

SYMBOLS IN PSYCHOTHERAPY

SYMBOLS IN STRUCTURE AND FUNCTION
VOLUME 2



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Symbols in Psychotherapy

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“MEDICAL ASPECTS OF FLYING MOTIVATION—A FEAR OF FLYING CASEBOOK” US AIR FORCE
1957

ABOUT

“BEHIND THE ONE WAY MIRROR” Ch 3

By Katherine Davis Fishman BANTAM BOOKS 1995

“L'ENFANT DE LA PERIODE DE LATENCE” Pp 104-111

By Christine Arbisio-LeSourd DUNOD PARIS 1997

“NORMALITY AND PATHOLOGY IN CHILDHOOD” P 207

By Anna Freud, NY: IUP

DEDICATION

For Caroline

INTRODUCTION

The First volume of this book was devoted to the basic nature of symbols and theories in regard to their origin. This second volume presents the clinical usefulness and psychotherapeutic application of this information through the use of theoretical discussions and clinical case presentations.

SECTION A

SYMBOL THEORY IN PSYCHOTHERAPY

CHAPTER 1 SYMBOLS AND MENTAL ILLNESS

INTRODUCTION

An understanding of mental illness can be approached from any of the many facets involved in its infrastructure and antecedents. Factors such as brain function, neurochemistry, environmental contexts, genetics, and internalized early life influences have been studied with much benefit. Less attention has been paid to the highly central, and highly accessible role of cognitive function, altered memory and symbolization in the development of aberrant conception, perception and behavior.

This chapter deals with that aspect of the symbolizing function that creates aberrant memory's influence on mental illness. This influence can be studied both as an enhancement to the understanding of mental illness and as an aide in devising psychotherapeutic strategies.

"Time, Memory and Recollection"

For over two thousand years it has been known that "For the thinking (person) images take the place of direct perception"¹ Symbolic images, derived from prior experience, reorder remembered reality for a patient and shape the interpretation of future perceptions. Should the sense of a time past origin for these influential images be lost, a quality of timelessness attaches itself to the image. Timelessness is an elementary component of primary process thinking. The latter provides the cognitive underpinning for aberrant thought and behavior. For instance, a distortion in normal time perception can occur in which imagery becomes indistinguishable from perception and a neutral percept comes to be experienced as an ancient terror. Phobia or paranoia can occur when the symbolized influence of a past pain is sensed to be immediate and real in present time. Memory (the nonconscious retention of symbolized images across time) appears to cease, as its contents and the new symbols they inform are interpreted to be actual perceptions of immanent reality. This process occurs normally in dreams and pathologically in hallucinations and phobias.

Images, which are retained in memory in health, are little distorted or are neutralized by reality testing. They serve to aid in the accurate recognition and interpretation of new perceptions. Conversely, remembered images that have been distorted and symbolized can become a source of memory derived impairments in the *sense of reality*. These can negate *reality testing* and create the aberrant and distorted perceptions which give rise to false beliefs and inappropriate actions.

Distortions of Retained Images

Distortions of retained images are produced as the result of the influence of a number of factors. Some of these are: impaired maturation, regressive alterations of cognition, traumatic alterations of cognition, the natural waning of retained memory elements resulting in partial recall, and repression and displacement of elements of remembered imagery into new representations in the service of diminution of affect.

The last of these vicissitudes of the elements of memory is the focus of our study. Alterations of perceived elements, which have been retained in memory, fit the definition of symbols. If their formation results from repression, they are symbols of a specific type, called secondary symbols by Piaget and Psychoanalytic symbols by Ernest Jones. Such symbolic forms are the focus of studies of symbols for these workers. Other leaders in the field such as Cassirer and Kaplan, ignore such symbols.

Images, which were created from perceptions that were traumatic at the time of first encounter, are most apt to be retained. Referents, which at their time of origin awakened strong drives and intense affects, are most likely to be distorted through displacement into symbolic forms, that mask them beyond recognition. In displaced form, they are less apt to undergo a resolution such as working through in manifest fantasy or action. In the form of the masking symbols to which they have been converted, potentially highly charged and troubling images are protected from being identified and worked through. The danger that they portend can be averted through the identification and working through in consciousness of their restless referents in memory.

When the symbolizing function is healthy, the symbols, which represent such highly charged images, have sharply reduced valence for attracting affect when they enter consciousness. As a result, the

effects of unconscious conflict on neutral areas of functioning are reduced, and the conflict free sphere of the ego is protected so it may pursue adaptive behavior.

When the Ego functions associated with the symbolizing function falter, symbols become relinked to affects as occurs in a phobia in which the representing manifest psychoanalytic symbol (i.e. an animal) is feared in consciousness. There is always pressure to master the traumatic referent experience, which was converted into latent imagery in memory (i.e. seduction, brutalization, humiliation, overwhelming affect etc.). This is seen clinically in a driven compulsion to repeat traumatic experiences. This pressure thrusts symbols into dreams, fantasies into current experience, and to an overriding extent distorts perception through the intrusion of symbolic imagery into interpretation.

The compulsion for repetition of affect laden imagery in the form of symbol and fantasy derivatives can intrude upon successful adjustment. The repeated patterns of fate neuroses, traumatic neuroses and traumatic dreams are examples of such intrusions. Essential to the nature of severe mental illness is the failure of the individual to recognize distorted images and symbol contexts, which are retained in memory, as the referents that distort conscious perception. Perceptions, which have been subject to distortion, are experienced as real by the mentally ill. In the history of Psychiatry, this has long been known. Aristotle (ant.) put it this way in speaking of 'Lunatics'² " ... they spoke of their mental pictures as if they had actually taken place, and as if they actually remembered them. This happens when one regards as a likeness what is not a likeness." (p297)

Symbols play an important part in the process of distortion during the interpretation of new perceptions. They overpopulate the fantasies that motivate action. They are germane to an understanding of many forms of impairment of reality testing and compulsions to repeat. For these reasons, the origin, development and nature of symbols, both healthy and pathological are worthy of the attention of those who work with the mentally ill.

AFFECT AND SYMBOL

The more intense the affect that accompanies a trauma or event, the greater is the intensity of the memory of the event. The greater the intensity of the affect associated with the memory produced, the

greater is the implied need to symbolize. Potential affect associated with a memory forces the conversion of the elements of the memory into masking symbols as it ascends to consciousness. A masking symbol is a memory moiety that is established to provide for repetition in consciousness for mastery of traumatic memories. This mastery is achieved in the context of minimal interference with the neutral ego functions that are required for carrying out life's chores without confusion. The primary functional role of psychoanalytic symbols in the establishment of mental equilibrium is the muting of affect associated with original memory.

As Starobinski (1982) has pointed out, a concept that could shape human action (such as a symbol laden wish fantasy or a symbolized memory element) does not become action until there is affect enough to transform and propel the concept into awareness and at a higher level of intensity into action. Starobinski offers as an example of an increase in affect that moves latent fantasy toward conscious expression the fact that the affects of civil unrest under despotism give rise to actualization of the unrest in the form of a revolution. He notes in support of this group dynamic, Rousseau's concept that a ruler can only rule with the consent of the governed. In individual human psychopathology, a referent is pushed towards awareness in the form of symbol based fantasy or action, when affect enough has been stirred by related day residues. For a child the visualization of his father as a giant or ogre from a story he has heard serves as a potential referent in memory. It has the potential to become a phobia should the child become angry with his father and defensively project the anger onto an ogre.

Therapeutic techniques aimed at reducing affect can clear manifest phobia without resolving the distorted latent image of the father. Though the disquieting manifest symbolic form may be put to rest, its potential for harm is not extinguished. From the standpoint of symbol theory, for instance, the role of medication—targeted to work by diminishing affect—is to reverse the process through which affects are converted into action. Though the potentials for harm of driven fantasies may be muted in the mediating conduits of symbol and metaphor, they are not obliterated. They continue to find expression in character pathology, awaiting another day to burst on the scene in the form of a regressed symbol such as a phobic object. Psychotherapeutic intervention has the potential to correct the referent concept that holds the father to be a dangerous creature. This erases the intuitive symbolic linkage that makes possible threatening neurotic false beliefs.

Regressive Symbolization

In borderline and psychotic personalities there is an impairment of symbolic processes, which leads to a failure of adaptation in areas in which the symbolizing function attempts to aid adjustment. The functional impairments in the symbolizing function that lead to severe disorders in mental functioning include regressive symbolizations, which involve verbally based symbolizations such as affect porous symbolization, and invasion of the symbolic process by concrete thinking, and psychosomatic symptom formation.

Verbally Based Regressive Symbolizations

Regression in verbal symbolization selects verbal representations from concepts and experienced sensations drawn from a zone beyond the boundary of the self. These representations have the characteristics of symbols, formed in the time after the development of speech and before the ontogenetic development of repression, which display too much displacement to be considered to be concrete symbols. The abstract link between the representation and the represented, is too conscious for them to be considered to be psychoanalytic symbols. To a minor extent, their affects may be displaced and muted. Their paradigm can be found in the following developmental outline of symbol formation.

Developmental Outline of Symbol Formation

The human being undergoes an ontogenesis that continues for years after expulsion from the womb. One of the important areas in which the psyche weaves its way from the newborn state to maturity deals with the increasingly complex way in which conscious perception is organized. At first there is total awareness of concrete phenomena, sensations and objects in the surround. By 15 months (This is Piaget's dating.) relationships between perceptions and memories become available to consciousness, and detected similarities give rise to the sense that things that are similar are identical. At twenty-six months, capacity for repression and capacity to differentiate between similar entities develops. As a result perceptions, which have a high valence for attracting affect can be represented through memory by symbols with low valence for attracting affect. This results in a psychic apparatus, which is capable both of expressing and buffering any provoking drives and inputs, while continuing them in memory in a way

that makes them available for processing in consciousness at some future date. Regression in the symbolizing function to the use of symbols without repression of the link between what represents and what is represented produces symbols associated with strong and uncomfortable affects, disordered thinking and bizarre behavior. Failures in symbolizing function during psychotic decompensations can be seen as regressions to stages of perceptual organization extant before the maturational introduction of repression during the first half of the third year of life.

Affect Porous Verbally Based Symbols

Affect porous symbols are examples of symbols that have only failed a little. The link between the representation and that, which is represented is still repressed. However the mechanism of displacement has failed to find a representation, which achieves sufficient distance and so the underlying image, though hidden, retains valence for attracting affect. The symbolic representations though displaced enough to hide referent meanings are often derived from those elements, which are associated ordinarily with 'awe'. (In this regard see Kant (1790) 'Critique of Judgment'.) As a result, one sees nightmares containing storms, and floods, and blood and shadows. When such symbols appear, the patient is using symbols pathologically and is deserving of evaluation for regressed functioning in other areas.

Concrete Thinking Reinvades the Symbolizing Function

Concrete thinking is described by Gartelmann (1986) as the archaic system of thought, which enables (one) to conflate and confuse objects and even worlds which in realistic and abstract thinking should remain strictly separate. (p98) When manifest symbols in the form of objects and worlds are conflated because of similarities that which the symbols represent to the observer on the level of unconscious meaning is by implication and association conflated, linked and sucked into a sense that they are identical. This is the basis for the mode of Barbara, (Indians are swift. Antelopes are swift. Therefore antelopes are Indians.) and the Predicate Identification thinking disorder. For example, a seclusive man who had long felt that he was being penetrated by rays from an influencing machine, attacked a T.V. repairman who had just parked his antenna equipped repair truck in the next door driveway of his neighbor. He had conflated his preexisting electronic persecution with a newly

perceived element (the electrician's truck) and acted as though they were one.

Concrete Symbolization Dominating a Psychotic Process

A male patient in his mid twenties caused some complaints from fellow patients because he monopolized the drinking fountain. When asked about this, he said that he was doing this to aid the ward staff in keeping control over the patients on the disturbed ward. He explained it as follows. The water fountain spigot to his perception was shaped like a penis, a concrete symbolic linkage based on similarity of external form. When he drank from the spigot penis, he was performing fellatio on all the men on the ward. That was what made them calm and quiet.

The water spigot, through its form, was consciously linked as a symbol to the male genital. This link through form was held in consciousness without repression. It was reinforced by poor reality testing, and used for the sympathetic magical control of others. Notice that aggressive affect was projected onto the poor potential for control of the patients on the ward. (See also page 75 of this volume.)

PSYCHOSOMATIC SYMBOL FORMATION

In psychosomatic symbol formation, (see this volume Chapt. 5) the representations of affects or body parts are expressed in the functions of organs of the body, which are at the interface between inside and outside, such as lungs, mouth, and colon. These representations could best be called protosymbols. For example, a thirty-year-old man experienced transient fantasies of killing his girlfriend. As these fantasies disappeared from consciousness, he developed abdominal cramps and diarrhea. The symptoms receded with interpretation and the direct confrontation of his problems with his girlfriend. Such protosymbols are characterized by a choice of representations from a zone of experience within body boundaries.

THE SHAPES AND FORMS ASSUMED BY PSYCHOANALYTIC SYMBOLS DURING THE DEVELOPMENT OF THE PERSONALITY.

Birth to One Year of Age

There is a general erroneous belief that fully adult symbols are present at birth. In the paper by

Freud (1911) titled “Two Principles of Mental Functioning”, which contains a reconstruction of infantile early development based on adult analyses, this belief finds support. Freud described two partners in the perpetuation of mental immaturity in adults. These are primary process energies and primary process thinking. Primary process energies consist of drives and passions unbound. Primary process thinking is characterized by displacement, condensation, absence of negative, timelessness, and symbols.

Implied in the concept of primary process thinking is the existence of symbols, without differentiation in terms of maturity of form, which come into being at an early unspecified age; one presumes it is soon after birth. Symbols and primary process thinking seem to spring into being early on and fully grown. Developmental aspects of the symbolizing function are not taken into account. A gradual development of symbolic forms that provide a series of paradigms to which the troubled psyche can regress is not accounted for in the concept of primary process thinking.

The clinical observation of children justifies the concept of the early origin of primary process thinking. Most elements of such thinking can be demonstrated to be present when thought processes involving interpretation of the environment are detected, during the first year of life. Psychoanalytic symbols come into being at twenty-six months. Failure to take this timing into account seems to be the province of those whose source of information about symbols comes from reconstruction backward from observations on adults. The theories of Otto Rank and Melanie Klein require the acquisition of the capacity to form representations based on memory and symbolization of perceptions at birth or before. The concept of transcendental symbolism posits symbols and a symbolic function that can exist without the benefit of the existence of an organic substrate. Ontogenesis is unimportant in these contexts. All other types of symbols, (simple, psychoanalytic, and poetic) can be traced from developmental forms which can be tracked through child development and which are the paradigms for symbolic forms that can be detected in ego regressions that occur after twenty-six months. As will be elaborated below, this implies that primary process thinking, and the underpinnings of psychotic thought regressions do not come into being as a unit at birth. Rather primary process thinking has its own developmental and maturational schedule.

Direct observations of the symbolizing function of the developing child were made by Piaget (1945) under experimental conditions and later by Child Analysts in clinical settings. Their work

established a set of early stages in the developmental march of symbols, in which the earliest appearance of symbols associated with repression and displacement occurs at twenty six months. Before this, the relationship between the representation and that, which is represented, is conscious and direct. Before fifteen months, as mentioned above, internal organ function, and little displacement in form marks the products of the weak symbolizing function of the child. He is capable of symbolic play to achieve mastery over trauma, but not capable of repression which can be used to put trauma away from awareness for a while. The symbolic signifier, if effective, aids not only in the exclusion from consciousness of the signified. It also aids in the diminution of anxiety associated with other representations of the signified to the point that the alternate representation can be approached without fear. For instance, the child who has projected his fear of his father onto a feared intruder in his bedroom can run to his father for protection.

Primary process thinking has not matured as a functioning entity until the appearance of all of its components, one of which is the psychoanalytic symbol, which appears at about 26 months. Further elaboration and development of the symbolizing function and the vicissitudes of its nature and development proceeds until well into early adulthood.

The thought processes that underlie dreams, creativity, borderline function and psychoses have their own patterns of regressions, fixations and pathologies. A start in the study of the maturation of the primary process can be made through the explication of the stages in the developmental march of symbols. Each stage of symbol formation donates its own peculiar coloration to the symptoms produced by regressions in later life.

The Developmental March of the Symbolic Forms Associated with Primary Process Thinking

There follows a listing of the development march of symbolic forms with timing, and clinical examples of manifestations at the point of maturational development and linked clinical manifestations in adult life.

Up to fifteen months the symbolic forms are concrete. There is little displacement and no repression. Affect gives way to rage. There are no fantasies to blunt the effects of trauma. Dreams are traumatic or

pure wish fulfillment and repeat the events of the day with little modification. For instance a child who was frightened by a loud bell heard a loud bell in his dream that night. In adult life a similar pattern can be seen in the traumatic neuroses in which the trauma is relived repeatedly in dream and fearful memory.

From fifteen years to twenty-six months a representational form of symbol begins to appear. Attempts at mastery of trauma can be achieved through the conscious expression of a traumatic situation through the use in play of displaced symbol representations of the traumatic situation. This is called symbolic play. A child in this stage can place a block on top of a block and say that is a baby on a potty. I have seen a four-year-old child whose capacity to experience symbolic play passively was turned to therapeutic advantage. His mother had told me that he had been hit by another child whom he had provoked through constant poking during the day. When I asked him about this, he could not describe what had happened. I reenacted just such an interchange using little plastic figures. As we played he spontaneously spoke of the parallel activity in his life that day.

At twenty-six months, repression becomes strong enough to cause a break in an awareness of the abstract relationship between the symbol and the symbolizer. At this point distortion dreams begin and traumatic images can be mastered through the expression in fantasy of conflict while hiding meaning. Thus a child who dreamed that she had been bitten by a fish was able to express cannibalistic wishes without revealing to herself the source of the forbidden impulse within herself. In the form of dream symbols, primarily visual in form and called by Piaget "Oneiric Symbols" such symbolic forms are available throughout life. Adult dreams contain distortions through symbolization, which enable mastery through psychotherapeutic interpretation as well as through spontaneous reparative displaced 'living through' during dreaming.

Dream like psychoanalytic symbols appear while awake in the symbols of play, which were called by Piaget "Ludic Symbols". Children have access to these symbols from twenty-six months to late latency early adolescence. Such play symbols, primarily tactile small objects used in play are available only till the brink of adolescence when the process of ludic demise demotes them. Ludic symbols are reduced at that point from the primary position of importance as the means through which drives can be expressed to the lessened stuff of plays and fairy tales. Ludic demise results in their replacement as the primary

tools for drive discharge with verbal fantasy or real human objects with whom to play out their fantasies. Child therapists, playwrights and regressed adolescents persist in the use of Ludic play into adulthood. For instance one man in his forties built ship models with great care. He rarely enjoyed or went beyond the making of the hull, which he fondled and polished with great care. Analysis revealed that the hulls represented idealized female figures. In the phase of transition from the ludic symbol to real objects, one's own body at times becomes the ludic symbol. Self-mutilation and autostrangulation are examples of this.

Ludic symbols dominate the Psychoanalytic symbols of Latency. There is a specific maturation of evocative symbolic forms within the period of hegemony of the ludic symbol. For instance, there is a march of preferred symbolic forms for the representation of persecutors to populate masochistic fantasies. At 26 months Phytophobia and Zoophobia dominate. This means that the children are fearful of such things as seaweed and bamboo and storm tossed trees, dogs and biting fish. At about six years of age, these persecutory symbolic forms give way to amorphous figures with hardly human forms in the shape of ghosts, goblins and generally scary things. At about 8 1/2 symbols begin to take on forms, which are more realistic. Fear fantasies begin to be populated by humanoid figures. A lad told of a woman who stopped him on the street and told him to study or she would find him in his home and kill him. He had readily believed his elaboration of the experience of a chance meeting. The persecutors at this point are people who are real in form but are only to be found populating children's fears in the world within their head. As the child approaches puberty, the persecutors are selected from amongst real people in the child's life, to whom the child imputes hostile wishes. By this time real people outside the head begin to be recruited to play roles in persecutory fantasies within the head. Then symbols shift from playing roles in a polarity that evokes inner fantasies, moods, and images. They shift to a dimension, which involves communication to someone else. In this polarity, the psychoanalytic symbol becomes a communicative pole symbol. Through the assumption of this polarity, way is made for the recruitment of a real person to play the role played by symbols in children's fantasies. Concurrently other symbols involved in the fantasies are adjusted to fit the reality of the object. This intrusion of a reality element into fantasy modifies memory. Used in such a way symbol laden fantasy becomes a bridge to the object world. Primary process thinking does not exist as a unitary endpoint. At least one of its components, psychoanalytic symbol formation continues on a path of maturation and development that parallels temporally the

growth of secondary process thinking.

Secondary Process And Symbols

Secondary Process thinking is mature reality based thinking. Through the use of abstractions, secondary process thinking applies insight into the intrinsic nature of phenomena to the solution of reality problems. During late latency through early adolescence beginning at about age eight, secondary process thinking strengthens. During this period a partial confluence of the influences of primary and secondary processes appears with ever increasing input from secondary process thinking. This is seen clinically when psychoanalytic symbol formation more and more produces symbols, which communicate rather than evoke inner images and mood states.

Shift to Secondary Process Informs Symbol Formation

Especially when the process of relating to an object as symbol is accompanied by a state of healthily subdued narcissism, fantasies can be effectively put aside and replaced by the reality of the object. In these states the object is permitted to shed its cloak of symbolism and become an object in reality. When this is accompanied by a shift in the child's cognition that stresses the development of communicative skills and a decrease in adolescent narcissism, symbols give way to object love as the primary outlet for the libidinal drives.

TRANSCENDENT SYMBOLS IN PSYCHOTHERAPY

The Use of Transcendent Symbols in Psychotherapy

Dynamic psychotherapy began about one hundred years ago. Other forms of psychotherapy are as old as mankind. They consist of confession, suggestion and magic. Rubbing the body to force out demons, and sending the spirit of the shaman in search of the wandering soul of the dispirited, were and are still forms of psychotherapy. The potential exists to this day for belief in miracles and worlds created by the minds of gods, and the conclusion that mental illness is the result of living a life course that strays from the wishes of the deity. As a result of this potential, transcendent symbols, which are recognized as messages from gods about the world's direction and gods' needs, are used by platonic dualists and

pastoral guides as wellsprings for action and spiritual insight for mentally ill patients in times of stress. Deriving content from what Meissner(1984) has called the "... inner experience, affective and cognitive, that characterizes the believer's approach to his realized and lived experienced of a relationship with his creator." (page 8), the therapist searches for clues to adjustment in instruction from above packaged as a dream. Indeed, Loyola saw as part of this relationship "... something that was not and could not be a part of himself, but depended entirely on God." (See Meissner 1992 p 280) That something included symbols in the form of "visions" and "interior and exterior locutions" (p 280) reflecting a "... transcendental influence on human experience and behavior..." (p 348) The core of the approach of the therapist to transcendental symbols is the search for such symbols in the dreams and experiences of a patient and the interpretation of their meaning in terms of expressing the will of deity through the patient's life. Avoidances of the responsibility to carry out these wishes lead to conflict which may be experienced as anxiety. The search for transcendent symbols in dreams, which deliver a message whose neglect may be causing anxiety, is part of dream interpretation for the initiated. Savary (1984) taught that the "... dreamwork (is) an area of relationship between (man) and God..." (page 2). It is a way of "... consciously getting in touch with God's will and cooperating with it" (page 5) "Working with symbolic experience as coming from God..." (p 30) helps "... to understand those communications which come to us in dreams and visions." (P 31) An instance of such an interpretation of a symbol sees "A burning torch in a dream (as a possibly) symboliz(ed) guiding force lighting our way and offering us the energy to continue following our call from God." (p 61) Dreamwork with transcendent symbols is "... designed to release a symbol's energy and help us bring it into consciousness in a way that makes it useful in our daily life and decisions. (p 73)

Transcendent symbols carry the message of God's will. Identification and interpretation of the content of sacred wishes aids in helping a patient to end the tension associated with a life that runs counter to the will of the creator.

Notes

[1](#) Aristotle, "De Anima" Loeb 288. Page 177

[2](#) Lunatics - @jitam[noiq - ecstasies, meaning insane, or "a person out of his wits" during the fourth century B.C., - Oxford English Dictionary.

CHAPTER 2

SYMBOL THEORY APPLIED DURING PSYCHOTHERAPY

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 the 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. Then 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. Scopophilic (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 scopophilia.

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 autoplasmic 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 aphasia 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 Yahalom'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 persist 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.

SECTION B

REGRESSIVE SYMBOLIZATION

CHAPTER 3

REGRESSIVE SYMBOLIZATION: Symbols In Psychosis

INTRODUCTION

The Concrete Symbols of Psychosis

The symbols found in psychotic conditions such as schizophrenia are primarily based on concrete or pseudoabstract symbolic linkages. The ontogenesis of the system consciousness in Freud's topographic theory offers a theoretical basis for understanding the points of fixation and the goals of regressions that provide paradigms for the pathological regressive forms of symbolization that occur in psychosis. Analysts who have written on this subject are Spitz (1966), Greenson (1970), Gill (1963) and Mahler (1968). They have championed the role of the topographic theory in the understanding of consciousness. They described its developmental stages as they relate to "mental contents in terms of their relationship to consciousness" (Gill 1963, page 161) Topographic theory offers a framework for describing the mental life of infants during the period in which the ontogenesis of the mature perceptual apparatus occurs. (Spitz 1966, page 124). Usefulness for the topographic theory is clearly indicated in Mahler's (1968) description of the "hatching process", as a "gradual ontogenetic evolution of the sensorium of the percept conscious system, which leads to the infant-toddler's having a permanently alert sensorium . . ." (page 16). One need not limit oneself to the above. It is possible to carry the ontogenesis of the systems consciousness beyond the point, which Mahler described, to an understanding of the full development of the system consciousness as it appears in mature personalities. A complete developmental line in the ontogenesis of consciousness can be described, which offers potential points and pathways for fixation and regression in the formation of symbolic forms throughout its length. Early levels of development are reflected in the regressive symbols that characterize psychotic conditions.

THE ONTOGENESIS OF THE SYSTEM CONSCIOUSNESS

The development of the system consciousness within the developing psyche proceeds through a series of perceptual systems. Remnants of this development are represented in fixations and regressions in symbol formation in later life. At least three increasingly complex stages in the development of the System Cs can be recognized. These are the primal system consciousness, the abstract system consciousness and the mature system consciousness.

THE PRIMAL SYSTEM CONSCIOUSNESS

The primal system consciousness exists in a perceptual context dominated by synaesthesia, nondisjuncture, and the absence of personal boundaries that would identify the source (internal or external) of perceptual stimuli. The primal system consciousness itself may be divided into two stages. The earliest apparatus (present at birth) senses but does not differentiate two modalities of sensation, immediate internal visceral sensations and immediate external sensations. These sensations, when overly intense are guarded against by "Flight from Perceptions", which is a form of denial. A more sophisticated form of the primal system consciousness comes into being with the development of memory. At this stage (present from about three months on) internal memory sensations are added to the inputs of the conscious perceptual apparatus. Memory sensations in the form of representations of objects, at first visual, later verbal, are included in the awareness content of the primal system consciousness. Early forms of recognition of perceptions become possible. In this more sophisticated perceptual system the mechanism of defense that responds to painful sensations persists to respond to painful memories as though they were perceptions with internal origins. The flight from perception of the primal system consciousness persists as a flight from haptic memory elements. This mechanism is the forerunner of repression. As Freud (1900) noted "... avoidance of memory (is a) repetition of the previous flight from. . . perception" (page 600). "... Avoidance by the psychical process of the memory of anything that had once been distressing affords us the prototype and is the first example of psychical repression" (p. 602). This early form of psychical repression, lacks the reinforcement from counter-cathetic fixation on a substitute representation that characterizes psychoanalytic symbol formation.

THE ABSTRACT SYSTEM CONSCIOUSNESS (Active from about 15 months)

As the growing child matures, referent memories based on visual and verbal percepts become organized into patterns (symbol webs, symbol nets, concept clusters derived from linkages based on intrinsic similarities between memory concepts). These memory patterns form the basis for panels to be used in the interpretation of complex new stimuli for the quality (an acceptable level of affect) that will permit entrance into consciousness. Interpretation of percepts and words, consistent with reflective awareness based on concept clusters, becomes possible. Abstract associations between referents become the basis for the symbolic linkages, which guide the selection of manifest symbols. These provide representations in consciousness with less affect.

These thought processes (Freud 1915E) deal with the abstract relationships between objects and the concepts and words that represent them. “. . . By being linked with words, cathexes can be provided with quality (“Quality refers to the characteristic of a “cathexis” that can attract consciousness.”) even when they represent only relations between presentations of objects. Such relations, which become comprehensible only through words, form a major part of our thought-processes.” (page 202).

The developmental step, which provides for the inclusion in human mental capabilities of the capacity to perceive abstract relationships between memory elements such as representations in words of objects, introduces an ability to achieve selective interpretation of events and initiate decision-making on the basis of memory and recognition of similarities. This provides the basis for logical thinking and judgment, and is the basis for what Freud (1900) called a “more delicately adjusted performance” (page 574).

This ontogenetic step makes a fundamental alteration in the complexion of the potential content of the system consciousness. Abstract relationships enter consciousness and create an “abstract system consciousness”. The ability to make selective interpretations of events and to recognize similarities through awareness of abstract relationships can be a positive development. It provides a pathway for the appearance in consciousness of signal anxiety indicating danger, which results from the abstract linking

of recent perception with uncomfortable affects associated with memories. This capacity, though mostly useful is potentially crippling, for it can initiate the inappropriate avoidance techniques associated with the denial of reality.

THE MATURE SYSTEM CONSCIOUSNESS (Present from about 26 months)

Fortunately, the mature system consciousness, which is the next ontogenetic step, contains an element that can neutralize the negative potential inherent in the transmission of affect through abstract associations. The mature system consciousness has the capacity to perceive and contain the sensory elements of the abstract system consciousness, while excluding that which is anxiety provoking. This is done through a mechanism of repression by which exclusion from consciousness [i.e. denial] is supported by redirection of attention to substitute representations such as manifest symbols. In fact, the mature system consciousness comes into being at the confluence of the abstract system consciousness and the development of repression proper. This occurs during the first half of the third year of life (Sarnoff (1970). Repression proper exists when it is possible to exclude from consciousness the link between what represents and what is represented and its associated anxiety. This occurs when substitute formations, such as manifest symbols, which are either unrelated to the original idea of the thing or so well masked that they are unrecognizable, are cathected in place of direct representations of objects. This is called countercaethesis. When the substitute formation is related to the original idea of the thing, but the association is well masked, we call the substitute formation a manifest symbol. The content of the mature system consciousness contains less than that of the abstract system consciousness, as a result of truncation through repression.

ON REPRESSIONS

In this chapter, when I refer to repression, I refer specifically to that mechanism which retains a rejected idea in the system unconscious through countercaethetic symbol formation. There are other meanings to the word repression. Freud originally (S.W. 1915E) used the term “repression” as a generic term to describe a group of mechanisms of defense whose function “results in keeping something at a distance from consciousness” (page 203). There are a number of defensive configurations, which

produce such “repression”. Freud (1915D) refers to these as “mechanisms of repression” (page 154)

The primal system consciousness, which is the earliest to appear, can deal with discomfiting perceptions by decathecting perception, “avoidance of memory” (1900, page 600), and “flight”. This is related to denial or “primitive repression” (1900, page 600). As Freud pointed out (1900, page 600) flight and avoidance of memory perceptions are really simple precursors of the repression seen in the underpinnings of the mature system consciousness.

The abstract system consciousness, which is activated at 15 months, can deal with the cathexis of thought processes and the awareness of the abstract relationships between perceptions, by such simple means as turning away or flight. However one can fly from perception, but not from awareness. Avoidance of awareness requires a psychic activity, which permits the blocking out from access to consciousness of associational and abstract links between perceptions and memory elements with high valence for attracting affect. This is accomplished through decathexis of the links, which remain in memory as a potential though repressed content and affect. Cathexis of substitute formations such as manifest psychoanalytic symbols reinforce and stabilize this process. The psychic activity, which thus removes access to consciousness from mental events with high affective valence, is called repression proper. This process, which is activated at 24 to 26 months, introduces the mature system consciousness.

The superimposition of repression on the abstract system consciousness creates a perceptual lens offering partial occlusion of the inputs to consciousness. This was described by Freud (1900) as a “sense organ for—a portion—of our thought processes”. (page 574) This is one of the structural elements of the mature system consciousness. It supports a mechanism, through which thoughts and associations, which in the abstract system consciousness have a potential for producing high levels of anxiety (high affective valence) can be excluded from awareness. The ordinary adult conscious experience consists of a mixture of the mature system consciousness, manifestations of irregular regressions along the developmental line of consciousness, and intrusions from the cognitive past.

ON REGRESSIVE SYMBOLIZATION

When fantasies organized according to primary process enter consciousness, the symbolizations

that underlie them are regressive in nature. When this defensive function of the personality (psychoanalytic symbolization) has failed, as a defensive function of the personality fails, the result may be one of two possibilities. In the first possibility, no symbol appears to buffer the conscious awareness of a stressful perception. Anxiety becomes intense. A dreamer awakes. A wake person becomes uncomfortable. In the second possibility, a symbol is produced whose associative link to that which it represents retains sustained and viable access to consciousness. The symbol becomes transparent to meanings and affects that are linked to its referent. When the second possibility occurs, the operation of the symbolizing function is identical with symbolizing activities seen during the developmental period associated with the abstract system consciousness. The identifying characteristic of the abstract system consciousness is the absence of repression proper. Concurrently there is lost the ability to diffuse the potential of reality perceptions for stirring up conscious affect through intrinsic and superficial similarities to memories and past conflicts, which have strong affective associations. When a regressed symbol retains a link in awareness to that which it represents within the mnemonic systems and the affects involved, an affect porous symbol is produced. These are predominantly the symbols, which occur in phobia formation. Regressions of the symbolizing function, in a person who has achieved full psychoanalytic symbol formation, may be said to be accompanied by some abrogation of repression.

Brenner (1957 and 1966) has dealt with this process extensively as "Return of the Repressed" (1966, page 391). When lifting of repression occurs, a memory once lost returns, or a desire that has been long without articulation with an object, finds fulfillment or at least desire is felt as a surge of affect and can be verbalized. True transference manifestations are fueled by such shifts in the psychological equilibrium. At times, when repression is lifted, other psychic mechanisms are mobilized to block and mask the impact of drive, resulting in an organization of concatenations of defenses. One such, containing denial, displacement, and affect porous symbols produces phobic symptoms. This substitution of alternative mechanisms of defense is usually productive of neurotic symptoms. There are other mechanisms for response to abrogation of repression, such as regression to an ego state such as that which existed prior to the development of repression proper. A distinguishing clinical characteristic of regressive symbolization is the presence of strong affect as a component of its pathological elements. Brierly (1936) spoke of "regression to feeling speech . . . in analysis of early infantile situations" (page 265), and said " . . . some fantasies revealed in analysis . . . have never been accessible to the definitive

ego or self consciousness. This is, doubtless, one reason why some affects are so inaccessible and their associated fantasies so difficult to verbalize. They are genetically preverbal". (page 265). Today, we might say in addition that they are genetically presymbolic or derived from a time in development prior to the appearance of the mature system consciousness.

Regressive Symbolization in Psychotic States

Consider that according to Piaget (1951) and Sarnoff (1970) repression as we see it in the organization of the mature mechanisms of defense assigned to the ego, only becomes operative at twenty-four to twenty-six months of age. This being the case, it should be possible for regressions to reach a level of psychic development equivalent to functioning prior to the establishment of repression proper as a mechanism of defense. When there is regression to the level at which symbols become affect porous, affect charged symbolic linkages escape from repression and gain access to consciousness. The individual runs the risk of anxiety states associated with a poor sense of reality and psychotic ideation. Regression to the abstract system consciousness is accompanied by the loss of repression and the appearance of concrete symbolic linkages in consciousness, which can produce states of anxiety accompanied by bizarre behavior by way of reaction. Some case reports follow to illustrate this clinically.

I.R. was a thirteen-year-old boy, whose analysis was transferred because interpretations linking current associations and productions to "deep" unconscious meanings caused greater and greater anxiety in the youngster. Although he began his first analysis because of a severe phobia involving being bitten by birds, his symptoms at transfer were marked diffuse anxiety and a belief that people were talking about him and making fun of him. One evening, while he was in this state, his father invited a business acquaintance to dinner, and wishing to impress, had arranged that the main dish be filet mignon.

It had been arranged that the meat would be brought to the dining room in its original long cylindrical, uncut form and then sliced at the table. The meat was brought to the table on a cutting board, accompanied by a large knife. As the father began, with gusto, to sever chunks from the tube of meat, the lad stirred uneasily in his seat, got up and began to move around the room in an agitated state. He began to giggle, utter obscenities and insult the guest. A report of the incident was made to the analyst that very

evening through a phone call by the parents. During the following analytic hours, the patient reported that he had become anxious as his father cut the meat because "I couldn't tell if he were cutting off my penis or the meat".

Mr. J.T. was a twenty-two year old engineer, who lived alone in a small city far from his home town. He had few friends. His relationships with women were rudimentary. He reported a single episode of homosexual activity. He had a strong interest in intellectual games involving the meaning of words. During his vacation, he went to a convention of people with similar interests. As part of the program, the participants were divided into groups to investigate reinstilling words with meaning. A young woman suggested to Mr. T's group that they all look at the sky to experience the true meaning of blue. After this, they discussed their experiences.

Mr. T. suggested that they sit in a circle staring at the back of each other's head to experience with surety, that which was felt with doubt and uncertainty so much of the time, namely, being stared at. The group thought this a wonderful idea and immediately formed a circle and commenced to stare. After, they all began to discuss the experience; that is, all but Mr. T. He remained as he sat, staring into space. One of the convention leaders, who had been called immediately, hustled him onto a train with a ticket to a distant part of the state. The conductor of the train called the police, when Mr. T. could not be made to respond at the end of the line.

At first, Mr. T. struggled. He became cooperative in the ambulance. He became convinced that it was right for him to go to the hospital when he noticed that the traffic lights were changing to let the ambulance go through. He had interpreted the effect of a routine light staggering system to be a sign that God was speeding his journey. While in the hospital, a diagnosis of schizophrenic reaction, paranoid type was made. Once, while on the ward, he caused some complaints from fellow patients because he monopolized the drinking fountain. When asked about this, he insisted that he was doing this to aid the ward staff in keeping control over the patients on the disturbed ward. He explained it as follows. The water fountain spigot to his mind was shaped like a penis. When he drank from it, he was performing fellatio on all the men on the ward. That was what made them calm and quiet.

The meat cut was the penis cut. The staring eyes were no longer verbal metaphors or symbols but realities. The changing lights ceased to be casual miracles of science and became instead a message from a transcendent God guiding the patient alone. The water spigot, through its form, could be linked as a symbol to the male genital. The link of form seen without repression and reinforced by poor reality

testing, could be used for the sympathetic magical control of others.

In each of these situations, common items, which would not have attracted such attention from a mind with a mature system consciousness, became a source of anxiety or the basis for magical thinking. The mature mind, functioning with an adult system consciousness, represses the link between conflicts and potential symbols in the surround, permitting the individual freedom from a distracting or sometimes overwhelming anxiety laden stirring into consciousness of an awareness of conflicts and complexes. Failure of repression of the link, when it occurs, reflects a regression to the functional apparatus of the abstract system consciousness.

Fixation in the Abstract System Consciousness

Fixation in the abstract system consciousness differs from regression to the abstract system consciousness. Fixation in the abstract system consciousness is seen clinically in the ubiquitous absence of psychoanalytic symbols in the psychic life of the individual, concomitant with a failure to utilize repression in dealing with distressing links through similarity between perceptions and conflict laden memories. Clinically, this may be seen in children who fail to maintain latency because of inability to develop a competent ego structure of latency. Regression to the abstract system consciousness is seen clinically in a regressive form of symbolization in which interpretations of the environment reveal that the link between that which is symbolized and the symbol itself has not been repressed. In essence, in regressive symbolization, there has been regression in the symbolizing function of the structural grouping of mental functions categorized under the rubric ego, to that stage in the ontogenesis of the system consciousness prior to the maturation of the capacity to develop and utilize repression. Characteristically primary process thinking appears in consciousness with regression to immature topographic systems.

During the development leading up to the mature topographic system, there are a number of immature perceptual systems in which primary process style thinking is available to consciousness. It is a characteristic of the mature system conscious to be devoid of primary process style thinking. Since primary process style thinking is available to immature perceptual systems, where primary process elements in relation to symbolism enter consciousness, in a person capable of psychoanalytic symbols, we

may assume that there has been a regression in the functioning of the perceptual apparatus to the abstract system consciousness or earlier.

The case examples represent schizophrenia and schizophrena-form conditions. In the material presented, symbols no longer masked meaning, nor was anxiety mute or unfelt. Primary process style thinking was available to consciousness both as a source of verbalization and of motivation for action. That which could represent and that which could be represented were seen as associated. When it was appropriate, because the perceived links caused recognition of danger, this awareness was marked by anxiety.

In these cases the poor functioning of repressive mechanisms is related to a regression in the topographic sphere to a time before the development of the mature system consciousness. This applies to that portion of overt psychotic manifestations that have to do with thinking disorders, perceptual distortions and anxiety. As a case in point, Mr. T's view of the spigot as a penis, was an example of a regressive symbolization (a regression in the topographic sphere). The fellatio behavior aimed at calming the ward (an ego regression) was an example of a restitutive delusion of which the regressed symbol formed only a part.

SUMMARY

The human being undergoes an ontogenesis that continues for years after its expulsion from the womb. One of the important areas in which the psyche weaves its way from the new born state to maturity involves the increasingly complex way in which conscious perception is organized. Three main stages of this perceptual organization are described. The first system to develop is the primal system consciousness. In this system, there is total awareness of affects, concrete phenomena, sensations and objects in the surround. The second, called the abstract system consciousness, adds abstract relationships between perceptions and memories to those elements that are available to consciousness. The third, called the adult system consciousness, subtracts from the abstract system through the medium of repression, those perceptions which have a high valence for attracting affect. This results in a psychic apparatus, which is capable of buffering anxiety.

The ontogenesis of the system consciousness follows this closely ordered hierarchical series of stages, which are characterized by increasing complexity with increasing age. The genetic impact of this developmental line on later psychopathology and related states of fixations and regressions can be pursued with profitable results. Failures in symbolizing function during psychotic decompensations can be related to regression to early stages of perceptual organization (i.e., the abstract system consciousness), which existed before the maturational introduction of repression proper during the first half of the third year of life.

The concrete symbols of the primal system consciousness are seen as connected to and equated with their referents, rather than abstractly related to them. Painful abstract relationships between representations and referents are not repressed with the creation of these concrete symbolic forms. A locked relationship between objects is established in consciousness. No variant or alternative meaning based on intrinsic abstract similarities is admissible. Psychotic use of these symbols is colored by regression to representations, which are consciously identified with their referents and do not permit reality influences to motivate or create change.

The symbols of the abstract system consciousness are seen as abstractly related to their referents. Like the psychoanalytic symbols of the mature system consciousness, the manifest representations of abstract symbols are not consciously connected with their referents in the mind of the symbolizer. Regression to the abstract system consciousness represents a psychotic use of symbols to master great anxiety. These symbols are denial based exclusions from consciousness supported by substitute formations such as occurs in paranoia and latency ego mechanisms of restraint (See this Volume P 54 and Sarnoff (1976). The defensive false beliefs that these representations populate are clung to as a means of adjustment, in which an impulse or response is denied recognition within the self boundary of the person and is projected onto an object displaced from the true source of difficulty. They are wholly evocative. There is little emphasis on adaptation to reality. The immutable evocative psychic reality of the psychotic person does not respond to the fact that reality has changed or is changeable. Such psychotic symbols resist influence and change. There is no possibility of the adaptation to reality seen in the sublimative potential of psychoanalytic symbols. An immutable psychic reality is created which does not recognize or respond to the fact that reality changes or is changeable. The psychotic retires to a world of unchanging false image symbols locked beyond the reach of reality by narcissistic loading. Such symbols

are not tuned to communications influenced by the needs of the world and of the listener who wishes to be understood. An example of another symbolic form created without repression may be seen in the experience of the young child for whom the loved primary object (parent) is lost when with the passage of time she changes. The manifest memory of her as she was serves as a symbol for the entity she has become without the interposition of the symbolizing function.

CHAPTER 4

REGRESSIVE SYMBOLIZATION: Symbols In Neurosis

INTRODUCTION

At times the mechanisms called into play by the symbolizing function fail. This results in faulty symbols, which are central to much psychopathology. As noted in the last chapter the symbols involved in the intense and misleading sense of reality seen in psychoses reflect symbolizations based on ontogenetically early organizations of consciousness. We turn now to the symbols involved in neurotic symptom formation. These reflect failure to master the affect associated with referents. The symbols involved in neurotic processes include the affect porous symbols of true phobia, and the affect laden dream symbols of nightmares and phobic avoidance reactions.

Kubie (1953) noted that "... it is the disturbance in the symbolic function itself which characterizes adult human psychopathology in a pathognomonic fashion." (P65) By way of explanation, he added "There is) ... a clear-cut distinction between psychopathological processes the essence of which consists (on one hand) in the distortion of symbolic functions, and on the other hand those psychopathological processes which arise through the distorting impact of highly charged emotional experiences occurring at an early age, before symbolic processes are established. These latter can ... also occur as a response to primitive emotional stresses, ... in preverbal stages of human life, while the capacity for symbolic function still remains similarly limited. Such presymbolic changes leave residual emotional disturbances, which in turn influence the symbolic aspects of all later responses to injury." (p 66)

The Affect Porous Symbols of True Phobia

The manifest symbols produced or chosen as manifest cryptic symbols may be insufficiently displaced to blunt affect (affect porous) or they may carry an inherent discomforting affect of their own (affect laden). Though they can serve to hide meaning by serving as a substitute for a referent, they reveal disquieting affect. An example of an affect porous symbol in which the affect of the referent is

preserved in a neutral manifest symbol would be seaweed as symbol, such as occurred in the true phobia of little Jan (see Unit 1) in which projected feared anger cloaked the highly displaced manifest symbol. These rarely appear earlier than 24 months of age. Examples of manifest symbols, which carry their own affect (affect laden) are shadow, fire and flood as they appear in symbols in art and dreams. Another group of affect laden manifest symbols are big animals, darkness, loneliness, heights and dark places whose linked affects are remnants of persistent early childhood fear. The latter two types of manifest symbols are selected as displaced representations of referents. However, because they carry their own legacy of affects, they fail in the goal of diminishing affect through displacement. Such affect laden symbols are responded to with phobic avoidance reactions. When come upon unexpectedly in nature there is a parallel natural tendency to withdraw.

The neurotic character of a symbol can be detected in the reality testing of the adult subject who knows "It is not real." The presence in consciousness of the rare affect porous or affect laden symbol indicates a pathological breakdown of the symbolizing function. The poor choice of referent reflects either poor levels of displacement or an unfortunate choice of symbol. When the inherent characteristic of a chosen manifest dream symbol is so linked in consciousness to a near physiognomic human response to what Chalfant (1969) has called the "stimulus qualities of the object"¹, a symbol is produced that supports sleep poorly.

Manifest affect porous symbols are the products of a weakness in the symbolizing function's capacity to repress affect completely through insufficient displacement. An example of such an affect porous symbol is the feared symbolic object of the true phobia. Here displacement to representing symbols carry referent bound affect in spite of the fact that the symbol has little resemblance to the referent.

Affect Laden Symbols Become Rare Symbols

This section of the present chapter is devoted to a study of rarely chosen manifest symbols. Most common amongst these are affect laden manifest entities such as shadow, fire, blood, and flood. Emphasis will be placed on shadow as an example of a rare dream symbol.

Aardvarks rarely appear in dreams. Aardvarks rarely appear anywhere. The rarity of Aardvarks in life makes their rarity in dreams understandable. On the other hand, there are elements of human existence, which are as common as dust, such as laughter, fire and cast shadows. These rarely appear as manifest dream symbols. They are in themselves too tied to the affect that disturbs sleep to serve as substitutes that could preserve sleep. Such symbols may be called rare when they are common in literary forms and life, yet are uncommon in dreams because of their high valence for attracting affect. Such rare symbols have a stimulus quality (See Chalfant 1969 and Freedberg 1989 and Volume 3, Chapter 6.) that calls forth innate or learned affect response in an observer. Such rare symbols arrive in consciousness therefore with affects of their own. These affects are usually unrelated to the referent. This innate charge of affect enhances the possibility that new representation will be weak in its ability to mute the affect of the original referent. This burden of affect impairs a cryptic symbol's effectiveness through undermining its mission. Unwanted, useless and scary, such cryptic symbols dwindle through disuse into rarity. When such symbols do appear in dreams their reinforcement of the affects that symbols are designed to hide makes them fail as sleep preserving dream symbols.

Freud (1916) was the first to theorize about common symbols which rarely appear in dreams". He said, "many symbols which are commonly used elsewhere either appear in dreams " . . . very seldom or not at all" (page 166). He based his explanation for rare symbols on an evolutionary theory of symbolism. Rare symbols were seen by him to be remnants of " . . . an ancient but extinct mode of expression, of which different pieces have survived in different fields one piece only here, another only there, a third perhaps in slightly modified forms in several fields" (page 166).

DeCarvahlo (1972) summed up the concept that there is an ancient universal language of transcendent symbols of which rare symbols persist as remnants. According to this theory " . . . symbols are not the exclusive property of the dreamer. They are a type of subconscious collective patrimony . . ." (i.e. an hereditary symbol net.) (page 23). Rare symbols can be viewed as evolutionary remnants of an ancient, once rich, but now obsolete, mode of expression. This point of view has not been popular with modern scientific writers. [(Although in this regard see Vanguard (1972, p. 202) and Transcendent Symbols (Unit 1, Chapter 4).] It is not unusual for there to be a symbol with origins less ancient than the primordial ones in Freud and Carvahlo's theory which " . . . having outlived its century, has survived as a mere convention, a form from which the spirit has long since flown." [(See Bayley (1912) "Lost Language

of Symbolism” p 23]]

Rare dream symbols and other rare dream phenomena can also be explained on the basis of the psychodynamic characteristics of the manifest dream symbol and of the dreamer. For instance, Grotjahn (1945) called attention to the rare appearance of laughter in dreams. He did not view laughter as an hereditary symbolic dream element. Rather he viewed it as a dynamic element in the dream, with a characteristic typical of rare dream elements. They are in themselves strongly associated with manifest affect.

The Dynamics of Symbolic Distortion in Dreams

Distortion in dreams is a dynamic process that effects two latent elements. These are referent memory contents and their linked affects. As the result of dream distortion, latent memory contents are converted into manifest dream symbols. This is accompanied by diminution in manifest affect. The indicator of success in this process is the degree to which the strength of affects has been modified to achieve the goal of a level of comfort that will preserve sleep.

RARE DREAM SYMBOLS

It is my impression that for many rare dream phenomena, especially rare symbols, their status of rarity is the result of intrinsic characteristics of the manifest form of the symbol itself (i.e. shadows, fire). Their own link to affect impairs their ability to preserve sleep. As a result, these symbols appear to be porous to the affect of their referent. They fail as psychoanalytic symbols. It follows that they would be unable to serve the sleep preserving function of the dream work.

Sarnoff (1972) in discussing the rarity of cast shadows in dreams, (see below) concludes “when the dream work calls forth shadows to use as symbols, their limitations as potential psychoanalytic symbols is manifested in the atavistic characteristic of easy access to latent meaning (page 85).” *Latent meaning is uncovered clinically in this situation by requesting associations to manifest affect rather than to verbal content*. Rare symbols are affect porous. Their appearance in dreams is a manifestations of a regressed symbolizing process. The existence of such dream elements is a manifestation of the symbolization of affects and affect metaphors.

SYMBOLS IN SHADOW

Shadow as an Affect Porous Rare Symbol during Dreaming

We now turn to an in depth study of one rare affect laden symbol, the protagonist, shadow. The choice of an affect laden symbol such as a threatening shadow reflects failure of the symbolizing function. Such failure requires further ego response such as awakening or transmutation of the symbol. This results in a modification of manifest symbolic forms to more comfortable symbols with less valence for attracting affect. Therefore the shadow symbol gives way to a less threatening symbol.

Since dream symbols are selected on the basis of similarities and representability in the visual sphere, shadows, which are ubiquitous would seem to be ideal candidates to become common dream symbols. Such is not the case. Personal inquiry made of experienced therapists has not yet elicited a single dream containing a shadow as a symbol. Nor does the psychiatric literature contain many references to it. Hinsie and Campbell (1960) refer to phobias of "light and shadow effects" (p.557). Their explanations are derived directly from Fenichel (1945) who says, "There are numerous phobias . . . about . . . shadow effects . . . Probably many phobias of darkness or twilight contain memories of primal scenes" (p.206).

In the field of applied Psychoanalysis, there are theories about shadow symbols with little clinical support. For instance Bonaparte (1949) interpreted the shadow in Poe's (1941) story "The Shadow—A Parable" as representing the vengeance of the Oedipal father. Rank (1914), in his psychoanalytic explanation of tales of The Doppelganger (Bonaparte, 1949), assigns to shadows a genetic role in the development of fantasies of double and identical beings. Rank says, "The Primal concept of the double which follows a being must come from the shadow the body casts. This double must very early have become the first image of the soul that would survive the body after death, for when it reclined in sleep or death it lost its shadow and lay sad alone, its soul or its shadow having departed. Thus we talk of the land of shadows" (P.554). Rank does not delineate the characteristics of shadows that distinguish them from other representations of doubles. "For though the double appears as the shadow thrown by a body, an image reflected by a mirror or water, or again, as an identical being, the theme remains basically the same. Bonaparte (1949) summarizes Rank's conclusions (pp.554-555) by relating double themes,

including shadow themes, to the assignment of parts of the personality to separate characters, which occur in literature.

In the area of Jungian, analytic psychology, shadow refers to a structure of the mind rather than to a piece of clinical data. Jung (1964) utilizes shadow in a metaphorical sense to refer to the area of the unconscious mind, which contains the wishes of the “racial archetypes” (p.168).

A reference to a clinically presented protagonist shadow in a dream appears in a book written by Stekel (1935). “. . . (A woman is) climbing a hill . . . leading a little boy by the hand. Behind . . . a shadow seems to follow” (pp.220-221). In the context of the patient’s life and associations, Stekel interprets the “shadow” of the dream as a son who would continue the life of her father.

The Shadow in Folklore

In contrast to the situation in the clinical psychoanalytic literature, shadows are commonly discussed in writings on folklore. Frazer (1922) informs us that in the early history of man, shadows held power and were viewed with awe. According to the rules of contiguous magic, what happened to the shadow happened to the man. This connection and subsequently described equations of latent contents with manifest shadows as symbols illustrate the role of symbolic linkages as they guide referents to expression through manifest representations.

“Often (the savage) regards his shadow . . . as his soul, or . . . a vital part of himself, and as such it is necessarily a source of danger to him. For if it is trampled upon, struck, or stabbed, he will feel the injury as if it were done to his person; and if it is detached from him entirely (as he believes it may be) he will die. In the island of Wetar, there are magicians who can make a man ill by stabbing his shadow with a pike or hacking it with a sword.” One folk tale tells of a person so powerful he could fly. He was killed by a person who stabbed his shadow, which remained on the ground. There were stones, which contain ghosts. “If a man’s shadow falls on these stones, the ghosts will draw his soul from him so that he will die.” Such stones were used to protect the doors of lodgings. Friends could enter by giving a name. Foes dared not cross the rock. (Perhaps this describes an early step in the domestication of wild nature.) In China it was considered unwise to permit one’s shadow to be enclosed in a coffin. When the cover was

closed people withdrew some distance. "The gravediggers and coffin-bearers attach their shadows firmly to their persons by tying a strip of cloth tightly round their waists The shadow was regarded as a living part of the man or animal so that injury done to the shadow was felt by the person or animal as if it were done to his body" (pp. 189-192).

Sometimes the shadow of a person to be shunned is shunned as well, for this is a source of danger. Especially to be avoided are mourners, women in general, and mothers-in-law specifically. Peasants of Lebanon think that menstruating women are the cause of many misfortunes. Their shadow causes flowers to wither and trees to perish. Shadow even can arrest the movement of serpents.

Diminution in the size of the shadow is regarded with apprehension, as betokening a corresponding decrease in the vital energy of its owner. In some islands near the Equator, at noon the people stay in the house because by going out a man might lose the shadow of his soul. There is a story of a mighty warrior whose strength waxed and waned with his shadow. He was killed by someone who, learning the secret, attacked him at noon.

There was a practice of burying a person or an animal in the wall of a building, which was being constructed. It was felt that this gave the building a soul. Later the lengths of people's shadows were used instead for this purpose. The person whose shadow was so used was thought to have but 40 days left to live. There were even people who measured, stole, and sold other's shadows for this purpose.

Indonesian Shamans (M.D., 1962, p.159) perform rituals in which the dead returned in the form of shadows to communicate with their descendants. The concept that the shadow is a part of the body and that the body shares the shadow's fate loomed large in primitive times. It can still be found in meanings attributed to shadows in works of literature for children such as Barrie's "Peter Pan".

The Child's Conception of the Shadow

Piaget (1930) provides us with an insight into the developmental stages of the child's concept of the shadow, which provides the source for later intuitive and symbolic interpretations of shadows. Up to five years of age, shadow is seen to be derived from two sources. It can be a substance "emanating from an object," and it can be a substance "participating with night," At ages six to seven "shadows are believed to

be produced by the object alone." The shadow is a part of the person, as it is in folklore. At this age the child is not able to predict which side a shadow will fall on. At age eight, the shadow is still considered a part of the person; it is seen as an emanation "that forces out the light and which is forced to dispose itself on the side opposite to the source of light" (p. 180). The side that the shadow will be on can be predicted by the child at this age. This rests on the conception that there is a battle between light and shadow. The shadow "goes to the side of darkness, . . . it flees from the day." At age nine, children have a correct conception of the nature of shadow. My own studies have shown a similar progression with a correct conception sometimes occurring as early as the age of six.

Shadow Symbolism in Literature

A review of shadow symbolism in literature reveals a situation unlike that found in the psychoanalytic area. The aspects of shadow used as the link for the establishment of shadows as metaphors and symbols are multiple. Shadows are used to express myriad concepts, affects, and attitudes. There are so many, especially in poetry, that space limitations require that only a few be included by way of illustration.

Shadow as a Symbol of Nothingness

The ephemeral and unsubstantial quality of shadows has provided a bridge through which a symbolic linkage can be established between shadows and that which one wishes to devalue. "He was but a shadow of himself," is a common phrase, which exemplifies this. There is a Hebrew traditional phrase, spoken at times of mourning: "What is a man that you should remember him. He is no more than a shadow that passes." This represents an attempt to deprecate that which when taken at full value would cause much pain. This is seen too in Fitzgerald's translations of a quatrain from the Rubiyat of Omar Khayyam: "For in and out, above, about, below, 'tis nothing but a magic shadow show" (Brown, 1942), and "We are no other than a moving row of magic shadow shapes that come and go." (M.D.,1962). A very important representation of shadow as nothingness occurs in Shakespeare's Macbeth. Macbeth upon learning of Lady Macbeth's death says:

She should have died hereafter;
There would have been a time for such a word.

Tomorrow, and tomorrow, and tomorrow,
Creeps in this petty pace from day to day,
To the last syllable of recorded time;
And all our yesterdays have lighted fools
The way to dusty death. Out, out, brief candle!
Life's but a walking shadow, a poor player,
That struts and frets his hour upon the stage,
And then is heard no more: it is a tale
Told by an idiot, full of sound and fury,
Signifying nothing (V, 5, XVII-XVIII)

Coleridge, in his "Lectures on Shakespear" (1888), in referring to the use of shadow symbolism in this passage, says "Alas for Macbeth! Now all is inward with him; he has no more prudential prospective reasonings. His wife, the only being who could have any seat in his affections, dies: he puts on despondency, the final heart armour of the wretched, and would fain thinking every thing shadowy and unsubstantial" (p. 380).

Shadow as a symbol of nothingness is used to invalidate the meanings, importance, and affects of situations, which have strong emotional impact. A threatening situation or object when symbolized as a shadow is rendered less fearsome.

Shadow as Facsimile, or Shadow as Representation of Something Seen or Experienced

Shadows share form with the object, which casts them. In this common element we find a bridge through which a symbolic linkage can be established between shadow and any other characteristic of the object.

Shadow can represent the gentle and the ominous. Dante (1943) in *Paradiso* Canto I cries, "Oh Power Divine! If thou but lend thy aid So that I may make manifest the Shadow Which that blest realm impressed upon my mind." and David in the psalms speaks of "The valley of the shadow of death." Plato's parable of the cave makes use of shadows as a means of determining the nature of the men they represent. Shadow can also symbolize the gentle and ominous. This potential for multiple representations, which is manifested as a symbol is at the same time its strength and weakness.

The Red Shadow

The Shadow Made Ominous By Coloring It Red

Shadows in reality are gray or black. When colored red, shadow as a symbol in literature conveys horror. The Red Shadow is an ominous symbol, which in varied climes and times denotes a threat of death. Coleridge (1797) the English poet of the nineteenth century, in his 1798 poem, "The Rime of the Ancient Mariner" uses the red shadow as a poetic symbol. When the mariner having seen his shipmates pass through the hands of death, finds himself alone, alive and in the grip of the spirit of "life in death", he gazes at the place where "... the ship's huge shadow lay, the charming water burnt away a still and awful red." (p 38, Line 263) ... "Full many shapes, that shadows were, in crimson colors came. A little distance from the prow these crimson shadows were." (Page 56, Line 480)

Kalidasa, the fifth century Indian poet, in his play "Sakuntala" (translated for European readers in 1789) links red shadows to flesh eating demons.

"When the evening soma-libation has begun, scattered around the altar with its fire, the shadows of flesh-eating demons, red as the summits of the clouds at twilight" (page 42 verse 41)

Reddening Makes Shadow a Symbol of Death

The red shadow is a rare and multicultural, multilocally appearing symbol. The modifying adjective "red" applied to shadows is often used in direct association with death. For instance, Poe (1843) in his short story "The Masque of the Red Death" writes about a group of nobles who sought to avoid a plague by retreating to a secluded castle, where revels filled their days and the pain of others was forgotten. This retreat is shattered by the appearance of a figure, masked and caped and made up to resemble "The Red Death". When the survivors seize the figure within the shadow of a clock, they find they have only mummies garb, uninhabited "by any tangible form." (p 273) One is drawn to reflect on the Hindu god Kala, who is a deification of time, which destroys all.

In an English translation (1980) of the Spanish original "La Vida es Sueno" ("Life is a Dream")

(1985). Calderon's words,

"... Pero sa muerte la trae, pues que sentenciado a muerte llega a mis pies." (p 230)

are rendered as

"Brings it to find his own red death instead.
Arriving at my feet already condemned . . ."

A literal translation of this line is "When he who brings the sword to win my favour, brings it to find his own death, since (by this sign) he arrives at my feet already condemned."

The placement of the adjective "red" before the word death by the translator implies that the threatening symbolic meaning of the idea of the red death/red shadow symbolic radical was universally understood and available to an English speaking audience in Poe's time. Indeed the red shadow symbol has arrived in the west either arising from a physiognomic universality or a migration of those symbols that occupy the transcendent world view of India. A preoccupation with transcendence occupied Western intellectuals in the mid nineteenth century; led by Ralph Waldo Emerson (1993), saw death preordained by higher forces as a form of transcendence. The red slayer, ("If the red Slayer thinks he slays" p 104), of Emerson's poem "Brahma", thinking he slays, values his power over the force of fate. To understand the concept of transcendent fate we need only ponder Krishna's response² to Arjuna's dread at the killing of men in battle. Arjuna is told that many deaths come to all men and that he as a slayer is but a tool of some eternal wheel, that in a turning, of its own design, gleans the world of its souls.

The Shadow as a Symbol of Power

A number of characteristics of shadows serve to link them, or their absence, to power. Shadows cannot be turned off. Therefore, those who manage to walk without them are considered to have powerful magic. Vampires don't cast shadows. Neither do men of great magical powers. Sir Walter Scott (1805) tells it thus in "The Lay of the Last Minstrel":

Men say he changed his mortal frame
By feat of magic mystery;
For when in studious mood he paced
St. Andrews' cloistered hall,
His form no darkening shadow traced
Upon the sunny wall! (Canto I, II)

The Expression of Phallic Symbolism Through Shadows

The potential for expanding and shrinking of a shadow provides a link for the expression of phallic symbolism through shadows. Perhaps there is no better example of the shadow as phallus in all literature than in *Peter Pan* (Barrie, 1911). As you may recall, Peter Pan was a little boy who never wanted to grow up. He lived in Neverland, but occasionally returned to London to snoop about. On one such occasion, he was found in the home of the Darling family by the nurse, a dog named Nana. At the paws of this female, he suffered grievously. "As he leapt at an open window, Nana had closed it quickly, too late to catch him, but his shadow had not had time to get out; slam went the window and snapped it off" (p. 14). This symbolic castration by a window closed by a female (Vagina Dentata fantasy) was responded to by Peter Pan with anxiety and depression. He later returned to the Darling home to seek revenge and his shadow. He found it in a drawer (p. 30). He thought that "when he and his shadow were brought near each other, they would join like drops of water, and when they did not, he was appalled. He tried to stick it on with soap from the bathroom, but that also failed. A shudder passed through Peter and he sat on the floor and cried" (p. 31). Fortunately, in the Darling household there was a ten-year-old girl, Wendy, who came to Peter's aid. She suggested sewing on the shadow. The theme here seems to be that of impotence (loss of shadow) aided by a rhythmic activity on the part of a girl (sewing). The stratagem works, and the draggled, malleable, creased object, once attached, behaves properly, though still a little creased. "Perhaps I should have ironed it," said Wendy . . . but Peter, boylike, was indifferent to appearances and was now jumping about in the wildest glee. He no longer attributed the reattachment and revitalization of his appendage to Wendy but "thought he had attached the shadow himself." His depression disappears. He then thinks of himself as clever. The author describes Peter as cocky. He becomes a cocky Peter when he gets his shadow. "There never was a cockier boy," says Peter. "I can't help crowing . . . when I'm pleased with myself" (p. 33). Further confirmation of the shadow-phallus equation in *Peter Pan* is provided by the concurrent references to his tiny fairy girl companion, Tinker Bell. It is a principle in applied analysis and dream analysis that a given theme may be repeated in modified form in the same work of literature or the same dream. Fears of castration in children are commonly associated with masturbatory urges. It is therefore not surprising that Barrie tells us the following about Peter Pan's trip from Neverland to the Darling home.

Peter had traveled all the way with Tinker Bell in his hand. At first glance, she looked like a light

“It was not really a light; it made this light by flashing about so quickly, but when it came to rest for a second, you saw it was a fairy, no longer than your hand, but still growing . . . He had carried Tinker Bell part of the way (as they flew), and his hand was still messy with the Fairy Dust” (pp. 29-30).

Shadow as an Indicator of the Presence of Humanity

In the opera “The Woman without a Shadow” (Strauss, R. & von Hofmannsthal, H., 1919), the absence of a shadow is directly related to the inability to feel human emotions and to bear children.

The libretto tells of an Emperor who, while hunting, shoots an animal, which is in reality a being of the spirit world. She takes on human form and marries the Emperor. The Emperor must turn her into a child-bearing woman within 13 months or he will be turned to stone. As a spirit being, she is transparent to the light, casts no shadow and cannot participate in human ways or become a mother. In hopes of saving her husband and remaining with humans, she goes in search of someone to sell her a shadow. She finds a woman who does not want children and is willing to sell her shadow for promised pleasures. The woman’s husband threatens the woman’s life. The Empress feels compassion for the woman and guilt at what she had hoped to do. The instant she experiences these human feelings, her shadow falls across the ground. The Emperor is drawn toward her by the shadow. “In place of the shadow, appears a golden bridge.” They join each other on the bridge. Contained in this theme is the primitive shadow soul concept referred to in the anthropological section above. The symbolic linkage is established through the childhood conception of the unity of the shadow and the object associated with it. When the object changes, there is a change in the shadow.

In *The Divine Comedy*, Dante (1943) tells us that those who abide in the afterworld cast no shadows. In *Purgatorio*—Canto 3—Dante and Virgil enter daylight for the first time. Dante sees only his own shadow and fears his companion has left, “and when I saw the shadow on the earth, In front of me alone, I turned aside, Fearing my leader (Virgil) had abandoned me” (p. 69).

Virgil explains that the absence of shadows in beings who can “suffer torments” is one of the unfathomable mysteries. The inhabitants of purgatory are bewildered to see someone amongst them who casts a shadow for the shadow indicates the presence of someone who is yet alive.

Absence of a Shadow as a Sign of Lack of Human Belongingness and Compassion

During the nineteenth century, a series of interrelated literary works were produced dealing with the shadow as a symbol of human belongingness. In each, the shadow is exchanged for power, money, or the gratification of lust. Although on the surface of these works loss of the shadow is equated with selling the soul to the devil, a subtle ethical message parallels the surface tale. A lusting after flesh or money motivates giving up the shadow, an action, which symbolizes a loss of human compassion and the sense of belonging.

Adelbert von Chamisso (1813) wrote about such a shadowless man, Peter Schlemihl. An abstract of the story follows.

While still encumbered with his shadow and seeking his fortune, Peter Schlemihl met a grey-clad man who could draw any needed object, big or small, from his pocket. The grey man pursued Schlemihl asking him for his shadow. Schlemihl agreed to let the grey man take his shadow in exchange for a proffered purse, which would never be empty of gold. Said Schlemihl, "Done! The bargain is made; I give you my shadow for your purse." "He grasped my hand and knelt down behind me, and with wonderful dexterity, I perceived him loosening my shadow from the ground from head to foot; he lifted it up; he rolled it together and folded it, and at last, put it into his pocket." (Figure 1).



Cruikshank

FIGURE 1

Peter Schlemihl Loses His Shadow

When Schlemihl returned to his fellow men he found himself singled out and attacked for being without a shadow. A few compassionate people helped him, but most did not accept him. He withdrew into a mansion, appearing only at twilight. He courted a girl, but she refused him her hand when she discovered that he was a man without a shadow. The grey man reappeared revealing himself to be the devil. He offered to return Schlemihl's shadow in exchange for his signature on a contract by which he would sign over his soul. Schlemihl refused. He cast away the purse through which he could have contacted the devil once more. Now free but shadowless, Schlemihl never fully re-entered the world of men. He acquired seven-league boots and wandered at a rate of movement that freed him of the cycles and frequencies typifying the commerce of ordinary men. Alone, he studied and measured the earth.

Von Chamisso was an expatriate Frenchman who lived from childhood in Germany. With this as background, one can easily interpret Schlemihl as a man set apart by the prejudice usually seen against one who is different. Absence of a shadow could be equated with foreign accent. Chamisso's work

transcended this obvious theme, for Peter Schlemihl's story is also a moral tale. Schlemihl himself equates the absence of the shadow with being "shut out from human society by my early guilt." He learns that human sensitivity is more important than the gratification of lust (p. 122). "Reverence your shadow and thence your money," says Schlemihl after he has learned his lesson.

Thomas Mann (1948) in his essay "Chamisso" reported that many commentators saw "a man without a shadow (as) a man without a country." Mann demurred, saying, "The shadow has become in Peter Schlemihl a symbol of all bourgeois solidity and human belongingness" (p. 257). Exclusion from human belongingness is represented by the loss of the shadow. In place of the shadow, the loser acquires the right to immediate fulfillment of needs without the usually required interposition of subtle skills of acquisition.

The theme of the lost shadow had great appeal to subsequent authors and audiences. Peter Schlemihl was translated into many languages through many editions. Hitzig, a publisher who knew well both von Chamisso and E.T.A. Hoffman, read Peter Schlemihl to Hoffman. As Hitzig (Chamisso, 1813) described the scene, "I shall never forget the hour when I first read it to Hoffman. He was beside himself with delight and eagerness, and hung upon my lips till I got to the end . . . he could not withstand the urge to copy—though not very felicitously—the idea of the lost shadow in the lost Mirror picture of Crasius Spakhn in his tale of the "Last Night of the Year" (p. 12). Mirror images and shadows are often related and equated in folklore, myth, and literature. Hoffman's theme of the mirror picture was not completely based on Chamisso's shadowless man. For a number of years Hoffman had been working on a story of identical people in a context of selling the soul for the gratification of lust. In "The Devil's Elixir," Hoffman (1815-1816) told of the monk Medardus, who is so overwhelmed by the conflicts surrounding his impulses that he writhes in turmoil and his energies decrease. He has been placed in charge of the monastery's relics, one of which is a chalice filled with the devil's elixir. He imbibes the elixir and, feeling a great surge of strength, departs from the monastery. In the world outside, he meets his half-brother who looks exactly like him. Medardus and his double then participate in a series of exotic experiences—murders and episodes of loss of control—single and interchangeably, including one in which Medardus prepares to marry his double's intended, only to have the proceedings interrupted by the appearance of the double, who is clearly insane. As Medardus tries to handle the situation, the madness shifts from his double to himself. Typically, he has changed his identity in the midst of an episode. But what is identity,

inasmuch as they are identical in form? Differentiation can only be seen in the areas of character, emotional stability, and access of violent urges to expression in action. It is in the latter area that the transfers between Medardus and his double take place.

Medardus and Peter Schlemihl are both incomplete. Each is missing a part of himself. When Medardus lacks control, his double has it, and vice versa. Only when both are together are all of the elements of a personality present. Peter Schlemihl loses his shadow when he gratifies his money lust without exercising those personality functions (ego) that would take into account the demands of others, society, and the world of reality. As he draws close to functioning on a primary process level, his shadow is lost. Only if he were to regain his shadow and, with it, the world of human experience, as exemplified in mature ego functions, could he become a complete person.

Similar splits of self into two separate and incomplete units are to be seen in Oscar Wilde's *Picture of Dorian Gray* and Poe's (1849) "The Oval Portrait." In both, a painting takes on changes in physiognomy that reflect the inner life and experiences of the protagonist.

The interrelationship of the shadow and mirror themes of "Peter Schlemihl" and "The Devil's Elixir" was recognized by Edward Fitzball, who wrote a play called "The Devil's Elixir or The Shadowless Man," which appeared in London in 1829 to excellent reviews. It was a broad comedy, whose importance up to now did not extend beyond the pleasure it gave to its viewers. Fitzball (1829) tells us the following tale:

A monk loves his brother's intended. He is a keeper of reliquaries, including a chalice containing the devil's elixir, which had been offered as a temptation to St. Anthony. He drinks the elixir and loses his soul. After the drink, he looks just like his brother. He "is received with due favor by his (brother's) mistress." As the moment of the nuptials draws nigh, the real bridegroom appears. Which is which? "To tell them apart, a servant, having heard that the votaries of Lucifer have no shadows, contrives that both (brothers) shall pass before his lamp. (The honest brother) has a shadow . . . (the monk has none) (p. 12). "They all look for his shadow, but seeing none, they recoil from him" (p. 29). The bad brother is condemned to die. As in Peter Schlemihl, the devil appears to the shadowless man and offers him the bride if he will ratify the contract that sells his soul. He consents and is about to marry when he finds that

his brother identical to him physically is to die a sorcerer's death in his place. He reveals his true identity and saves his brother's life. Both are spared. When the devil comes to claim the soul of the monk, he goes to the church for sanctuary. Because it is Halloween, no demon may approach the church. The devil is struck by a thunderbolt, the monk repents, and they live happily ever after.

In 1876, Offenbach began to set to music a libretto by Jules Barbier. The opera that resulted was *Tales of Hoffmann*. In the second of the tales, a demonesque figure, Dapertutto, persuades Giuletta, a seductress, to capture Hoffmann's reflection in her mirror for him just as she had already deprived another character in the opera, Schlemihl, of his shadow. Then both Hoffmann and Schlemihl battle for the key to her room. Surrendering wisdom to the service of lust, they duel. The man without a reflection kills the man without a shadow. He seizes the key only to find that the woman has gone off with someone else.

In these works, the absence of a shadow symbolizes impulsiveness and gratification on demand. Achieving gratification of the wish for wealth and physical pleasures without the interposition of effort and delay is akin to primary process. Insanity and murder are even more akin to primary process. Closeness to primary process makes the man without a shadow an unsubtle being in a subtle world. Like a stranger in a strange land, he thinks in motives and phrases that are incomprehensible to those around him. He is excluded, misunderstood and alienated from "human belongingness." It is striking that in dreams, where psychic events dominated by the primary process and containing so much that is foreign to waking thoughts are present, there are rarely shadows.

The meaning of the loss of the shadow in the tale of Peter Schlemihl and those stories inspired by it are reinforced by a variation, Hans Christian Andersen's (1932) tale of "The Shadow," which he wrote in 1886. As the story begins a learned man living in the tropics notes the marked changes that occur in the length of his shadow during the course of a day. One evening, he notices that his shadow is the only "living thing" on the wall of a seemingly empty house across the way. He tells his shadow to enter the house and look around. He nods his head and his shadow does likewise. When he enters his house the now liberated shadow, in parallel motion, enters the house across the street. The learned man does not learn of his loss until the next morning. Saddened he becomes sadder still when he realizes that he cannot write of his adventure because "there is [already] a story of a man without a shadow." He is

comforted, however, by the fact that within a week a new shadow has begun to grow. After his return to Europe, the learned man is visited by his first shadow, who while casting no shadow has become his own master. The old shadow lords it over the new shadow. He insists that the learned man refer to him as "you" rather than "thou". The learned man wants to write of truth and nature. He fares poorly. The old shadow wanders the earth secretly listening to people and using the knowledge he acquires for his own gain. He grows to resemble a rich and fat human, but he grows no shadow. He approaches the learned man and offers to take him with him and to care for him in exchange for a promise to tell everyone that he is his shadow's shadow. The learned man refuses this request, which he feels is too strong. Later, the old shadow takes the learned man to a watering place without the proviso that the learned man be his shadow. All that the shadow requests is that he be permitted to call the learned man "thou," while the learned man continues to call him "you." The old shadow meets a Princess who suffers from the malady of seeing too much. She recognizes that the old shadow has no shadow of his own. He tells her that he has no ordinary shadow. "There is my shadow," says he, pointing toward the learned man. The Princess is amazed at all that the old shadow knows, about private things in her kingdom. He had visited there during his travels. They arrange to marry. The Princess, the old shadow, and the learned man go to her kingdom. Once each year, the Princess and her consort must greet her subjects in the open air. To carry out this chore, the old shadow needs a shadow of his own. He offers the learned man wealth, comfort, and the freedom of his castle in exchange for a simple act. "Once each year when the Princess and I sit in daylight and greet her subjects, thou wilt lie at my feet as my shadow." This is too strong for the learned man. He threatens to reveal all to the Princess and to her people. The old shadow has the learned man thrown into prison telling the Princess that "his shadow" thinks he is a real person. The Princess suggests that what little humanity "his shadow" has should be extinguished, for he uses it to bring himself pain. At the wedding of the Princess and the old Shadow, the clarion calls, bells ring, marchers shout, but the learned man hears nothing, for he had been put to death.

The man who lost his shadow and was able to grow a new one is learned and fails to prosper under a regimen of life, which contains probity and trying to write of that which is true. His lost shadow waxing fat and rich becomes a shadowless being who demonstrates no concern for ethics. In these tales the absence of a shadow denotes loss of capacity for delay on the part of the loser of the shadow. In Andersen's story, "The Shadow", the personality is split. At first probity goes to the loser of the shadow,

and ruthlessness to the lost shadow. There is soon a return to the core symbolism of lost shadows. The learned man grows a new shadow. The former shadow on the other hand can achieve all human functions save one. Ruthless, he cannot cast a shadow.

The Shadow Without a Man

As will be seen in the shadow dream section of this chapter, shadows at first appear in dreams unaccompanied. Soon after the object, which cast the shadow becomes manifest. It is followed by its latent meaning. For this reason, one form of the appearance of shadows in literature becomes pertinent. This is the form in which the shadow appears under the mysterious circumstance that there is no one to cast it. Three examples follow.

Chamisso (1813) in Peter Schlemihl, tells of a time when the man without a shadow rests for a moment (p.78). Desolate and alone, he ponders his fate. He notices, to his surprise, another man's shadow wandering about alone. It had apparently strayed from its owner. He chases after it, hoping that if he can plant his feet where the errant shadow's feet stand, he will gain it as his own. The shadow speeds away toward a nearby wood where it would most certainly be lost amongst kindred shadows in the forest. Schlemihl catches up only to collide with an invisible person standing in the footsteps of the shadow. The impact of the meeting causes the invisible one to lose the amulet that had given him his powers. Schlemihl seizes the amulet and is now both invisible and without a shadow. The formerly invisible one is revealed to be the gray man (the devil). Schlemihl then begins to negotiate once more for the return of his shadow.

Poe (191) in the story "Ligeia" tells of a man who loved Ligeia, a woman with strange powers. Ligeia dies, and he marries another. His new wife soon falls ill. As she lies dying, the man feels "that some palpable, although invisible, object had passed lightly by my person, and I saw that there lay upon the golden carpet, a faint indefinite shadow of angelic aspect—such as might be fancied for the shadow of a shade" (p. 176). Drops of a red fluid fall from the air into his wife's cup. She drinks, and falls into a state like death, only to be resurrected with the height and "the full and the black and the wild eyes . . . of Ligeia" (p. 179).

In a brief tale "The Shadow—A Parable," Poe (1941) tells of a group of men who have lost a dear companion to death during a plague. The men have gathered to mourn him where he lies in state. He seems to stare at them. They drink purple wine, which reminds them of blood. "And lo! from among those subtle draperies . . . there came forth a dark and undefined shadow . . . it, at length, rested in full view upon the surface of the door of brass . . ." The shadow is commanded to speak, and it answers, "I am Shadow, and my dwelling is near to the catacombs of Ptolemais, and hard by those dim plains of Helusion which border upon the foul charonion canal." The mourners start in fright, for "the tones of the voice of the shadow were not the tones of any one being (but) the well remembered and familiar accents of many thousand departed friends" (p. 182).

In each of these stories an isolated shadow appears, the shadow without a man. In each case, that which the shadow represents is then revealed. The shadow has value in setting an ominous mood; once the mood is set the amorphous unrevealing shadow must be explained or the story becomes mired in ominousness. In shadow dreams presented during analysis, a similar chain of events occurs. The shadow in dreams quickly gives way to the object that cast it. Artistic creativity and the dream work at times share similar methods of dealing with shadow symbols.

The Shadow in Art

The world of plastic art shares with dreams the visual representation of themes and emotions. For the most part in such art, shadows have been noticed but uncourted. Even the use of shading as a technical device was shunned early on.

Leonardo Da Vinci explained the origin of the first picture thus: "The first picture was of only one line, which circumscribed the shadow of a man cast by the sun on a wall." Whether or not Leonardo was right, we cannot say. The earliest known drawings of men depicted figures, which cast no shadow and which used neither shadings nor shadow to express molding and three-dimensional form. Leroi-Gourhan (1967) reports the earliest examples of molding through shading in Western art in the Middle Magdelanean period (13,000-10,000 B.C.). He says " . . . the painted animals are rendered three dimensionally by . . . the interplay of downstrokes and upstrokes (cross hatchings); these are completed with areas of flat color" (p. 211). Molding is achieved by flat color highlights surrounded by a series of

short parallel lines, which represent shaded areas. Bernal (1958) tells us that in non-Western art, amongst the finest paintings of the Mayan Indians of Central America, " . . . the artists were unfamiliar with the use of shade and chiaroscuro to produce effects of light (modeling and three dimensional effects), the paint was either reinforced or else diluted" (p. 17). In Western art, the use of cross hatching to depict shading dwindled and ceased after 10,000 B.C. Shading did not appear again for over 8,000 years. Woldering (1963) has published an illustration (p. 113) of a mural from the Amarna period in Egypt (circa 1350), in which molding through shading is effected using the technique of color dilution. This was one of the artistic innovations that characterized the Amarna period, one of whose artistic tasks was "to represent human beings in a manner true to life" (p. 169). After the death of Akhnaton, who had led Ancient Egypt in this break with traditional art forms, his achievements were erased. Shading disappeared from Egyptian art.

One thousand years later (500-300 B.C.) in Ancient Greece, according to Gombrich (1960), the writers of narratives increased their scope to include, in addition to the presentation of "history and reality," the creation of an imaginative realm with "realistic elements" in the narrative (p. 138). This encouraged artists to represent reality and mood. The objects depicted were no longer meant to awe by dint of their importance as historical characters, but because through their realistic representation they could serve as an object with which the viewer could identify. The representation of natural postures, veins, and muscle groups were introduced. Schoder (1965) tells us that "Apollodorus introduced more realism by shading, chiaroscuro technique, and subtle tonalities of color" (p. 9). Gombrich (1969) quotes Pliny (p. 11) to the effect that "the painter Nicias was concerned with light and shade." By the 4th Century B.C., the "Greek Revolution" in art (p. 127) had culminated in representational art with full shadow effects for moldings of faces and draperies. Although no painting of this period remains, copies in mosaic exist in the restored cities of Ancient Rome. In some of these works, the subjects cast shadows. In a "Mythological Landscape from the Odyssey" (Webster, 1967) shadows are seen which serve to "tack" the feet to the ground. This also appears in "The Victory of Alexander Over Darius" by Philoxenus (Schoder 1965), p. 77). Dioskourides in 100 B.C. copied in mosaic a Greek painting for a Roman wall in which each player in a "Scene from a Comedy" (Schoder, 1965, p. 76) casts a full shadow. Man as the measure of all things had motivated realistic representation in Greek art. By 100 A.D., Roman Imperial ceremony and the divine revelations of the monotheistic religions of the East, which replaced man as

man's focus, began to turn the attentions of artist and art viewer alike from natural toward stereotypic representation. Flat figures became more and more common. In fine works, folds in drapery and molding of faces were depicted through the use of shading and cast shadows disappeared into the twilight that ushered in the "Dark Ages" for Western Art.

Something of the role of shadows in art as defining characteristics in the evolution of culture and its style was described by Spengler (1926) when he noted that "The painting that defines the individual body by contours is Apollonian (related to the individual figure), that which forms space by means of light and shade is Faustian (referring to space and scientific method as a means of defining truth) this is the difference between the fresco of Polygnotus and the oil painting of Rembrandt" (P 183)

Only in the early fifteenth century did shadows return to art, when the Limbourg Brothers introduced cast shadows into paintings. According to Millard Meiss (1969), it was in their "October" (circa 1415) of the "Tres Riches Heures of Jean, Duke of Berry" that representations of shadows reappear in Western art. Gradually after this time, fine line representational art incorporated solid shadows. By the end of the fourteenth century, shadow representations in art had developed subtle variations in coloration. Nicodemi (1938) tells us that Leonardo Da Vinci incorporated much germane information in his "Treatise on Painting." For instance, Leonardo (1956) said, "The shadow of white seen in the sun and air tends to be blue."

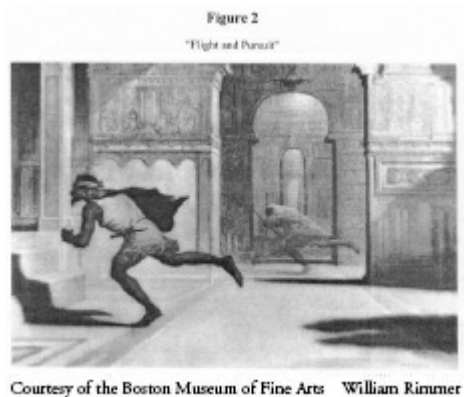
Only during the seventeenth century, according to Swillens (Kramer, 1970), did Northern Europe achieve this level. Through the works of Vermeer, notice was given to the variability of shadows in subtle variations in coloration and intensity dependent upon the surroundings and the nature and the strength of light. Thenceforth representational paintings showed evidences of this advance. This reached its highest point in the paintings of the French academicians such as Gerome.

Notes

¹ See also Freedberg, D. (1989) "The Power of Images" and Vol III, Section B, Symbol Phylogenesis.

² Bhagavad Gita

The Shadow as Protagonist in Paintings and Dreams



To my knowledge, only rarely does a shadow take a symbolic role in painting. One example is "Flight and Pursuit" (Figure 2) by the American artist William Rimmer (1816-1879). In other paintings, shadows appear only to set a mood or more often, to provide an element in the artist's search for perfection in realistic representation.

In "Flight and Pursuit," a man is running, his dark shadow falling before him. In the background, a transparent figure completely matches in form the posture of the pursued. The transparent figure casts a lighter shadow than any other object in the picture. He aims his bow at the pursued. In the right foreground, the shadow of another pursuer (or two? The shadow is split) appears. The effect is frightening.

Flexner (1962) tells us that Rimmer gave "Flight and Pursuit" a variant title." He called it "On the Horns of the Altar." I suggest that the variant title links the picture to the biblical story of Adonijah, son of David and Haggith (II Samuel III:4).

As David lay dying, Adonijah gathered men around him and usurped the throne that was justly Solomon's. Bathsheba had arranged for Solomon, a younger brother, to be declared king by David.

Adonijah's followers deserted him, "and Adonijah feared because of Solomon and arose and went, and caught hold on the horns of the altar" (I Kings 1:50) "and it was told Solomon, saying, Behold Adonijah feareth King Solomon, for lo, he hath caught hold on the horns of the altar, saying, Let King Solomon swear unto me today that he will not slay his servant with a sword" (I Kings 1:49). Solomon permitted Adonijah to go forth to his house safely, but threatened him with death if wickedness were found in him. Adonijah soon behaved in a manner that awakened suspicion within the heart of Solomon. His death was ordered. His ally during the attempt at a coup d'état, Joab, hearing tidings of the death of Adonijah (I Kings 11:28) "fled into the tabernacles of the Lord and caught hold on the horns of the altar."

To catch hold of the altar's horns meant to seek sanctuary, sure protection from one's enemies. Hertz (1963), speaking of biblical times, says "the fugitive, . . . obtained safety by seizing hold of the altar horns" (p. 350). There were actual horns on Old Testament altars. In Exodus, instructions for the making of an altar include "and thou shalt make the horns of it upon the four corners thereof" (XXVII:2). The word for horn in Hebrew is the same as the word for awe, sanctity, and hold radiance. Placing horns on the altar imparted to it those qualities. The origin of assigning this value to horns may be found in Egyptian Hieroglyphics. Cirlot (1962) points out that "In (the Egyptian) system of hieroglyphics, the sign of the horn indicates 'what is above the head' . . . The relevant Egyptian hieroglyphic also enters into composite words signifying elevation, prestige, glory" (p. 194).

The Hebrew word for horns is *keren*. Figuratively, the word means awe. When Moses came down from Mt. Sinai, the beams, which emanated from his head, were called *keren*. When translated figuratively, the word *keren* provides Moses with a holy awe. When translated literally, the word *keren* places horns upon his head, as may be seen in Michelangelo's statue of Moses. In like manner, Adonijah grasped both ritual structures and the sanctuary of the Lord when he caught hold on the horns of the altar.

There is a strong parallel between the story of Adonijah and the incredible circumstances of the personal life of William Rimmer. On the surface Rimmer was a teacher, artist, sculptor, and practicing physician in mid nineteenth-century America. Flexner (1962) tells us that Rimmer's father believed himself to be the dauphin, the lawful heir to the French throne. Rimmer was given special education to prepare him for the day when his family were to regain their throne. However, because Rimmer's father

believed that Louis XVIII was a brother who had usurped his throne, the family felt the need to hide from Louis' assassins. Hunter and the hunted, usurper and usurped, killer and he who may be about to die, Rimmer has portrayed them all in "Flight and Pursuit—On the Horns of the Altar." Interestingly, assigning a story to the painting does not diminish the impact and import of the shadows. As in the dreams to be presented below, the Oedipal theme is strong. The urge to usurp what is another's and attendant guilt and fear are clearly to be seen.

"Flight and Pursuit" is an exceptional painting. It contains a protagonist shadow. As such, its contents suggest an explanation for the paucity of shadows in visual representations. Though at times shadows are too prosaic to be included, a shadow as a protagonist is strong stuff. It is so amorphous; it can represent so many things; it invites the viewer to displace affects onto it. Misinterpretation on the part of the viewer can intrude. Without the benefit of verbal modifiers or explanations, the appearance of a shadow in visual representations expresses something ominous and threatening.

There are many static shadows in isolation in the works of Giorgio de Chirico. He sometimes painted scenes in which long shadows revealed a late time of day. Krystal (1965) has written extensively about the psychoanalytic implications of de Chirico's work. During the course of the artist's career, figures were replaced by shadows (p.223) and then by mannequins. Shadows helped to convey the themes of "departure, melancholy, strangeness and emptiness (p. 215). They served also as displaced representations of objects during a time when the artist suffered from an illness (See Unit 3, Section C, Chapter 7) that made objects in their direct form difficult to deal with. The ominousness of the shadow made it a poor symbol in the service of defense. As De Chirico's illness progressed, the shadows disappeared from his art, and he found another way to deal with his anxiety. He "relinquished fantasy objects, (developed) loosening of associations, (and) his paintings lost appeal for viewers" (p. 225). A parallel situation occurs when shadows are used as symbols in dreams. Shadows in dreams do not serve to bind anxiety or to provide stable complexes. The most important characteristic of a psychoanalytic symbol is its ability to mask and to hide. To be effective in doing this, a symbol must have at least two characteristics: it must have something in common with the referent to provide a logical connecting link and it must be sufficiently different from the referent to mask the fact that it represents the object. That which would be hidden is revealed. In terms of these requirements, shadow fails as a symbol. Through the link of form, shadow can represent anything. Potentially hidden meanings can be revealed. This is

more than a rhetorical insight. In most cases shadows in dreams are transient; Appearing at first as discrete dream elements, each quickly turns into the fearful object it originally represented in occult form.

Shadows as Dream Symbols during Psychoanalysis

In my clinical experience, three patients (males in analysis) have introduced shadow symbols during the course of their treatment. No attempt was made on my part to introduce shadow symbols. Two of the patients introduced shadows before my interest was involved in this study. The other had had repeated dreams containing shadows for many years before the analysis began.

What follows are four dreams from three patients in which shadows appear in the manifest content. The striking thing about three of these dreams is that both context and latent content are similar to the painting by Rimmer: a shadow is an attacker. In each dream a shadow appears as the first dream representation of a dangerous object (a raven, a fist, the dreamer). In each dream, the shadow disappears from the dream and the latent content becomes manifest. This is an example of a transmutation in symbol formation.

Dreams, which contain cryptic symbols, are created when the dream work transmutes a fantasy occurring in sleep into a form, which will not disturb sleep. When a fantasy element is so threatening that it would disturb sleep, it is the job of the dream work to find a substitute image to represent the disturbing element. The substitute image (manifest dream element) must be able to express the intent of the original element while masking the full affect associated with the meaning of its referent. Shadows represent, but they fail to dampen affect. They carry a disturbing affect of their own. Hence, they do not help preserve sleep. Shadows are visual symbols. They do not have the benefit of being able to be modified by limiting and identifying modifiers, as is possible with the spoken or written word. Instead, all the things that a shadow can represent or resemble come with it into consciousness as a legacy from the referent. "Shadow" cannot offer an affect free object upon which a displacement can settle. Latent or affect laden content comes through in the dream. As such, visual representations of shadows do not function adequately as manifest dream elements, and fail as dream symbols. It is not surprising, therefore, that the patients with shadow dream symbols all described their dreams as anxiety dreams,

and that additional substitute representations were generated to replace them.

Dream 1

LJ. was 12 years old at the time of this dream. Although often punished by his father, he was unchanged in his wayward behavior, which included thefts, lying, poor school performance and disobedience of parental commands. He was often beaten and ridiculed by his schoolmates. In spite of this, he persisted in seeking out the attention and winning the approval of the worst of his persecutors. He began the session in which the dream appeared with a report of a recent episode of degradation that had caused him to forswear the relationship.

His friend invited him to join a group. When my patient spoke, his friend said, "Who asked you to talk? Get out." I asked him how he felt. He was reticent to speak out, but finally cursed his friend. He decided to resolve the problem by discontinuing his acquaintance with him. He became delighted, seeing himself as cured and the analysis nearing an end.

I pointed out that he has proven that he can have buddies and have a good time without being hurt as happened with his friend but that he has thoughts and fantasies about being hurt unrelated to this particular friend. The problem is not with the friend but within himself. He dwelled upon this idea and said that as a prime example of this problem he continues to dream about punishment.

He then told the following dream:

This is a horror dream. I dreamt that I went up skiing. I was about twenty. I went up on the throughway. I was going up alone. It was ten at night. It was a cold night. There was much snow. There was this place. An old lady ran it. I saw a shadow on the house. I saw a raven up there cawing. A dark night. I was a little scared. I walked up to the door. I saw a lady at the window rocking, a real old lady with her hair down in bangs. Real messy. I said frightfully slowly, "Have you a room? She said, "We only have one with girls in it. Oh, wait, we do have a guest room." As I went in, it was very dark, very. There was the shadow of the trees. I saw the shadow of the raven again. All of a sudden, the raven came on my shoulder, just about to bite me. I hit it. Then it flew out. The old lady was there. She had guards all around with machetes. There were many killings. I asked for a machete. The raven came back with a teeny alligator. The guard called him a killer raven. I didn't have the machete yet. The alligator grew bigger and bigger. I got a rusty sword. Then I got a machete and chopped off the head of the alligator. The raven killed a girl. Then the machete broke on the raven's back. I killed it with my hand, strangled it. Then the old lady turned into a beautiful young girl. Then I walked over to the girl to see the bit girl. I made the girl a drink of antitoxin. The guards disappeared and the house turned into a beautiful building.

Dream 2

Mr. J.J.L. was a 35-year-old man employed in a hospital where his activities required some knowledge of a participation in psychotherapies. He had been married twice. He had no children. His first marriage was to a promiscuous woman whom he wished to "save." His second marriage was to a more naive individual who insisted that her mother live with them. Both she and her mother spent a good deal of time teasing him and joined in making fun of him. He tended to dramatics and lived in constant fear of excessive punishment for exaggerated wrong doing on his part.

He dreamed he was walking down the street and all he saw was a shadow, "a hand was raised to clobber me on the head. I ducked and missed the full force of the blow. I woke up and felt a tight feeling in my head." (He became silent, and I asked for associations to the dream.)

A dark lonely street—flash, I see the shadow of an arm and a stick raised in the street—I ducked in time so I wasn't hit so hard—I saw a shadow—man hit on the head—amnesia—I had a thrust of fear—woke up—my head was like a shade flapping. (I asked for associations to the shadow.)

"Looming, warning. If I didn't see it, I would have got clobbered, just a big, big, on the floor—don't think too big—head, hooded, an arm and a stick—a brief flash and that was it."

He expressed concern over being hit over the head by his mother whom he hadn't called for a considerable period of time.

Dream 3

A.D., a 22-year-old man, had come to analysis at the insistence of the court, following an arrest for exhibitionism, which he had done since he was 14. Although a college graduate, he worked as a bottle washer in a laboratory. He was impotent and spent all he earned on food and alcohol. He weighed 260 pounds. By the time of this dream, he was no longer impotent nor was he exhibiting. He had moved away from home and was living in a neighborhood with a high crime rate. This is how he told the dream:

I called home. My father talked in a whisper—"Mother is in trouble." There's a burglar in the house I tried to reach the police in Nassau (County) and I woke up (His immediate associations follow.)

I was the intruder—a shadow—a force—I remember a story of a person whose id becomes so strong it becomes an evil force. I knew something was there with my father—it was I. I was in both rooms at the same time. My father hung up and I became very frantic. It was as though I was in two places at the same time. It was the oddest sensation.

In all three dreams, a shadow appears. In all three dreams, the latent content for which the shadow had been a symbol came quickly to the surface. In the first dream, the ominous shadow gives way to the killer raven. By the end of the dream, it is the patient himself who is killing. In the second dream, the shadow first appears as a warning. Then the patient is hit by the person whose shadow has preceded him in the dream. In his associations, the patient can relate the latent identity of the person who wishes to strike him to his mother. In the third dream, the first conscious dream element is a robber. The dreamer recognizes this as really a shadow. The displacement to the robber is lost. The displacement to the shadow symbol becomes manifest. Because the shadow symbol disguises poorly, he recognizes himself as the source of the move toward his mother and must awaken.

In visual representations, a shadow symbol is amorphous and thus cannot easily be held to a specific meaning masking latent content. In each dream, the shadow symbol appeared as a single element in a series of symbols related to the same idiosyncratic latent contents. As time went on, a progression through the symbol series took place. Anxiety and, frequently, disturbance of sleep accompanied this transition. Because of its undifferentiated formal qualities, and the effects inherent in the sight of any shadow, the shadow lends itself to representation of hostility or guilt. Clinically, the shadow symbols give way to the appearance of the latent content in the dream and/or in the associations. Psychoanalytic symbols in adults do not classically surrender their meanings easily. In comparison to the strong boundaries between dream symbol meanings and awareness that one finds with the usual dream symbols, shadow boundaries are fragile. When shadows appear as psychoanalytic symbols in the dreams of adults, there is a potential for easy access to underlying meanings. Piaget (1946) has described the stage in human development (15 months to four years) during which all symbols share this potential. This exceptional characteristic of shadows provides us with an insight into the workings of the symbolizing function in the young child. In adulthood, when the dream work calls forth shadows to use as symbols, their limitations as potential psychoanalytic symbols is manifested in the atavistic characteristic of easy access to latent meaning. The activity of a symbolizing function appropriate to a more immature stage of development persists in the adult in relation to shadows as dream symbols (see

Sarnoff, 1970).

Is there a universal meaning to shadow symbols? Although primal scene (shadowy images of parental intercourse) elements appear in these dreams, I doubt that this is a basic meaning. All three patients were involved with severe sadomasochistic relationships. In all three dreams the shadow was related to threatening and endangering situations involving primary objects. In the last two, the mother is clearly designated. In the first, in light of his history, the young girl who is endangered could be the mother. During masturbation, he repeatedly lost his erection when the young girl, whom he envisioned in his fantasies, turned into his mother. In these patients, the shadow symbol represents an aggressive threatening feeling, either active or passive, within the context of a severe sadomasochistic relationship with the mother.

Dream 4

The fourth dream also comes from A.D.

At the time of the dream he no longer had an urge to exhibit. The analysis of the dream related directly to the relief of his impotence.

Dream four contains shadow symbolism familiar to us from literature and the concepts of children. The shadow is a representation of the person who casts it. It was common for A.D. to use the word shadow metaphorically. For instance, he once said, "I present myself as a shadow of what I am. It's what they expect. I do it to make them like me."

He reported the dream as follows:

I had a nightmare. I went to sleep in this dream. I woke up in a motel room. I was sleeping on the wood of a special bed. It was a curved room with a big pole in the middle. One corner of the room had light. My part was completely dark. The floor was shiny. It was a museum I was in. Around the room was armor like at the Metropolitan. I woke up and realized that I was alone. I looked and saw all the things I've been telling you about. I must have fallen asleep in a museum. I thought of robbers. I thought of dogs. I felt alone. I tried to cry, "Ma", but I couldn't say anything. Then I cried, "Ma." The first thing I noticed was that my head wasn't covered. (The patient usually sleeps with his head covered.) The dream had included other people, but I was alone. I felt that I had been there before and that this was a replay of something that had happened before, in my life. I woke up. My mother came running into my room and turned on a light.

In associating to the dream he said, "In the dream something was coming toward me. I didn't know what it was—something from behind. Closing in on me. It was necessary to scream. I didn't see anything. I was all alone, but I had to scream. As a child I had nightmares." "It wasn't really a bed. It was an exhibit in a museum. All I had was a thin sheet, not a cover. When I lived in Brooklyn, I couldn't sleep without a cover on my head."

I asked him to associate to calling "Ma." "I've always been afraid to be left alone because of a fear of the dark. Exhibiting gave me a basis for contact with other people. I didn't start exhibiting until I became alienated from my parents. Even now, I don't like staying alone. I don't fear exhibiting anymore but I feel strange. I won't ever forget to lock the front door. Even if I am alone, I put a chair against the door. As a child, I slept with baseball bats for protection. It's funny how the one condition I'm afraid of, loneliness, I set up." I pointed out that the loneliness he creates in the dream gave him a reason to call his mother and thus draw her closer to him. He said, "It was like Freud's dream, in the movie, where he went into the cave. I thought of that. To me, having to eat girls is an enslavement. When I eat at night, my mother either goes to the bathroom or talks to me. It always happens."

"I'm trying to make myself remember what it was in the dream that I was afraid of. I can't remember when I was ever so terrified. It was almost as though I felt terror in this dream. Strange that I yelled for my mother."

I interpreted his wish to be near his mother. He said, "The shape of the room was amorphous (a term he hated when it was applied to his body), endlessly winding around this pole. There was like this gigantic pole so the room could stretch for a long, long way. I had walked a long way down the corridor, when it was daylight, to the bed. To get to the room, I had walked through large metal doors. The room was oval with a pole. Was I really feeling me? It's as though the room was my body, the pole my penis. The room is indescribable. There is no actual size. I can't determine limits. It was a large enormous pole." The next day, he produced further associations. "An important part of the dream is that I was not wearing anything. What made me so frightened in the dream was that it was like the dream I had as a child. I had a dream of having my lips taped together. It was the same fear. An ominous fear; I couldn't and didn't think of running. It was my father I was afraid of. The light was associated with my father. The darkness is me. I see myself as less able than my father. The light is my father. To be light means to me to be a man,

to do what my father does.

“Darkness is failure—I can never reach the light. In other dreams, the light was down the hall. Here it is closer.” At this point, the patient identified this dream with a series of dreams that were typical for him: dreams, which took place in shadow with an area of light visible but far away.

In the fourth dream, he sees himself as evil, a failure, not a man. This is symbolized as being in darkness (shadow). His father is a man, symbolized by light. He cannot be. The dream room is a sexual situation into which he wishes to draw his mother. Success with mother is to be father, to be light. He is darkness. In the dream, there is great anxiety for he is closer to light and Oedipal fulfillment with mother than he has ever been before. In the dream, a flight and pursuit theme, as in Rimmer’s painting, is clearly described.

Upon analysis, this was seen to be a manifestation of feared punishment associated with Oedipal guilt. His equation of mother and girls from his peer group could be established through reference to the wishes to be like his father with his mother, which appears in the dream. After the analysis of this dream, his impotence cleared.

Comment

Shadows, on the basis of ordinary considerations, should make excellent dream symbols. They share a number of characteristics with human forms. They have many characteristics (variable size, insubstantiality, ominousness), which could be used to represent a number of frequent latent dream contents. Symbolic representation is usually established through such links of similarity. By way of confirmation, literature, myths and superstition abound in such shadow symbols.

In actuality, shadows rarely appear as dream symbols. When they do, they often fail to cover latent meaning. The dream work finds them ineffective in masking latent content and probably displaces further to a more effective symbol. Direct visual representations of shadows do not help preserve sleep.

In literature, the ability of the teller of tales to force a symbol to reveal only its superficial meaning and hold undisclosed its inner meanings is related to the cage of verbal modifiers and demurrers, which

he can elaborate around it. Shadow can be used effectively as a verbal symbol because it is possible to avoid ambiguity in meaning. A single aspect of shadow can be represented. Therefore shadows often appear as symbols in literature. In visual representations, this is not always possible. In art and in dream, a shadow as protagonist invites the observer (the art viewer or the dreamer) to project aggressive and ominous meanings onto the shadow. In art, the shadow is used to express the ominous. In dreams, the dreamer soon replaces the shadow with the ominous striving, he had hoped to hide. Therefore, in dreams, shadows are rare.

Perhaps this insight has never quite better been told than in the nineteenth century poet Tennyson's verse that tells of a nightmare of the guilt ridden Guinevere.

' . . . if she slept she dream'd
An awful dream, for then she seem'd to stand
On some vast plain before a setting sun,
And from the sun there swiftly made at her
A ghastly something, and its shadow flew
Before it till it touch'd her, and she turned—
When lo! her own¹, that broadening from her feet,
And blackening, swallow'd all the land, and in it
Far cities burnt, and with a cry she woke. (p 639)

Legault (1971) in discussing rare dream symbols, such as shadows, concluded that rare dream symbols achieve that status as a result of the fact that as manifest dream elements they “ . . . rarely ward off repressed affect and content. This characteristic . . . is not an unusual one.” (page 1) It occurs when symbols have a link with repressed content via similarity of affective response. This is one of the possible links of similarity that a latent symbolic referent has with its manifest representation. Symbols, which relate to the symbolized via the common quality of the unpleasant affect aroused, frequently ‘fail’ (I would rather say function poorly) as dream symbols. They allow increasing quantities of affect to erupt, because they arrive bearing a burden of affect that is their own. Awakening, if this occurs while dreaming, is frequently a result. Such symbols are fires, earthquakes, explosions, and floods. These are “ . . . relatively amorphous . . . and are related to repressed material via affective resemblance. They usually symbolize particularly terrifying inner contents, frequently hostile” (pages 1 and 2). Legault (1971) chooses to refer to symbols established through an intermediary link of “affective resemblance” as affective symbolization. Apparently, there are some symbols, which, because of the nature of the link

between what is represented and what represents (i.e., similarity of form or affect) though able to be utilized as metaphors or concrete symbols, carry a load of affect that interferes with their use as psychoanalytic symbols.

SYMBOLS AND AFFECT

Symbols which contrary to the rules of cryptic symbol formation come into consciousness awash in affect, have been discussed. Much of the discomfort associated with mental illness is a product of a failure of the symbolizing function to neutralize affect or to select representations, which are laden with their own burden of affect. Shadow as symbol is studied as an example of a manifest symbol with a strong tendency to bring its own affect when used as a symbol. The use of shadows as symbols in art, stories, folklore, and dreams were surveyed. Shadows are rare as symbols in art and equally rare in dreams. In fact, they fail as symbols in dreams. The potential for multiple representations implicit in the visual imagery of the shadow defeats the goals of psychoanalytic symbol formation. The shadow as a dream symbol reveals what it should conceal. In addition it comes with a threatening affect of its own. Where the purpose of a symbol is the masking of meaning, shadows because they do not mute affect can serve as a symbol no better than a sieve can serve as a parasol. As a result other representations are turned to by the symbolizing function, and shadow symbols are relegated to the status of rarity.

There are forms of symbolization of affect that are successful. Sublime representations of frightening images give a sense of power by removing the representation a distance, through changing the media (i.e. reality to paint) from that of the referent but not from the affect. The experience of affects of awe and the sublime when confronted in such displacements in art bring mastery as mild as joy, as deep as awe.

AFFECTS AS SYMBOLS

It is possible at times for symbolization to produce affect. Affect is a centrally perceived physiological response to brain discharge into the autonomic nervous system. Such discharge, if sufficiently strong, can produce changes in body physiology, which are reflected in somatic change. It is possible at times for symbolization, a psychic process, to produce somatic pathology. Ergo symbolization may be the practical

bridge that replaces the magical leap in the generation of psychosomatic symptoms.

It is possible as Grotjahn (1945) has reported, for the affects of referents themselves rather than contents to be the primary targets of modification by symbolization. An affect or an affect equivalent may serve through displacement as a representation or symbol of another affect. This sort of symbolization of affect is a primitive style of ego function, which is related to readiness for fight or flight in lower animals.

Strong affect, when symbolized by another strong affect, disturbs sleep. Therefore, symbols such as laughter are rare in dreams. Grotjahn states “. . . the dream work makes certain that . . . hostility expressed . . . is successfully disguised” (page 225). The dream work may establish a manifest dream affect whose link to a referent’s latent affect is not readily perceptible, for as Grotjahn tells us the rare laughing dreamer does not recognize the hostility that is hidden in dream laughter. (page 225).

The theoretical formulations—relating to the formation of psychoanalytic affect porous symbols and affects as symbols—are predicated on the concept that referents in the unconscious are either unconscious affects or are linked to unconscious affect. These formulations delineate some of the mechanisms involved in diffusing the effect of latent affects on conscious functioning.

All referents that are represented by cryptic and psychoanalytic symbols are linked to affect, when in their non-conscious referent latent form. How can there be non-conscious affect, when affect is defined as a perceived change in body physiology? Obviously the requirements of this definition cannot be satisfied. The problem is a semantic one. Actually that which is meant is that locked in the non conscious and unconscious vaults of memory, and at times linked to concepts, are potentials to find expression in physiological activation of sensations.

In this context unconscious affect is an identifiable psychological entity. Freud’s (1915E) thoughts about the existence of unconscious affect were as follows. “. . . all that corresponds in the (system consciousness) to unconscious affects is a potential beginning—which is prevented from developing” (page 178). Freud’s concept of potential affect has been placed in context by Knapp (1958). In support of the idea of unconscious affects, Knapp (1958) points out that “Unconscious guilt . . . seems thoroughly imbedded in psychoanalytic writing . . . as ‘potential dispositions’”? “It seems necessary to distinguish these elements which are dynamically active in a given subject in a given moment” (page 65).

Pulver (1971) states unequivocally, that “ . . . affects can be unconscious” (page 353). In fact, “. . . affects can exist as active processes with effects on both motor and psychic behavior, and yet be outside of the awareness of the individual and incapable of being brought into awareness by ordinary efforts of attention” (page 353).

In accord with these theoretical formulations, the concept of unconscious affect as used in this book refers to dynamically active potential affects, which are not in awareness. Their presence out of consciousness may be detected for instance when there appears in consciousness, derivatives such as psychoanalytic affect symbols at times when there is strength in any push that moves them near to the brink of awareness. Unconscious affects are disclosed too when affect porous symbols force their way through the defensive network of healthy symbolic forms.

Affects may be symbolized by physiological responses that participate in the functions that are interpreted in awareness to be affect. The latter are called affect equivalents. The connection between the original referent affect and its representation is conscious in an affect equivalent. The tearful person knows he is sad. Adapting an affect so that it symbolizes another affect makes possible an equilibrium, which requires no further ego work aimed at modifying latent content. An example is the formation of a tear when it expresses sadness. A person who is anxious and develops diarrhea before an exam can connect anxiety to the diarrhea though the causative role of the exam situation may not be risible. Affect equivalents (i.e. Tears, GI complaints, rapid respiration) differ from an affect porous symbol. A person with an affect porous symbol (such as a phobia) by contrast is unable to relate the physiological aspects of affect to both the referent concept and its latent affect. In like manner, a person with psychogenic hives cannot relate the associated physiological changes to the underlying affect which is part of an otherwise repressed fantasy. The relationship between affects as symbols for other affects, such as laughter in dreams in place of sadness is a product of the mechanism of repression with displacement, formerly identified as the instinctual vicissitude reversal into the opposite.

Laughter as a Psychoanalytic Affect Symbol

Let us return to Grotjahn (1945), who has established laughter as a rare dream phenomenon. When laughter does appear in dreams, the mechanism is similar to that seen in wit. This is defensive

substitution of an acceptable affect (laughter) for an unacceptable one (hostility). In the case he presented, this accomplishment was accompanied by modification of fantasy content. Grotjahn (1945) explained that laughter only occurs during an altered sleep state related to “partial awakening” (page 227). In this state, “intrapsychic perception . . . partially restored, the ego recognized the hidden meaning of the dream disguise . . .” (p 227). A psychic state is postulated in which the hidden meaning of the dream contents loses its disguise. Uncomfortable affect is mobilized in response. The affect associated with the latent content is later diminished through alteration of the manifest symbolic form or transmutation of the affect into a more acceptable form.

Tears as a Rare Affect Symbol during Dreaming

Greenacre (1965) mentions that “it is interesting how relatively infrequently tears appear in an undisguised way in the content of dreams” (page 213). She notes that “they may appear during sleep without the accompanying affect becoming conscious” (page 213). However, the disturbance of sleep by the appearance of weeping is documented by her, when she states “I have known instances where weeping occurred during sleep; and it is not very rare that someone waking with such sensations in the face and around the eyes is convinced that he has been weeping” (page 212). Weeping can be associated to sadness by the dreamer. Greenacre (1965) presents a rare dream element whose association with disturbance of sleep points to a regressive symbolization manifested in a sleep disturbing impairment in the repression of the link between the symbol and its underlying contents and affects. This would be an example of an ‘affect metaphor’. The use of fluid as a masked expression of affect [(i.e. urticaria, (page 218))] is also explored by Greenacre (1965). This may be considered to be an example of a manifest displacement, which uses a physiological phenomenon in place of an image or word or verbal memory as a symbol for latent affect. The use of physiological phenomena as symbols is discussed in the next chapter.

Notes

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CHAPTER 5 REGRESSIVE SYMBOLIZATION : Symbols in Psychosomatic Disorders

The Categorization Of Psychosomatic Symptoms According To The Level Of Regression In The Symbolizing Function, Which Has Participated In Their Formation

INTRODUCTION

Extreme discomfort tantamount to physical illness can occur when the symbolizing function utilizes bodily organ functions for the symbolic expression of affect. At times the manifest symbols are difficult to recognize as of psychological origin. For instance symbols for the experience of affect emphasize physical sensations when evoking memories that consist of haptic somatic tissue sensibilities. These are often recalls that have been organized and synthesized into sensory concept clusters in memory. Remembered affect sensations inform the feelings associated with affect porous symbols.

Leroi Gourhan (1967), an anthropologist, pointed out an easily overlooked symbol referent in memories of physical responses to stimuli. He noted that “The reference point of the esthetic sensibility of man has its (source) in . . . symbolic reflections of the ensemble of tissue sensibilities.” (page 83). Affects in isolation can be symbolized and held out of consciousness by the establishment of physiological functions for use as displaced substitutes, which draw attention cathexes away from referent affect potentials.

Awareness of psychosomatic expression of affect potentials is not new to mankind. Simpson (1972) reveals to us that as early as the time of the New Kingdom in ancient Egypt, there was acceptance of the idea that emotions could produce physical illness. The following poem illustrates this well.

“Seven days have passed,
and I’ve not seen my lady love;
a sickness has shot through me.
I have become sluggish,
I have forgotten my own body.
If the best surgeons come to me,
my heart will not be comforted
with their remedies.
And the prescription sellers, there’s no help through them;

my sickness will not be cut out.

Telling me “she’s come” is what will bring me back to life.” (page 320)

In spite of this long history of psychosomatic awareness, there is little agreement amongst psychosomaticians on the nature of the mechanism, which translates emotions into bodily changes. Descriptive phrases such as “the magical leap” fail as explanations; they also fail to aid communication between investigators. In discussions of symptoms described as psychosomatic, modern day investigators at times find that exchanges of opinion turn into scenes of rancor. The source of this rancor lies in part in the fact that “psychosomatic” as a term, refers to disparate symptom clusters deemed to be alike on the basis of a single characteristic, namely, they are physical symptoms that occur in distressed psychological contexts.

Theories of psychosomatic disease usually attempt a unitary formulation creating a single dynamic. This results in the exclusion of alternative explanations. Dynamics derived from a few cases of a single entity may be generalized to apply to the total psychosomatic complex. A criterion for the establishment of a theory that will cover all possibilities is doomed to fail. When a single word is deemed adequate to represent a protean concept, the concept itself tends to be considered unitary. Setting aside this unitary concept in favor of a study of a multiplicity of intrinsic clinical characteristics is necessary. It makes possible close studies of the differentiated entities.

The intrinsic explanatory and differentiating characteristics of the subcategories of the group of symptoms called psychosomatic reveal that a variety of complex mental events make up the symbolizing function. Just as the blind men with the elephant might justly disagree on what an elephant was, so modern day investigators justly disagree on the nature of psychosomatic symptoms and the therapeutic approaches indicated to treat them. Each deals with a different part of the beast. All are limited by the absence of theoretical-clinical tools for the accurate differentiation and description of the variety of symbolic characteristics that appear in the different types of “psychological somatic” symptoms. Psychosomatic conditions are usually somato-psychic as well. Patients can develop anxiety in response to their symptoms. Within this theoretical framework treatment often entails dealing with anxiety, which is secondary to the symptom.

Schur in 1955 postulated a “psychosomatic’ phase of development” (page 126) in which

emotional and cognitive immaturity provided the infrastructure for pathology. The personality enters this phase, when “the ego loses the capacity of secondary process thinking . . . uses unneutralized energy and desomatization fails” (page 126). “There seems to be a parallel between the prevalence of primary process thinking, the failure of neutralization, and the resomatization of reactions” (page 133). “In the condition leading to the first eruption or the recurrence of an eruption after a prolonged interval, we can see a regression to the precursors of thought, affect, instinctual drives and defensive action-expressed exclusively on the somatic level” (page 143). Within this theoretical context, Schur’s concept of treatment consists of “anything counteracting . . . regressive reactions which accompany affects and instinctual drives . . .” (page 160) “. . . the analysis proceeds in the uncovering of unconscious conflicts, the predominance of primary process thinking recedes and simultaneously patients who used to think feel and act with their skin, learn to use normal channels of expression” (page 161). In this theory therapeutic cure comes from relieving cognitive regression without the resolution of the influence of fantasy content associated with affect.

These concepts cannot be generalized to all conditions called psychosomatic. Only one possible channel of regression is described, a cognitive one. There are many paradigmatic developmental lines with many regressive stopping points along their way that provide explanation for nature and depth of the genetic regressions that support somatic symptoms of psychic origin. Indeed, the formation of psychosomatic symptoms shares with psychological symptoms Freud’s (1939A) concept that symptoms can be produced at the point that repressed content finds its way to consciousness “[When] in recent experience impressions or experiences occur, which resemble the repressed so closely that they are able to awaken it . . .” (page 95) At that point “. . . what has hitherto been repressed (does not) enter consciousness smoothly and unaltered, it must put up with distortions . . .” (page 95). With psychosomatic symptoms, the characteristic distortion involves turning to the body to be used as a source of simple symbols to express affects directly (i.e. tears)

The body also serves as a source of manifest cryptic expressive symbols to be used in using body language to articulate fantasy. The theory that latent fantasy propels psychosomatic symptoms was championed by Mellita Sperling. In her dynamic explanation for somatic symptoms of psychic origin, M. Sperling (1968) taught that “. . . the psychosomatic patient . . . act(s) out . . . impulses, wishes and fantasies internally in a variety of somatic symptoms”.

The process, which creates a distorting translation of referents into somatic representations, has myriad symbolic forms from which to choose. The most primitive forms betray a level of regression to a point where direct somatic expression takes place. An example would be tears for sadness or G.I. cramps for anger. The least primitive symbolization of referents using somatic channels negotiates those levels of sophistication at which representations are the products of denial and displacements. The latter are psychoanalytic symbols in which latent content or affect are represented through linkages based on similarities in organ shape or function. An example of such a symbol would be hysterical arm paralysis that disables the ability to strike another person, as an expression of the inhibition of rage.

The form taken by psychosomatic symbol based symptoms is determined by two sets of developmental lines. The first set of developmental lines involves regressions along the ontogenesis of consciousness (V.I. and Sarnoff 1970). The second set of developmental lines is derived from regressions along the march of symbolic psychic representations of libidinal objects, which proceeds from the bodily organ narcissistic self to reality objects as loved ones. Psychosomatic symptoms can be categorized according to their stage of regression as manifested in each of these developmental lines.

The Ontogenesis of Consciousness

The ontogenesis of consciousness is organized around four progressive stages, which are reflected in the forms (concrete, abstract, and cryptic symbols), which its characteristic symbol types take. They are the primal system consciousness, which contains direct concrete expressions, the late stage verbal system consciousness which contains symbolic representations based on linkages that are derived from the verbal memory system (See Volume 2 Page 68), the abstract system consciousness, which contains symbolic representations based on linkages that are derived from abstract similarities, and the mature system consciousness, which contains an enhanced number of displaced and cryptic symbolic representations. The latter is based on exclusion from awareness of the abstract relationship between referents and representations. They are free to appear as a result of the loss to awareness of their connection to highly affect charged and feared or prohibited meanings.

The Developmental March of Symbolic Representations from the Bodily Organ Narcissistic Self to Reality Objects

The developmental march of symbolic representations from elements of the somatic self to elements drawn from reality was reported in the early psychoanalytic literature. There is no one place where it is described in its entirety. A full picture can be gathered from a combination of extracts from some basic papers on the subject. Ferenczi (1912) stated “. . . bodily organs (principally the genital ones) can be represented not only by objects of the outer world, but also by other organs of the body. In all probability, this is even the more primary kind of symbol creation” (page 275). In the earliest symbolization, bodily organs (i.e. genital ones) are represented by other organs of the body. Ultimately bodily organs are represented by objects in the outer world. Klein (1930) described an intermediate phase in childhood during which aggression felt toward the mother creates anxiety “Since the child wishes to destroy the organs, penis, vagina, breasts which stand for the (loved) objects, he conceives a dread for the latter. This anxiety contributes to make him equate these organs in question with other things . . . which form the basis of . . . symbolism” (page 24).

There follows a fuller outline of the march of representing objects from elements of self representing parts of the self including concepts to elements of reality representing parts of the self including concepts. These are serially added to the armamentarium of potential manifest symbols used during the ontogenesis of the symbolizing function. These objects are subsequently used to represent latent referents. This progressive developmental march provides us with information about stages in the paradigmatic line of symbolic forms that inform somatic characteristics during regressive symbol formation.

Self <-> Self Stage

The most primitive referent is that part of the motivated self which is limited to felt need. There is an urge for discharge without an object. There is only evocation in expression. The perception involved in psychic imagery is alerted by these needs. It cathects the self autoerotically in search of gratification. A pre-symbolic self <-> self stage of object relations exists at this point. The self <-> self stage is an example

of primary narcissistic evocation. It is seen clinically in infantile autism and in malignant depression.

The Self—> Undifferentiated World Stage

The second stage is manifested in the articulation and evocative discharge of felt need through or from an image of the self that is undifferentiated from the world.

Self—> Direct Expression Through Organ Stage

The third stage is manifested in the satisfaction of felt need through the function of organs of one's own body aimed at recruited fantasy figures adapted from real people. Tears from the eyes that call the mother's attention are an example of this. Though they appear to be in the communicative mode, they are still primarily evocative. They are saved in the growing memory systems of the child. Somatic memory traces established during this phase provide the templates that influence psychological somatic manifestations during later regressions. Mahler (1969) has described this as a symbiotic phase of early childhood that participates in setting the stage for later somatic psychopathology. She says, "Whenever organismic distress occurs, the mothering partner is called upon as the major contributor to the maintenance of the infant's homeostasis. ". . . somatic memory traces are set at this time." (page 13). Murderous fantasies expressed through mucous colitis are an example of such symptom formation.

The Self—> Substitute Organ Stage

The fourth stage is the utilization of remembered psychic representations of body organ functions or affects as objects to substitute as symbols for other organs or affects, in the gratification of needs or the defense against such gratification. Organ functions, which participate in this process contribute the somatic component to psychosomatic phenomena.

Self—> Part Object Stage

The fifth stage begins with self-object differentiation. It is characterized by a shift to the interpretation of elements, such as people in the real world, as symbolic representations of an organ. Loved ones in the object world become part objects as a result of being interpreted to serve the function of

organs. An example would be a relationship in which every movement of a loved one is scheduled and managed as though it were a bowel content. Manifestations of this stage contribute characterological coloring to people who have psychosomatic symptoms. This process begins to take on the coloring of symbols in the communicative mode. Regression to this stage on the developmental somatic march of symbols was postulated by Ferenczi (1912) when he stated "The symbolic identification of external objects with bodily organs makes it possible to find again, . . . all the wished for objects of the world in the individual's body"-.

Self—> Object Stage

The sixth stage is characterized by the use of symbols, which are products of displacements from loved ones (primary objects) to manifest symbols. It is not involved in psychosomatic symptom formation. This stage is important in phobia formation, and is the basis for the use of objects outside the body boundary and reification of words in the selection of manifest symbols. An example would be the seaweed phobia of little Jan. (See above)

Degrees of weakness in repression of content and affect and varying degrees of inward turning in the search for an object (regression along the developmental somatic march of symbols) determine which stage will be involved in the formation of representations during symbol formation.

Clinical Examples

Somato-Psychic Disorders

Somato-psychic disorders are products of awareness of organ change. These are clinical responses to the presence of physical discomfort derived from pathology, which is of somatic origin. These discomforts are interpreted secondarily to be life threatening or potentially castrative. Freud (1914) summed up the libido distribution in this state when he quoted the line “concentrated is his soul in his jaw tooth’s aching hole”. In the production of this psychic state, interpretation of what is real, seen at the level of self-organ awareness, is elaborated into the context of a pre-existing fear fantasy. There is direct representation in the primal system consciousness on the self-organ level. A typical case history follows:

Mr. T.E. was a 38 year old, married architect. He developed severe headaches, oppressive feelings in his chest, pain in his chest and an awareness of his heartbeat. A similar condition was reported in six of his wife’s co-workers. All seven were seen by an internist who diagnosed the condition as pericarditis on the basis of electrocardiographic changes reflecting sub-pericardial myositis. The intensity of the symptomatology caused great anxiety in Mr. E. He was convinced that he would die during one of the attacks. When seen by a psychiatrist, he was noted to have a history of repeated neurotic depressive reactions whenever a family member became ill and an unresolved symbiotic attachment to his mother.

Somatic Anxiety Equivalents

Somatic anxiety equivalents are hyper-expressions of normal physiology. They are clinically characterized by the presence of strong somatic responses in which one aspect of the total physiological anxiety reaction is predominant. This is a direct somatic expression of affect. There is direct representation in the primordial awareness of the primal system consciousness on the self <-> self level and there is no need for higher cortical functions including symbolization, when responding to present

danger. In the cases where there is fear of a future event an abstract system consciousness with abstraction based symbols is required, because that which is yet to be is a “perpetual abstraction in the world of conjecture”¹. The specific responses involved in somatic anxiety equivalents are hyperventilation, diarrhea, tachycardia, and trembling. Specific emphases in choice of symbol may be consistent for a given individual and familial patterns are not unknown. A typical case history follows:

Mr. A.E.C. was a twenty-three year old medical student faced with a difficult examination upon the outcome of which his future in medicine hinged. Upon entering the building in which he was to take the examination, he developed abdominal cramps and diarrhea. Once in the bathroom, he had to wait his turn. His reaction was a response to fear of a projected and therefore memory borne abstraction rather than a present danger. The former requires an abstract system consciousness. The latter requires mobilization of a primal system consciousness. He was able to take the examination successfully.

That which is described here requires only a quite primitive personality organization including the direct representation of affect characteristic of the primal system consciousness and no requirement of self-object differentiation. This is a manifestation of the expression of the self through the self (the self <-> self stage) at a primitive level.

Somatic Anxiety Equivalents Used for Secondary Gain

Awareness of a connection between anxiety states and symptoms, which are anxiety equivalents, is the product of the development of the abstract system consciousness. A symbolic linkage is provided to be used for the establishment of an anxiety equivalent as a symbol to be used as a tool for communicating personal discomfort to others. If the linkage is not repressed the anxiety equivalent serves as though it were a simple symbol. A true psychoanalytic symbol can develop if the mature system consciousness is reached and the link is repressed.

A level of regression at which self or organ can carry the message of an affect can predominate in these states. This eventuality can occur in the presence of a functioning abstract system consciousness. The initial episodes may be of infectious or anxiety equivalent origin and are clearly self <-> self in nature at first. Memory of their effect on others can be linked to symptoms in an abstract system

consciousness. This knowledge becomes the basis for the use of old symptoms as symbols which aim to achieve secondary gain. The following case illustrates this:

Master J.J. was a six-year-old boy who lived in a serene home with an understanding mother, a quiet father, and a nine-year-old sister. It should be noted that the boy had had an episode of diarrhea at the age of four, accompanied by fever and abdominal cramps. One day, when he was five, the father and the children returned home late for dinner. The mother became angry and shouted. The child grabbed his stomach and began to complain of pain. He could not communicate any fears directly. When the father tried to comfort him, the child turned towards the mother. The child was expressing his anxiety through a symptom known to attract the mother's compassion. He was relating to an "outside object", though it appeared that he had regressed to the cathexis of a part of himself. The nature of his condition can be summed up by the fact that the symptom cleared when he was finally able to verbalize his concern in the words "are we a happy family again". The symptom, an anxiety equivalent, was used as a communication reflecting a level of self—> outside object relations.

Hypochondriasis—Over reaction to Organ Changes

Hypochondriasis refers to the use of physical symptoms to deflect one's attention cathexes from external stress. These are clinically characterized by the presence of marked concern with bodily organs and functions in the absence of comparable severity in physical symptomatology. No psychoanalytic symbolization is present although there often has been a difficulty with object relations or even a true phobia at the self—> object level. The individual has regressed to preoccupied complaining about symptoms. Such preoccupations withdraw the patient from mature object relations and the situation to which the manifest phobia had been responding. A cognitive constellation is generated as the product of regression to the abstract system consciousness with its pre-psychoanalytic abstraction based symbols. The presence of this constellation indicates self—> organ object drive discharge orientation. A loss of awareness of the link between symptoms and the life situation to which it is a reaction occurs in hypochondriasis. Such an exclusion from consciousness is characteristic of the repression that creates the truncated consciousness of the mature system consciousness. It is a forerunner in development of the repression of the abstract connection between referent and representation that is supported by counter-cathetic symbols. The last mentioned is the defining characteristic required to be part of the

mature system consciousness. A case example follows.

Mr. E.R was a forty-six year old, childless, former storekeeper who lived with his wife and sister. When he came for treatment, he was unemployed, although he had an excellent past work history.

The cause of his referral was an incapacitating somatic symptom. He had difficult breathing, a pressing feeling in his chest, pain and fear of death. No objective findings were detected by an internist. He was diagnosed hypochondriacal and was sent for psychiatric evaluation and treatment. During psychotherapy sessions, his attention was noted to be directed toward his heart whenever his life situation was discussed.

The heart symptoms cleared up after he was able to work through recent traumatic events and direct his conscious attention to the potential phobic avoidance reaction that had been de-emphasized by a regression to hypochondriacal emphasis on the affect symptom, anxiety. He was a small man, who had been robbed, trussed up and left unattended for hours in the back of his store. He had developed a fear of going into the street, which he could not explain.

The analysis of the phobia, which had been de-emphasized as a result of cathexes of sensations in the heart, revealed an unconscious fantasy that he would see two people fighting, one of whom would leave the fight to come over to strike him. The fantasy, he could relate to childhood fears of his father who often threatened him during fights with his mother.

Organ Changes of Psychological Origin without Psychoanalytic Symbolization

Organ changes expressing conflict, anxiety and affect in the absence of psychoanalytic symbolization are manifested in syncretic anxiety equivalents. Examples are somatic responses to neuronal discharge into the autonomic nervous system, infantile eczema, and nocturnal anxiety episodes in early childhood. This condition is supported by a cognitive constellation including regression to use of pre-psychoanalytic abstract symbols, and a self—> organ drive discharge orientation. This condition is characterized clinically by the presence of physical discomforts associated with signs of specific physical changes either in the form of tissue damage, muscular contractions, autonomic changes or shifts of fluids into the extravascular space as occurs in hives. There is appreciation of sensations involved characteristic

of the primal system consciousness on the self-organ level.

Related clinical examples follow:

Spitz (1965) described a population at high risk for infantile eczema. Characteristically, this condition appeared during the second half of the first year of life and tended to disappear between the twelfth and fifteenth month (page 225). The lesions consisted of weeping and exfoliation favoring skin folds, localized on the flexor side (inguinal, popliteal, etc.). The children were found to differ from unaffected youngsters in their cutaneous reflexes, evidence of an increased readiness of response of the skin (an innate factor), and in that the incidence of eight months anxiety was markedly below (15% vs. 85%) the incidence in the control group. Spitz relates this to a disturbance in object relations (page 229). This in turn was related to characteristics of the mothers. They were found to have “. . . unusually large amounts of unconscious repressed hostility . . . ” (page 229), and “they did not like to touch their children” (page 230). In effect, the children were systematically deprived of cutaneous contact. Unable to use means of locomotion because of age and unable to find normal gratifications of the felt need of infants for object relations with the mother, “it is as if the children cathected the cutaneous covering . . . with increased libidinal quanta” (page 240). Spitz hypothesizes that the child provides himself with the cutaneous stimulation that is not forthcoming from the environment (page 240). What is important for us in this report is documented clinical proof of the existence of somatic signs of psychological origin during the developmental time period when the Primal System consciousness holds sway. Spitz points to the self—> outside potentials of the psyche of the child during the second half of the first year of life and demonstrates that a failure to achieve this potential results in persistence of expression of the self—> organ phase as manifested in the eczema.

A supporting phenomenon is described by Spitz (1965) from the work of Pavlov. In the establishment of a conditioned reflex, dogs were required to differentiate between stimuli applied within a given perimeter above and below a line drawn on the dog's thigh. The stimuli were brought closer and closer to the line, “thus forcing the dog to perform an increasingly difficult task” (page 235). Most of the dogs in the experiment “. . . developed an ‘experimental neurosis’” (page 235). Some dogs “when discrimination became impossible, . . . developed eczema in the perimeter of the electrical stimulation” (page 235). Of pertinence to our work is this example of the biological capability in a

subhumanid species for the development of somatic signs as the result of psychological inputs. The existence of self—> organ cathexes in the context of a primal system consciousness is within the realm of possibility for the animal psyche. It is also within the realm of the psychic states to which an adult may regress.

It is possible when in the primal system consciousness to be aware of the affects and conflicts expressed in somatic symptoms. Commonly with crying and paroxysmal tachycardia the patient can tell of the concomitant mood. People who are crying ordinarily know that they are sad. Wulff (1928), Sperling (1952), and Sarnoff (1970) have described anxiety, somatic symptoms and sleep disturbances characterizing nonpsychotic psychopathology during that part of early childhood prior to the development of the capacity for repression of the link between the symbol and what is symbolized. In the papers of Sperling (1952) and Sarnoff (1970) the development of phobias with a move to the phase of psychoanalytic symbols and self-> object cathexes, was accompanied by the disappearance of somatization.

Organs Used as Psychoanalytic Symbols to Express Affect and Fantasy

There was described in the early paragraphs of this chapter, the concept that symptomatology produced as a result of psychoanalytic symbol formation can represent affects (anxiety, guilt, hostility) and fantasy contents. In keeping with this, we now turn to the study of displacement of attention to body organ function in the service of the symbolization of the mature system consciousness. These representations serve as symbols, which provide a counter-cathetic substitute in support of repression of the abstract relationship between referents and the representations.

True psychosomatic disorders (not hysterical symptoms or anxiety equivalents) are characterized by tissue changes, fluid shifts and physiological modifications. During their formation, affects and fantasies are channeled to organic expressions that reflect fixations or regressions to pregenital (prephallic) levels. Their manifest affects can represent displaced latent affects. There is a great amount of displacement that masks meaning and diminishes the affective valence of the latent content to the point that the quality that attracts consciousness is lost. This is an example of the function of a mature system consciousness. The latent content is repressed. The organ functions involved in expression are

usually visceral and have latent symbolic meanings involving oral, respiratory, cutaneous, and anal incorporations. By way of contrast, when expression can be accomplished solely through the use of self— > outside (object) cathexes with new symbolic objects substituted for the primary content of the fantasy, neurotic symptoms (i.e. phobias) result. When outside objects are not used, but instead body and bodily feelings are used to symbolize latent content, the affects remain strong.

Affects as symbols of other affects, such as depression representing anger, are a means for the expression of drives. Cathexes directed toward organs readies the organs to be used as symbols for latent affects. For instance, fluid extravasations (i.e. urticaria) can be used to express, unknown to the patient, unconscious hostility and weeping.

Clinical Examples of Conditions in Which Organs Express Affects and Fantasy Contents

The following clinical examples illustrate the difference between a physical symptom (edema), which is a true psychosomatic reaction and a physical symptom (paralysis), which is a neurotic conversion reaction.

Psychosomatic Disorder—Giant Urticaria

Miss K.L. was a nineteen year old single college student, who was referred for treatment by a gynecology resident from the hospital to which she had been admitted for a third episode of high fever accompanying a septic instrument induced abortion. The resident considered her repeated pregnancies to be suicidal gestures. Once in treatment, she explained that her episodes of sexual activity occurred during periods of hazy awareness (dissociation states) during which she was not fully in control of her behavior. These states began while on dates. They related to feelings of attraction to her date, which were contrary to her moral code. Because of her state of altered awareness and accompanying confusion, birth control measures were neither instituted nor insisted upon. Analysis of the symptom revealed an unconscious desire to “have a little boy with her father”. The boys with whom she conceived represented both her father and the “little boy”. During the course of one of her sessions, she was speaking of that which the abortions meant to her. At one point in the session, a fantasy occurred to her, which she could not put into words. She fell into silence. The thought was lost for a moment. A look of dismay came across

her face. "Dr. Sarnoff, look", she said pointing to the volar aspect of her right forearm. A giant hive, raised, blanched, was there. "What thought did you have just as you became silent before the hive appeared", I asked. "I thought of you as a man, I wanted to get inside your belly and rip your guts out", she replied. As she spoke, the hive disappeared.

Greenacre (1965) commenting on tears and urticaria, said "the whole consideration of tears in weeping presents many interesting facets, . . . it is a situation in which the nucleus of a primitive physical defensive activity is later used in a much more complicated way and assumes the role of a quasi-psychic defense. There are questions also regarding the relationship of tears and tearfulness to disturbances of other fluid discharges in the body such as . . . the periodic appearance of fluid in body tissues in response to psychological as well as to physiological initiations, as in urticaria . . ." (page 218).

A psychoanalytic affect symbol is formed from the displacement of cathexes from one affect to another affect, through the function of a personal internal effector organ such as tearing from an eye. In this case the affect was anger and the symbol took the form of a physical alteration of the skin. Affect symbols are successful if there is masking of the latent affect or decathexis of original affect.

The fantasy content, which is repressed originally attracted consciousness as the result of the disturbing affects that were associated with it. When original associated affects are expressed as symbols through effector organ sensations, the high affective valence of the latent fantasies is neutralized.

Affects as well as contents can undergo displacement to a substitute. Greenacre (1965) describes the displacement of affects thusly "Tears may come rather tardily and even then be displaced either as to the object or situation which elicits them or appear as edematous effusions in the should be weeper's own body" (page 213). The quality that attracts consciousness is lost and the original fantasy contents slip out of consciousness when substitute representations are activated. These conditions represent regression to the self—> organ phase with organs activated to conform to the nature of the psychoanalytic symbols of the mature system consciousness. With the development of the capacity for psychoanalytic symbol formation during the early months of the third year of life, affect and contents associated with the referent can be repressed and truly counter-cathetic substitutes can be introduced. Psychotherapeutically contents and their affects can be recatheted when they are come upon through

free association or through questioning.

True psychosomatic disorders, are affective symbolizations, manifested in the symbolization through self—> affect cathexes (see Legault above) and the symbolization of latent fantasy content through the use of bodily organs. Amongst psychosomatic disorders are included asthma, mucous colitis, regional ileitis, ulcerative colitis, and peptic ulcer. Sperling (1963) (1972) has pointed out the tendency of the psychosomatic patient to develop acting out behavior or phobias when somatization is analyzed and the person begins to replace body organs with objects in the world to deal with his conflicts. For this reason, the fantasies which form the basis for the somatic symptoms must be analyzed and their relationship to the symptoms worked through.

True Psychosomatic Disorder—Mucous Colitis.

Mr. J.L. was a thirty-year-old single male, advanced graduate student, who came to treatment for repeated depressive episodes associated with the loss of girlfriends whom he considered potential wives. The depressions did not interfere with his work, but were accompanied by weight loss of up to twenty pounds. At the times that he attempted to communicate with his lost loves by telephone, he developed sudden cramps in the left side and rectal fullness of such great severity, that he had to seek a toilet immediately, or risk soiling himself. This latter contingency never did occur but was a constant threat. He produced a diarrhea in which the scybalum was lost in the massive outflow of fluid. This cramping often lasted for days at which time it was accompanied by pruritis ani. Such episodes had begun when he was eight to ten years of age. In addition to the calls to the girls, the episodes were associated with periods of working with handsome men who looked younger than their actual age and with situations in which people in high positions lavished praise on others ignoring the patient's achievements.

One particularly intense episode, which occurred during the treatment, was analyzed intensely and became the basis for working through this condition to the point that thirty years after the analysis of the condition, he is still symptom free. He had met a young woman with whom he fell in love. There were three months of bliss involving an intense sexual affair. This was followed by three months during which the young woman gradually lost control over consciously controlled sadistic urges. At times, she would

obsess for days before screaming at him that she thought he was dirty. In addition, she introduced situations that lead him to obsess that she was seeing other men. The future of the relationship was put severely in doubt by her behavior. It would have been terminated through a period of slow sticky disentanglements, as had been his pattern in the past, if it were not for the fact that she had become pregnant and he felt it his responsibility to remain in contact with her until she could obtain an abortion. This resolve was further intensified by his fear that her unstable state of mind might result in her carrying out a threat to report him to his employers, who required high moral standards for people who intended to enter his career. In the face of all this apparent danger, there was no diarrhea. Then there arose a need to terminate the relationship quickly. He had met another girl. He took her out in the afternoon and would have stayed with her through the evening, if he had not made a dinner appointment to discuss the abortion with the pregnant girl. As a march of cramps moved across his abdomen, he recalled my question, "What were your thoughts and feelings just before the cramps started?"

He found that the cramps stopped when he recalled that he had just thought and then banished from consciousness a wish to murder the pregnant girl. His abdominal pains were equated by him with murderous wishes and cramps during an abortion. The dejecta was associated to a number of things he expected to lose or shed. These were the baby, the murdered girl, that which had happened to his image of himself, and tears that were not overtly possible for him at the time. It is striking that during sustained episodes of cramping, he had quiescent periods during which he described the feelings in his abdomen as "crying".

This case illustrates the use of the function of a body organ for the symbolic expression of strong affects. The patient withdrew from the expression of his hostility directly at a real object. He had turned his aggression inward and expressed his decathexed aggression through the function of a bodily organ. A hostile wish associated with a murderous affect was symbolized by the colitis symptoms. It should be noted that the presence in consciousness of the affects and the symptoms alternated and did not occur simultaneously.

Conversion Reaction—Hysterical Conversion Disorder

Hysterical conversion symptoms are characterized primarily by modifications in function and sensation of sensory and motor organs. The affects and fantasies expressed reflect fixations or regressions to phallic and Oedipal levels, although the object relations expressed may have oral components. The organs involved are usually parts of the perceptual apparatus, the genitals and the somatic motor apparatus. They usually have symbolic meanings relating to phallic, genital, Oedipal strivings and identifications, and the inhibition of aggressive urges. Occasionally trophic phenomena are seen, such as “stigmata”, but these are rare. For production of these psychic states that which is required is regression to the self—> organ/affect cathectic system for the establishment of psychic representations to be used as objects through which drives can be discharged or inhibited. A functioning mature system consciousness must be present. The latter makes it possible to have psychoanalytic symbols as part of the manifest symptomatology.

Hysterical Anaesthesia of the Penis

Mr. A.J. was a twenty-seven year old former pilot who had been commended for bravery and physical courage. He came to analysis because of premature ejaculations, occasional retarded ejaculations, occasional impotence, anaesthesia of the distal two thirds of his penis and difficulty in meeting and talking to girls.

During the analysis it became clear that he had severe castration anxiety. During the analysis he had visual fantasies of a penis with a cord tied tightly at its base. The penis turned blue and fell off. A similar fantasy involved vaginismus resulting in amputation of the penis for gangrene. In another visual fantasy, he saw a rocket flying down toward the mouth of a cave at an angle of about 20 degrees; as the rocket approached the cave, it became flaccid (SIC) and couldn't make it. The analysis of these fantasies as the root of his anesthesia resulted in the slow resolution of that condition. The impairment of sexual function can be seen as an inhibition, which conveyed in symbolic form his castration fears. Note that there was a symbolization of his aggression in the projection of it into the cave and the vaginismus fantasies. Affective symbolization was present but the content symbolization predominated. Note that here the impaired function involved an organ that is involved in a relationship to another person. The

developmental level associated with psychoanalytic symbol formation is apparent. The organ chosen is not one that is capable of serving for object absent evocations. Rather it is an organ involved in self—> object drive discharge.

Conclusion

The structure and function of a given psychologically based physical symbol is defined by regression along two lines of development, These are the ontogenesis of consciousness and the developmental march of the choice of objects to be used as manifest symbols. The former consists of concrete, abstract, and cryptically symbolized conscious forms. The latter manifests felt needs progressively through expression of latent affects through substitute manifest affects, narcissistic evocation using organ functions, cathexis of organs as objects, and cathexis of people as representations of organs.

A combination of regressed positions derived from each developmental line determines the form of the manifest symbol produced. For instance representation of affect on the level of the undifferentiated self combined with the level of concrete representation produces a somatic anxiety equivalent, while psychoanalytically symbolized fantasy on the level of organ cathexis, resulting from regression from object ties, produces somatic changes with repressed links to referents.

Notes

[1](#) T.S. Eliot "Burnt Norton"

SECTION C

SYMBOLS IN TRANSFERENCE AND IN CHILD THERAPY

CHAPTER 6 PSYCHOANALYTIC SYMBOLS AND TRANSFERENCE

INTRODUCTION

Transference And Symbols

Transference production is a form of psychoanalytic symbol formation. To the extent that he serves as a cryptic manifest representation of parental referents, the therapist as transference object serves as a psychoanalytic symbol. Psychoanalytic symbols change in concert with the developmental phases of the symbolizing function. The nature of the role projected onto the therapist as the result of transference during child therapy changes with maturation of the symbolizing function. The nature of regressive transferences in adult patients will be better understood if their origins and paradigms are studied in the symbolic forms that appear during the unfolding transferences seen during psychotherapy with toddler through latency age children.

The intensity and form of the transference experienced by the young changes with the phase of symbol ontogenesis and the quality of the parent child relationship. All forms of transference in children from intact families are less intense than those forms found in emancipated adults. Youngsters remain involved in intense relationships with parental primary objects. Drive energies are absorbed into these relationships. As a result, there is a drain on the force of the child's drives and the resulting symbols needed to express them. Strong parent-child ties tend thus to undermine sustained transference in therapeutic relationships.

In spite of persistent family ties, sustained transferences can occur in child therapy. This occurs when finding a new object (i.e. the therapist), toward whom to direct the drives, helps in the process of individuation, or when overcoming passivity in relation to the parents, and when the protection of the parent child relationship from the effect of incestuous and aggressive wishes, requires displacement of drives from parent to therapist. At any developmental level, regression to a protosymbolic form can take place, resulting in the transference representation being seen as real and not as a metaphor.

Reexperiencing in the transference takes on the cathartic potential implied in reliving and correcting the original experience.

TYPES OF TRANSFERENCE

Introduction

Characteristic patterns of behavior, which appear in the daily life of patients, often invade the psychotherapy session. Freud (1912 - S.E.) saw such "anticipatory ideas" (Page100) as inherent templates that contribute consistent and characteristic form to behavior noting that (1914G - SE) "... the transference is itself only a piece of repetition, and that the repetition is a transference of the forgotten past not only onto the doctor, but also onto all the other aspects of the current situation" (page 151). (and) "... every other activity and relationship which may occupy his life at the time. . ." (page 151) When the forgotten past comes to be represented by the doctor, we have an example of a representation (manifest symbol) and a forgotten (repressed) referent (latent content). These are the elements that make up a psychoanalytic symbol. When the doctor is the manifest conscious symbol, the clinical phenomenon is called transference.

This description of transference by Freud can be resolved into two related phenomena. The first consists of a group of generalized repeated patterns that occur in daily life and extend into treatment, properly called characterological behavior, but often called transference specifically because it involves the therapist. The second are patterns of behavior that occur only in the therapy situation and are expressions of repressed infantile wishes, here called primary transference, primal transference, and transference proper (V.I.)¹.

Characterological Transference

Character develops in the following way. Infantile wishes become masked by the appearance of defenses, especially repressions reinforced with symbols. Such symbols become linked and are organized into core fantasies, which in turn inform one's interpretation of the behavior of others. These fantasies give rise to responses and behavior that may owe more of their content to the past and its patterns than it

does to the inputs of current reality. These core fantasies and their component symbols become conduits for the transmission of preformed intrusions from past experience that underlie adult repetitive behavior, fate neuroses and clichés of character. (Character “Cliches” are repeated patterns of surface behavior, which are shaped by defenses usually to counter unconscious fantasy.) When these invade a therapy session the phenomenon is called characterological transference.

Early childhood and latency psychotherapies contain such characterological influences to a greater extent than they contain transference proper (V.I.). Since these budding character patterns are quite fluid and changeable until middle adolescence, psychotherapy, including characterological transference interpretation, can be used to shape and guide the outcomes of character during this period of metamorphosis.

The development of patterns of behavior reaches a point (usually by the age of sixteen) where behavior becomes so predictable and reliable that one can give a diagnostic name to the pattern of behavior, and expect the behavior and diagnosis to persist into adulthood. Prior to this, character patterns are not sufficiently consistent to support a characterological diagnosis.

Characterological “transference” becomes most important in the therapies of adolescents, when much energy is expended in the recruitment of peers to play out the roles of characters in the fantasies, at the expense of symbols and symptoms. In this recruitment process, the psychotherapist is not exempt.

PRIMARY TRANSFERENCE

Primary Transference is a manifestation during psychotherapy of a need for nurture and care from a well-regarded object (i.e. the therapist). The situation in which a loving parent puts a bandaid on the small child’s knee provides the paradigm for the child’s expectations years later in the therapeutic situation. In child and adolescent therapy, primary transference is strong and if encouraged would dominate the child’s relationship to the therapist. It can aid in the early establishment of the therapist as helper. In this form, it is called positive transference. It turns into negative transference when needs exceed the available responses of the therapist either as a result of therapeutic requirements or personal limitations. Primary transference is a derivative of immature oral dependent needs. The older the child,

the less acceptable is it as an universal attitude. Its pervasive presence in the characterological behavior of a patient requires that it be attended to psycho—therapeutically. In such cases, the resolution of primary transference is a developmental task, which dominates the living through and abreaction experiences of the child in treatment.

PRIMAL TRANSFERENCE

Primal transference is defined as the emergence for the first time anywhere of infantile sexual and aggressive wishes during an ongoing therapy with a young child in the process of negotiating age appropriate stages of infantile psychosexual development.² The presence of an accepting analyst in the course of a therapy encourages the first manifestations of both instinctual and cognitive maturational achievements in behavior symptoms and attitudes that involve the therapist. This phenomenon results in the bringing of unalloyed and scarcely altered elements of drive energy into the sessions. The ready appearance of primal transference is enhanced by the fact that in the prelatency years repression is weak. Weak repression encourages primary and primal transference. The energy and attention that could have gone into transference proper is dissipated. The need for and development of organizations of defenses is reduced. Should this persist into late adolescence, potentially adaptive characterological behavior, superego, and inhibitions fail to develop. Primal transference occurs predominantly in the prelatency years.

TRANSFERENCE PROPER

Transference proper is usually what is meant when the word transference is used without a modifier. It is defined as an unique situation that occurs during dynamic psychotherapy. It is created by the fantasy forming function of the patient. The analyst is involved in a fantasy distortion of the therapy situation into a relationship whose content is derived from a repressed infantile wish. When the defenses of the symbolizing function have been mobilized against these wishes, the result is repression. The therapist is used as a countercaethetic manifest symbol, which hides the true identity of the parental referent. Transference proper is rarely manifested in true form and strength in children. It is the form of transference that underlies transference neuroses.

TRANSFERENCE AND THE SYMBOLIZING FUNCTION

The ego functions that are the underpinnings of transference are products of development. They are not present at birth. Transference is produced by the symbolizing and fantasy forming function of the ego and is therefore intrinsically part of the group of psychological phenomena that includes fantasy, delusion, dreams, and creativity involving narrative elements.

Specific to transference is the characteristic that the object of the drive that underlies the fantasy is the therapist and the venue of the experience is a session within a psychotherapeutic situation. Transference proper and the beginnings of characterological behavior can be present at the earliest only after the maturation of primary creativity and symbol formation.

Primary Creativity

The capacity for transference at its most primitive level begins with the development of primary creativity. Primary creativity is the ability to create a preconscious word encoded memory that is intermediate between the referent and the presenting manifest symbol. This memory is used for interpretation of inputs and for shaping the manifest expression of drive impelled wishes. These memories inform primary creativity. Typically these memories are shorn of detail and feature inexact recall. Held below awareness, they avoid secondary process confrontation. As preconscious blurred representations of a specific memory, they in turn serve as shaping latent content. The inexact relation of this content to the referent opens greater leeway in selecting manifest symbols and in shaping the interpretation of reality. Dynamic psychotherapies target these distortions, when connecting the distorting influence of the sense of reality on reality testing. At the earliest these functions are working together by twenty-six months. (Sarnoff 1970).

“Primary Creativity” is a concept introduced by Winnicott. He (1953) saw “Primary creativity” as the ability, developed in the first year of life by which one can create a fantasy object in a transitional zone between memory and reality. The object is called a “transitional object”. The zone can be understood to be a precursor of the area of creativity in which sublimative fantasy, symbols and transference are generated by the mature ego.

Winnicott placed Primary creativity at four to twelve months of age. He postulated an intermediate area of experiencing (1958 p 239), which exists in the space between the observing self and reality. Into this zone the child places phantom beings suited to satisfy inner needs. Winnicott postulated that “at some theoretical point early in the development of every human individual, an infant . . . is capable of conceiving of the idea of something which would meet the growing need that rises out of instinctual tension”. Through primary creativity, drives can seek gratification from a zone of experience that is neither self nor world. In the small child a very primitive form of transference can be generated. A therapist or other real figure can be interpreted to be the fantasized object. The essence of transference consists of displacement of the identity of the gratifying object from a need answering phantom in the intermediate zone of experiencing, onto a real person who exists on the world side edge of that zone.

In child therapy we meet with a primitive form of this characterological transference. The therapist as protosymbol represents the primary giving object in the intermediate zone. His reality differs from the child’s fantasy. This results in the therapist by nature frustrating the child. The child’s reaction to this self-generated frustration is given form by the primitive mechanisms of the immature cognitive structures available to the child. These generate crying, whimpering and demanding by the presymbolizing ego. Such expression of felt needs change only in response to corrective object relations and not to interpretations. To achieve hope of success through interpretation by the therapist, the media for communication of infantile expectations, and immature self-concept has to be modified. Infantile psychosexual fantasies must be brought into a zone of concept communication and psychotherapeutic intervention in which verbal interpretation becomes possible. This requires that the therapist encourage the development of the child’s ability to replace the presentation of needs through temper, tears, and somatization with verbal concept based communications. In addition the ability to displace wishes and representations of potentially gratifying objects onto objects in the world, must be developed. This ensures that their child perceived estranged nature will hide the true meaning of the wished for fantasy, which if too close to the original may be forbidden or too threatening to express or approach. This means that the ability to symbolize must be encouraged as a therapeutic strategy.

The functions that mediate the presentation to consciousness of instinctual wishes in the form of a displaced manifest representations are two. These are repression, and the function it supports in the third year of life, psychoanalytic symbol formation. These functions create a manifest signifier (the

psychoanalytic symbol) as gratifying object for instinctual wishes. These signifiers serve as an incognito conduit for drive gratification. This produces lessening of drive need tensions. The psychoanalytic symbol lends itself to being worked into a verbal therapy. The secrets carried by the psychoanalytic symbol can be read by a skilled therapist. It is a substitute object that represents the referent in the real world. The therapist can convey their meaning to consciousness through the creation of a pathway of words for the patient's hidden feelings and wish expressions. They become experienced so intensely through repetition and interpretation that perception of the reality of their existence becomes strong. Such calling of attention to obscure motivations intensifies self-reflective awareness and leads to insight.

SYMBOL FORMATION

Symbol formation is the ability to obliterate awareness of the relationship between what represents and what is represented as a result of displacements to symbolic representations. Obliteration of awareness underlies repression. In all forms of transference, the therapist serves as the substitute or intermediate signifier. Ergo in all forms of transference, the therapist serves as a symbol. This is so even in primal transference. In that circumstance the therapist as primal object serves as a protosymbol (Q.V.I.). Therefore the nature and course of the transference during early childhood, latency, and adolescent psychotherapies can be seen as a process with a development which has parallels to the developmental vicissitudes of symbol formation.

There is an expansion of consciousness at the dawn of the mind. This is made possible by mechanisms that enable delay of response to sensation and affect. Awareness of danger at times only on an interpretive level is shared by all creatures in potentially threatening or nonadaptive situations. In man, capacity for delay permits displacement of attention from the true source of fear to less disrupting representations, such as a therapist. The therapist as symbol absorbs energies which might threaten the primary (parental) objects. Energies absorbed by substitute objects are directed toward them through the displacements, which are part of the symbolizing function. Though dangerous in many circumstances, this process permits the individual to override physiognomic and memory-based misinterpretations. This introduction of deferral or alteration of response to affects or threat provides free energy and time for reflective self-awareness and reality testing to occur.

PROTOSYMBOLS

A protosymbol is a representation in which full self-object differentiation has not taken place. Here we focus on organs and affects that represent other organs and affects. (Additional discussion of protosymbols will be found in Volume 2, Chapter 5, and Volume 1, Chapter 5 page 130.). Protosymbol is here used to represent primitive symbolic forms. Pertinent among these is the process by which the apparatus of awareness responds to bodily sensations displaced from their original organs of origin to a different organ within the body boundary. (See Sarnoff 1989) Such phenomena as painful anospasm in place of sexual arousal, tearing of the eyes representing an affect of sadness, or encopresis as defiance are examples. Sensation is displaced to an organ that has an unrelated function. These sensations can be worked into drive discharge fantasies, whose total manifestations can be expressed in a mind awareness arena limited to the space within the boundaries of the self. Abraham (1924) described partial object relationships in which objects in reality are related to as though they were body parts or products of the subject. For example the therapist could find himself-misperceived and related to by a child whose need to control has been expressed through anal function, as though the therapist were the child's bowel content. Should the misperceived object be a parent, the process is called a primary object relationship. If the therapist is the first to experience this relationship, the process is called primal transference. The newly perceivable relationship is seen by the child to be as real as the synaesthetically equated world within the self, which existed before self-object differentiation became possible. Differentiation between the inner and outer world is blurred when regression associated with such primitive levels of fantasy activates such an immature sense of reality.

Simple Symbols

When the cognitive capacities of the mind expand to permit appreciation of the fact that sensations originate in the world beyond the boundary of the self, reality perceptions are added to the sensory inputs that lead to response. This occurs first at about eight months. There is little to produce reflection of meaning of these inputs in terms of past and future implications. Recognition for response and later naming is the initial step in this expansion of function. At that point a plaything is a concrete representation conveying no other meaning but itself. At fifteen months, "play symbols" (see Woodward 1965) appear. These may be used for the conscious representation of something known or hoped for.

Primary transference, the seeking of the therapist to serve as a kindly healer like the parent, can occur and is a manifestation of this early level of development of the symbolizing function. At this time, emphasis on words to represent concepts apart from the concrete manifestation of that which the word describes, becomes a part of the parental training of the child. Storage of these abstractions becomes a part of the working memory of the child. The increased emphasis on verbal conceptual memory produces a rich word web of awarenesses about percepts which can be related to one another and enhance meaning and interpretation of sensations. Extended consciousness is crystallized around these verbal codifications of abstract relationships, which then make possible abstract interpretation of new perceptions in terms of past experience and implications for future planning.

Not all perceptions or affect charged contents of memory are so encoded. Many remain outside the arena of verbally organized memory. One may justifiably say that they are unconscious but not repressed. Verbally conscious elements are at times so rich in uncomfortable affects that it is necessary to avoid thinking about them or being reminded of them. This exclusion from consciousness is achieved through denial, which is supported by a number of different mechanisms of defense. Foremost of these is displacement. Displacement alone produces paranoia.

PSYCHOANALYTIC SYMBOLS

Displacement accompanied by the counter-cathetic effects of symbol formation produces an exclusion from consciousness, which is called "Repression". The symbols so formed are called Psychoanalytic symbols (See Sarnoff 1970; Secondary Symbols of Piaget (1945))

One of the aspects of the psychoanalytic symbol is the use of visual puns in the selection of substitute representations of words. This type of symbol formation is the basis for oniric (dream) symbols. Repression is produced by introducing perceptions whose verbal associations are on the surface removed from any percept or concept, which could convey that which is being excluded from consciousness. Such a redirection of conscious attention is called counter-cathexis. In child therapy the role of substitute is played by toys used in play (called ludic symbols).

Repression becomes strong enough to become clinically effective in producing symbols by 24 to 26

months. When the therapist is used as such a symbol, the process is called transference proper. As will be discussed in a case to be presented below, such a transference contributed to the therapy of a four-year-old boy with delayed symbol formation. However as a general rule transference proper is not common in therapies of early childhood.

Evocative to Communicative Symbols

The capacity for symbol formation is not necessarily accompanied by the appearance of transference proper. Another vicissitude in the development of psychoanalytic symbols is involved in this. That is the gradual shift of the symbol from the evocative to the communicative pole, which is a characteristic of much more mature ego function than can be expected to be strong before late latency—early adolescence. Symbols that serve drive discharge alone, without being part of a social structure, which encompasses objects and discharge within a context are commonly seen early on. These symbols are said to be operating in the evocative mode (See Sarnoff—(Chapter 3 1987B). As in the cryptic symbols seen in dreams, these symbols have little communicative value. They dominate the play of latency age children. In psychotherapy, fantasy play involving evocative ludic symbols diverts drive energies from the energies available for transference proper. Gradually as children move through late latency into early adolescence, the symbols become more involved in communicating to people. They become more easily interpreted. The child can tell observers what the symbols mean. Such use of symbols places them in the zone of communication. These are called communicative symbols. The closer to the communicative pole a symbol leans, the more is the symbol apt to choose as its representation the therapist rather than a toy. As a result of the shift to the communicative mode, symbol formation is apt to use a therapeutic relationship as a source of manifest symbols. Latent content becomes accessible through the appearance of transference.

Toys and other play symbols tend to provide discharge through the evocative symbol pole. They distract attention from the core problems of instinctual discharge and from reality problems to be solved. This further diminishes the impetus toward object seeking in the playing child and saps strength from the processes that produce transference. Play (ludic) symbols lose their capacity to function in this way at the time (late latency—early adolescence) of ludic demise (see Sarnoff 1987A Pp 94-95). At ludic demise, maturation leaves toys no longer attractive to young teenagers. It is then that the drive energies

turn toward dream symbols and into the search for objects in reality to serve as symbols for the core fantasies. The available reality objects fall into three groups. These are parents, therapists and teachers, and peers. The off putting aspects of a closer tie to the parent that is informed by incest fears, the heightening rage involved in the search for independence from parental authority and the concomitant sense of passivity that pervades the psychic life of early adolescence, diminishes the parental potential to serve as an object of fantasy. The therapist is found to be a relatively benign substitute object (symbol). In such turnings in the way of therapy, the therapist can play two roles. He can be the source of insight through interpretation of transference (both proper and behavioral) as well as a model for identification.

Early adolescent transferences are neither stable nor dependable. The drive manifesting fantasies that had been removed from parents and play and brought into the therapy continue in their browsing search for an object which can offer a gratification that is more concrete and immediate than the frustration of drive that is inherent in the psychoanalytic therapeutic approach to transference. The transference situation may serve as only a way station on the way to object love, and removal of the instincts from play discharge to fantasy discharge in the form of transference proper, continues to enlist objects to play out roles in their fantasies in the teenage world. As a result of this process, love relationships with peers drain energy from transference and may lead to the abrupt termination of treatment (see Katan (1937) Removal Transference).

Parallel to this process of maturing object choices, there is a transition in the march of persecutory objects used as symbols. The earliest such symbols as objects of fear are plants and most often, animals (i.e. infantile zoophobias). With the onset of latency, amorphous figures, which might break into the home, are feared. At about eight and one half years of age, creatures with human forms are feared, a process which foreshadows the giving up of toys in favor of people that occurs with ludic demise. With the step over the threshold into adolescence, real people are recruited to play out the fantasies. Evocation gives way to communication. Fantasy gives way to object love. The further toward these mature polarities of instinctual expression, a child grows, the greater is the chance in therapy that the child will manifest his forbidden wishes in a transference manifestation. Conversely as real objects become more in evidence in drive discharge phenomena, the real objects more and more vie for the instinctual energies and undermine the transference, much in the way that the presence of parents contributes to the vitiation of the transference during the latency years. Character is established when fixed patterns of drive

discharge fantasy become involved with real objects. When these fixed patterns are acted in during psychotherapy, characterological patterns of behavior, called transference in common parlance can be identified and interpreted.

Accompanying the loosening of inhibitions and the increased direct use of reality objects for drive discharge, neuroses (see Laughlin) become less in evidence in early adolescence. They return in early adulthood. At that time (by 26 years), an increase in inhibitions in the use of objects in reality for the expression of neurotic needs and social wants occurs. A reshaping and strengthening of the organization of defenses occurs as part of this process of impulse control. The limitations resulting from alloplastic drive discharge and reduction in possible drive discharge objects results in the recathexis of unconscious fantasy life. This phenomenon is associated with an intensification of the use of the therapist as object (if a therapist is made available to encourage the focusing of energies on him as an object.) There is strengthening of transference and the transference neuroses that underlie progress in adult psychotherapies.

Limitations to Transference Manifestations in Preadult Personality Organizations

Economic and emotional dependence on parents who are still actively involved in parenting is a characteristic of the life of children and adolescents. The presence of such primary and permanent objects absorbs drive energies to such an extent that there is little energy left to be used to cathex a sustained transference to a therapist. Transference phenomena that does occur in prelatency children with toddler appropriate ego function is dominated by immature types of transference, with emphasis on primal and primary transferences and bursts of characterological behavior based upon unmitigated demands for care, power and supremacy. Adult ego states reflecting fixations and regressions to these levels of immaturity produce transference reactions akin to these.

The encouragement of a transference to the analyst with gain from abreaction holds less promise for latency age therapy than for the psychoanalysis of adults. Because of the nature of their immature egos, which includes the intensity of their sense of reality (fantasy feels real) and the poor quality of their reality testing, abreaction and resolution of conflicts involving early infantile wishes can be achieved through fantasy play (i.e. the structure of latency). This diverts energy from fantasy involving the analyst.

During the latency years transference proper can and does occur. However throughout latency and adolescence, transference is diminished by the diversion from it of drive energies. These energies discharge through fantasy, play, dreams and the presence, especially in adolescence, of real objects articulated with maturation of those ego functions that mediate the capacity to fall in love coupled with increased drive energies with puberty.

Transference in The Toddler

We now turn to a clinical illustration of the case of a child whose delayed cognitive development resulted in the manifestation of his conflicts in an immature and primitive form of symbol (a protosymbol) and defiant social behavior. Therapy aimed at developing a mature symbolizing function made it possible for him to make his operative fantasy available to interpretation through the transference. The psychotherapeutic strategy used in the following case reveals, *in statu nascendi*, an aspect of the ontogenesis of transference.

THE BOY WHO WOULD BE KING

Roy Keiser came to therapy for an overt symptom. His symptom was encopresis, defined as stool retention with leakage. Roy had not been fully trained. He held back his stools staining when he could no longer restrain himself. He had temper tantrums that disorganized him and the family. He could tolerate no frustration. He was four years old when therapy began.

When he was two years and nine months of age, a sister was born. There was a change in his personality, any progress in bowel control declined. He became obstinate, overcontrolling, and very personalized in his selection of the time and place of defecation. From the day his sister was born, he became very active, running from room to room. Increased activity is one of the outlets of a child with impaired or limited use of the symbolizing function. For three months starting at 33 months he was persistently hyperactive. At 36 months, he was sent to nursery school where his pattern of overcontrol and retention of stool with leakage made him a somewhat odoriferous but “apparently toilet trained” three-year-old boy. Stool retention in school evaded detection by his teachers. At home, his soiled clothes told of episodes of loss of control. He could be put on the toilet without product only to lose control when

his clothes were rearranged. There was no question that he could sense bowel fullness. At three and a half years of age, he had an impaction, which was relieved by enema. This brought his problem to medical attention. Megacolon, Hirschsprung's disease, disorders of colonic innervation, and absence of "anal wink" (sic) were ruled out and psychotherapy recommended.

He was weaned at 18 months. He sucked his thumb constantly. He had a distinct thumb sucker's bump proximal to the first right carpophalangeal joint. He had a security blanket, which he carried with him continually when he was at home.

His mother was a tense self-centered, money occupied woman. After discovering that my time for parent visits were subject to a fee she shifted to frequent telephone calls. She tended to be overweight, which she kept under good control. She could cooperate in changes in patterns of parenting required for the therapy (such as limitation of severe punishments, disengagement from stimulating fecal cleansing activities, neutralizing of parental rage, reinforcement of symbolizing function (i.e. through reading fantasy material, inquiring about dreams, and discussions of enhanced cultural experiences such as movies and plays for children and encouragement of play with passively conceived Ludic Symbols.). She performed by rote with little grasp of dynamic balances within psychological ecologies, such as mutual influences and balances that characterize early child development and that inform therapeutic endeavors undertaken for people of that tender age.

Roy was a handsome, sturdy, very cooperative, verbal four and one half year old patient. In the evaluation of the symbolizing function in this toddler it was found that his mental status was within normal limits except for deficiencies in fantasy forming functions. When asked about sleeping habits, he responded that "Sometimes I can't sleep—I think of having ice cream." He reports that he has never had a scary dream and doesn't make up stories.

When I began to make something with Play-Doh, he saw it as a snake, but could not put it into a story context or elaborate on the snake form. I concluded that he was capable of symbolic play, first seen in the 15 month old (Piaget 1945), but not of producing true Ludic Psychoanalytic play symbols. There seemed to be a limit to his ability to create fantasy symbols and fantasies, which would have provided him with a more socially acceptable displaced outlet through which he could have resolved conflicts.

We now digress to discuss the evaluation of the symbolizing function in the four-year-old. Note that above I said a limit. I did not say that the symbolizing function was totally absent. When it comes to the evaluation of the viability of the symbolizing function in the service of fantasy in children, one must conceptualize the process within a context of an evolving complimentary series, remnants of each part of which may still be manifest after later stages have developed.

Relative health is determined by identifying the number and maturity of the symbolic forms available as well as the quality of the specific symbolic form that is utilized primarily in the production of manifest fantasy and behavior. If the reaction of the child aimed at adjustment to stress utilizes a manifest symbol selected from within the body boundary (in this regard see Sarnoff 1990), we deal with a symbolic form expressing reaction utilizing a body organ or product (a protosymbol). This is a precursor for what will in later life be called a psychosomatic symptom, which is a truly evocative symbol with little in the way of a communicative pole. Were a child able to express his reaction through an external ludic (play object) symbol whose meaning is hidden from the therapist, we would say that we are dealing with a manifest symbol whose evocative pole is being emphasized. (external and evoking, but not in the service of communication). At the more mature end of the complimentary series is the psychoanalytic symbol used in the communicative mode. Here fantasy play contexts consist of symbol groupings, which contain enough meaning detectable to the observer for the underlying unconscious meaning of the fantasy to be detected. With such symbols, conscious discussion, interpretation and working through of the roots of represented problems can be introduced.

Roy's symbolic forms were limited to simple verbalizations, non-distortion dreaming and the use of body functions for a regressed, evocative resolution of affect and conflict. This developmental cognitive impairment resulted in immature symbol formation, and permitted the persistence of fecal retention, which was his manifestation of anal phase problems. A treatment strategy was devised to counter this. First the symbolizing function of the ego had to be improved so that the interaction between therapist and patient could be conducted in a zone that would permit self-aware communication and interaction between the two. This step opened the way for the appearance of transference. Then the conflict and misunderstandings underlying the transference could be interpreted, identified and worked through. There follows a description of Roy's treatment.

TREATMENT

Roy's initial way of solving problems in sessions gave the impression of superior intelligence. He was neat and asked questions about the objects in the playroom. As he became more comfortable, however he began disorganized messing. Little was planned. There was also little in the way of organized fantasy. Attempts at painting which dominated his activities always resulted in mixed colors put on the paper in such large amounts that the table bore almost as much pigment as the paper. Early attempts at work with clay produced pizza, snakes without fantasy contexts, "duty" and a lot of clay on the floor and our shoes. If he dropped something, he asked or ordered me to pick it up, (a manifestation of characterological behavior). He ordered me to pick it up so often, that we resolved his demands by drawing a line on the floor. Things that fell on my side, I picked up. Things that fell on his side, he picked up, sometimes.

There was poorly developed symbolizing function. His defensive resources were dominated by drive expression using primitive protosymbolic forms such as body parts and products. This shaped his behavior. When called upon in situations of stress, these primitive defenses produced ego dissolution, increased messing, anxiety, and loss of control instead of the comfort to be derived from age appropriate fantasy formation. Mastery and discharge through the use of fantasy which employs symbols sufficiently removed from the latent content to obscure its meaning and its associated affects were not available to him. Because of this, I had recommended that the mother introduce the passive use of symbols through reading and story telling. In addition, I introduced activities during the sessions that were aimed at enhancement of cognition and symbolizing function. The clay molding technique, which is described in my book "Latency" (Sarnoff 1976) was introduced. I molded small clay figures of amorphous form asking him to guess what I was making. Whatever he guessed, I made. Once completed, these figures of his own creation, were permitted to dry. Once dried, the figures could be used to introduce the use of ludic symbols in fantasy. I asked questions which required the use of the figures in a story. I introduced use of his own symbols in fantasy stories.

In the twelfth month of treatment, I went out to welcome Roy in the waiting room. He rose from his seat slowly and having the sense that he had left something behind turned back for an instant, further slowing his progress toward the door of my office and playroom. His mother jumped up from her seat,

and shoved him forward, pushing the base of his neck with such force that his head whiplashed backward. As she pushed him, she said, "Go faster, you're wasting money." Two elements were added to the therapy as a result of her action. In a thrice, one could see an identification with mother's harsh controlling demands as one source of his characterological choice of bossiness. In addition, this situation provided an important inroad therapeutically. His mother's rejecting behavior turned his dependency needs toward a substitute object (the therapist). Removal of the primary object encouraged primary transference. Roy was so overwhelmed by feelings that he could not maintain his cold distance from me. Tears streaming from his eyes, he cried to me, "Do you see that? Did you see what she did? She does that all the time." I had become his confidant. In turning to me, Roy had begun to live through or abreact his primary "transference wish" to be nurtured and cared for. In response to his mother's failure in this instance to give comfort he turned to the analyst as a substitute object. In this way he overcame some of his resistances and defense against relating dependently and began to undo the stilted nature of his object relations. This corrective object relationship experience apparently was followed by a move toward mobilization of the communicative pole in the formation of symbols. He marched from my consulting room into the playroom. Tears gave way to anger. The anger too resolved as he began the first of a series of fantasies played out in the playroom. He took small gummed labels and began to past them on every toy in the room. On each he marked a value. He declared himself the owner of a store. He invited me to come in and buy. The play was awkward, without a medium of exchange. After a few sessions, this lack was responded to by the introduction of an industrial process that required my help because of its complexity. He organized the manufacture of coins to be used in his store. This included cardboard coins, gold foil covered coins, and even fabricated Olympic commemorative coins. A final stage in this play activity, which lasted for months, was the production of gold credit cards.

While working on the credit cards, he dropped a piece of gold foil paper on his side of the line. He looked at me briefly and then curtly ordered me to pick up the scrap of paper. I pointed out its location. He cocked back his head, looked down his nose, and while pointing with haughty demeanor, commanded me to pick up the paper.

I looked straight back at him, while he continued his demands and bid me coolly to obey again and again. He had focused his characterological behavior in the therapy. He drove towards converting me in the transference into an object external to his body boundaries, into a symbol of the stool he controlled at

will.

Then I said, "Who do you think you are?"

"I am a king.", said he.

I was a little surprised. I realized at that moment that he had chosen a word, with a meaning, which we could share to describe the sense of self that he demanded be recognized in his desperate need to undo the inferiority and narcissistic vulnerability that formed the core of his self-image. This demand, aimed at me, was a transference. Finding a name (KING) could make it possible for us to share, look at, discuss, come back to, and make this barely conscious concept that had been used as defense and had become transference, available to the system consciousness. McClone (1991) has described how "Naming something makes it stand out more clearly from the surrounding background." (p110) Luria (1968) pp 120-123, speaks of "the forms of reflection which are realized through speech". And Sacks, (1989) speaks of "the acquisition of conceptualizing and systematizing power with language." (p43) In a person who is fearful of harm from loved ones, some concepts have too much affect to be spelled out in words. In this case a symbolic substitute in the shape of the therapist as transference object was invoked. It was sufficiently removed from the original to hide meaning. The more fearful or autistic the child, the less can such symbols be used in a communicative mode. Interpretation is needed to bring their true meaning into consciousness.

Insight and the possibility of working through occurred when we shared the aftermath of the reality situation in the waiting room. At that point Roy was able to represent drives through symbols that though masking had a communicative aspect that could be used for interpretation and expansion of consciousness to include explanations of previously inexplicable transference behavior. In response to his declaration, my thoughts dwelled on the possibility of approaching insight through the symbol he had introduced (a King). He needed to be a king, I thought because he felt so unimportant. I suspected that pursuit of the king symbol could provide knowledge with enough distance to be psychotherapeutically workable. However it soon became clear that such working through would have to wait for another day for he began to cut a long strip of cardboard creating a saw-toothed edge. He glued gold paper to the cardboard and then pasted on brightly colored play-doh "jewels". He twisted the strip

into a loop large enough to circle his head and then, placing it upon his brow, marked the end of the session by marching proudly from the room wearing a symbol of the king, a Golden Crown.

In subsequent sessions, we pursued his idea that he was a king. Logically he could not be a king because a king's father is always a king. He had got the concept of king from the fairy tale books his parents had read to him and in his experience, kings were the sons of kings. He was easily able to put aside naming himself a king. The underlying concept needed more attention. I pointed out the linkage of his kingship to his encopresis. I said, "When you thought you were a king, you could make a duty any place you want to". "And anytime I want to", said he. From that session forth his encopretic withholding came under control.

This insight was not enough to modify his character traits. There was left to be worked through the reason that he needed to feel he was something special with special rules like a king. We embarked on an investigation of his sense of humiliation when scolded by his mother and his feeling that money was more important to her than he was. He also had feelings of jealousy for his sibling who was seen to be held in more value than he. The working through of these important areas were averted when his mother, encouraged by the subsidence of the encopresis and with a lack of psychological mindedness that caused her to see treatment results as the product of a sort of magic, withdrew the child from treatment.

Discussion of the "Boy Who Would Be King" Verbal Representation and Mental Content in the Toddler

Roy's anal sadistic drives were expressed through body organ based protosymbols when he came to treatment and so were not available at first for an understanding which could be productive of verbal interpretation and influence.

A transition from affectomotor memory to verbal concept memory which Roy had only partially completed before he came for therapy left much that was encoded in the affectomotor memory system and unavailable to the awareness system to which psychotherapy is geared. That awareness system detects verbalizations primarily. Not every event or experience in the child's world finds a word. Roy was slow in this area, especially when it came to the cushioning effect of the symbolizing function, which

makes representation possible, albeit in masked form. Roy had no words for what his anger expressed or meant to him, when he started therapy. This is a form of repression that works by exclusion through an absence of a conduit to verbally organized consciousness. (Schachtel 1949). Cognitive structures for use in producing symbolic or verbal communication were not yet adequately mature for utilization. Rather than through the use of symbols and fantasies, compensatory narcissism, generated in response to his mother's ease to anger and the birth of a sib, was manifested in messing, stool withholding, and demanding controlling behavior on his part (transference) in the therapy. Therapeutic goals included verbalized insight. This required techniques to encourage more mature symbolic forms. This goal was achieved through the introduction of psychoanalytic symbols using words and concepts derived from the zone of experience beyond the boundary of the self. This raised the level of instinctual expression to the point at which communication and interpretation became possible. The verbalization and identification of an age available form of transference were then realized.

Developmentally, the acquisition of the capacity to utilize psychoanalytic symbols in a communicative mode is a turning point with many implications. The development of latency with its importance for civilization begins. The introduction of communicative symbols and words to interpret them to enhance verbalized insight and aid in the resolution of conflict was necessary. When early infantile wishes or the memory residua of trauma can be symbolized communicatively, speech can be used in resolving transference. This entails working through of and disengaging of the contents of the core and masturbation fantasies, which are the precursors of adult transferences, characterology, fate neuroses and neurotic symptoms. Communicative discharge and confrontation are enabled by the development of speech and the evolving of decipherable cryptic symbols. These permit the organization and expression of fantasy informed infantile sexual wishes on increasingly more mature, socially acceptable and sublimated levels.

Organ protosymbols sidetrack this trend. The symbols are too primitive and evocative. Adjustment is interfered with as in the case of Roy whose use of control of his stools expressed his anger and control needs. Psychoanalytic symbols in the communicative mode serve compromise formation and permit discharge under more socialized conditions. Through the interpretation of such symbols, otherwise irretrievable transferences based on early infantile wishes or the memory residua of trauma can be converted from that which is only acted or felt to that which can be expressed in symbols, which can be

interpreted into verbal concepts that can be worked through or associated to, confronted or challenged.

In Roy's case, a developmental step in symbol usage was introduced to the therapy so that interpretation of transference behavior could bring unconscious motivation into consciousness. (Further discussion of this case begins on page 234.) Verbalization in children enhances the working through of and disempowering of contents that are destined to underlie transference wishes in adults. Communicative discharge and confrontation followed upon the development of speech and the evolving of decipherable cryptic symbols. This permitted the organization and expression of infantile sexual wish informed fantasy, which can be interpreted in child therapy. This results in controlled reparative mastery, working through and the confrontation of the "sense of reality" with "reality testing".

The effective interpretation of transference results in a self-reflective awareness. This awareness places the content of past events and future effects, attitudes, and behavior within reach during the therapy session. The patient expands his consciousness creating a lucid image by expanding the view he has of himself to include that which had formerly been repressed or left unconscious. In this way, the person becomes aware of behavior and motivation, and can recognize that which makes the behavior inappropriate. This brings into focus, with the therapist's help, reasons for stopping the behavior.

The evolution of consciousness is the evolution of self-reflexive verbal thought. This should be differentiated from other awarenesses such as awareness of reflex signals and the responses and awareness that accompany semifacultative "automatic" responses that have been learned or have become second nature as in dancing or athletics.

A major transition in a child's awareness occurs when word memory representing abstract concepts become associated with percepts and affects and other experiences of the moment that had previously only called for reflex responses. Words that represent abstractions can be recalled and remembered. Such recall of abstractions opens the way to past and future, and expands awareness to encompass a view of life that adds insight and a sustained longitudinal history of meaning to experience. The role of interpretation is to expand this memory resonance.

Notes

- 1 This differentiation was early elaborated by Dr. Max Stern in an unpublished paper.
- 2 This concept was introduced en passant by Peter Neubauer M.D.(1962) during a training seminar.

CHAPTER 7

THE USE DURING CHILD PSYCHOTHERAPY OF THE SYMBOLS THAT OCCUR IN FANTASIES AND DREAMS

INTRODUCTION

Latency is not a silent time in childhood during which one waits for adolescence, nor is it an adventitious element cast into the great sea of development. Latency is more than a moment that leaves a little mark in passing. All of development must flow through the structures of latency. Adolescence evolves out of the cognitive transitions of latency. Psychotherapy for adolescents must be informed by knowledge of that which can go wrong during the transitions that precede it. Psychotherapy during the latency years therefore affects not only immediate emotional problems, but also the long-range effects of distortions that occur during latency age development. From the standpoint of pathological development, the aspects of latency and adolescence that are most sensitive and most often in need of help are those functions that take part in the maturation of object relations, support finding comfort in fantasy, and which grow as the result of the transformations in cognition that enhance reality testing.

The neuroses of the young come into being as a compromise between unconscious longings and the unbending demands of reality. Longings rise toward consciousness from zones where energies are free to seek discharge without restraint of object, place, time or accidents of fate, only to be confronted with those stringent demands of reality that bind energies to obligations. The older the child, the stronger the influence of reality.

Free energies run the errands of desire in pleasure palaces filled with fantasy. Bound energies bow to the harsh realities of adult size and knowledge acquisition that impinge on the small worlds of the humble child. Between the two extremes lie zones of fantasy tinted compromise from which the neuroses of the young arise.

The neuroses of prelatency, latency, and early adolescence differ from adult neuroses in the degree to which they are influenced by maturation. With the exception of the intensification of obsessional

defenses in the late twenties, the matrix of cognition of the adult is relatively fixed. By comparison, the underpinnings of neurosis in the young are in constant flux. One of the clinical products of this is the transient nature of neurotic symptoms in the young neurotic. There is an ebb and flow of drive energies and of external pressures. Latent fantasy contents change in response to new siblings, humiliations, school challenges and vicissitudes of parental adjustment beyond the control of the child. Rarely is the childhood neurosis an organizer that by its very existence holds its finger in a dike to counter inner pressures and permit the remaining ego some degree of autonomy, creating neutral ego functioning in the service of adaptation as adult neuroses and perversions sometimes do.

Childhood neurosis is evidence of a weak spot. Its presence is pervasively disorganizing. The therapist must be tuned in to many more factors than the adult therapist. He must be ever on the alert for alteration in the potential for neurotic symptom formation that is introduced by normal cognitive maturation, and persistent immaturities that spring into being when maturation fails to keep pace with the passing years. Childhood neurosis is like a volcanic island that grows by rising from the sea under pressure from afar, all the while adding to its bulk by eruptions. It has many sources for its features. The child therapist must be familiar with the sources of childhood neurosis, both the ebb and flow of life's tides and the somewhat eldritch isostasy engendered by cognitive transformations.

The neutral world of the child, supported by bound energies, can be approached through verbal exchanges in therapy sessions. This touches only the civilized crust of a child's existence. There are more personal zones of life. Drive derivatives do not gain easy entrance to reality interactions. Discharge of the drives is buffered by a recreation of the world through displacement of its elements into symbolic forms. Adjustment in large part revolves about the maintenance of a symbol-based world of fantasy.

Development and Pathology

Though an adult who centers his life on fantastic evocations of his inner needs has lost his way, a child who treads the fantasy path is involved in acceptable behavior. Fantasy symbols serve the satisfaction of needs in the world of childhood where there are no handholds in reality for inner wishes. A unique therapeutic approach must be developed to tap the world of the unbound energies and unbound wishes that are locked up in the symbols of the dreams, play and latent fantasies of the latency

age child. Latent fantasies are the roots; manifest fantasies are the stalks and leaves; and dreams and play are fruits and flowers in the wishing bowers from which the symptoms of neurosis also grow. Neurotic symptoms are formed when the manifest symbols that represent these unconscious wishes are reshaped by cognitive structures of the ego, which serve the moral and ethical demands of the outside world.

Cognitive Pathologies Associated with Disorders of Symbolic Thinking

Sir Henry Head (1920-1921), the early twentieth century British neurologist, identified disordered symbolization as pathology. He described "... pathological repression that causes all sorts of distorted personal symbols to encroach on literal thought and empirical judgment and abstract concepts. . . ." to be an abrogation of human freedom. Loss of "... imagination to envisage our problems clearly and negotiably . . ." block free functioning of mind. He felt that "... the most disastrous hindrance is disorientation, the failure or destruction of life-symbols . . ." (P 290) which explain the unknown, orient one within the world, and harness awareness for future use through encoding the symbols of awarenesses into abstract memory.

Head divides the symbolizing function into two aspects. First there are afferent processes, which through creating reduced representations make possible the codification of experiences in memory for use as referent concepts. Second there are efferent processes that select symbols for the manifest expression of referent concepts. Impaired afferent symbolization occurs when there is an inability to create abstractions as a result of impaired ability to reorganize similarities. Impaired efferent symbolization is seen when ability to find a way to expression is hobbled by limitation of symbolic linkages to concrete similarities or by displacements that are too diffuse to give form to expressions. Such an impaired displacement during symbolization occurs when there is absence of high-level abstraction applied through symbolic linkages during efferent symbolic expression. Such a loss occurs in aphasia (See Head (1920-1921)—and in the regressed symbolizations that occur in dreams, neuroses, psychoses, and direct discharge into autonomic expression.

Clearly there is more to the role of "attending to symbols" during psychotherapy than the

interpretation of the latent meanings and the stressful situations that confront the patient. The process of symbol formation should also be addressed. (See especially Chapter 4 and 6 of this Unit)

Head (1920-1921) offered insight into the goals of this aspect of therapy. He noted that "in order that words can subserve intellectual activity, they must be mobilized and capable of manipulation at will." (P 180) and "Want of perfect recognition of verbal significance leads to a defective power of naming." (P193) Encouragement of fantasy and learning to manipulate referents through displacement becomes an important element in psychotherapeutic endeavors with children.

Behavioral Neoteny

The maturation and development of children are influenced by a multitude of factors, each of which must be considered in understanding emotional growth errors that produce behavioral variants and pathologies in childhood and adolescence. Poor example setting can alter behavior. Strong affects can distract a child from the exercise of skills afforded by advancing cognition. Persistence in memory of early trauma and regression in the face of frustration can result in sustained immature behavior patterns. Innate potentials inherent in maturation are shaped by genetic forces. Juvenile cognition persisting through the achievement of adult form will produce an immature adult who cannot gain from social phase specific educational opportunities. Darwin (1872) described such a "loss of the adult stage of development" in species, which reach reproductive potential "before they acquire their perfect characters" (p 113). This process is known to biologists as Neoteny. Budiansky (1991) has extended this concept to include behavioral characteristics and object relations. He points out that "... variation within a species is normally limited . . . by basic rules of genetics and development. But there is one source of enormous variation within a species . . ." "The range of variation in any adult population is miniscule compared with the differences that separate the average adult from the average juvenile. . . . If the genes that govern this development process change in such a way that adulthood is reached before the normal process of development is complete, youthful characteristics will be locked in. This process is called neoteny . . ." (p 20) "Neoteny" may be manifested by the presence of behavior, that is derived from genetically controlled persistence of immature cognitive structure and function into adulthood, such as concrete thinking, magical thinking, narcissistic object relations, primary process dominance, and dominance of the evocative pole in symbol formation. Budiansky (1991) illustrates this by referring to

the persistence of dependency and ability for cross species object ties as it exists in the object relationships of infantile forms of animals who become capable of domestication as adults.

The transient neurotic symptoms of childhood are products of ever-changing cognition. Such transformations of cognition reflect growing personalities. One manifestation of neoteny would be the potential to lock in immature forms of cognition and relatedness to the detriment of adult life. When this is encouraged either by genetic limitations on progress or receptive parental or social attitudes, chronic persistence occurs. In the human species this can produce large populations with maladaptive personality features to which a tolerant and humane society may chose to adjust. In individual personalities this contributes to the formation of fixed immature cognitive structures. The fixed nature of these structures contributes to the chronic nature of neurotic symptoms in the adult. In this regard it is of interest to recall Schilder's (1938) definition of "... symbolism as an experimentation which is retarded in comparison with the general state of development, in the perceptive and emotional sphere." (Page 25) It is beneficial in child therapies to encourage patterns of cognition (i.e. memory systems, symbolic forms, reality testing) that have enhanced adaptive potential in adulthood, in addition to interpretation and working through of fantasy.

FANTASY

There are two directions that therapy of children can take. One entails encouraging the maturation of cognition, especially in the areas of reality testing and the types of objects from which the symbolic forms of manifest fantasy are derived. The second entails resolution of latent fantasy and discharge of drives and tension through the encouragement and interpretation of the manifest symbols found in fantasy.

It is natural and an occupier of much time for the child to engage in fantasy and fantasy play during waking life. It is as natural to fantasy as it is for all ages to dream at night. In the child therapy session, it is possible to tap this process and adapt it to therapeutic growth, resulting in discharge of drives, resolution of fantasy contents, and encouragement of cognitive growth, freeing the child to enter adulthood unencumbered.

Biographic Reports of Childhood Fantasy Resolution of Writers

Biographies of writers describe the role of waking latency age fantasy in the day-to-day resolution of trauma in children outside the clinical setting. Kinkaid (1991) in reviewing a biography of Trollope by Hall(1991) describes Trollope as having a childhood where “. . . humiliation loaded on the child through all his school years; the beatings and desolation; the turn of the heartsick and friendless little boy to an inward life of tale-spinning, where he could do clever things and win approval” where “beautiful young women used to be fond of me.” (Kinkaid (P16)/(Hall (P30). As an adult, Trollope wrote 47 novels, which contain reflections of his childhood’s pain.

Hoffman (1991) in reviewing a biography of Poe by Silverman (1991) tells us that: “. . . Poe’s mother died when he was three years old.—he never resolved his bereavement.” (P 17). Silverman (1991) describes the role of childhood trauma in determining adult psychopathology in what follows: “Much of Edgar’s career, too might be understood as a sort of prolonged mourning, an artistic brooding—on an assemblage of fantasies activated by an ever—living past. As no product of his imagination would put to right what had gone wrong or restore what he had once possessed, he would begin over and over, repeating in new forms, different imagery, and fresh characters and scenes of dilemma which he presented as the peculiar condition of his existence.” (page 78)

Fantasy in Latency

Latency is a magic road that wends its way through a landscape of fantasies. Of these fantasies, derivatives of the Oedipus complex loom like a mountain range running parallel to the center. Tracing the same course, but as foothills, are anal-sadistic preoccupations. Scattered along the way, as the latency years unfold, there is a march of fantasy responses to the challenges that accompany cognitive, physical, and social maturation. The challenges include humiliation, sibling rivalry, budding sexuality, and passivity.

The Age Frames of Fantasy The Stage of Early Latency Oedipality and Guilt

At the beginning of the latency period, before attendance at grade school begins (five to six years of age), pleasing fantasy content is informed by the Oedipus complex. As the child reaches six, the capacity

to experience guilt develops. Then oedipal fantasies (taking the roles of either of the parents) cease to be the source of pleasant musings. Associated with guilt, their potential entry into consciousness generates fear. Guilt and expected retribution are transmuted into manifest fantasies of theft and imprisonment. Such fantasies discharge tension. In a part of the psyche, sequestered from reality, they provide a sense of expiation or mastery for the feelings and situations involved. Such fantasies dominate the latency age period.

Should these fantasies fail to resolve oedipal pressures, the ego responds with a regression that directs attention to anal sadistic preoccupations, replacing the newer and more perilous Oedipus complex with an area which has already been dealt with in prior years—now to be confronted with a far more sophisticated and a mature set of defenses. In the healthiest possible response, the anal sadistic impulses are defended against by the mobilization of the “MECHANISMS OF RESTRAINT” (reaction formation, symbolization, isolation, doing and undoing, mild projection based fantasies, and obsessive compulsive defenses), which defuse the strength of the drives that impel the child to fantasy. The mechanisms of restraint produce a STATE OF LATENCY in the child. To the casual observer the child appears to have socially appropriate periods of calm, pliability, reasonableness and educability during these states. These attributes underlie readiness for the activities of the grade and junior high school years. Should drives be stirred by maturation or accidents of fate (physical and sexual growth, seduction, humiliation, losses), there is a danger that the calm will be placed beyond the control of the mechanisms of restraint. This alternative is averted by the assertion of an organization of the ego with an unique association to latency. This is “THE STRUCTURE OF LATENCY” (See Sarnoff 1976 pages 13-36) which serves as a safety valve to preserve the state of latency. This is an ego configuration that provides alternative outlets for excess drive energies. By deflecting drive energies and diminishing the pressure on the static and brittle mechanisms of restraint, it becomes a support for a successful defensive regression to anal sadistic preoccupations. This regression clears the decks of any need for conscious attention to oedipal concerns. Through the action of the structure of latency, the offending stress is excluded from consciousness. Its content is fragmented, then displaced, and then represented by symbols which are organized into manifest fantasies which become the dream, play, and daydream fantasies of childhood. Often the child, unequipped to deal with the dragons of reality, turns to victories in these fantasies as recompense and resolution for the problems of the day. In this way anal sadistic

preoccupations are defeated by the structure of latency. Although defeated, they are never vanquished. With cohorts of peers cloistered in the permissive zone found in the backseats of carpool vehicles, they sing of dooty and of a man, with diarrhea.

With the passing of years, additional fantasy contents appear, resulting in a de-emphasis of Oedipal fantasy in the middle and late latency years. These contents are responses to the problems presented to the child during the stage of latency age development at which they occur.

The Stage of Middle Latency Loneliness and Separation

A sense of independence from parents at about seven or eight years of age, projects a child into a psychic reality in which he is all alone in the big world. Fear fantasies of being small, and vulnerable follow. The impotence they feel may be symbolized by a dread of monsters, which represent both what they fear and serve as masking vehicles for projections of the child's own defensively mobilized aggression.

The Stage of Late Middle Latency Passivity

Beyond the age of nine or ten, the problem of passivity becomes a major issue. A sense of independence develops at this age, which reaches a point at which children strongly wish to break free of parental control. They object to the passive role that they have to take in relation to the decision making parent. This is in many ways a recapitulation of the two-year-old demand to know, "Who's the boss of me". These children would like to run their own lives. They object to parental control and interference on an ever-widening horizon of activities. Eventually this trend becomes so intense that they have little else on their minds. The child confronts the parent with "Don't treat me like a baby!" This is evidence of a child readying himself to turn his adaptive energies, from inward turning fantasies, which solve problems through the manipulation of symbols, to demands and actions that will intrude on the world. The children become especially sensitive to situations in which their decisions are challenged or their immaturity emphasized.

The Stage of Late Latency Ethical Individuation

Sensitivity to challenge to the child's social decisions leads to feelings of humiliation and inferiority, when ethical conflicts estrange them from their parents. This can include simple choices such as crossing the street alone or major decisions in response to peer pressure involving stealing, drugs and sex. In defense the children generate fantasies about being movie stars, championship athletes, owning motorbikes, etc. Some children who are conflicted about such confrontations deflect the challenge into fantasies of defiance. These can take the form of fantasies of theft and crime, which are at times acted out.

Sexual Identity Crises

Awakening concern about sexual identity intensifies with the first growth spurt. This occurs at about nine years of age. Body changes, though too slight to be detected by a casual observer, alert the child to the advent of puberty. Children revive old concerns about sexual identity. They worry about what they'll look like as adults. It is not uncommon for boys to mistake breast buds as evidence of a sex change. This stirs up other fantasies and castration fears.

Resolution of Latency Age Fantasy

Conflicts of the prelatency and the latency years can be resolved through discharge and mastery using latency age manifest symbol based fantasy, or through reality interactions, with parents, which introduce clarity to thinking. Stresses that distorting and sensitizing fantasies bring to adolescent and adult life can be defused during the latency years. This is a natural process. Should this process fail, fantasy deflects a child's attention from conflict resolving realities, leaving a persistence of neurosogenic factors. Latency is a time when a reshaping of the self becomes possible. If as is said, "As the twig is bent so grows the tree.", then latency can be seen as a time for unbending.

THE MECHANISMS of FANTASY

The fantasies produced by the structure of latency are highly symbolized, defensively constructed manifest fantasies. They are played out in the symbols of latency fantasy play. They mask latent fantasies. They fuel the play of children during therapy.

Latent fantasies are not just passive unconscious symbol patterns, awaiting a cue to come forth and give some shape to the manifest fantasies of play. Their presence is part of a system of psychical forces, which are ever at the ready to bring prior events, expectations, unresolved experiences and traumas from the child's past into action in the interpretation and reaction of the child to new experiences and perceptions. An example of a preinformed expectation is illustrated by the following experience of a prelatency youngster who was visiting his aunt. He asked for a cookie. There was no cookie in sight. The aunt improvised with the offer of a Rye Krisp. The child took it, bit at it, and finding that it did not give way to his teeth as a proper cookie should, announced as he handed it back—"Aunt Carole, it doesn't work."

A child whose latent fantasies are influenced by sexual feelings for his parents will be apt to be stirred by seductive behavior to the point that the structure of latency will produce an Oedipal fantasy derivative in play. Failing this, there may be a shift in a regressive direction requiring the further mobilization of the mechanisms of restraint. The mechanisms of restraint deal primarily with regressions from Oedipal fantasies. The latency defense of the structure of latency is less specific, since it is often called upon to deal with a multitude of possible complexes, sensitivities and instigators of anger, overwhelming excitements, humiliations and the many putdowns to which the psyches of our patients as children are prone.

The role of fantasy in the psychological life of the child extends much beyond serving as a place to hide from reality and feelings. Fantasy also helps to preserve family intactness. Fantasies can be used to discharge affects and tensions. Manifest fantasy can be used to discharge master and resolve latent fantasies (referents) that serve as memory moieties which carry into latency traumas and conflicts of infancy and the prelatency period that if unresolved, threaten later life adjustment.

Fantasy and the Illusion of Knowledge

Anger at parents can be blunted by a change of topic in the child's mind's eye. This is an example of self-distraction through fantasy. By substituting a symbol for a momentarily-hated object, the child can produce a shift of cathexes (attention energies) from an emotionally uncomfortable area of contemplation to a more neutral one. The ego mechanism involved is called displacement. As a result of this

phenomenon, the child produces for himself a life image that is shorn of painful reflections on the truth of the matter. A countercaethetic “illusion of knowledge” (See Boorstin 1983 P86) pervades memory supporting the myth of an idealized family relationship. One is reminded of the biblical proverb that tells of the stratagem of focusing on a fantasy of a dangerous beast in order to avoid admitting to a disinclination to work or progress. i.e. “The slothful man saith, There is a lion in the way; a lion is in the streets.” (Proverbs 6.13)

Future Planning

When those whose fantasies are the product of an intact “Structure of Latency” reach adolescence, their capacity for future planning is strong. Early and middle latency fantasies are plans that bypass problems through distraction, drive discharge, and diminution of affect and mood. This is done through displacement from affect charged latent symbols to manifest symbols that carry or attract less affect. The manifest symbols of early latency are selected from non-human unrealistic elements, which exist in a context of timelessness. As cognition matures bringing latency to its end, there is a shift in the symbolic forms from which manifest forms are selected. Late latency manifest symbols include real people in real situations in a linear time frame. With this change in symbols, the structure of latency has the potential to convert from a static structure to a personality skill. The latter solves reality problems through the creation of fantasies that plan for the future through the manipulation of the realities of the world. Thus does problem resolution evolve from alloplastic fantasy formation to autoplatic future planning. Enhanced reality testing parallels this process. The more reality influenced are the symbols used in fantasy, and the more that ludic symbols give way to real creatures in the daydreams of the young, the greater is the chance that the daydreams and play fantasies of childhood will be gratified through their new role as patterns and as guides to fulfillment in shaping adult life. This insight was acutely perceived by Rabindranath Tagore (1936) in his poem “The Beginning” where he wrote.

“Where have I come from, where did you pick me up?” the baby asks its mother.

She answered, half crying, half laughing, and clasping the baby to her breast. “You were hidden in my heart as its desire, my darling. You were in the dolls of my childhood’s games; . . .” (page 14).

As the symbols of fantasy come to be drawn more and more from reality elements as their source, parents become involved in social interactions instigated by the child. The parental style of response provides for the child the patterns with which he will interact and encounter peers after removal. A therapy can intervene through offering insight into this process in two ways. First one can advise parents to alter their influence on later social interaction. One can offer a non-sadomasochistic relationship within the therapeutic situation that will enhance the alternatives available for mature social interaction for the child.

Fantasy as Reparative Mastery

Ordinary daily events, when interpreted in the light of the charged memories that they call forth, can generate distortions of reality and misunderstandings. Such sources of tension can be reduced in a child by the defusing of such memories through discharge through fantasy-dominated play of affects linked to them. Rage released in a fantasy locale reduces tension in reality venues such as home, school and the arenas for play. Affects can be neutralized by displacement of activities to zones of calm where mastery can be assured.

Events generate conflict. Conflict can seek out events. The forces of mastery and repetition seek successful new experiences in reality to serve the same purpose as the generation of manifest fantasies, which heal through discharge, reassurance, and the resolution of past traumas. As a result latent fantasies, which carry old imbalances in drive pressures into contemporary situations, are reduced. Cognitive transformations, which are slowed by distractions and anxiety, can then progress.

Fantasy as a Manifestation of Compulsion to Repeat

Persecutory fantasy, which in latency creates a cruel monster that attacks the child, presages recurrent experiences of being treated cruelly by peers and lovers in later life, when real people are recruited to populate one's fantasies. Manifest fantasy content is synthesized from age appropriate symbolic forms associated with levels of development reached as the result of the cognitive transformations of latency. Repetition in fantasy and reality that fails to resolve the conflicts associated with latent fantasy are manifestations of repetition compulsion.

The distinct nature of child and early adolescent psychotherapy is mandated by three pathological elements. These are: failure of fantasy or behavior to relieve instinctual pressures (repetition compulsion), failure to progress to age appropriate symbolic forms, and interference with object relations on a reality level by instinctual pressures that seek expression of fantasy through the manipulative use of real objects. Psychotherapeutic strategies in the treatment of neurosis in the young require techniques that remediate these problem areas. To be able to do this, the therapist must have an understanding of the disorders of age appropriate cognitive transformation, which produce such pathologies.

THE ROLE OF FANTASY IN THERAPY AND ADJUSTMENT

Encouragement of fantasy during psychotherapy enhances the effectiveness of an important developmental task of latency. This is the resolution and defusing of the impact of persistent referent memories derived from fantasy based on trauma that occurred as prelatency experience. Fantasy play makes its contribution to this process through enabling the child to discharge tension and master trauma through catharsis and reliving. Fantasy in the growing child is normally manifested in thought and in words, in dreams and in play. In large measure, psychotherapy of the young adapts such normal fantasy activity to the goals of therapy. For the fantasy rich child, this is done through encouraging already present skills of fantasy play. For the child poor in capacity for the formation of fantasy and symbol, one attempts to enhance basic skills in the use of words and symbols. (See above Chapter 6) Fantasy as part of therapy serves as a medium for the discharge and venting of tension. Tension discharge through fantasy can thus be achieved without interventions or interpretations by the therapist. Fantasy play can be used for mastery of current trauma as well.

Dynamic interpretation can harness fantasy play to therapeutic goals on a more complex level. Interpretation of experiences, unconscious fantasy and symbol content can bring latent conflicts into awareness. This enhances the effectiveness of psychotherapy by making unconscious content available for discussion. In this way, impact of past and current traumas can be defused through confrontation with reality.

Fantasy during latency contributes to adjustment in later years. It serves as a proving ground for the role of trial action (thought) in solving problems. As the symbolizing function matures, reality objects

serve as sources of the symbol content of fantasies. This enhances the application of reality testing in judging the appropriateness of efforts at problem solving. In this way, the trial action that is implied in thought and fantasy grows to be future planning. Failure of this natural developmental step during late latency produces an individual who thinks in an egocentric non-linear manner, as seen in people who have amotivational syndromes and people who are adolescent drug users. (See Pittell (1973).

There are two kinds of experience that can precipitate this developmental shortfall. The first is severe trauma that shatters the effectiveness of the structure of latency. The second is the presence in reality of events that may be interpreted as fantasy come true. The latter leads to an obliteration of the fantasy/reality boundary. This becomes especially a problem in regard to the sensitizing fantasies that create distortions through expectation in adult life. "Fantasy come true" experiences result in an undermining of the influence of reality. The idea that fantasy can control events encourages a shift of emphasis to primary process in fantasy oriented thinking and the use of evocative symbols. The child is left with the impression that if fantasies can come true, there is no telling what can happen. "If wishes were horses, beggars would ride", ceases to be an admonition in favor of restraint. Instead wishes and fantasies are trusted to be the source of things to be feared and of programs for progress that call vast energies to the pursuit of hollow crowns and of castles set in clouds that ignore the wind.

Communicative Symbols and Mastery Through Fantasy

The mastery of fantasy through play permits discharge and mastery of stress. Stress can be the result of unresolved conflicts. Stress can be the product of immediate pressures. The more that a child can be encouraged to use communicative symbols in the development of fantasy, play or dream, the more effective is the mastery of stress. Therefore the encouragement of communicative symbols is therapeutic. They help to achieve resolution of sensitizing fantasies through communicative mastery. Communicative symbols bring problems into an arena of consciousness shared by therapist and child. Where there is a misunderstanding or a fantasy distortion or a sense of deprivation or a misinterpretation because of drive dominated wishes, communication with the analyst which uses mutually understood symbols establishes a zone of interaction in which realistic understanding and resolution of the situation to which the child is sensitive can be introduced. In the case of Roy (See above Chapt. 6.) discharge in play was effective in lessening his aberrant behavior. Only when he was able to communicate through the

symbol “king” could his motivations be placed in consciousness and challenged and diminished. Only insight could diminish the slant of his beliefs to bring them into line with reality. Freud (1909) in noting the “psychological differences between the conscious and the unconscious” (p176) saw that “everything conscious was subject to a process of wearing-away, while what was unconscious was relatively unchangeable . . .” (P176). As will be noted more fully below in the section on Primary and Secondary Process, in order for what is unconscious to become conscious, rules must be followed which insist that contexts of reality be admixed.

Fantasy formation during latency derives its contents from many sources. Recent events, comic book characters, culture heroes and the villains of history all take their places—in the helter skelter palimpsest that is human memory—upon, above, around and below the emotional complexes of early childhood. Subliminal impressions beguile the ears and eyes of the therapist, distorting the message. Similarities between memory elements cause fusions in recall that establish the symbol like forms that lead the therapist astray. They are subject to all the failings that befall the communication of things past and remembered. Such complexities add difficulty to child therapy.

The cognitive organization of memory in the child is so different from that of the literate adult that special listening skills must be developed. The child in fantasy play is harder to understand than the adult who remembers words. Fantasy play and dreaming are memory modalities that share qualities with free association. However because of the primitive nature of thought process in the child the associations are looser. There is more primary process involved (see below). The wandering mind of the child may easily set the therapist to wandering as well. This is especially disconcerting when one’s free floating attention, an informative study of one’s own reactions to the associations of the patient, drifts unguided in the presence of the excessively disconnected symbolic elements in the fantasies of the child. Free floating attention becomes less of a source of information. Instead it becomes a target for attention that takes the therapist’s attention on an inner directed track away from the child. In the meantime the child too drifts. His mind follows source elements other than the progenitors of his problems. The therapist in the absence of focus is induced to drift also and to fall into “lulling”. (See Sarnoff 1976 Page 243-6). When the child finally comes to a word or situation that could be interpreted, the therapist, his mind elsewhere, is not ready to make the intervention. The therapist must train himself to attend to the child’s mental content in the same way that a baseball outfielder must not let up for a moment though a

ball may come his way only once an hour. A poor defense taken against lulling is active participation by the therapist in the child's play on the level of the child. This contaminates content. A useful approach to lulling is the continuous diagnosis of fantasy content, psychosexual regressions and cognitive changes during the child's play. A search for the stimuli that give rise to such changes initiates forays into free floating attention ever refreshed by the input of the child's productions.

Fantasy Matures

Fantasy formation is the core of the process that produces manifest fantasy, play, and dreams. As such fantasy was presented here first. The structures of all three products undergo developmental changes. The predominant theme in this process is the movement of sources of manifest symbolic forms from the fantastic to the real. This is especially the task of the late—latency early adolescent maturational process. The attention of consciousness is drawn away from the fantasy of the subject towards the reality of the object. The child rises to an adult worldview on such wings of reality. There are both normal and pathological aspects to the cognitive growth process. The degree to which reality testing replaces the sense of reality defines the success of the maturation and development of the judgment of reality.

The therapeutic approach to abnormal behavior must take into account both the content of fantasy and cognitive aberrations of symbolic form that force a breach in reality judgments. For instance, a child who acts out his fantasies in disruptive behavior because of a poor degree of displacement in symbol formation, and who cannot use fantasy to achieve comfort or delay, becomes a behavior problem. On the other hand, a child, gifted in fantasy play, with a similar latent fantasy is seen as creative.

We turn now to a study of this cognitive growth process. There will be two emphases. First will be an emphasis on the development of reality testing as a means of adaptation. Second will be an emphasis on cognitive transformations that expand the roles of fantasy, play, and dream from sources of comfort to effective tools in the mastery of such functions as developing future planning and exploring abstract truths. Immaturities, aberrations, and failures to grow, contribute to knowledge of the origins of pathogenetic form and content in reality testing, fantasy formation, and behavior. This in turn makes possible an understanding of the foundations of effective psychotherapeutic strategies. Once we have completed this task, we will continue on to the study of use of the dream in psychotherapy and the use of

play in latency age children.

THE COGNITIVE GROWTH PROCESS

Cognitive Transformations

The cognitive transformations of the latency years produce a capacity to deal with reality commensurate with changes in size and strength in the growing child. They also accomplish a shift in object relatedness necessary for finding mates. Immaturities in latency age cognitive transformations produce cognitive defects. Drives that underlie fantasy find their way to expression through twisted channels. This contributes to psychopathology.

Failure of the symbolizing function to mature interferes with the search for an object in reality with whom to share the expression of drives (see below). This gives rise to a persistence of the evocative pole in symbol formation. Symbols fail to go from amorphous to human manifest forms. The outcomes are animals, plants, things and situations instead of people in the manifest symbols that take the part of the feared and the persecutory in the development of neurotic symptoms.

Primary process thinking (loose, evocative, nonlinear, direct discharge oriented) and secondary process thinking (delayed response oriented, communicative, reality influenced, linear thinking) develop in parallel. During development, secondary process may fail to outstrip primary process thinking as they vie for the attention of consciousness. The shift of the symbol mode used from evocative to communicative defines the degree to which the developing personality has shifted from primary to secondary process thinking. A lag in the degree of transition can be the result of a defect in the development of repression resulting in a concomitant failure of symbols to fulfill a role, which produces socialization of the manifestations of the drives. Impaired reality testing results. This is manifested in the ascendance of a personalized sense of reality in place of mature socially shared reality testing (I.E. In these people the reality one feels outweighs the reality that all can touch.)

Evocative symbol emphasis encoded in memory distorts interpretation of natural stimuli creating false traces of experience. This alters even later interpretations of perceptions. The results are perceptual and interpretive distortions (see below). Failure to move from preoperational to operational thinking in

achieving the interpretation of concrete perceptions results in action orientation and narcissistic (symbolic and intuitive) thinking. This too undermines reality testing. An example of disregard for reality in a seven-year-old can be seen in the straight-faced pronouncement that is quoted in what follows:

“Dr. Sarnoff, a strange thing happened as I came into your office. I got all better—so I don’t have to come back here anymore.”

COGNITIVE DEVELOPMENT

The development of the way that reality is perceived, remembered, and understood is incomplete when a child reaches the age of six. Piaget has described the development of the capacity to interpret observed phenomena during the latency age period and Freud has described the cognitive structures necessary for the acquisition of socially acceptable behavior during latency. Their contributions fit into a context of widely extensive cognitive changes that can be organized into three periods.

The Cognitive Organizing Periods

Each cognitive organizing period (See Sarnoff 1976) represents years during which specific cognitive skills mature and develop. When immature skills reach a high level of effectiveness, they coordinate to produce a demonstrable alteration in general behavior, which initiates a new phase of development.

In relation to Latency, the first such period occurs between two and six years of age. The effectiveness of latency age fantasy, in producing a state of calm, pliability and educability during the latency years, depends on the adequacy of development of the symbolizing function, repression, verbal-conceptual memory organization, and behavioral constancy (the ability to recognize clues to appropriate behavior.) in the prelatency period.

The second cognitive organizing period occurs during the age period that falls between seven and one half and eight and one half years of age. The Cognitive abilities maturing during this time period are: concrete operational thinking, abstract conceptual memory organization, the shift in fantasy content from thoughts about fantasy objects to thoughts about reality objects, and reorganization of superego

contents in the direction of ethical individuation in which the child's own motivations begin to dominate and contents derived from parental demands have less impact. The maturation and coordination of these cognitive skills become manifest clinically at about 8 and 1/2 years of age. This is the age at which most clinicians divide the period of latency into early and late latency.

The third cognitive organizing period occurs during the age period ten to thirteen years. Cognitive growth during this period is involved in achieving a shift from a mental life that focuses on personalized fantasy to a mental life that places emphasis on reality knowledge of the world and the search for a love object in reality. The events in development that relate to cognition which characterize the period are the preadolescent vicissitudes of projection, body image changes associated with pubertal body changes, object oriented shifts in the direction of object relatedness, intensification of narcissistic investment of the libido in fantasy structures (The population of the fantasies changes to reality objects, but the fantasy context remains an important factor) and a shift from the evocative to the communicative mode in the selection of symbolic forms. (See Sarnoff 1987B)

A fourth cognitive organizing period can be identified during the transition to adolescence. It is dominated by the theme of the completion of the transition to object relatedness. Impelled by the loss of the symbolizing function as a primary organ for sexual discharge and encouraged by the impact of menarche and the first ejaculation to seek libidinal objects in reality, the child builds a bridge to the object world. The bridge is built by a shift of secondary process requirements from an emphasis on reality testing to an emphasis on the needs of the loved and sought partner. An observing object in the mind's eye begins to review fantasy and future planning with the needs of the object as the criteria for acceptability. The ability to fall into altruistic love is pendant to this development. This developmental step is built around the maturation of the use of communicative mode symbols. These are also at the core of aesthetics, creativity, and future planning. A shift to this more mature form of symbol is a sign of emotional health. Underlying the strengthening of the communicative symbol is the development of communicative speech (e.g. See the social Speech of Kraus and Glucksberg (1977), which begins to gain priority at twelve years of age.) This refers to the development of verbalization tuned to the needs of the listener for clarity, empathy, and completeness on the part of the speaker. An important factor in the underpinnings of the capacity to fall in love is tertiary elaboration. This refers to the unconscious reorganization of verbalizations to align content with knowledge of the background, point of view, and

philosophy of the listener. (See Hoffer (1978).)

The most important of the cognitive transitions, from the standpoint of psychopathology and psychotherapy, involve Memory Organizations, Symbolic Forms, Mental Operations, and the Primary Process/ Secondary Process synergism. The first two will be described in the following section. Mental operations and the Primary Process/ Secondary Process synergism will be discussed in the subsequent two sections.

MEMORY ORGANIZATIONS

Vygotsky, (See Luria 1976) said in early 1920's "Although a young child thinks by remembering, an adolescent remembers by thinking." (Page 11) The cognitive organizations, which are involved in this change, are named, in order of increasing maturation: affecto-motor memory organization, verbal conceptual memory organization, and abstract conceptual memory organization. These are the primary conduits through which the world of experience is apprehended and carried forward in time by memory. When one considers that the definition of consciousness that characterizes the theory of psychotherapy revolves about awareness of perception in the context of prior experiences of the perception and future implications of the perception, one must reach the conclusion that pathological turnings in the ways of memory are central to the understanding of pathological behavior and symptoms.

Affecto-Motor Memory Organization

The affecto-motor memory organization begins in life's first years. It consists of two components, motor components and affective components. The motor component is the first to be acquired. It consists of purposefully modified patterns of motor activity. Essentially, the contents of memory of this component are syntaxes consisting of interrelating motor components.

The affect component of the affecto-motor memory organization is made up of the ability to evoke recall of learned patterns in the form of affects, perceptions, and bodily postures associated with an initial experience. It represents the ability to organize recall about sensory experiences. These are usually recalled in their entirety.

Conceptual Memory

Conceptual memory is defined as the ability to evoke recall of learned patterns in the form of verbal signifiers such as words and related symbols. Conceptual memory can be divided into the earlier appearing verbal conceptual memory and the relatively late appearing abstract conceptual memory.

Verbal Conceptual Memory Organization

Verbal conceptual memory organization is able to be operative by the third year of life at the latest. It is not the primary means of memory used until about six years of age. That is when latency begins. The extent to which it is activated is determined by environmental and social factors.

Abstract Conceptual Memory Organization

Abstract conceptual memory organization refers to a maturationally based modification of conceptual memory. It appears first between seven and a half and eight and a half years of age. It consists of the skill of interpreting events in terms of their intrinsic nature and retaining the substance of this in memory through abstractions with or without words. (See also Sarnoff 1976 Pp 117-120 and 1987A Page 281 etseq.) The usual area of childhood activity in which such interpretation takes place is in "getting the main idea" during reading. By the age of twelve accumulation of abstractions in memory should have reached the point at which abstractions can be applied to the interpretation of other abstractions. Children who fail to achieve this have trouble getting the main idea in reading, doing reports that require summaries of multiple sources, and three part word problems in math.

SYMBOLIC FORMS

Symbols are created at the interface between cognitive functions and the world. Drive energies can be masked when they find acceptable form through symbolization. The strength of secondary process thinking (see below) depends on the ability of symbols to limit displacements to representations with low valence for attracting affect. Psychoanalytic symbols (called by Piaget (1951) "Secondary Symbols") are symbols whose abstract link to the concept or thing, which they represent, has succumbed to repression. This begins at about 26 months. There is a march of symbolic forms that can best be studied in

the objects chosen to populate persecutory fantasies. At first states of being such as loneliness and darkness are directly experienced as having been forced on the child. During the third year of life, hostile wishes directed at loved ones are denied and projected (displaced) onto plants and animals. With the onset of the latency years, amorphous forms such as goblins and ghosts predominate as persecutors. At about eight years of age, humanoid forms such as witches are called upon to represent persecutors. At eleven, the small sized play figures (ludic symbols), used in fantasy play give way to full sized objects (peers and adults) who by their power features or personality can be invested with protagonist membership in external expression of the child's world of inner fears. In late latency peers begin to be recruited in reality to play out roles in scenarios derived from the latency fantasies of the child.

Running parallel to these events is a shift in emphasis in the selection of symbols from those that merely evoke inner affects (Evocative pole symbols) to those symbols, which play a dual role (Communicative pole symbols). The latter serve both the evocation of memory and trauma, and mastery of trauma through the communication of information in a context of comprehension of the needs of others. (See Sarnoff 1987B)

Evocative Symbols

Intrinsic to the nature of evocative symbols is the selection of a symbolic signifier to represent unconscious referents without regard for the communicative or aesthetic value that it has for an audience. Often when a trauma or affect laden fantasy figure has been repressed, the affect remains free floating in the memory systems. Freud (1909) noted that in that circumstance "We are not used to feeling strong affects without their having any ideational content, and therefore, if the content is missing, we seize as a substitute some other content which is in some way or other suitable . . ." (page 6). Highly personal and idiosyncratic symbolic forms selected in this way, hide the identity of the latent content. These symbolic signifiers evoke—for the benefit of the egocentric aspects of the individual—inner feelings and experiences. Evocative symbols represent a victory for narcissism. The product of this repetition is momentary and unsustainable mastery through gratifying play, which is based upon prior successful experiences. In each case already mastered fantasies and feelings are re-experienced at the expense of reality.

Communicative Symbols

Intrinsic to the communicative symbol is selection of representations based on the needs of the listener. Communicative symbols represent a victory for reality testing, altruism, and nonegocentric influences. These symbolic signifiers work for the benefit of object relations. The transformation of fantasies by changing symbol content and symbolic forms to match the ways of the world enhance object relations. Through such fantasies, contact with the reality of the therapist can be achieved, interpretations made, and discussion initiated. Working through then becomes possible. Past traumas can be deemphasized and reparatively mastered and processed. A psychotherapeutic strategy that encourages the development of mature symbols and symbolic fantasy play in therapy sessions results from these theoretical considerations. By way of example, see the case of little Roy in chapter 6.

When the march of symbols has reached the point that real figures can be recruited to populate fantasies, and the communicative pole dominates selection of symbols, and situations are constructed and interpreted on the basis of reality testing derived from operational thinking, the cognitive underpinnings of the ability to fall in love have been attained and the task of latency has been completed. In working with early adolescents in therapy, the child's level of attainment in these areas must be evaluated. Psychotherapeutic strategies should be developed that will enhance these cognitive skills. (See Sarnoff (1987B) pp171-222)

Cognitive Growth During Late Latency To Early Adolescence Preoperational Thinking to Abstract Operational Thinking

There is a maturational shift that underlies the enhancement of reality testing during latency and early adolescence. This shift entails the increased use of external cues in place of memory and intuition in the interpretation of new experiences and stimuli. Jean Piaget's (1951) observations on the thought processes that are used in the interpretation of the perception of reality offer an infrastructure for understanding these observations. The terms preoperational thinking and operational thinking are used in those writings of Jean Piaget (1951), which describe these changes. Preoperational thinking (concrete interpretations of perceptions and experiences) uses sensory-motor intelligence. Operational thinking (abstract interpretations of perceptions and experiences) uses conceptual intelligence. The shift from primary emphasis in thinking from sensory motor intelligence to conceptual intelligence takes place in

early latency (from 6 to 7 and 1/2 years of age.)

Preoperational Thinking

Preoperational thinking has two stages, (sensory motor thinking and symbolic intuitive thinking). The first is an expression solely of a sensory motor intelligence based upon a memory system that encodes sensation and motor schemata. The second begins after 26 months. It adds unconscious idiosyncratic symbolic interpretation of occurrences to thinking.

Sensory Motor Thinking

At first preoperational thinking consists of the establishment of isolated linkages between successive perceptions and movements. There is a failure to place the current experience in a total context, consisting of a predisposing past and a sense of implications for the future of the event at hand. As Piaget (1951) describes it, "Sensory motor intelligence . . . functions like a slow motion film, representing one static image after another without achieving a fusion of the images." (P 238) This is an intelligence that is "lived and not thought" (P 238). Only motor and perceptual events inform this intelligence. Potentially related signs, symbols and other verbal concepts are excluded. Because such intelligence lacks verbal representations, which would make possible the efficient storage of information, verbal communication of consensually validatable interpretations of perception and experience within a context of a time sense are not available. The sensory-motor intellectual experience is limited to the moment of experiencing and to the observer alone. It lacks potential for a social organization of shared knowledge.

Toward the end of the first year of life, a second stage appears. The mind is ready to understand words. This readiness is played upon by social interactions such as parental insistence on word use. Verbal concepts are introduced at this point. Then words can be used to represent schemas of experience and action. Classifications and relationships between experiences can now be frozen into consistent verbal form stored in verbal memory systems established in the child's mind. Narcissism in the very young child is expressed in a tendency to assimilate all new experience to pre-established conceptions that have been codified in this way.

Intuitive Thinking and Symbolic Reasoning

Such personalized interpretations of events, unmoored to reality limitations, tend to acquire associations through displacements and condensations that link them to uncomfortable affects. Repression, which becomes available at 24 months, permits the production of substitute formations (symbols) with diminished affects. Symbols in turn introduce a memory function that permits the child to encounter perceptions and experiences, that have the power to stir uncomfortable affects, with associations that diminish the chance for a realistic interpretation of the event at the same time that they make the confrontation tolerable. Comfort is achieved at the cost of diminished reality perception. At this point in development repression and symbol formation become the basis for intuitive thinking and symbolic reasoning. This begins at about 26 months. (See Piaget 1951—Chapter 7; and Sarnoff 1970). Symbolic reasoning is dominated by personal influences, which limit pragmatic reality pressures, which would limit latitude in the free creation of concepts. Personalized symbols become the basis for recall. Perceptions and combinations of images are organized into exotic entities, which correspond more to the child's desires than they do to the realities of form (Piaget 1951 Page 230). This state dominates during early childhood and the first years of latency.

Percepts remembered through words do not become fully integrated into a verbal memory system until six years of age. (Sarnoff 1976 page 106) Constant reworking of concepts through verbal interaction in an interpersonal setting and through testing impressions against pragmatic imperatives spawned by reality, diminishes the strength of symbols and intuition, and creates definitions, classifications and relationships, which are shared in society. Thus individual thought is accommodated to the influence of “. . . a common, objective reality” (Piaget 1951 P 239) In this way the verbal conceptual memory organization evolves. It can support conceptual intelligence. Conceptual intelligence in turn supports the development of concrete operational thinking, which ripens at about seven years of age.

Concrete Operational Thinking

Concrete operational thinking is characterized by interpretation of perceived concrete events in light of preconceived socially or observationally validated concepts. Such “concepts are either systems of

classes, sets of objects grouped according to relations between wholes and parts, or systems of particular relations grouped according to their symmetrical or asymmetrical nature.”(p 218) This intellectual process gives rise to growth. Implied in the establishment of these clusters of concept, is a step in development in which assimilation to previously established conceptions gives way to accommodation to “the qualities of the objects composing the groups whether or not the child himself and his own activity are also involved.”(p 218) Concrete operations are seen in schoolwork. They serve reality in areas where bound energies contribute to adaptation, such as academic work. Accommodation to qualities of objects rather than to intuitive interpretations becomes stronger and stronger as latency progresses.

Concrete operations helps in the creation of a socially agreed upon milieu in which definitions are established which create a boundary for the meanings conveyed by word use and signs. Social conventions and agreed upon realities are established. This is the cognition that accepts myths and social regulations, whose validity lies more in agreements and conventions of society than in the intrinsic nature of things. With the advance to primacy of concrete operations, intuitive word use and idiosyncratic symbols in waking life give way to the properly social signifier. The persistence of secondary (psychoanalytic) symbols subverts this process. In the form of dream (oneiric) symbols and play (ludic symbols) secondary symbols support a process that undermines the move toward accommodation to reality in waking life. Ludic symbols (e.g. a playtoy used to play out an unconscious fantasy concept) have a mobility of potential meaning that provides for the persistence of intuitive and symbolic thinking. They provide a safety valve during the latency period, for the discharge of unbound energies and the mastery of emotional stresses, both real and the result of intrusions from the unconscious. The ludic symbol survives until it is extinguished (called ludic demise) at ten to twelve years of age. (See Sarnoff (1987A P 94).

A small but not inconsiderable percentage of children fail to develop full capacity to use words and symbols, including ludic symbols. Such youngsters have little in the way of imagination. Their outlets prefer physical activity such as sports. Under stress, their decompensations are manifested in somatic symptoms and action oriented behavior. (See Kernberg 1991).

Between seven and eight years of age, the “assimilation” of perceptions to idiosyncratic preconceptions is balanced by the “accommodation” of a child’s understanding to socially defined

concepts of objects. At that point in development, established impressions or interpretations of observations by a child can be altered by reality. The process, the achievement of dominant influence by external influences is called "reversal". When reversal is operative, the child's capacity to be influenced by reality is enhanced. The "assimilation" of perceptions to idiosyncratic preconceptions can also be balanced by an "accommodation" of the child's understanding to a remembered socially defined concept of an object. At this point a shift occurs in which the object itself comes to serve as an example of the concept rather than as the source of the definition. (Piaget 1951) This is a developmental advance in abstract thinking. This process supports the development of concrete operations (abstract understanding of concrete phenomena).

When internalized definitions that were learned from others come to dominate the interpretation of perceptions, a form of assimilation is produced which has the potential to counter the strengthening of reality testing provided by accommodation. The process perpetuates and supports the myths of culture producing socially influenced and consensually validated concepts, which can distort interpretations of new experiences and indications of intrinsic realities. Social identity is enhanced by fixation at this mythogenic cognitive level of organization. The responses are socially shared and reflect previously injected influences of society. As such, they may be considered to be apriori social accommodations to reality and an adaptive manifestation of reversal.

Abstract Operational Thinking

The ability to separate words from things and organize things into concepts makes it possible to establish categories that are independent of individual percepts. Once established, (about age 8) such thought and memory groupings, often shared by society, offer a medium for memory that permits the storage of abstract concepts (the abstract conceptual memory organization, see Sarnoff 1976 page 117). At first only interpretation of those events and things that can be seen concretely contribute to these abstract conceptualizations (concrete operations). By the age of twelve this memory skill can have grown sufficiently so that verbal abstractions and the intrinsic nature of events can be comprehended, the knowledge so gained applied to new situations (Abstract Operations), and symbolic linkages derived from similarities as seen from an abstract level.

COGNITIVE MATURATION AND PSYCHOTHERAPY

Failure of cognitive development to proceed beyond sensory motor thinking can be seen as a symptom congruent with states of infantile autism. There is a natural unfolding of cognition up to the level of concrete operations in healthy children. Development beyond that is mediated by social custom. Concrete operations support tribal living. Adaption to industrial society requires abstract operations (Nurcombe 1976). Although this circumstance is not included under the rubric of pathology, youngsters, who are limited to concrete operations, can easily be seen as potentially dysfunctional underachievers, prone to the influence of myth and symbol and unable to deal with failures of social function based on the intrinsic nature of industrial or social processes. The development of abstract operations is accompanied at the age of eleven by the ability to interpret proverbs. It is at that age that one may use concrete thinking on tests of proverb interpretation as evidence of persistence of predominance of concrete operations.

A knowledge of Piaget's understanding of symbol influenced distorted interpretation of perceptions is important in the psychotherapy of latency age and early adolescent children. For one thing, interpretations have to be geared to the child's ability to share ways of interpreting meaning and the stability of definition that the child brings to word use. The more a child is involved in concrete operations, the more necessary is it that the therapist repeat interpretations. Concretely experienced events and perceptions can immediately be understood abstractly by a child who has attained the level of concrete operations. There is no guarantee that these insights will persist in memory if the abstract conceptual memory has not yet been reached. Repetition enhances the function of this memory system in youngsters early in the process of developing it. The misinterpretation of cues from the world, based on memory elements that are used to explain new phenomena is an intrinsic element in the origins of pathological processes. So is the creation of new situations based on old personal myths and misconceptions. Reality testing develops as the result of a maturation of skills that give accommodation to new inputs, priority in greeting new experiences. The therapist must be on the alert to differentiate between the child whose prior experiences have taught fear in meeting new situations, and the child whose new experiences are interpreted in terms of the assimilation of new events to fantasies formed from their own hostile affects, (a form of projection). Once this differentiation is made the therapist can choose between two courses of action. The therapist may elect to help the child with weak "reversal" (see

above) to improve his ability to test reality. The therapist may elect to help the child, with normal capacity to accommodate to the world, to accept the past and give priority to guidance by the realities of the present and future.

The Shift from Primary Process to Secondary Process Thinking

The “shift from primary process to secondary process” is syncretic with changes in latency age cognition that enhance the ability to appreciate reality. The terms Primary Process and Secondary Process were first used in those contributions of Freud (1900A, 1915E), which describe these cognitive changes. The reality testing attained is oriented toward pragmatic imperatives placed in a child’s path by objective reality. The devaluation of an immature sense of reality, informed by hopes and wishes, is an achievement that occurs at the expense of the pleasure principle.

Primary Process and Secondary Process

Freud introduced the terms “two systems”, or primary and secondary process in 1900a (p 603). They were an integral part of the topographic theory (an early Freudian theory in which the areas of mental functioning, the system unconscious—Ucs, the system preconscious—Pcs, and the system consciousness—Cs are organized according to their availability to self-reflexive awareness and illustrated as a topographic map.) Two types of psychic energies, unbound and bound, were recognized as fueling the topographic systems. Unbound energies characterized unconscious processes (system UCS). Bound energies characterized conscious processes (System CS).

The context of mechanisms that define unconscious mental life was called by Freud (1900a) Primary Process (p 603). It is characterized by free energy expressing uninhibited motivations. The context of mechanisms that police the passage of unconscious contents into consciousness was called by Freud (1900a) Secondary Process. (P 603). It is characterized by a search for internal consistency in conscious thought and the formation of acceptable substitutes for primitive wishes. Of the substitute formations, the foremost are communicative symbols. Communicative symbols consist of passions of the mind dressed in the uniforms of culture.

The inhibitory nature of the secondary process was clearly stated by Freud (1900a) when he wrote

"I propose to describe the psychical process of which the first system alone admits as the 'primary process', and the process which results from the inhibition imposed by the second system as the 'secondary process'".(page 601) The role of substitute formations (e.g. symbols) in executing the inhibiting requirements of reality and the Cs appears in the phrase, "loose connections are merely obligatory substitutes for others which are valid and significant." (p 591)

PRIMARY PROCESS refers to the characteristics of the area of the mind, which Freud (1915E) called "The Unconscious". These characteristics are:

Cathexes (energized attentions) are mobile. This is achieved through displacement and condensation, (These mechanisms are sometimes considered to be all that there is to the primary process). Energy cathexes can be shifted from one idea or object to another. Cathexes associated with many ideas can be funneled into one idea. Drive energies can be shifted in the direction of a new idea or object in a way that results (P 186) in repression of the original ideas or objects to which attention cathexes had been directed.

The Unconscious is under the sway of the pleasure principle.

There is little influence from objective reality.

There are wish impulses, which "exist independently side by side, and are exempt from mutual contradiction."

There is no negation, no varying degree of certainty.

There is timelessness. (P. 186-7)

SECONDARY PROCESS refers to the characteristics of the structure through which the Preconscious system guards the gates of consciousness. The activities of this structure are:

Inhibition of drive discharge.

Exclusion of displacement and condensation.

Enablement of communication between ideas to permit them to modify and influence one another.

Introduction of time constraints on the discharge of wish impulses.

Establishment of a censorship that will effect both social and personal inhibitions of direct expression of wish impulses.

Establishment of conscious memory.

Organization of a testing of reality that is based upon the influence of objectivity and socially organized ideation. (p188)

Primary Process, Secondary Process and Symbols

Drives, wishes, and passions are not ignored as the result of the strengthening of secondary process mechanisms that occurs during the latency years. Standing athwart the gulf between that which primary process proposes and that which secondary process can allow as final disposition are compromise formations. Free displacement and condensation in primary process permits the selection of substitute representations. The inhibition that guides secondary process function limits the choice to compromises. Of all the substitute formations produced by this interaction, symbols serve best as vehicles to bring wish fantasies within grasp of a world of actuality from which wishing can wrest gratification. Reality oriented substitutes (symbols) represent drive derivatives at the same time that they protect the system consciousness from unmodified incursions of the same drives that would challenge reality and create danger.

Though the formation of symbols requires mechanisms with the characteristics of the primary process, especially displacement and condensation, the final form of the symbol is influenced by the adaptations to reality needs that are the hallmark of secondary process. Symbols are a safe conduct pass through which unconscious content can travel freely and unencumbered within the precincts of consciousness.

A shift with maturation from Primary to Secondary process is only apparent. Both processes persist

into adult life. Primary process persists in dreams, fantasies and neurotic symptom formation. Secondary process persists in functions, which free the ego to take part in the adaptive commerce involved in daily interactions. Any apparent shift from primary to secondary process represents a change in the level of maturity of the symbolic forms used, since symbols themselves undergo a maturation and development that color the communication between unconscious wishes and the world. In this regard, there are two developmental tracks traced by the maturation of symbols, which mark the ontogenesis of both primary process and secondary process thinking. The first is the march of symbolic forms from distorted images to real people, which is most sharply detectable in persecutory fantasies. The second is a shift from the evocative pole to the communicative pole in the selection of symbols by the symbolizing function. (see Sarnoff 1987B Chapt 3 P 47 etseq. As symbolic representation comes more and more to be shaped by communicative needs and justice for partners in drive discharge, the more does it appear that a shift to secondary process has occurred.

Failure to achieve maturation of symbolic forms in secondary process functioning permits an hegemony of the Ucs, which is a state congruent with psychosis. (See Regressed Symbols, and People with Poor or no Symbols—above.) Freud (1915E) pointed out that primary process content can normally appear in waking fantasy in children since “a sharp and final division of the contents of the two systems does not . . . take place until puberty” (p 195).

Fantasy and Cognition—Play and Dream

Persistent fantasy informs content consistently throughout life. The characteristics of psychopathology change for each stage of life. Changing cognition determines metamorphoses of the manifest forms in which referent fantasies are expressed in manifest form. The latency and early adolescent contribution to manifest symptoms and behavior is transient in keeping with the transient nature of their cognitions. As a result new forms of cognition produce new forms of psychopathology as emergence toward adulthood unfolds. Both fantasy and cognition are influenced during the latency years by therapy as well as by certain reality influences on the child.

In the latency age child, the ability to differentiate fantasy from reality, is influenced by overstimulation, such as seduction, family tragedy, and the occurrence of events that are so close to

fantasy that they blur the boundaries between fantasy and reality for the child. These reality events, in addition to producing a failure in the cognitive maturation of symbolic forms, and failure in the development of reality testing, lead to the persistence of fantasy as a mechanism of adjustment in adolescence and adulthood. Psychopathogenic fantasy content is resolved through: abreaction in play and dream, by communication as in therapeutic interaction and through passive participation in shared fantasy as in reading, hearing bedtime tales, and attending plays and films. A decay of fantasy occurs with the enhancement of reality testing, which occurs when the child's increased size makes him into an adult partner who is capable of reality gratifications in place of fantasy goals. Fantasy that is unresolved in these ways persists into adolescence.

Cognitive growth in the latency years is influenced by environmental and genetic factors. Overstimulation and excess affect, such as fear and anxiety which occur in interpersonal interactions, can leave little time for the development of natural potentials to develop mature symbolic forms and reality testing. Psychotherapy directed at fantasy and cognition results in resolution of symptoms in the young in a manner that clears the way for healthy functioning in the adolescent and adult. Time in its passing resolves these symptoms as well. This results only in an apparent gain, for fantasy persists. New pathologies evolve. They are forged in the fires of adolescent drive. They take their shape from new cognitions informed by persistent fantasies.

Prelatency fantasies flow through latency into adolescence. Cognitive changes shape new forms of psychopathology to represent fantasies during adolescence. Old wine finds its way to new bottles. Should cognition fail to mature, poor reality testing and immature symbolic forms are produced in the adolescent and the adult. This projects into life situations both neurotic symptoms and a psychotic sense of reality that values memory and idiosyncratic thought content above all other inputs. When drive propelled wish fantasies fail to be resolved in latency, they persist to color the content of fate neuroses, neurotic symptoms, and psychoses. Child therapy is capable of correcting immediate symptoms and affecting adult psychopathology as well by resolving fantasy and guiding cognitive growth. Failure to negotiate the cognitive transitions of latency is a prelude to the establishment of a pathogenic competition between early childhood memories and reality for control over individual human existences.

Maturation itself can be influenced by hereditary limitations, such as genetic variation in the potential tenacity of a given level of immaturity. This can influence relationships in adulthood. Biologically mature individuals with immature and maladaptive cognitive styles are produced. Therapeutically this is addressed through reorganizing the emphases of the early family response to the developmental influence of this phenomenon.

The natural resolution of immaturities in fantasy, symbolizing function and reality testing fall into the temporal province of the late latency years. Many can be approached psychotherapeutically during latency and early adolescence. At these ages, because of immature cognition, psychotherapeutic process differs from that seen in working with adults. The manifestations of fantasy and free association are different, especially as expressed in fantasy play and dreams. This requires modification of psychotherapeutic techniques. These are discussed in subsequent sections of this chapter.

Dreams and Play in the Treatment of Neurosis in the Young

Cognition, manifest symbols and fantasy, are the building blocks from which the elements of unconscious mental life such as latent fantasy are shaped into conscious representations. Latent fantasy can be held in memory for extended periods of time, making it possible to transport early life experience to the present, whence it can influence normal and pathological manifest forms of behavior in childhood. Normal behavior includes dreams, play, and transference (see prior chapter). Aberrant behavior includes symptoms and characterological behavior. The fantasy antecedents of aberrant behavior and of play, dreams, and transference are shared. A key to understanding characterological pathology and symptoms should be discoverable in the latent fantasies, which are shared by both healthy and pathological derivatives. Latent fantasy can be discerned in the stories and symbols of play and dreams.

Both cognition and fantasy can produce pathology. Aberrations in cognitive function create aberrant behavioral forms. Cognitive function influences the choice of current manifestation of fantasy from among such possibilities as symptoms, play, dreams, or behavior. Latent fantasy contributes to its content. Therapy of children should be geared to the treatment of pathological content as well as the pathological form taken by the psychopathology of childhood. The goal of therapy in dealing with the neuroses of the young is to relieve psychopathogenetic current distress while enhancing the natural

growth of the personality. The therapist attempts to move the child towards an ability to test reality so well that his adult life will not be lived far removed from fact; and he will be able to deal with reality directly rather than through misinterpreting it.

To understand the manifestations of the system unconscious as they impact on the psychotherapeutic situation in the young, the development of that aspect of cognition (symbol formation, fantasizing function, and cognition function) that reworks content into cryptic forms must be at the therapist's fingertips. There is no time to 'look it up', while conducting psychotherapy sessions. This knowledge offers a basis for identifying change in behavior, symbol, fantasy or symptom that has been produced by interpretation. Such gain should be differentiated from changes that are the result of maturation of cognitive function. This differentiation provides guidelines for increasing therapeutic emphasis when needed in the direction of altering cognition and enhancing reality testing rather than interpretation of the content of latent fantasy in the psychotherapy of the latency and late—latency—early adolescent child.

A study of the development of symbol function, fantasy formation, cognition and reality testing has already been presented in the earlier paragraphs of this chapter. We now turn to the therapeutic use of this information in understanding dreams and play in the young.

Dreams In Psychotherapy During The Latency Years

Limitations on Dream Reporting During the Early Latency Years

The early latency child can express his conflicts and drives through fantasy play. Though fantasy play symbols are secondary process phenomena, which in adult form will be involved with reality events and neutralized energies (use of the couch in adult free associations permit a related regression of symbolic forms to these early latency levels) the immaturity of these symbolic forms available in early latency creates fantasies that are sufficiently like primary process products for them to be used like dreams. They can be interpreted as dreams are. In like manner, they can serve as a tool for trauma mastery through vicarious living through, either by catharsis or through the mental experience of a corrective object relationship. Therefore in child therapy fantasy play functions as a dream equivalent. Its use obviates the need for expression of drive derivatives through the direct reporting of dreams to the

therapist. Therefore spontaneous dream reporting in children in psychotherapy during the early and mid-latency years is rare. Dream interpretation at this age has been discussed by A. Freud (1945) Lippman (1955), Sterba (1955), Sarnoff (1976) and Voth (1978). When latency age dreams are reported, either spontaneously or in response to prodding, they are often so long in the telling and so detailed that there is little time left in the session for free association work on the dream content. Sterba (1955), in a study of spontaneous dream reporting, found that in 1,000 treatment hours with five phobic children, that only three spontaneously reported dreams appeared. She concluded that "(Dreams) are found to play a surprisingly insignificant role in the treatment of children" (p. 130). Drawing on her experience, she noted one exception to this. One may see repetitive dreams around one subject, such as, for example, dreams of water or fire in (bed) wetters..." (p. 131).

What is the clinical usefulness of the dreams that are reported? Voth (1978) implied an unequivocally positive impression about the usefulness of dreams. He described a patient who was able to free associate to dreams verbally and to search out unconscious meanings. I (1976) have noted that there are some children who can cooperate in this way, but that such talent is not universal. Voth has suggested that the primary factor to be considered in explaining this difference is age. He states, "... it may well be that younger patients do not associate as well as did this very bright eleven-year-old boy." Age and levels of cognitive skill are important in determining how well a child can free associate on a cognitive level of codification for recall that matches that of an adult in therapy.

Anna Freud's (1927) contribution to the analysis of children's dreams is extracted here.

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

exclusively using dreams.”(p. 18) However, Miss Freud (1927) soon thereafter described clinical incidents in which latency age children in therapy reported dreams following which “associations to the dreams fail to appear” (p. 18).

The ability of the child to express his conflicts through fantasy play using dream-like symbolism produces a dream equivalent. Both play and dreams in the child utilize symbols of such primitiveness and immaturity that they (both) may be used for discharge and mastery clothed in a cryptic guise. In this way ancient hurts come to rest in the psychological equivalent of an unmarked grave. Preservation of the hiding place encourages suppression of dream reporting. In addition, there is a tendency to tell the dreams to parents resulting in an attenuation of the energies needed to keep the dream in consciousness. As a result the pressure to express drive derivatives through spontaneous dream reporting during therapy sessions is lessened.

Dream equivalent play is based on fantasy activity available from three years of age till ludic demise at the end of latency. During this period, drive energies seeking outlets through symbols derived from the idiosyncracies and intuitions of the child (symbol producing subject) can find an effective outlet through the use of the evocative psychoanalytic symbols that dot the fabric of the early latency child’s play. A marker for onset of psychoanalytic symbol use is the appearance during ontogenetic development of distortion dreams. As noted in Sarnoff, (1976, 1974) “Dreams which contain psychoanalytic symbols have not been reported prior to the first half of the third year of life. Until then, there is no distortion in dreams. Before twenty-six months, dreams are primarily wish-fulfilling dreams. Anxiety dreams occurring before this time contain direct reproductions of anxiety causing situations met in recent daytime experience. The appearance of these events in dreams is an attempt at a mastery through repetition identical to that which is seen during traumatic neuroses in adulthood and latency” (p. 27).

Wish fulfilling dreams appear throughout life. As children grow and symbolic forms mature, the characteristics of dreams and play diverge. The symbols of play fantasies take on more and more communicative characteristics. Manifest symbolic forms find expression in elements of shared reality. The more that fantasy content is colored by reality, the closer it comes to becoming future planning and the closer does its role shift from solving problems in timeless magic lands to addressing problems within the linear time frame of reality.

Distortion and symbol formation contribute to dreams and fantasy beginning with the third year. Maturation of the cognitive skills that support adjustment through fantasy and the development of the state of latency provide a drive outlet through the use of primary process like symbols in fantasy play. This persists and may divert energies from dream reporting until further maturation strips fantasy of much of its discharge potential during late latency. This later step in maturation moves dreaming for the first time into a position of primacy as the vehicle through which the evocative symbol is borne to the therapist. It explains the relative paucity of dream reporting in the psychotherapy of early latency age children. It leaves unanswered the question why do many children, who have spontaneously reported dreams fail to associate to the dreams verbally? The answer lies in the nature of the symbols used. When one asks a patient to free associate to a dream element, one is asking that dream content be passed through the sieve of secondary process thinking. In children, tertiary elaboration (telling tuned to the concepts and language of the listener) is limited. Secondary process called upon to associate to dreams utilizes symbols that are tinged by assimilation. The personalized quality (intuitive and relatively free use of condensation and displacement) found in these symbols interferes with their communicative value. In essence the secondary process of the child appears as a pseudo primary process. As such it is a step on the way to reality testing. From the standpoint of placing dream contents in a context of a self-awareness consciousness, consisting of an appreciation of a symbolic content in terms of its origin in the past and its implications for future adjustment, dream recall fails. Dream symbols of the latency age child preserve an emphasis on their purpose as cryptic encoders, which defer energies from insight and problem solving, even when recalled.

Before the capacity to use verbalized abstraction appears in late latency, children tell the therapist latent memory contents, through dream equivalent symbols produced during play. In creating dreams and play in early latency, the fantasizing function can use primary process in creating children's dreams because there is no reality limitation on dream content. Fantasy play symbols are limited to available toys and games. This forced accommodation superimposes a reality element on the sources of symbols. For this reason, games with rules and playing pieces stifle the appearance of fantasy, while unworked clay, wood, or paper encourage creative play less encumbered by extraneous influences of place, time or circumstances. Primary process in dreaming and pseudo primary process in fantasy play are equally effective mechanisms for cryptic drive discharge. (It should be noted that to a limited extent light

dreaming sleep can become subject to accommodation. (See Chapter on “The Effect of Myths about Dreams on Dream Content” unit 3 Chapter 5)

Fantasy symbols in play form predominate in the associations of the early latency age child while awake. The younger the child, the more is he apt to be more successful in presenting his associations to dreams in direct fantasy symbols and activities requiring play objects rather than words in creating contexts for the expression of his latent concepts. Older children who are in states of anxiety can regress to the use of earlier modes of cognition such as fantasy play. This produces patterns of behavior in psychotherapy sessions, which appear to be failures of free association. In actuality what occurs is a failure to produce adult style verbal free associations. The unwary therapist of adults can miss much content if he fails to realize that even in adults an occasional gesture, organ response, or mention of an object can be an association on a regressed cognitive level; witness Ferenczi's (1913) description of a five-year-old boy who crowed like a rooster. Ferenczi reported that “Immediately on entering my room his attention was attracted by a small bronze mountain cock among the numerous other objects lying about; he brought it to me and asked “will you give it to me?” I gave him some paper and a pencil and he immediately drew a cock . . . But he was already bored and wanted to go back to his toys. Direct psychoanalytic investigation was therefore impossible.” (p. 244) This is one of the earliest references in the literature to the poor skills of verbal free association to be found in early latency age youngsters. Unfortunately, Ferenczi did not follow up the other conclusion to be drawn from his description, which is that children have other ways of remembering and therefore associating to concepts and memories. Among these are the capacity to play out or draw pictures of the concepts and memories using symbols.

Play and fantasy symbols produced during these processes are rich in reflections of latent content associated to a problem of the day or a dream which has been reported. Knowledge of the nature of these symbolic forms can help in understanding the flow of a child's thoughts and the analysis of his dreams. Through insight on the part of a therapist into the intricacies of symbol production, a child can be helped to expand the expression of his associations.

Since spontaneous dream reporting is rare, it is wise for the therapist to ask parents to report dreams told to them by the child. Also, with insight into the nature of the child's cognition, any dream fragment can be expanded upon by having the child draw a picture of that which was seen in dreams. In

drawing the dream and talking about the picture drawn, it is often possible to obtain additional details and associations to the dream. In working with Latency age children, dream interpretation yields little if one waits for the child to associate to individual symbols. If a symbol can be made into a cardboard figure and introduced as a playtoy, the fantasies built about the cardboard figure can be seen as dream associations. For instance, a child who had dreamed of a snake-like monster was encouraged to extend her associations to the dream by making an hardened clay representation of the monster. This play symbol was then used in session after session to produce a multitude of fantasies and contexts, which expanded insight both for her and for the therapist. (See Sarnoff 1976 p275). A nine-year-old boy reported a dream of "Only snow". He was known to talk little. It had been inferred that he had relatedness problems. When he was asked to draw the dream, a dark shadow to the side turned out on association to be a house filled with neighbors. Another technique of encouraging the translation of the verbalized dream into ludic concrete symbols is to encourage the child to draw the dream, preferably in the form of a story board, which permits the depiction of the passage of time. Then cut out the figures from the drawings, glue them on cardboard. Make a stand and encourage the child to use the figures produced to be used as playthings or puppets to play out and expand on the dream. The early latency child's ability at abstract interpretations of concrete representations (concrete operational thinking) responds to such a toy. A dream told through a toy meets the child's mind where it dwells. Abstract interpretations about concretely represented dreams can be understood at this age, adding a resource to the abreaction that is experienced during play by the prelatency child. Because of the relative weakness of verbal concept memory and abstract concept memory at this time, retention of insights transmitted in this way requires that the interpretations be repeated in future sessions.

DREAMS IN PSYCHOTHERAPY DURING ADOLESCENCE

The adolescent psychotherapy patient differs from the latency age patient. Ludic demise has come and gone. Ludic symbols play no important part in his associations. This is a rather obvious difference, which dictates that play therapy is inappropriate for the adolescent age group.

The transition from play to talk as the primary mode of communication is not a sharp one. Over a period of months, the child shifts between talks in the consultation room and toys or constructions in the playroom. Late in the process, choice of the playroom comes to represent a reaction to stress. The therapist

should see this reaction as a regression and should search for the stressing problem in the same way that one would look for a day residue in working with adult dreams. Silence or slowness in working in either mode of expression (play or talk) should be responded to with the suggestion that the other mode be used. In the early adolescent, spontaneous dream reporting of rather extended dreams comes to the fore in parallel with the loss of play as a conduit to carry psychoanalytic symbols in their role as memory moieties for the recall of fantasy and trauma.

The difference between the early adolescent and the older adolescent when considered as participant in psychotherapy is subtle. The cognitively mature adolescent who willingly seeks therapy, who is verbal, and who is psychologically minded is likely to benefit from the free association based interpretive process that works well in the form of psychoanalytically oriented psychotherapy for adults. Dreams reported are shorter and the interpretation of dream symbols is often seen by the youth as an interesting exercise in the exploration of adult experience. Unfortunately, few early adolescents fit into this category.

Transitional characteristics typical of the Late Latency Early Adolescent phase contribute to dream content. These characteristics include removal of fantasy expression from parents to peer objects, conflict about sexual identity, castration anxieties, omnipotence, resentment of passivity in relation to parents, Oedipal involvements and pressures, and persistence of evocative polarities in symbolic usages. The last is of special concern in therapy since it limits the direct communicative value of free association in determining the latent meaning of a dream symbol. For the most part, work with the dreams of early adolescents requires psychotherapeutic strategies that take into account immature thought processes. Thought disorders, such as impaired object ground differentiation in social situations leading to poor personal priorities and difficulty with giving up present pleasures for future gains can often be detected in difficulty in differentiation between "split life" dreams (see below) and future planning. Reactions to emerging physiology and new and enhanced object relations influence adolescent dreams, giving their content phase specific characteristics.

Manifestations and reactions to internal physiological, instinctual and cognitive changes often first intrude into the life of a youth in therapy packaged in a dream. Reactions to emerging physiology and new and enhanced object relations influence adolescent dreams, giving their content phase specific

characteristics. The starting point for many of the characteristic experiences of adult dreaming occurs in early adolescence. Erotic dreams become far more frequent, their content more frank. In erotic dreaming, an exception occurs in the characteristic blocking of pathways to motor expression of dream content, (i.e. dreamers walk in dreams while lying still). Sexual excitement finds glandular expression with a flow of fluids, especially the nocturnal emissions (ejaculations) of boys. Exploration of associated erotic dream content can bring into therapy prelatency fantasies. Such fantasies have evaded attrition associated with the constant working through and discharge that is the effect of latency age play. Such erotic dreams are manifestations of puberty along with menarche (see Sarnoff 1976 P 76) and the first ejaculation (see Sarnoff 1976 P 82). These phenomena are markers for a maturational enhancement of object relations. They indicate changes in the direction of maturity for the organs that discharge drives. The development of the capacity for orgasm propels the child toward the search for love objects. The search deemphasizes discharge under the condition that personal fantasy be satisfied, while enhancing the power of discharge patterns that derive form from the needs of the partner in courtship.

The content of erotic dreams can reveal evidences of unresolved unconscious infantile fantasy wishes that could undermine reality based object seeking, or reveal ambivalences toward such wishes. For instance, a girl who dreamed of being raped, revealed through her dream her rejection of self-initiated sexuality. Yet the choice of sexual activity in a dream was the choice of the dreamer alone. The dream of a young man, in which the barrel of his rifle melted before the entrance to a cave, which harboured a big cat, suggests sexual ambivalence.

Unresolved early fantasy, detectable in erotic dreams, is ascribable more strongly to a child's drives than to reality experience at this young age. Evidence of such fantasies in dreams, should alert the therapist to detect similar content in a child's description of films, stories and people. What appears to be only reporting of daily events in early adolescence are likely to have been chosen because they mirror fantasy associations. The adult talks of neurotic situations he has brought upon himself. The adolescent has hardly had time and certainly has hardly the power to impair his erotic relationships, though he can create chaos with parents, school, and sibs. Fantasy that will soon influence life at first influences dream content in early adolescence.

In addition, such fantasy influences the selection for inclusion in therapeutic associations of

interactions amongst the many couplings encountered in school. Stories of the experiences of others can often be seen to represent mythic traditions. Their stories vibrate in harmony with the patient's personal patterns of unconscious fantasy. Here are life plots that catch the mind's attention because they offer a way to liberate memories that have been held captive by repression. Through them can be expressed universal unconscious content reflecting the common childhood experiences of mankind. Their guiding presence explains why it is that of all the interactions between the heroes and leaders of both ancient and modern times, there are so few remembered, and those few shaped into a few plots that are burned into the consciousness of a culture? The content of these traditions are infused with the makings of the family romance, the Oedipal phase, masturbatory and core fantasies. They resonate with repressed memories of the child. They echo the content of an unrest that cries for resolution. Repressed memories and the personal fantasy life of the child guide in the selection of topics in free association, recall of school social life and dreams. They indicate where psychotherapeutic work need be done.

"Split life dreams" refer to a phenomenon in dreaming in which relationships are preserved through the restriction of the expression in dreams of drive energies (hostilities), which would break up a primary waking relationship. For instance, a late adolescent had a much older boyfriend who had taken up her time and talked of a lifetime relationship. However he showed no inclination to seek or ability to hold a job. She clung to him and their shared hopes while in her dream life she dissipated her anger, through dreams of meetings and marriage ceremonies from which all overt traces of the boyfriend were banished. Such integrations of dreaming and adjustment can be seen at any age. They tend to be frequent in adolescence because of the lack of life skills for dealing with incompetent peers.

In the latency age child, such a use of fantasy is certainly present in dreaming. Fantasy play offers an arena for substitute fulfillments and tension discharges that are unattainable. For the child, it is a familiar part of the daily round. Ludic demise, (Sarnoff 1987A Pp 94-95) which deprives the child of such waking outlets shifts the burden of carrying this task to dream symbols resulting in an intensification of this activity in adolescence. The possibility that this outlet will become the cornerstone of a character trait in which there is manifest paralysis in dealing with real problems, requires that the process be explained to the child in any therapy in which it is found.

The Interpretation of Dream Symbols in Early Adolescence

The use, and effectiveness of dreams as discharge or communicative psychological instruments in psychotherapy undergoes a transition as the result of the cognitive changes of late latency early adolescence. As in work with adults, dynamic psychotherapy with adolescents uses specific interventions in the interpretation of dreams. There is the technique of asking the patient to look for elements (the day residue) in recent day's events of which the dream reminds one. This establishes a link between the dream content and unprocessed daytime stresses, the mastery of which requires more work. There is the technique of asking the patient to respond to each dream symbol by telling him to say whatever comes into his mind while associating to the symbol. There is the technique whereby the therapist avoids focusing on the dream. In this approach, the therapist seeks enlightenment by considering the session's entire contents to be dream associations.

In early adolescence, one may ask about day residues and pursue the use of the session as an association to the dream as is done with adults. Limitation on ability with abstractions during early adolescence makes free association to dream symbols a relatively unproductive activity. The pursuit of themes that tie together content (secondary elaboration) can be useful in giving clues to problem areas that define goals for therapy.

At times little is produced by these approaches to dreams in the adolescent. Often the adolescent has little curiosity about his dreams and seems to associate with few apparent symbols. The patient appears to be bringing in no depth material. The latent fantasies are there. They must be looked for with insight into the way the adolescent manifests latent content. The plots of movies and the lives of peers that are described are chosen because they reflect latent fantasy. Clues to the nature of these fantasies can be found—in the patient's dreams—in the context that organizes the dream symbols into a meaningful tale for the dreamer. For this the therapist turns to the organizing story that ties together the dream elements into what appears to be a coherent story for the dreamer (secondary elaboration) and tries to see if there is a typical core fantasy that needs resolution. Such content alerts the therapist to the dreamer's problem fantasies.

For instance, an immature nineteen-year-old man had never lived away from home. His father and

mother were estranged and the parents had lived apart for years. He was very attached to his mother and tried his best to substitute for his father. He tried to be the man of the house. During a period prior to his parent's reconciliation he had the following dream.

-He was in Russia—with his mother—and two brothers—they ran as they were being pursued—his mother fell a couple of times—each time, he picked her up-

Ignoring the idea that an organized story had been told, the therapist inquired about each individual unit of the dream. There were no associations. The patient expressed wonderment at the flimsy connection between each unit of the dream and that which he knew about himself. The family came originally from France. The dream consisted of symbols selected from realistic representations. It was fantastic in quality of content when considered in the context of the patient's waking life. No day residue could be uncovered. If the dream content were to be viewed as a symbolic representation of the life of an oedipally involved young man, one could see parallels in his current life situation and problems. The boys are in a strange land with the mother. Someone pursues (guilt—the father?). The mother's falls could be interpreted as ambivalence about returning to the father. The boy reinforces her flight by helping her up. The individual elements of the dream are not interrelated. Each can exist on its own. Put together as they are by the dreamer they seem to conform to a familiar theme, the Oedipus complex.

What can be done by the dream interpreter with a dream with so few associations? One could make an educated guess at the nature of the core fantasy that predicts and shapes the boy's fate. An Oedipal fantasy is one of the usual fantasies active at this age in young men who have failed to achieve removal. There is no certainty that this is the operative fantasy. However in the absence of associations to the dream, the Oedipal fantasy can be used for the formulation of theories that lead not to interpretations but as a source of a call to alertness by the therapist for similar themes which would offer confirmatory associations derived from stories or tales about the adventures of peers.

The Use of Play in the Psychotherapy Of the Neuroses of The Young

For the developmental reason that play symbols lose strength with the advent of adolescence, ludic

play as a therapeutic modality is restricted to early childhood and the latency years. In fact, psychotherapy during the period from the first appearance of Psychoanalytic symbols till late latency (from 2 through 11 years of age) is distinguishable by emphasis on play in therapy sessions. In psychotherapy at all ages, fantasy can be expressed through dreams, daydreams, and verbalized reworkings of reality. During prelatency and latency, the expression of fantasy is augmented and in many youngsters overshadowed by play. Special techniques are needed to deal with play as an expression of the unconscious fantasy life of the child.

Though the therapist may cooperate in play, he should not truly be a play partner for a child patient in therapy. The therapist must be careful not to intrude his own ideas into the initiation and content of the play interaction. Rather the therapist should participate as a willing accessory in the expression through play of the child's fantasy and will. Providing equipment, toys, and raw material serve this role. Carving, pasting, and building play characters and making devices such as cars and houses enhance this role. Excluding structured games such as checkers encourages fantasy with roots in the child's memory. The introduction of reality limits is served by the nature and quantity of toys available. In large part one augments the ego of the child by contributing an adult bridge of mature powers and skills through which an expression of the child's fantasy life can articulate with the real world.

Mature skills serve expression of fantasy wishes in a real world context, while introducing the modulating influences of realities and possibilities. The adult reality testing of the therapist limits possible contexts of expression where safety is a question, as well as enforcing recognition of reality limitations. This encourages two concurrent processes. The first is expression of fantasy in a way that makes interpretation possible. The second is a limiting experience of reality that hurries accommodation to the influence of the world. Concurrently there is a shift to the use of reality based symbols in secondary process thinking. This step in the development of reality testing underlies the development of future planning and love object finding.

Play is more than a fantasy derivative that provides for discharge of tension and the practice of socialization skills. It also serves as a conduit for the expression of infantile drives and the recall and mastery of infantile stresses and traumas. In order to utilize this process therapeutically, play must be

recognized to be a moiety that codifies memories for conscious expression, albeit masked, that bypasses confrontation with reality. Play is a secret form of drive derivative. Decoding of play is a psychotherapeutic technique, which opens the door to identifying latent fantasy. In the case of little Roy (See prior Chapter) Roy's play and attitudes, revealed in side comments, opened the way to his latent fantasy of being a person of power, who had the right to defecate at will at any time or place.

During late latency, when the symbols used to express waking fantasy become more socially communicative and selected from full sized elements in reality (Ludic Demise), play ceases its role as the primary carrier of fantasy. Dreams are not so time limited. Dreams have an enhanced role as a primary conduit for fantasy. This role continues throughout life. Toys (play symbols) are three dimensional, consciously controlled and small in size. As such they fail to serve when reality testing at the service of intensified instinctual needs rejects play symbols that realistically cannot satisfy.

The effectiveness of the use of play in child therapy depends on the memory organization in use by the patient, coupled with the therapist's awareness of its associated limitations. This is especially so when the operative level of memory function of the child is on an affectomotor level. At this level symbols can represent events and trauma without the interposition of verbal memory elements. In the case of little Roy (see prior chapter), this permitted him to act without the limiting inhibition that verbal self-reflective awareness would have provided. Codification in words brings to bear social challenges and validation of behavior through linkage to intensified memory storage of inhibitions. When this happens on a level that is sufficiently verbal, it can be challenged logically. Failure to be able to encode abstract challenges and interpretations in memory interferes with the ability of the child to carry insight from one session to the next. In the early latency age child abstract interpretations have to be repeated during many sessions.

Free association in children does not occur in the manifest form that one finds in adults. In adults, conscious effort can be enlisted to encourage verbalization of insights into self, memories, latent contents, the past, and verbalized abstractions. Free association in words reflects unconscious motivation and is determined by psychic factors. The stream of consciousness thus produced bears the imprint of the inner workings of the personality. In children, in the presence of a weak ability to use words in this way, play became a preferred means for the expression of fantasy during the latency years. In the transition to

adolescence, symbols are transformed as they mature in form with age, becoming less evocative and more communicative and eventually giving way to peers as symbols. As a result in adolescence free association shifts its zone of action from play to verbalization.

Fantasy Play

The latent content of fantasy is manifested in toys as symbols during fantasy play. Toys and full body action take the role in fantasy play that visual imagery takes in dreams. The contextual flow of fantasy play consists of expressions of latent fantasy content influenced by current stresses and modulated by reactive regressions. For the most part the manifest symbolic forms of childhood play hide their latent meanings from the child who plays.

Knowledge of the development and nature of the symbolic forms produced by the immature symbolizing function of the latency ego, can help the therapist to introduce fantasy play in therapy. Drawings, toys and dolls can serve as ludic symbols to elaborate insight, create extended contexts, recreate affects and reactivate the quickly repressed fantasies that appear and then seem to disappear at the time of major stresses.

For Instance:

A mid-latency child found herself at a loss for words in describing threatening experiences while in school. She was able to reveal a fantasy of an armed murderous revolt against the teacher when encouraged to draw pictures of the participants. The pictures were cut out, glued on boards and turned into puppets. These could be used session after session to reflect her unfolding day-by-day experiences.

Conversion Of A Dream Element Into A Toy Can Be Used To Extend The Associations To A Dream.

For Instance:

A child of seven who dreamed of a snake like monster, but could give few verbal associations, was encouraged to extend her associations to the dream by being asked to make a clay monster. The dream symbol, now a toy, was then used in subsequent sessions to produce fantasies and contexts that enhanced

the understanding of the dream and the child. (See Sarnoff 1976 p 275.)

At times children in therapy pursue such a conversion from dream symbol to play symbol without the intervention of the therapist.

For Instance:

A seven and one half year old boy had precipitated a physical attack from his father because of parental refusal to purchase an expensive electronic toy. Eventually the parents responded to the depression and despair of the child and acquiesced to the purchase. For weeks after, the child was beset by a mixture of preoccupation with his new toy and resolution of the humiliation felt in response to his impotence before the might and power of adults. In two consecutive sessions during this period, he presented first a dream and then a fantasy. On Tuesday, he spontaneously reported that "I had a dream that my friend was driving a car. I told my mother that I wanted to drive a car too. She said no. I kicked her hard in the behind. She let me drive. On Thursday, he began the session by picking up a piece of balsa wood and asking me to carve a switchblade knife for him. I asked him to draw the knife he wanted. His drawing was vague, however the type of knife that he wished soon assumed sufficient shape for me to begin to carve under his guidance. A knife was produced, which he began to brandish and throw about the playroom. "Whom would you want to use the knife on", asked I. He answered, illustrating his fantasy with full body movements and gestures, "I'd stick my dad, if he didn't give me what I want. I'd stick him in the behind." By way of illustration, he turned the knife on himself and directed its penetration towards his own anus.

Note the use by the child of anal sadistic fantasy symbols in response to feelings of humiliation. An Oedipal content of the fantasy is clear. The typical latency age anal regression in response to overwhelming Oedipal tingeing of facts and perceptions is illustrated. The latent content of both dream and fantasy bear the impress of the same psychodynamic context. There was more here than a request for a toy. Children naturally employ toys (ludic symbols) and dream symbols interchangeably as manifest symbolic forms to be used to express latent content. The therapist's encouragement of play with toys or dream symbols takes advantage of the existence of the common roots that feed the arborization of symbolic forms. The therapist does not play with the child, but rather places at the child's disposal adult

cognition and manual skills to be used in the creation of symbolic forms which can serve as conduits for the communication of a child's inner life.

This approach becomes less appropriate in the late latency child who is beginning to seek objects for the discharge of his drives in real action with real objects in his peer group. The more verbal older child in therapy tends to stop and think about what has happened and then to bring verbal memories of it to therapy. Should this not suffice, the therapist can encourage fantasy play as an extension of free association.

Memory Function in Play Therapy

The link between past experience and current recall is memory. (See Sarnoff 1987A Pp 283-290.) The moieties that codify memory for current recall in child therapy differ from those of later years. The difference is the presence of psychoanalytic symbols as part of the memory function that informs the content of fantasy play. Recall of past events either in reporting or free association depends upon memory. There would be no insight therapy if there were no memory. The recall of insight and interpretations encountered during therapy is also a function of memory. A child who has not yet attained a level of memory organization that will permit the retention of abstract concepts may nod his head in agreement to an interpretation framed with much thought, but will be unable to understand and to retain the concepts for use in comprehending future behavior or holding insight.

Spontaneous Recall

Free association depends on spontaneous recall. Spontaneous recall is best illustrated by "fill in the blanks" questions on tests. This should be differentiated from multiple choice recall through recognition. Spontaneous recall from memory can occur without external prompting. It happens when a tune is suddenly recalled, an unaccomplished responsibility pops into the head or during free association during one of the psychotherapies. Spontaneous recall can also occur in response to a suggestion or request that something be recalled. Such is the case in the "fill in the blanks" questions mentioned above and in the response to a question or interpretation by a therapist. There are other forms of recall, such as recognition recall in which a representation of the experience or the thing to be recalled is shown to the

subject and is recognized as part of a prior experience. Recognition recall may be used to activate spontaneous recall. Spontaneous recall is the activity involved when the non-intrusive therapist permits the patient to free associate. Free associations are spontaneously recalled thought elements, which are related one to the other in temporal order under the influence of psychic determinism.

The nature of spontaneous recall is shaped by the media for representing past experiences, appropriate to the situation, age, and culture of the subject. The media may be actions (as in fate neuroses), words (as in adult analyses), affects (as in mourning), and symbols (as in dreams, and fantasy play). There appears to be compulsion to repeat prior experiences (See Freud, S. (1926) *Beyond the Pleasure Principle*, S.E. Vol. 18). This is especially so in response to experiences that have been uncomfortable, traumatic, humiliating or incomplete (Zygarnik Effect). The repetition attempts to serve a mastery function.

For Instance

A ten-year-old boy came for his appointment shortly after two older boys had demanded that he buy marijuana from them. They threatened to kill him if he told anyone. He hid for half an hour. Pressure to master the experience caused him to tell his parents about the incident. His presentation made him sound like an hero. He left out the part of the story in which he hid in fear.

Movement, Affect, and Play Symbols as Free Association

The following clinical vignettes illustrate the therapeutic approach to the child who is capable of verbal recall, but who has made a defensive shift to free association mediated through a system of recall that is immersed in movement, affect, and ludic (play) symbols. Note that the main thrust of the technique is to get the child to use a more mature verbal form of communication and memory organization in generating associations.

Converting Action Into Fantasy

A youngster, age 9, stopped talking to the therapist and began to bounce a ball against the playroom wall. The therapist watched for evidences of fantasy. He searched for evidences reflecting any associated

thought content. He noticed that the child was saying numbers as he played. "What are you playing," the therapist asked, "Are you keeping score in a game with you or with someone else?" "With my father," the child said. "Quiet, I'm winning."

Unlocking the Fantasy to Reveal the Problem Behind It

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

Though the boy began the session by playing out a fantasy, the therapist was able to bring the child to a discussion of developmental changes in his defenses as well as bringing into focus the question of fear of drug usage, which was the problem behind the evoked fantasy. He had mobilized fantasy as a defense (one of the functions of the structure of latency). The original conflict of the day was

reconstituted by calling attention to a change in the content of an oft-repeated fantasy. The stress of the conflict had resulted—in this lad with an obviously well organized abstract conceptual memory organization—in a regression to affecto-motor expression as a defense against feelings of guilt and smallness. He chose action involving the desk, chair and role of the Godfather. This was associated with chewing gum, which symbolized adult-type relief from tension in the form of smoking. The therapist's use of words encouraged the child to shift to verbalization. His concern that his search to feel like an adult would lead him into drug usage could then be pursued on the level of verbal abstraction.

Converting Verbal Conceptual Memory Elements into Meaningful Communication

Now let us turn to the impact on the activity of the therapist of recognition that a seven-year-old child's level of cognitive function during an initial interview was on the level of verbal conceptual memory. This illustrates the modification of approach required to put the therapist in touch with the cognitive level of a patient who has learned to remember by rote the essential nature of the experience without necessarily comprehending its intrinsic nature on an abstract level.

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

and down," whenever he wanted to say excitement. By using the same phrase, I was able to question him about situations that excite him and the things he does when he "jumps up and down."

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

The above vignette from a therapeutic interview illustrates:

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

(2) An observation that I have noted repeatedly is that an early latency child can draw what he has difficulty describing and can mold what he has difficulty drawing and that a child who cannot draw may be able to fill in another's drawing. This observation may be used by a therapist in encouraging an otherwise noncommunicative child to associate further when blocked. This is done by using age phase compatible materials to encourage associative expression in a form at a distance from the original form that will make the toy acceptable to the child.

Treatment of the Child with Delayed Abstract Conceptual Memory

We now turn to the problem of the late latency child who has not achieved full usage of abstract concepts as the media for retention in memory. The goal of the therapist is twofold. In addition to seeking phrasings for interpretations that are compatible with the patient's style of thought and memory

function, the therapist should also seek to help the child achieve an abstract-conceptual memory organization, so as to enhance retention of interpretations. By helping the child to develop the capacity to store abstractions in memory, the therapist helps the child to gather a context of abstractions through which to interpret his own behavior. Strengthening of these functions furthers the results of child therapy.

To some extent this problem may be found in each child who is newly arrived on the late latency scene. To the extent that this is so, the brief recommendations presented below are applicable in many cases. One should be especially on the alert for this condition in youngsters who present with symptoms, which are based upon the use of motor function and body organs or orifices. Such conditions as enuresis, stuttering, encopresis and thumb sucking have in my experience often been accompanied by difficulty in schoolwork and limitations in the abstract conceptual memory organization. A cardinal sign indicating the presence of this limitation is the combination of extended fantasy play with answers to questions that consist of the word "fine" or a distracted grunt. Other clues are extended and detailed report of dreams or T.V. shows. The latter reflects the presence of an extraordinary verbal memory, which when coupled with difficulty in abstraction resembles Luria's (1968) mnemonist.

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

In dealing with youngsters with this problem, one should constantly refer back to earlier fantasies or events, which can be described using abbreviated phrases. In essence one lends ego by introducing an "abstract" or symbol that the child will be able to recognize as a part of the whole. Sometimes the child is so delayed in the development of abstraction that word exercises are not sufficient. In that case it is best to use a media for recall, which the child is literally capable of handling physically such as clay figures, dolls, or drawings. Such concrete objects must be presented in a context from which abstractions can be developed. In such a case, one creates a relationship between concrete objects and an abstraction. This mimics as paradigm, Piaget's concrete operational thinking (see above) i.e. the ability to make an abstract interpretation of something concretely experienced.

Clay figures can be made which represent an element in a fantasy. The tendency to forget abstract concepts can be overcome by preserving the objects for future sessions. They become touchstones through which recognition recall can make memory for abstractions therapeutically viable. Such objects should be kept in a safe place. They can be brought out in session after session. They can be used as reminders of earlier and similar fantasies when a derivative fantasy based on the same latent fantasy is presented. Pictures can be used in the same way in children who are at the level at which two dimensional items can be used for activating spontaneous recall. Often a bulletin board to which drawings can be stuck can be used as a substitute memory. The figures can be used to remind the child of an interpretation. When they are accompanied by words, the use of words for transmitting abstractions in memory is reinforced and furthered.

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

In youngsters such as the above, who have difficulty in creating word representations and drawings, it can be useful to draw a background of houses or the out-of-doors and to place figures in the picture, inviting the child to add his own answering figures. The fantasies involved here are not necessarily the child's alone. They are influenced by the therapist (forced fantasies). As such interpretations derived from them are not strongly valid. The process by which the therapist forces fantasy is not aimed at uncovering material. Instead it aims at encouraging free association through offering communicative tools.

Paul, age ten, who had diurnal enuresis, was subject to episodes of breaking things. He drew some pictures of "the breaker" when asked why he wet. He could tell no more than this. He had a year of therapy, in which techniques were used, which placed emphasis on verbalization of abstractions about the objects. The use of abstraction was introduced. There were also exercises in drawing figures based upon a set of parts of animals, which were lined up but not in appropriate spatial relation to one another.

After a year, the child was able to tell me an expanded context for the connection he made between his wetting and the breaker. When I pointed to a picture of the “breaker,” (I had cut out and pinned it with a firm backing onto the wall) he could explain that he heard the voice of “the breaker” telling him to “break” before he wet and broke things. There could be no resolution of the symptom until it could be described in its entirety. Only when “it” (voice and action) could be identified, could we expand insight into the life context in which wetting occurred. The child was able to identify what he was doing. He was able to relate his behavior to parental punishment. Then it could be explained to him that the voice was a projection of his wish to revenge himself on his father whenever the father scolded him, and that the wetting and breaking were actions that started within him.

In the case of Roy (see prior chapter), the concept of king could be kept in play in the therapy as the result of keeping the golden crown in the playroom for weeks. With the same goal of enhancing the operational use of ideas as though we were working with a mature memory, I tend to keep broken items around to represent the aggression, teasing or destructive tendencies that led to their being broken. In one case, I left a tear in the bathroom wallpaper for two years.

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

Treatment When the Child Has A Competent Abstract Conceptual Memory Organization

In treating the child with abstract conceptual memory skills, the approach is similar to that of the treatment of adults. Both groups “remember by thinking.” Until about 12 years of age abstract concepts normally can be applied to concrete events. At 12, there is the development, as observed by Piaget, of abstract operational thinking. Application of remembered abstract insights to abstract situations can be expected and utilized then.

THE CONFLICTING ROLES of PSYCHOANALYTIC SYMBOLS in CHILD THERAPY

The Therapist and the Symbol

The relationship of the therapist to the symbol during child therapy has conflicting aspects. On the one hand the therapist weakens the effectiveness of symbols in his role of helping to make the unconscious conscious. The child therapist interprets the underlying meaning of the symbol of the moment. In this way symbols are undone; and trauma, and fantasies, are brought to the surface for insight that can lead to conscious working through. With this activity, the therapist helps the child to undermine symptoms and master the unconscious roots of intrusions from his past. With the dawn of late latency, the therapist aids in the ontogenesis of adolescence, by encouraging maturation in the nature of latency age symbolic forms. To do this, he undermines the work of symbols by encouraging the late latency child to use reality elements to replace the chain of imaginary symbolic forms from which latency age fantasy is wrought. (See above—symbols and secondary process.) In this process, anxiety comes into consciousness fully awakened and with its referents unworked. The child can then be helped to improve his tolerance for affect so that it can be used to signal danger. Made conscious, anxiety and its sources can be addressed and mastered rather than be hidden behind a screen of symbols. The distinguishing core of dynamic psychoanalytic psychotherapy involves shifting the patient from the use of symbols in the primary process thinking mode to a use of reality derivatives in the communicative symbolic forms that define secondary process thinking.

On the other hand, in early latency the orientation differs. Then the therapist works to strengthen and preserve ludic symbols through therapeutic techniques that encourage this natural process. Emphasis is placed on the resolution of trauma and latent fantasy through manifest symbolic play. In early latency, symbols need be preserved to encourage such discharge through the cathartic role of fantasy and play. Interpretations that hurry unconscious content to the surface can undermine the defenses of latency.

Strengthening the Use of Symbols

The psychotherapy of prelatency children, requires that ego functions supportive of the conflict resolution function of fantasy during latency be developed. These include verbal concept memory and

the capacity to develop and use psychoanalytic symbols. What is achieved is resolution and mastery of trauma and latent fantasy, without verbal insight, through play mastery. During the onset of latency, and through it there is an ongoing process of resolution of prelatency and infantile internalized conflicts through 'working through' using the medium of symbolic play.

Latent fantasies manifested in psychoanalytic symbols can self dissolve through the catharsis and living through that are experienced through symbolic play. This capacity gives rise to a therapeutic technique that achieves resolution of false realities and limits the ability of infantile wishes to distort "fact" and distract the child from more mature pursuits. It can clear out the use of evocative symbols that would halt the progression of reality testing that is characteristic of early adolescence.

Verbalization in children enhances the working through of and disabling of fantasy contents that, were they to persist, would be destined to underlie neurotic and transference wishes in adults. Communicative discharge and confrontation become possible with the development of speech and the evolving of decipherable cryptic symbols. This permits the interpretation of infantile sexual wish informed fantasy in child therapy. The appearance of, encouragement of, and interpretation of symbols in child therapy results in controlled reparative mastery, working through and a confrontation of the "sense of reality" with "reality testing".

Psychoanalytic symbolic language systems express concepts that would otherwise be lost in the presence of the lacuna riddled memory created by the many forms of repression and exclusions from consciousness that accompany the development of verbal conceptual memory. Conceptualization and the "systematizing power" of language gives the therapist tools for strengthening reality testing, sublimation, further working through using fantasy, and reparative mastery.

Psychoanalytic symbols arise as a mechanism for resolving or processing and thus reducing affects associated with the drear recalls of yesteryear and the guess and fear that thought of tomorrow may bring. This is achieved by substituting items taken from a network of related words and ideas, the outer reaches of which have less valence for attracting affect. The further removed are these semiotic items, the less recognizable they are and the less affect is felt. These substitute items become the manifest psychoanalytic symbols.

Psychoanalytic symbols alter conscious naming and awareness of realities, perceived or remembered, relegating these elements to memory systems with little access to consciousness. These memory systems we collectively call the system unconscious. Manifest psychoanalytic symbol dominated experience undermines the potential for reality oriented living. Creation of such symbols is a response to inner needs and therefore contributes to the structure of a world somewhat removed from the influence of reality. Play fantasies are created out of psychoanalytic symbols. Through them, drives, which impel unconscious affect laden concepts can be discharged at the cost of some of the influence of reality on behavior.

Weakening the Use of Symbols Enhances Reality Testing and Secondary Process Thinking

Psychoanalytic symbols work to counter reality and to blur the understanding of meaning in play and dreams. Psychoanalytic symbols blur the meaning of ludic play and work toward counteracting lucidity in dream meaning. Psychoanalytic symbols impair self-reflective awareness. A subcategory of this impairment is an absent capacity for the perception of a relationship between that which represents and that which is represented. Blurring of meaning produced by the cryptic nature of psychoanalytic symbols interferes with the development in late latency of a network of abstract concepts of self. If the use of waking symbols remains strong, there is impairment of the production of an extended and coherent awareness of self in the context of time, place and the social order. This awareness is necessary for adolescent and adult adjustment. The obscuring capacity of waking symbols must be obtunded if reality testing is to be enhanced. It is part of the psychotherapy of the young to encourage the replacement of fantastic elements with realistic elements in the sources from which symbolic forms are selected.

Interpretation reverses the symbolizing process, introducing an awareness of deeper meaning into the *mélange* of confusing cues produced by ludic symbols. Therapy gains through reflection on their connection to the therapist and waking experience. Roy (see prior chapter) came into therapy with insufficient verbal self-awareness of his grandiose latent fantasy life to be able to correct his impressions by a personal confrontation with reality. His symbolizing function was weak and so he discharged his rage through organ language (encopresis) and characterological behavior (rage episodes, demandingness). Psychoanalytic symbols were actively developed or enhanced by the therapy. This gave him symbols through which to represent his latent fantasy in play. At the same time, the displaced

nature of his play distracted his attention from his mother's demeaning attitude towards him. Discharge of drive tensions were made possible by his newly organized powerful person fantasy. Discharge was possible. This did not aid insight. When he involved the therapist in the role of a person demeaned, and was able to produce the word "king" to describe his power, a communicative verbal link was added to the conjoint memory of Roy and the therapist. The golden crown added a visual dimension. Once insight into the meaning of the symbol was possible, the symbols were devalued in favor of a search for meaning that would bring Roy into contact with the devastation that his latent fantasy of power was bringing to his daily life. Symbols provided a key to the cryptic door of insight. Interpretation and discussion turned the key.

Making the Unconscious Conscious and Freeing the Patient to Confront Reality

Making the unconscious conscious entails more than putting hidden meanings into words. Consciousness implies understanding perceptions (recalled or newly experienced) in terms of how the past influences a current interpretation of a fact and the meaning of a current perception for future life.

Unconscious tensions and drive derivatives that have been displaced to symbols, and fantasy and problems that have found expression in cryptic manifestations can be addressed directly through the interpretation of symbols. Once revealed to awareness, the problem of intrusions from the past becomes opened to inspection and resolution. This frees the personality to recognize reality stresses and to deal with the future. When one realizes that unconscious elements intrude on the interpretation of perception to alter one's reality, it is possible to appreciate reality better and to deal with reality more effectively. Maturation and therapy replace the symbolic elements in fantasy with reality elements. This converts fantasy resolutions for problems into future planning, and it widens the child's perspective on reality to include facts and realities that can be responded to and worked on in therapy.

Unconscious content falls into two categories. There are elements for which no words have been assigned during the shift from affectomotor to verbal concept memory; and there are elements so strongly linked to uncomfortable affects, that verbal elements to represent them must be avoided. Psychoanalytic symbols provide an intermediate pathway for the entrance of the latter into consciousness. These are verbal or visual representations sufficiently removed from the original concept that is represented, to

assure that the affect associated with the original is diminished. In the case of Roy (see prior chapter) it was necessary to help him to create such symbols in order to give the interpretation something to interpret. Interpretation of the symbol then opened the door to the mental content that had influenced behavior, but whose context was not available to consciousness, reflection and discussion. Once the concept could be represented through a symbol and then through interpretation opened to a lucid and more complete view of his behavior, a self observing object could be established in his mind's eye that could go wherever he went and help his inner speech (See Vygotsky (1934). to correct self-discomforting behavior.

In achieving self-awareness, Roy (see prior chapter) followed a course of development that in turn retraces a stage in the evolution of consciousness. He moved from an existence as a primitive slave to instinct in a life of the moment to a person who understood his behavior within a linear context of past, future, moral values, and facts. He gained enough knowledge of what was going on in his life to be able to control that which went on in it. Another trace of that stage in modern man is the lucid dream, in which by definition, the dreamer is aware that he is dreaming and can control what happens in the dream. The "lucid dream" is a rare type of dream in our culture. (See Freud (1900) Page 571, LaBerge (1990).) It is an example of self-reflected awareness refined to the point that words can be utilized to crystallize dream experiences into a matrix of sustained simultaneous understandings of sensations, associations, prior experiences, and future implications during dreaming (REM) sleep. During Lucid Dreaming there is no sensory contact with the waking world; but there is awareness that one is dreaming and within the dream one is capable of making changes in dream content and events. One can initiate movement within such a dream and alter the course of the dream to avoid unwanted outcomes. Such an awareness while awake, which can grant access to and control of reality by putting aside the strength of symbols for a patient is a goal of psychotherapy. The closer that a representation comes to reality, the more does secondary process thinking move towards its mature form.

A major transition in a child's orientation to his life occurs when as a result of maturation, words representing abstractions can be associated with percepts and affects and other experiences that previously only called for reflex responses and symbols. Abstraction expands awareness to encompass past and future, giving meaning involving a sustained longitudinal history to new experience. Such awareness produces consciousness bearing insight. Psychotherapeutic interpretation expands the arena

for this memory resonance. Potential for such self directed awareness in an abstract context involving past present and future converts the child's awareness from a point existence in time to a linear phenomenon. A linear concept of life is necessary for survival in modern society. Awareness of the relationship between present action and future life potentials is a necessary achievement in resolving early adolescence. Tolerance for the uncertainties of the present and the future, and the pain of the past is part of adult adjustment to reality. One of the roles of therapy is to prepare the child to tolerate this, by helping the child replace manifest symbols with the facts they coyly hide and represent so that problems and latent fantasies may be addressed directly. The role of memory resonant consciousness in creating the discomforting affects of men was succinctly and well put by Robert Burns,(1789—"to a wee mouse") who on disturbing the house of a wee small mouse, begged the frightened tiny creature's pardon with these words,

"Still thou art blessed compared with me!
The present only toucheth thee:
But, Oh! I backward cast my eye on prospects drear!
And forward, though I cannot see, I guess and fear." (Page 47)

GENERAL COMMENTS

Fantasy informs content. Cognition determines form.

When cognition fails to mature, poor reality testing and immature symbolic forms can be produced in the adult. This projects into life situations both neurotic symptoms and a psychotic sense of reality that values thought content above all other inputs. When drive propelled wish fantasies fail to be resolved in latency, they persist to color the content of fate neuroses, neurotic symptoms, and psychoses. Failure to negotiate the cognitive transitions of latency is a prelude to the establishment of a competition between dynamically repressed (unconscious) early childhood memories and reality for control over individual human existences.

Fantasy is influenced by overstimulation such as seduction, family tragedy, and the occurrence of events that are so close to the fantasy that they blur the boundaries between fantasy and reality for the child. These reality events coupled with failure in the cognitive maturation of symbolic forms, and failure in the development of reality testing, lead to the persistence of fantasy as a mechanism of adjustment in

adulthood. This adjustment works, if there is resolution of the fantasy through abreaction in play and dream, challenging communication as in therapeutic interaction, passive participation in shared fantasy as in reading, bedtime tales, and plays and films; and the decay of fantasy that occurs when reality testing improves and increased physical size in the growing child provides reality gratifications to replace fantasy goals.

Cognitive growth is influenced by environmental and genetic factors. Overstimulation and excess affect, such as fear and anxiety which occurs in interpersonal interactions, can leave little time for the development of natural potentials to develop mature symbolic forms and reality testing. Maturation itself can be influenced by predestined genetic limitations. There is genetic variation in the potential strength of a given level of maturation within a given cognitive developmental line to persist into adulthood. The resolution of immaturities in fantasy formation, symbolizing function and reality testing fall into the temporal province of the latency years. Many can be approached psychotherapeutically.

SUMMARY

Fantasies, dreams, and play are organizations of symbols, which offer useful sources of information during the psychotherapy of neuroses, especially in the young. They carry content about latent fantasy, drives and affects. Fantasy, dream, and play offer excellent vehicles for transference and hidden meanings. There are developmental cognitive aspects to latency and adolescent psychopathology. This sets it apart from psychopathology in the adult. For this reason the therapist should be tuned to aberrations of form as well as content. He should be aware that what appears to be therapeutic gain can actually be developmental progress. At any age symbols can be encouraged in order to encourage fantasy discharge and expression, and then interpreted in the search for insight. During early latency, with its scant outlets, it is advantageous to the child for the therapist to encourage symbol formation to strengthen discharge pathways. In late latency-early adolescence, an increase of reality potentials, reality testing and mature secondary process thinking can be enhanced psychotherapeutically through interpretation and through encouraging reality elements in place of fantastic ones for use as symbols.

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