and experiencing 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 intact capacity for the communicative use of fantasy for mastery. 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 encopretic 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. Clinically she had less in the way of life fields dominated by a narcissism that put inner mental content ahead of the call of external reality.

From such cases it is possible to see that 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 pursue a dangerous shifting between evocative compulsive use of symbols and communicative mastery use of symbols.

Interpretation of Referents, which Underlie Symbolized Fantasy Play in Latency

Translation of a play fantasy into the recent trial or trouble that it represents requires an interpretive technique similar to that applied to dreams. Recent events take the part played by the day residue of a dream. It intensifies the effects of old traumas that sensitize the child. Old unmastered experiences (infantile memories of deprivation or trauma) provide the pattern, which new traumas reawaken and into which new experience is added to produce a new synthesis in the form of a manifest fantasy. The process is a dynamic one. The forces of mastery and repetition seek new experiences to serve as symbols for reliving past traumas. The events of today call forth memories. The result is a distortion of reality, which takes the form of misunderstandings of reality, and defensive (masking) manifest fantasy play in children.

For instance, when a child begins to feel a sense of independence from his parents at about seven or eight years of age, the child confronts himself with fear fantasies of being small, vulnerable and all alone in the big world. This is reflected in a fear of being alone. A fear of monsters develops. The monsters are symbols of the impotence they fear, masked representations of their defensively mobilized aggression.

Other Therapeutic Modalities Utilizing Symbols

Conversion of symbols, interpretation, and the lifting of repressions are not the only processes at work during psychotherapy. There is a spontaneous gain in communicative mode symbol formation during reparative mastery, which is inherent in the symbols and fantasy play of children, religious ritual,

and the dramas enjoyed by adults. The act of symbol formation can comfort and free energies for useful work. There is gain when repeated fantasy play dulls the sting of repressed recalls. Child therapy, by encouraging play, enhances these gains. Symbols based on hyperbolic metaphor, when substituted for memory of painful trauma, can diminish affect intensity, and free consciousness to address reality perceptions.

Some perceptions and memories have stimulus characteristics that are experienced as overwhelming through the powerful affects that are generated. They fail to comfort when used as symbols for they carry affects of their own. For instance powerful storms and lurking shadows engender fear and beauty rouses lust. When selected as dream symbols such representations magnify affect rather than mute it. In clinical situations such affect porous symbols provide the dynamic underpinnings of phobia and nightmare.

The capacity to create symbolic representations that diminish the affect impact of awe generating perceptions and memories make it possible to make distant, disorganizing contents in memory. Such substitution is automatic in effective psychoanalytic symbol formation. Through mechanisms of the mind, reality comes more into focus and becomes more controllable. Processing of memory contents and mastering them through displacement to symbol formation gives the symbolizer the impression that he can wrestle fear and win. The person is reassured and his self-image is strengthened by a sense of "superiority to nature [and remembered pain] even in its immensity." (Kant 1790 p 101). Distance from danger, which is created through displacement comforts the symbolizer and gives him a chance to share in a sense of mastery. When this process accompanies the symbolized evocations of referents present in activities associated with repetition compulsion, the symbols and symbolic acts persist, repeat, and return. Evocations are locked in place by narcissistic glue. When this process occurs in the domain of communicative symbols and reparative mastery, discomforting and potentially paralyzing referents are eroded and lose importance.

Man, bearing symbols and playing the dreamer, can manage referents by creating distant and more neutral representations. This can be done through displacement to content removed from affect, or through a change of media. Symbols make the intolerable tolerable and set the ego free to work in conflict free areas. Repression and cathartic discharge through fantasy can be used to describe the mechanisms of

symbol formation. This applies especially to symbol formation associated with psychopathology that involves evocation, excess narcissism and repetition compulsion. In understanding the healthy communicative use of symbol formation during reparative mastery in personalities with an emotionally healthy psychological infrastructure, repression may be viewed as less central and displacement more important.

Symbols can be formed without repression. Displacement is essential to complex symbol formation. In the case of psychoanalytic symbols, repression's role is to support displacement. Displacement defuses reality and memory through altering the content and the media used for interpretation and expression. Displacement, in changing the venue and content of consciousness gives one a reassuring sense of power and an improved self image in the face of the strengths of nature and past experience. Displacement provides less frightening forms of representation and defuses memory's power over man's future.

Mastery Through Play
(Affect Porous Symbols in a Neurotic Child)

Patient C was a girl seven years and two months old, who had come to analysis at six years six months because of failure to progress in school. When seen initially, she told of an intense fear of a dream that occurred repeatedly, just after she would fall asleep. In the dream, a bloody-headed ghost followed by a thousand snakes approached her. They would pass by her and go to her mother, whom they encircled and crushed. She presented as part of her symptomatology a maturational lag in symbol formation. Her attempts to displace her conflicts into fantasies failed to shield her from the anxiety of the conflict. The instanced dream is an example of this. As a result, she was unable to achieve the latency calm required for learning. By the hundredth hour of treatment she had reached the point at which her anxieties were no longer all pervasive. She could learn to read and write. Her fantasy formation functioned with sufficient displacement for these anxiety free fantasies could be used to elucidate her conflicts in the analysis. One such fantasy told of conflicts between two groups over the ownership of a piece of property. She represented this struggle by gluing small pieces of paper to a large piece. The large piece of paper represented the property. The small pieces represented people who wished to occupy the property. After all the small pieces had been placed, strips of cloth tape were glued on top of the pieces. She described these strips on top as the winners. At first, small strips of tape were used. Later longer and

longer strips were added. The strips of tape were called the take-all family. A father (he was the longest), a mother, two brothers, and a longtime friend of the father were identified. I commented on the similarity of this family of long, slender smothering beings to the mother-smothering snakes that appeared in the recurrent dream she had reported early in the analysis. She responded by telling me she still had the dreams. "The snakes come just the same and they bite," she said. The bloody-headed ghost and the crushing of the mother, however, were no longer present. As she told the dream, she wrapped the rest of the white cloth tape around her hand like a bandage. When she said bite, I pointed to the bandage and asked: "Your hand?" "Yes," she said, "they bite my hand." She moved toward me quickly and began to bind my hand, saying, "And they bite you." "Where?" I asked. "Your penis," she said, stopping short of finishing the word as she realized that she had made a slip, and quickly substituted "tushie." "You said penis—what do you think of that?" asked I. She took a small strip of tape and attached it to my belt, saying, "What a small penis you have—no, it's big." Then she handed it to me, saying, "I don't want to touch your penis." She then took a long strip of tape to play tug-of-war with me. She had to win. She finally cut the tape into a five-foot and four-inch strip. At first she assigned the short strip to me and the long strip to herself. The she switched, saying, "You have a long penis." She put the short strip between her thighs, saying, "I have a little one, no, I have a vagina, I have a sissy." I asked what she meant. "When I touch it," she said, "it's all mushy." She did not describe her masturbatory explorations further, for there was an abrupt change of activity. She went to the dollhouse and began pushing around its furniture saying: "I'm a tornado; I'll break all the furniture in the dollhouse." I interpreted her anger, saying, "Now I know that when you are angry at home and you break and cut, you are really angry at your brother and want to break and cut because he has a penis and you have a sissy." She became quieter and placed the five-foot tape and the four-inch tape in her storage bin. The session was near the end. Instead of leaving, she told me to leave. I pointed out that her wish for a penis and for power expressed a desire to change places with me. The hours that followed confirmed her wish to castrate men and thus create a world of castrated people so that she would not need to feel deprived or dominated. The slip of the tongue was very much in the context of the direction in which her associations were going.

In this case, we observe a child in the process of the development of mature ego functions in the area of symbol formation. At first she could not substitute an emotionally uncharged substitute to represent the smothering, powerful penis. She chose the symbol snakes, but these still frightened her. As

she developed more capacity for displacement, the number of steps between the anxiety-ridden latent content (penis) and the manifest content increased until she spoke of cloth tape strips with no anxiety at all. A complementary series had been set up; the strips of tape, a displaced representation of the symbol snakes, were far enough removed from the original anxiety-provoking idea for them to become the subject of a discussion with the therapist. A slip of the tongue occurred when one of the displacement steps (snake=tape) was abrogated during the discussion by an interpretation of the repressed connection between snake and tape strip at a time when she was in a regressed ego state. She abrogated the displacement in its entirety producing affect-charged latent content (her penis envy and wish to castrate her brother). This took the form of the slip of the tongue in which she demonstrated her wish to destroy the analyst's penis in the transference. This also referred to her rebellion against the suffocating domination that she interpreted the analysis to be.

The Use of Clay Figures and Drawings to Expand Associations to Symbols

At times, the use of drawings or clay figures provides extensive associations to dreams. Drawings and clay representations of dream figures can be used again in later sessions to expand the potential associations to dreams. The following clinical vignette from the above-described patient illustrates this means of obtaining dream associations from children. The child's presenting complaint was repeatedly dreaming about a thousand snakes, led by a bloody-headed monster, who wound themselves around her mother to kill her. Another complaint was inability to eat her breakfast on school days. This stemmed from a fear that she would throw up on the way to the school. Going to school necessitated separation from her mother. The resolution of her morning anorexia was related to the appearance in the analysis of fantasy material relating to the ingestion of food. The patient said: It's better to be eaten by a whale than a shark because a shark grinds you up and kills you while a whale swallows you down and you can live in there and eat the fish he swallows and when he dies he always goes to shore and then he'll vomit you out and you're okay. Once a man was swallowed by a whale and was living in the tummy. The whale swallowed a plane full of people. Something went wrong. The whale made a B.M. in the wrong direction and a pipe broke and all the duty and sissy went into the plane and they thought it was hamburger and lemonade and they ate it. Later the whale died and he went to Europe and let the people out. Then the whale went to America where he let the man out. A death and rebirth theme is clear in this, as is the doing and

undoing of oral cannibalistic fantasies. After she was able to verbalize devouring fantasies, she began to eat breakfast in the morning more often. In fact, she ate breakfast for the first time in three years while working through these fantasies. She then developed a new symptom. She had to have her mother with her while she dressed. She related this to frightening dreams in which there was a person she feared. She feared the person in the dreams while awake, when she was dressing. She refused to tell me about the dreams. Then one day when her parents were planning to go to the city and she was going to sleep over in the house of a friend for the first time, she explained that the person who appeared in the dreams, whom she feared, was myself. As she told of the dreams she illustrated them by making clay objects. She made a long, thick, snakelike object, which, she explained, was the spook and was Dr. Sarnoff. She made a large stomach that left the snake a shell from stem to stern. A large mouth, two eyes, and a control box completed the figure. She then set little pieces of clay on the table. "Watch him kill and eat people." She put the clay houses and objects into the snake's stomach. She expanded her associations to the dream as she told the story, using the clay snake and a small doll family. She told of the kidnapping of children who are killed and eaten by the analyst-snake-spook and return from his stomach through the mouth healthy and intact. Among the mechanisms permitting the displacements that allow these fantasies to come into consciousness are the reversal and projection of oral cannibalistic wishes toward the mother, transferred to the analyst. Doing and undoing of oral cannibalistic fantasies are clearly among the determinants of these fantasies. Fear of annihilation and of object loss were conveyed through these plastic associations, which also served as discharge fantasies associated with the structure of latency.

The Symbol Dynamics of Reparative Mastery

The process of reparative mastery is a dynamic one. Its driving force comes from the pressure to resolve traumatic events of the past. Mastery is sought through successful repetition using new experiences that serve as symbols for past traumas. New experiences can be distortions of reality, which take the form of misunderstandings, manifest fantasies, or defensive (masking) fantasy play in children. They create a cushion of comfort in that they distract attention from past traumas through providing a supportive wish fulfilling false reality.

Unresolved past traumas are carried through memory into the present by the use of memory

moieties, such as a sensitizing latent fantasy. Memory moieties inform misinterpretations of new situations and experiences. Mastery of past experience occurs as the result of reexperiencing the memory through a distorting interpretation of a new reality. Child therapy takes advantage of this process by encouraging play in children that uses toys and art to express and master past trauma. There is a downside to this process. It may intrude distortions on reality to a degree that defensive energies are mobilized at the expense of the neutral energies needed for the pursuit of healthy growth.

LUDIC DEMISE

The fantasy symbols of latency age play involve manipulateable images and replicas of small size (ludic symbols) such as toys, dolls, and three-dimensional images one can handle. Latency age daydreams use verbal images. In sleeping dreams, visual components dominate. Symbolic dream images continue to be used into old age. Ludic symbols in play wane at the end of latency in a process called ludic demise. As a result fantasy becomes less central, and play begins to lose priority in play therapy. Its role as the primary means of communication with the secret and unconscious world of the child comes to an end. After ludic demise, childhood play ends.

The development of ludic demise parallels and supports the maturational shift to communicative symbols in fantasy. It is not the product of communicative symbol maturation. These phenomena are never to be considered to be syncretic. Though play ends with ludic demise, fantasy continues. In the transitional phase between midlatency and early adolescence, attempts to resolve problems through personalized fantasy activity continues even after ludic demise has begun. During this phase of transition, fantasies become more explicit. They serve to protect the child from the tensions associated with incestuous wishes during late latency early adolescence. The child must confront these issues. They are temporarily resolved during the late latency years through masking manifest fantasy symbols, and with symbols drawn from reality during adolescence. Masochism, which in the latency years takes the form of persecutory fantasies, is represented in adolescence by provoking others and physically hurting oneself. Scoptophilic (looking) fantasies are lived out through illustrated sexual magazines and Peeping Tomism. Bisexual fantasies in early adolescent boys are equally frankly manifested. They take the form of effeminacy or by wearing items of mother's clothing. Alternately such fantasies may be manifested by defenses that produce hypermasculinity. For example, by lifting weights the child assures himself of a

manly physique. Fixation at this level is manifested in residual effeminacy, transvestitism, and adult scoptophilia.

During the transition from latency to adolescence, unprovoked swings between play and communicative speech occur. At these times the therapist must switch his cognitive orientation to coincide with the child's state of cognitive regression for there is more magical and intuitive thinking when play symbols are dominant. Attempts at resolving problems through autoplastic fantasy activity continues during adolescence. New symbolic forms appear in the communicative contexts that develop in adolescence. At first late latency fantasies in therapy contain play symbols of full human size. Then relationships become the primary preoccupations that fill the therapy session. Once the child has gained firm footing on the nether side of ludic demise, fantasy figures in common use can serve (cultural capture) as useful passive symbols. In mature sublimations this takes the form of enjoyment of the creations of others. Then in early adolescence reality objects are recruited to serve in interpersonal interactions as symbols that play out roles in the private fantasy scenarios of the child. Parents and teachers become the objects of crushes. Through this step the door is opened to living a fantasy-dominated life or to experiencing a corrective scourging of fantasy through a relationship with the reality of a chosen person and situation. The latter is the result of use of symbols selected during the transitional phase between mid-latency and early adolescence, as a bridge to the object world and a step in perfecting future planning. These symbols and the tales in which they occur can become the basis of discussions, which reveal the adolescent's future interests and complexes.

The change in symbolic forms that characterize the transition from mid-latency to early adolescence involves a shift from psychoanalytic symbols which dominate fantasy play and dreams in mid-latency to a use of real people as symbols to populate fantasy. The latter is a transitional stage at the brink of entering reality based object relations (see Sarnoff 1987B)

Factors That Influence Prognosis in Adolescent Therapy

The therapist who works with children in late latency-early adolescence should be aware that a phase-specific upsurge in narcissism can delay, or cause to fail, the achievement of reality-oriented object relations, leaving the child prone to narcissistic traits in adult life. To evaluate this, one should determine

the extent to which symbol use has shifted to a communicative mode; whether adequate removal (shift of object from parent to peer) has been accomplished, and the resolution of narcissism has been negotiated. Important signs of progress in therapy are improvement in the nature of adjustment of peers selected as close friends and softening of the object ground thought disorder of adolescence that fails to see current behavior as causally related to future life potentials. The latter is an expression of lessened narcissism and improved capacity for abstraction. Improved abstraction increases the ability to understand interpretation and supports symbol formation, which on a communicative level, extending a hand to the therapist, invites interpretation and working through. Therefore the use of abstraction should be encouraged, as a therapeutic technique.

Impaired Symbol Usage

Psychoanalytic symbols sprout from mental states that are rich in anxiety, affect, and potentials for action that need be hidden from consciousness. In the absence of symbols, overt actions and felt affects dominate awareness. Where psychoanalytic symbols exist, one can find secret wishes and blunted affects. Symbols can be used as markers that tell us that in the near unconscious, conflicts may be found. When the effectiveness of symbol usage is impaired, affects and actions move toward awareness.

Clinically Poor Symbolizing Function

Poor or absent symbolization predisposes a person to aberrant reactions. These include drive manifestations such as self directed anger when troubling ideation can not be muted by displacement of attention to fantasy, dreams, and corrective future planning. People with poor symbolizing function tend to live out cycles. These consist of hope followed by disappointments, the impact of which lessens in time to permit the person to return with hope again and again to the same vulnerable situation. The interposition of mastery through dreaming, evocative fantasy, or the orderly creation of a new life through future planning involving realistic symbols is insufficiently strong to produce options for change. The primary presenting symptom of a person with a symbol-impaired character is recurrent depression that follows upon seemingly repetitive episodes of fate.

Pathological impairment of the symbolizing function occurs with brain damage, failure in

development and psychological regressions. In the case of brain damage, for instance in the Kluver-Busey (1937) syndrome, the absence of the amygdala results in a lack of the interposed affect required to trigger cryptic symbol formation. Direct sexual, hunger, and aggressive drive expression results. In the aphasias Werner (1940) described regressed symbolizing function. He noted that there are " . . . certain psychopathological conditions in which the symbolic function has regressed . . . " (P 252) " . . . patients have not forgotten words as such, but they are quite unable to use them in so far as they possess an isolated, symbolic character (a "dictionary meaning")." With this type of aphasia, it is the intellectual ability to symbolize not the use of words for naming that is effected. The representation tends toward becoming a part of a "concrete natural situation" (p 253) The use of an isolated symbolism is beyond the powers of such aphasics. They may be capable of knocking at a door before entering the room, but be unable, as a pure fiction, to demonstrate the act of knocking. Luria (1968) has described mnemonists whose rich memories for concrete detail is accompanied by poor use of cryptic symbols.

There are impairments of the symbolizing function seen in feral children, deaf children, stutterers, and youngsters with poor verbal memory recall in whom the ability to establish symbolic linkages through intrinsic characteristics of referents and representations is lost. In these people interferences with the development of abstract thinking impairs the effectiveness of the symbolizing function. The impairment is related to the difficulty caretakers have in applying patience to teaching adult communication skills involving time consuming repetition.

At times the symbolizing function is poorly developed or subject to regression. Impairment of capacity for delay, displacement, abstraction, symbolization, or fantasy formation, results in a person of unstable character with an inability to create symbols and generate patterns of behavior consistently and constructively. In these circumstances therapies require, in addition to interpretation of unconscious content, specific techniques aimed at strengthening the symbolizing function and intercepting the factors that produce the regressions, which destabilize reality oriented cognitive organizations.

Yahalom (1967) reported a case of a woman with poorly developed symbolic function. Her " . . . words had not acquired the true symbolic function . . . " resulting in " . . . many barriers to communication." (p 377) She had " . . . critical confusions in sense perception . . . " which "prevented her from forming and using symbols . . . " (p 377). Such patients, often do not remember dreams. They give

priority to evocative symbols over communicative ones.

In reference to his patient Yahalom (1967) noted that "Symbols emerge through a process that transforms the characteristics of true images into representational percepts, and this transformation cannot take place unless one is able to "negate" the original object. Severely disturbed persons cannot do this." (P378) To form a symbol one must "detach (oneself) from all elements of emotional association with . . . " a memory. "Only then can (one) re-perceive . . . " the referent " . . . in the light of other less emotionally tinged memories and associations." (p 379) This is a description of the process of repression as it exists during psychoanalytic symbol formation.

Libbey (1995) described a *non-symbolizing* patient. "In these patients . . . symbol and symbolized are one." (p 82) As in Yaholom's case, there was no ability to "negate" the referent in favor of the representation and therefore impairment in the generation of symbols. She could not use dreams or symbols in her analysis. The non-symbolizing patient does not recognize that the transference is a symbol of memories. As a result, the non-symbolizing patient is not open to " . . . the multiple possibilities for understanding the deep and complex meanings of personal experience." (p 72) including the transference. She recommends that in the treatment, emphasis be placed on discussions of the patient's "primal transference and the analyst's emotional position" (p 72). The process involves lending of the analyst's ego in creating symbols to represent the needs and referents of the patient that have been represented in a non-symbolized transference. Early maturational fixation is implied by these authors as the origin of non-symbolization. The treatment of a child with this maturational fixation is presented elsewhere in this chapter (see below Josie). Psychotic paranoid transferences, in which the patient does not recognize his contribution to his own transference interpretation of the analyst's words or behavior, can result from a regression in the symbolizing function. The latter condition is characterized by irregular impairment of ability to separate representation from represented.

The Persistent Transitional Object

One process of impairment of maturation of the symbolizing function was described by Winnicott (1953). He introduced the concept that a child can cathect as a parent an object that stands for a missing parent. He described such " . . . transitional phenomena (as) healthy and universal." (p 379) They are a

means of dealing with separation in the infant. Ordinarily transitional objects such as teddy bears are given up when libidinal energies can be directed to non-parent caretakers. However a transitional object can persistent into the latency years and adulthood as a non-symbol, which is not differentiated in the psychic reality of the child from the object it represents. In severely disturbed children the transitional stage does not give way to a fully effective symbolic thought process. The transitional stage persists and becomes anchored in an object (i.e. a fetish) "that serves as an image but not a symbol". (380)

The Hallucinated Concrete Object

Yahalom (1967) noted that the disturbed child is continuously driven to search for a concrete image, which offers a false sense of security. Without this safety he feels that all experiencing is unsafe; and he desperately settles for a fetish, a perversion, (the senseless repetition of a series of unworkable images) or a transference activated transitional object. All are manifestations of a desperate drive toward a hallucinatory concrete object (380) with no differentiation of referent from representation. They are therefore are not symbols. A functioning healthy observing ego can recognize that symbolic objects are representational and that substitute objects are not. Yahalom's patient's ego being in a psychotic state was not sufficiently developed to make this distinction. She used a fictitious memory and the emotions, which she attached to it, to protect her from emotions which she felt she should not endure. She knew of no other way to stave off inner catastrophe. (380)

The Child with Impaired Utilization of Symbols and Failure to enter latency

At times a child has an absence of the ability to symbolize defensively. This interferes with fantasy play. Such children tend to have latency calm interspersed with episodes of marked anxiety, as opposed to excited behavior. Usually it is active symbolization that is missing. The child can passively use the symbols of others in the form of stories and TV dramas, for hours on end. He cannot, however, produce symbols on his own. Typically, such children fall into silence when they come upon material that is difficult to verbalize. This is in contradistinction to the shift into fantasy play that one normally sees in latency-age children. It is therapeutically useful to help these children to create unique personal symbols so that they can develop fantasy play for use in therapy and life for the mastery of conflicts, humiliations, and fixations. How is this done? One technique is to introduce clay figures, doll figures or drawings to

represent the situation being described by the child at the moment he became silent. The next step is to ask the child what happens next, or even to suggest what may happen, using doll figures to illustrate the suggestion. As with most work, which deals with cognitive growth in children, the symbolic potential of these children exceeds their functional capacity. This can be harnessed for therapeutic gain.

Therapy of a Child with Poor Symbol Formation

Josie was a seven-year-old second grade student. She had shown anxiety during back-to-school activities at the end of the previous summer. She had had a similar experience the prior year with rapid resolution of anxiety. Her behavior during preparation for school included awakening her parents at four in the morning on a Saturday to go over the preparations for dressing for Monday morning. Six weeks into the school year, the problem became so severe that they brought her for therapy.

In therapy sessions, she reported in the minutest detail, the events of the school day. She did this with her parents too. If they could not listen, she became overwhelmed with anxiety and a sense of urgency. The parents could not recall a single spontaneous fantasy of the child. Josie had always been a nagging child. She could not occupy herself when there was no structure. There was a continuous need for attention from the parents.

She reported to me that she had to tell her parents what happens in school, because the voice of a lady had told her to. She didn't know who the voice was. She was clearly without access to spontaneous play. She presented no fantasies. In therapy sessions she waited silently for me to speak. She said nothing spontaneously. She drew no pictures spontaneously. She was well oriented. There were no evidences of general cognitive impairment. There was an obvious maturational lag manifested in the absence of superficial evidences of a repression-oriented symbolizing function used in the service of latency fantasy discharge. She could remember no dreams save those, which repeated recent traumatic experiences or frightening television movies. She enjoyed watching television but could recall only exciting events, never full stories or story lines. Explosions, fights, and isolated episodes of magic on TV sitcoms were all that held her interest. She had a fear of robbers. She provoked the attack of peers. Her capacity to pay attention in school in support of learning was supported by adequate latency ego mechanisms of restraint.

Her teacher tended to yell at the pupils in her class. This recreated the home situation for Josie and stirred great anger in her. She feared to show it to the teacher, containing her anger until she returned to her home. She dealt with her acute distress by insisting upon parental attention to a reliving of the trauma of the school day. The amount of aggression leveled at the parents at these times was so great that she dealt with her motivation regressively, assigning the cause of her behavior to a voice rather than to herself. She was incapable of dismantling the memory of traumatic events and reorganizing and synthesizing them into highly symbolized and displaced stories. She therefore approached stresses bereft of skills through which she could gain succor or revenge without threatening the situation in which she wished to continue to function well (school). She did not have available the structure of latency that could permit this.

The dynamics of her current state is best described as acute disorganization in an individual who was experiencing an ineffective latency as a result of inadequate symbol formation. Although some calm had been achieved in school, the absence of the structure of latency made it impossible for the child to remain calm in the face of ordinary stresses, where structure was minimal. If the child were to be helped at all, psychotherapy had to aim at creating a symbolizing function, which she could use as a safety valve to deal with stress. The root of her problem was that she had become an unimaginative child with no apparent psychoanalytic symbols.

In falling from consciousness, a traumatic event is stripped of its outer garments (words) and is hidden in the mind only as the idea of what it had meant to the person who experienced the event. There are no words in the part of memory of which I speak. There are only ideas of things. The part of the mind, which contains such memories, is called the *system unconscious (UCS).* It is a characteristic of this part of the memory that events, which carry much meaning, become linked to memories from the past, which are related (i.e., the overwhelming yelling of the teacher and the yelling of the child's parents). The recent event and the past events in combination increase each other's momentum in seeking a conscious representation, which will provide an opportunity for reliving, working through, and putting to rest the trauma. As such they are a source of discomfort. The more discomfort, the more does the complex of ideas of things acquire the quality that will attract consciousness.

The organ, which opens the door to consciousness is called the *percept consciousness.* Eventually,

the disquieting event and its comrades in arms knock at the door of consciousness and demand entrance. How can they be admitted? This is a land of protocol. Only thoughts that are dressed as words may enter here, Fortunately, there is an anteroom near the door to consciousness. We call it the *system preconscious.* Here there are garments in the shape of words and nonverbal visual symbols, which hide the private parts of the ideas of things while cloaking them in styles and forms which are admissible into polite society. Once so attired, the concepts and ideas enter into the area of awareness, which is called the *system consciousness.*

During the latency years, the use of symbols, fantasies, and masking is a primary adjustment technique in working through traumatic events. This was not so with Josie. A trauma remained with her, and she remained conscious of it. She could not deal with it through symbols and substitutes. These skills she had to acquire. Her way of dealing with trauma reflected a failure in development of psychoanalytic symbols as a means of reintroducing past trauma into consciousness in a form sufficiently masked to permit working through and mastery without overwhelming her with an affect that would have paralyzed the process.

Fortunately, she had the rudiments of psychoanalytic symbol formation. She could participate passively in the psychoanalytic symbols of others (passive symbolization). She could take over the stories of others to fill her nightmares. She was able to express her affects through the excitements of television programs. Still her capacity to form symbols was limited and she could not use them to achieve a competent latency age adjustment.

What could be done about this? An attempt had to be made to strengthen her repression and provide her with a capacity to form displaced symbol oriented fantasies. In this way she would be enabled to use the calming resources of the latency age period. Her ability for passive symbolization was used as a resource for the therapist in his attempt to help her to develop a capacity for the active development of psychoanalytic symbols.

The therapy began with a child who sat anxiously and silently throughout each session. When spoken to about her problems, she answered politely, but never spoke more than a few words. When asked about her home, friends, her sister, and school, she described a need to talk about school to her

parents. I pursued this, encouraging her to talk to me about school. I noticed that there were times when she would cut short her answers to my questions. This occurred especially when I asked her about her feelings and thoughts about her teacher? "You stopped talking in the middle of a sentence; did your thoughts stop?" "No," she said, "I know them; I can't say them."

Here was suppression, a manifestation of anxiety in response to a specific event. I attempted to circumvent the effect of this defense by creating a context in which she was removed from direct involvement in the situation by its recreation in displaced form using ludic symbols. I stepped over to my dollhouse and obtained a toy table, two toy chairs, a girl doll, and an older man doll. I set them up on the table at which we sat in an arrangement, which duplicated our own seating arrangement. In essence I had created symbols for her to adapt passively to her own preoccupations. She addressed the little girl doll as Lisa. I was a little surprised. "Do you know anyone named Lisa?" I asked. "No," said Josie, "I made it up." She looked a bit shy and uncertain. An event had happened in the therapeutic situation to which a therapist should have been alerted by symbol theory. She had created a substitute masked form of her original representation. She had actively produced a masking symbol. I said to Josie, "Lisa, what happens in your school on a typical day?" Josie began to answer for Lisa, recounting her own experiences. When we arrived at the point where I asked her feelings when with the teacher, she fell into silence. But I was ready. Since I knew that she could live her fantasies passively through the stories of television characters, I decided to provide her with characters through whom she could tell her own story. I reached for the dollhouse again. I brought out seven child dolls and two adult women dolls, plus some doll furniture. Josie caught the idea of the play, and using the substitute objects I had provided, played out the following story.

> In a classroom, a child makes a simple request. (Josie has directed me to speak for the child; she will speak for the teacher. I do not speak except when given specific words to say by Josie.) The teacher refuses the request. When the child complains, the teacher begins to yell. At first all the children are frightened. Then they all rise up, advance upon the teacher, and kill her.

In many guises, she repeated the same story in the months that followed. During this time, her parents noted an improvement in her behavior. The nagging stopped. The voice of the lady was heard no more. Tension occurred only on Sundays preceding school. One day in the playroom, she noticed a tiny sarcophagus containing a tiny mummy. It was made of dried clay. It was a remnant of a long-ago analysis of a child who made her own dolls to relate her fantasies. I told her this. She asked me to get some clay. I

produced it from a nearby cabinet and handed it to her. She mushed it and rolled it and squashed it and then put it aside to play the game of the school situation.

In the next session, I began to mold the clay in my hand. Josie's therapeutic gain had reached the point that she could passively adapt dolls set in a context by me to tell a story that was so close to the original that the meaning was hardly masked. This was only part of the way to real symbol formation. To achieve that, she must produce her own symbols. I held the shapeless piece of clay in my hand so that she could see it clearly. Then I asked, "What am I making? See how quickly you can guess it." She peered at the clay and said, "a man." So I made it into a man. The next piece of clay she saw as a dinosaur. Dinosaur it became. Then she tried her hand, producing another dinosaur. She had made the jump from the use of ready-made symbols to express fantasies, to creating her own symbols. Now could she use these for working through her problems? The answer came quickly. She put a blue piece of paper and some paper trees into a small box and then arranged the figures in the box. "Write down a story about it," said I. "Okay," said she, and she did. The child had acquired the capacity to create cryptic symbols. (This case is presented more extensively in Sarnoff (1976 P 185).

Therapy of the Evocatively Fixated Child—Converting Verbal Symbols into Ludic Symbols During Mastery Play

The following clinical vignette illustrates the therapeutic approach to the child who is capable of verbal recall and cryptic symbol formation, but who free associates through recall that is immersed in movement, affect, and the use of evocative mode play objects to the exclusion of communicative mode symbols. The main purpose of the technique described is to get the child to use a more mature form of communication and memory organization in his associations.

Converting a Verbal Symbol into a Ludic Symbol.

This case represents an example of therapeutic mastery through alteration of a fantasy type from an evocative mode fantasy to one that can be used for communication during psychotherapy. Exploration and expansion of cryptic fantasy can be achieved through converting the symbolic forms used in a fantasy from an evocative verbal symbol into a ludic symbol adapted through interpretation for use in a communicative mode. As a result of this conversion, extensive conscious processing (working through) of

problems and traumas become possible.

Expressing problems through the use of communicative mode ludic symbols enables exploration in words of forbidden aspects of fantasy response to real situations. This permits more extensive working through for the child. Areas of response can be addressed through verbal processing, which opens the way to discussion and conscious working through with emphasis on confrontation.

Arnold was an 8-year-old boy, who 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 disappointing him by calling his son at the last minute to cancel appointments that had been set at the expense of other activities.

In sessions, the youngster spoke of 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. The dream uses concrete symbolic representations to repeat the reality situation.

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 since the child's words were too close to reality to permit them to be used as a source of inferences in regard to the affects to which he responded through harassments of his parents. The child did not consciously tie this behavior to his father's disappointing activities.

In ongoing sessions the youngster told a story of a 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 to cardboard backings 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. He expressed his frustrations with his father through the figures. The venting that was achieved resulted in an improvement in behavior. He was enabled through discussion of the behavior of the figures to link his behavior to frustration with his father. 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 the drawing. 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 sudden change of events 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 for him. He left quietly.

The Theory of Fantasy Play Therapy

The two cases described just above are examples of play therapy. This technique is used in situations in which the child does not offer easy access to the unconscious motivation that drives his aberrant behavior and affects. The latency-age child is capable of bringing to play therapy the kind of symbols found in dreams. Through such symbols the problems that provide the latent content for his fantasies and plans can be approached. Fantasy play, which is made up of such symbols is a near cousin to the dream. In play, toys and actions serve the role that visual imagery serves in dreams. Contained within the flow of fantasy play are reflections of latent contents and regressive responses in the face of stress. 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 involved (ludic and oneiric see Piaget 1945) are similar with only slight exceptions.

When repressed unconscious content comes into being early in the third year of life, psychoanalytic symbols can be activated, and interpretations of the unconscious become possible as part of child therapy. There is a clear-cut distinction between psychopathological processes, the essence of which consists of distortion by symbolic functions, and those psychopathological processes, which arise through the distorting impact on the ego of highly charged emotional experiences occurring at an early age, before symbolic processes are established. The former require play therapy. The latter requires corrective object relationships.

Fantasy symbols in play dominate the content of the associations of the early latency-age child. The younger the child, the more is he apt to present his associations in fantasy symbols and activities requiring play objects rather than words for expressing latent concepts. In play therapy situations,

latency age play is informative. It becomes counterproductive in the life of a child, when its living through and discharge functions succumb to the developmental effects of ludic demise and the increased capacity to recall latent content on the level of the verbalized abstractions that appear during late latency.

A Comparison of Latency and Adolescent Cognition from the Standpoint of Psychotherapy

Ludic demise defines the shift in fantasy formation that characterizes the change of cognition that occurs with the move from latency to adolescence. With the development of early adolescence, shifts along the line of the evocative-communicative polarity in symbol and fantasy formation take center stage. The ability to express drives communicatively becomes the criterion for good adjustment and the prerequisite for establishing object relations and for falling in love. The latter requires communicative symbols, communicative speech, and tertiary elaboration. These are aimed at pleasing an observing object, in the mind's eye, that represents a loved one. Falling in love requires fantasies and planning that take into account the needs of the loved person on a preconscious level. One's thoughts and actions are shaped by an inner awareness of the loved one's needs.

The late latency child's therapy is based on play therapy, the use of toys, and talking. Adolescent psychotherapy patients differ from late latency-age patients. The ludic symbols that are so important to the child in psychotherapy play little part in the associations of the early adolescent. The advent of ludic demise makes play therapy inappropriate in adolescence. For the most part, late latency-early adolescent patients require that the psychotherapeutic strategy applied to them be adjusted to take into account the characteristics of the early adolescent transitional phase.

There is a distinct phase of transition between the ego structure of latency and the adultiform ego organizations of adolescence. There are transitional characteristics, which require special handling. The transitional characteristics include removal, thought disorders, omnipotence, the involvement of parents, socially defined immaturities (e.g., lack of comprehension of the role of educated professionals in providing expert help in areas of need), and the persistence of evocative polarities in symbolic usages. The latter is of special concern since it alters free association.

The transition from latency to adolescence is a gradual one characterized by regressions and

advances. Swings between play and communicative speech occur. There is more magical and intuitive thinking when play symbols are dominant. The more mature adolescent accepts confrontation and the challenge of logic. The therapist is forced to switch his cognitive orientation to coincide with the child's level of cognition whether advanced or regressed.

Most adolescent problems can be dealt with using a therapy closely akin to that which is used with adults. By early adolescence, reality objects are often recruited to serve as symbols. Through such symbol recruitment a door is opened, either to living a fantasy-dominated life in which real people as love objects are held in thrall to fantasy or the use of realistic symbols as a bridge to the object world. Improved future planning occurs when the underlying reality of a recruited symbol emerges to contribute its own reality to the relationship.

Ludic demise is accompanied by a shift in emphasis in the thought processes of the child from the intuitive, magical, symbolic mode of thinking to the more reality oriented use of interpretations that is associated with the abstract conceptual memory organization. In going from play therapy to insight therapy, the psychotherapeutically effective maneuver used goes from catharsis through play to insight through verbalization. Psychotherapy during adolescence includes encouragement of the use of symbols in their communicative context.