

CHARLES A. SARNOFF MD

**The Use During Child
Psychotherapy
of the Symbols
that Occur in Fantasies
and Dreams**

SYMBOLS IN PSYCHOTHERAPY

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

Charles A. Sarnoff, MD

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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 awareneses 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 neurogenic 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.

