Human
Development

Culturally Mediated Learning and the Development of Self-Regulation by Survivors of Child Abuse: A Vygotskian Approach to the Support of Survivors of Child Abuse

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Key Words
Child abuse · Culturally mediated learning · Dissociation · Self-regulation · Survivor · Treatment

Abstract
In his studies of handicapped and 'difficult' children, Vygotsky applied one of his basic assumptions in the domain of affective development: that human individuals try to master themselves from the 'outside' through the development of higher mental functions. His theoretical accounts provide both a conceptualization of the unique methods employed by abused children to compensate and a conceptual framework to study the way new psychological tools can assist the further development of abused children's methods of compensation. In this respect, a Vygotskian therapeutic approach, together with current constructivist theories of the development of abused children, provides an alternative to psychodynamic and cognitive therapies that focus on the cause of 'original' traumatic experiences and the (cathartic) re-living of affective reactions to them. Clinical examples are discussed to illustrate this Vygotskian therapeutic approach.

The first time stepdaddy hit me, it hurt a lot. But then I found out that I could make myself go on Mommy's lap [in imagination], and Winston couldn't hurt me that way. I kept goin' on Mommy's lap – I didn't have to cry or scream or anything. I could *be* someplace else and not get hurt. I don't know how many times Winston punched me out. (...) Now if somethin' makes me bleed, I don't think of no lap. I jus' don't feel no pain. [Terr, 1991, p.17]

During psychiatric examination, Frederick, aged 7, explained the strategies he had developed to become insensitive towards pain and to survive the abuses by his stepfather. In most current clinical theories, it is recognized that the survival strategies of abused children – dissociation, in the case of Frederick – are both functional and necessary for survival. At the same time, however, there is the conviction that these strategies form the core of later pathology [Briere, 1992; Courtois, 1988; Rieker and Carmen, 1986; Salter, 1995]. For this reason, psychodynamic therapies aim at re-living and working through the earlier experiences so that old coping strategies that have now become dysfunctional can be discarded, while cognitive therapies are designed to unlearn 'distorted' cognitions and 'maladaptive' schemes. In both cases, the idea is that the survivor will distance him- or herself from the past and from a personality shaped in relation to that past, and be able to function in a healthy, adaptive fashion in a social environment where (allegedly) violence no longer exists. What is often ignored, however, is the fundamental fact that some experiences are beyond people's biological and/or moral capacities to deal with them, and that as a result 'abnormal' ways of psychological functioning such as dissociation or self-hypnosis may remain necessary [Miltenburg and Singer, 1997a, b].

Survivors cannot afford to give up their survival strategies as long as there are no alternatives available. This is precisely the problem. Our culture provides no psychological tools – perhaps no culture offers such tools – for the small child or subsequent adult to deal with overwhelming anxiety, anger, or distress. Abused and neglected people are confronted with a sociocultural world which (1) does not match their coping or survival strategies and (2) does not necessarily provide the knowledge and the tools needed to live with the traumatic experience of abuse during childhood. In this article, we will argue that the theoretical and practical challenge of the psychology of abused people is to develop *new psychological tools* that can connect with the unique way the survivor has learned to survive, and can provide access to the outside sociocultural world.

Our argument is based on our interpretation of Vygotsky's work as 'orthopsychiatrist' [Rieber and Carton, 1993; Vygotsky, 1993a, 1929/1993b, 1931/1993c, d, 1935/1993e, 1936/1993f]. We first look at Vygotsky's basic principles in his orthopsychiatric studies of children and the points of correspondence with recent constructivist approaches to the development of people who have been maltreated as children [see for instance Fischer et al., 1990; Fischer and Ayoub, 1994]. In the latter part of the article, we introduce several examples of the therapeutic application of (neo)-Vygotskian theories concerning culturally mediated learning and the development of self-regulation.

Relevant Vygotskian Principles and Their Connection with Current Theories

First Basic Principle: The Plasticity of People and the Functionality of Their (Deviant) Behavior

During the twenties, Vygotsky was preoccupied with the scientific study of children with various mental and physical handicaps, which was then known as 'defectology' [see for an excellent introduction, Knox and Stevens, 1993]. Vygotsky's pedagogical optimism and his belief in the plasticity of human life are characteristic of his approach [Van der Veer and Valsiner, 1991]. According to Vygotsky, people have a natural inclination to compensate for deficiencies. Following Adler, he argued that the subjective

feeling of deficiency is the motor that drives us to learn, to develop, and to create [Vygotsky, 1929/1993b]. Compensation, moreover, can lead to supercompensation, which Vygotsky considered a positive feature. The child with a handicap can develop just as every other child, but does so *'in another way, by another course, by other means'* [Vygotsky, 1929/1993b, p. 34, emphasis in the original text]. Vygotsky never studied child abuse, but he did comment critically on the pathologization of neglected children [Vygotsky, 1993a]. If studied in the context of the abnormal circumstances of their lives, he thought, it would become clear that neglected children also have to develop in another way and by other means. He was convinced that 'we are dealing with a particularly keen sensitivity and that the deadening of this sensitivity is a means of self-defense, of closing oneself off, and of surrounding oneself with a biological defensive armour against environmental conditions' [Vygotsky, 1929/1993b, p. 38].

Vygotsky's principle of plasticity corresponds with the principle which underpins current research on coping among people who have suffered abuse or have been neglected, research which, like Vygotsky's thought, is also rooted in the humanistic tradition [Greenberg et al., 1993; Lebowitz and Newman, 1996]. Recent research has also shown the tenability of Vygotsky's conviction that disconnecting and – to employ a much-used current term – dissociating are effective means of achieving a certain distance from unbearable suffering and of keeping safe those parts of the child's life that are good [Donovan and McIntyre, 1990; Fischer and Ayoub, 1994; Herman, 1992; Ludwig, 1983; Roth and Newman, 1991; Ryle, 1995a; Terr, 1991]. Researchers like Fischer and Ayoub [1994] show that 'with development, maltreated children develop increasingly sophisticated skills for adapting to their abusive relationships' [p. 213].

Second Basic Principle: Both the Core of the Problem and Its Solution Are Sociocultural Matters

The assistance of handicapped children, according to Vygotsky,should follow the unique system of compensation that the child has spontaneously developed [Vygotsky, 1929/1993b]. Every child and every handicap is unique and therefore demands an individual approach. At the same time, however, he points out that the child lives in a social environment to which the child must learn to adapt. This, according to Vygotsky, is the core of the problem: Because of their biologically determined handicap ('primary damage'), children are unable to make use of all available psychological tools that are essential for the development of the higher psychological functions. They have been culturally handicapped in the process of mastering their own mental processes: in the development of their thought, volition, and self-regulation of emotions and behavior.

To clarify these insights, we have to make some comments on Vygotsky's cultural-historical theory. He starts from the assumption that the development of 'normal' children and 'abnormal' children is governed by the same laws and cultural-historical principles [Vygotsky, 1931/1993c, p. 191]. He proceeds from the idea that human psychological functions differ from those of other animal species in that they are culturally mediated, they develop historically, and they consist of practical, collective activities [see, for example, Bruner, 1985; Cole, 1985; Van der Veer and Valsiner, 1991; Wertsch, 1985]:

The development of higher psychological functions is only possible along the roads of their cultural development, whether it proceeds along the line of the mastering of external means (speech,

writing, arithmetic) or along the line of internally making perfect the psychological functions themselves (elaboration of voluntary attention, logical memory, abstract thinking, concept-formation, freedom of will, etc.). [Vygotsky, 1928, cited in Van der Veer and Valsiner, 1991, p. 71]

The socialization of nonhandicapped children is inextricably bound up with the processes of their maturation. Both lines of development – the natural and the cultural – come together as a single stream. The psychological tools developed by mankind in the course of human history provide the basis for a psychophysiological mode of functioning that is normal for members of the species. With handicapped children, one has to deal with a mismatch between their anomalous psychophysiological organization and the available cultural resources and psychological tools. This sets the background of their cultural exclusion: People have not constructed the world for 'abnormal' children or adults.

Vygotsky strongly criticized the intolerance in his culture towards handicapped children. Negative reactions and segregated education in institutions increases the 'secondary damage' caused by cultural exclusion [Vygotsky, 1931/1993c]. Instead, Vygotsky argued, their cultural deficiency must be made good. The most important challenge, therefore, in the area of the psychology of handicapped children, both theoretically and practically, is to develop *new psychological tools* that will connect with the spontaneous compensation strategies of the child and will provide access to the outside sociocultural world. A favorite example of Vygotsky here is braille, by means of which the blind have access to the written word through their sense of touch.

At first sight, this reasoning might seem irrelevant for people who have been maltreated as children. Unless they are also physically or mentally handicapped, they command the normal range of biological functions. We believe, however, that the same account can be reliably applied to abused and neglected people. As mentioned earlier, the crucial problem in contemporary clinical theories has often been cited as the mismatch between the unique coping strategies of abused people and the social demands made of them [Briere, 1992; Courtois, 1988; Rieker and Carmen, 1986; Salter, 1995]. This mismatch is partly caused by the same intolerance on the part of the surrounding social world that Vygotsky pointed at in the case of handicapped people. Negative social reactions to the coping strategies of maltreated persons have recently been well documented. Maltreated children and adults are often not believed, or are accused of having morbid sexual fantasies and difficult behavior [Armstrong, 1996; Browne, 1991; Roesler and Wind, 1994; Summit, 1983]. But in the therapeutic literature, it is the other side of the coin that is often emphasized: the incapacity of survivors to free themselves from their survival strategies. There is no awareness of Vygotsky's point of view: that there are no psychological tools available for dealing with experience which lies beyond the range of the normal and which is part of an anomalous psychophysiological organization.

Third Basic Principle: The Higher Psychological Processes Are More Easily Influenced by Learning Processes Than the Lower Biological Processes

Vygotsky held that the potential for development among handicapped children should be sought in the field of the higher psychological functions. According to him, the lower functions are less susceptible to the influence of upbringing because they are for the most part determined by biological factor [Knox and Stevens, 1993, pp. 12–14;

Vygotsky, 1931/1993d, pp. 124–136; 1931/1993c, pp. 197–199]. This theoretical insight also forms the basis of his study of affective development of children that are 'difficult to handle' [Vygotsky, 1935/1993e, 1936/1993f]. This theory of the relation between intellect and affect, developed in this context, is extremely relevant to a psychology of abused people.

Vygotsky adopts Spinoza's definition of affect as 'that which increases or decreases our body's ability to act, and as that which forces thought to move in a specific direction' [Vygotsky, 1935/1993e, p. 234]. Affective and intellectual processes form a unity, but during development, the relation between them changes. In the early stages of development, the affect and will are identical. For the young child, the meaning of the situation and his or her will are determined entirely by the power of affective incentive; there is a one-sided dependence of thought on feeling. But with the development of the higher psychological functions, the child is able to regulate his or her emotions and can be affected by the will to achieve a goal and to realize moral values. The child can voluntarily pay attention or disregard a situational incentive and can act on purpose. The chief purposes of thought are: 'to define lifestyle and behavior, to change our actions, to direct them, and to free them from the power of concrete circumstance' [Vygotsky, 1935/1993e, p. 237]. The inability in older children and adults to shape and direct their own thoughts and actions voluntarily causes distress and leads to affective problems. According to Vygotsky, underdevelopment of the higher psychological functions in 'difficult children' is the chief cause of 'primitive reactions' or 'simple, uninhibited manifestations of the chain of powerful affective reactions' that are normal in the earlier stages of development [Vygotsky, 1936/1993f, p. 258]. Vygotsky theorized that the transition from the lowest (natural) to the highest (ethical) affective formations is directly tied to changes in the relationship between affect and intellect.

In the case of traumatized people, Vygotsky thought primitve affective reactions can arise because a traumatizing influence attacks and paralyzes the higher layers of the personality [Vygotsky, 1993f, p. 257]. Although he never wrote about trauma psychotherapy, we believe the following is his line of theorizing. First, the unique means by which the child makes use of his or her psychological functions needs to be studied. Psychotherapy has then to be directed toward the development of the higher psychological functions – thought and volition – so that the primary damage diminishes in overall significance [Vygotsky, 1936/1993f]. Vygotsky's educational approach stands in direct contrast to Freud's approach which focuses on the past, on pathology and healing [Van der Veer and Valsiner, 1991].

Recent Constructivistic Approaches of Emotional Development. Vygotsky merely sketched the outline of a theory of affective development. However, if we look at current constructivist approaches to the development of maltreated children, Vygotsky's thesis of the therapeutic possibilities inherent in the higher psychological functions is clearly both topical and tenable. Like Vygotsky, contemporary emotional theory conceptualizes the emotions as functional action tendencies [Fischer et al., 1990, Frijda, 1986; Greenberg et al., 1993; Magai and McFadden, 1995]. On the one hand, emotional action tendencies exert a considerable influence on people's functioning [Fischer et al., 1990; Frijda, 1986]. On the other hand, people also learn the skills to monitor and to control their own emotional reactions; a learning in which the development of the higher psychological functions plays a central role. For example, children learn in relation to their caretakers to use language as the better means of expressing (verbally) their own

emotions ('I am cross') and to control undesired expression (fits of temper). They learn 'scripts' for emotions [Fischer et al., 1990] or *'cognitive-affective schemes'* [Greenberg et al., 1993], by which is meant complex synthesizing structures integrating *cognition* (in the form of appraisals, expectations, and beliefs) with *motivation* (in the form of needs, interests, goals, action tendencies), *affect* (in the shape of physiological arousal and sensory and bodily feeling) and *actions* (in the form of motor responses and procedures and methods for acting). Through repeated experience, some cognitive-affective schemes automatically come into operation without any conscious mediation. Thanks to the development of metacognitive skills, people can reflect on their emotions, cognitions, and automatized strategies in order to regulate their emotions and to make conscious choices and learn new behavior. In cognitive therapies, clients' metacognitive skills and tools to control emotional actions play a large role [Beck and Freeman, 1990].

Our position is that the development of higher cognitive functions is particularly important in the case of abused people. Research shows that traumatic experiences – involving overwhelming anxiety, anger, distress, abandonment, or disorientation – evoke strong biologically grounded reactions which can lead to demonstrable changes in neurophysiological processes [Hartman and Burgess, 1993; Ludwig, 1983; Van der Kolk and Greenberg, 1987]. These changes prompt the subsequent 'trauma learning' necessary to be able to survive. In Vygotsky's terms, the abused child develops a different psychophysiological organization. Following Vygotsky, we would assume that biologically grounded reactions to dangerous situations are very difficult to alter and therefore that there is little sense in re-living serious traumatic experiences in therapy. In fact, re-living may reinforce rather than weaken the biologically determined reactions [for a thorough exposition of this argument, see Miltenburg and Singer, 1997b].

The further development of the higher psychological functions is also basic to survivors' spontaneous compensation or coping strategies. Indeed, the complexity of their survival strategies is only explicable by the fact that survivors make use of their learning capacities and that they develop complex levels of control systems (skills) in adaptation to their specific – to others, deviant – situation [Fischer and Ayoub, 1994]. We shall explicate this latter point below.

Affective Splitting and Dissociation in Survivors. According to Fischer and Ayoub [1994], the mind naturally comprises distinct control systems that are not strongly connected with each other. The skills of young children to regulate emotions are linked to specific social domains, whereas their activities are under control of what Vygotsky called the 'lowest affective formations'. Fischer et al. [1990] argue that generalizing a domain-specific skill to other domains is not an automatic process – that any skill is and remains a characteristic of a person-in-context [see also Wertsch, 1990]. 'Development of control structures moves from single representational skills to mapping of two or more representational skills, then to systems coordinating several mappings, and finally to systems coordinating several systems' [Fischer et al., 1990, p. 112].

Contrary to Vygotsky, whose central concern was generalization and integration, Fischer et al. [1990] emphasize the fragmentation of the mind which proceeds from people's inclination to dissociate, i.e., to separate negative experiences relating to a person or situation from positive experiences. Young children lack the representational skills (e.g., linguistic representational skills) needed to coordinate the cognitive-affective schemas derived from positive experience of their parents, for instance, with schemas

based on negative experience [Harter, 1977]. They judge their parents either 'good' or 'bad' according to the situation. But the tendency to dissociate lives on in the adult. It happens whenever people see themselves faced with a task that they experience as much too difficult and when their vital interests are threatened, evoking strong and unmanageable emotions. Fischer et al. [1990] conclude that *nobody functions on one single development level*, but that people function on a variety of levels depending on the domain and the situation. In Vygotsky's words: 'Each individual has his own moral insanity', that is, he or she acts in certain situations on a primitive level [Vygotsky, 1993a, p. 151].

Maltreated children are confronted with powerfully emotional experiences that are scarcely compatible. As a result, the normal process of dissociating positive and negative experiences is enhanced, often leading to sharp, affective separations and very different cognitive-affective schemas that can be coordinated in ways not seen in nonabused people [Fischer and Ayoub, 1994]. These children develop cognitive-affective schemas constructed around their abusive experiences, *and* around a secluded area where their relationship with a loving parent is intact. They also develop separate schemas for their private abusive world and the public world. To keep these diverse cognitive-affective schemas apart, which is necessary for survival, they *'actively dissociate'*, i.e., they develop cognitive skills for actively separating schemas associated with specific events or situations [Fischer and Ayoub, 1994].

On the basis of the research and the theoretical model developed by Fischer and Ayoub [1994, 1996] and Fischer et al. [1990], one might anticipate that many of the problems of maltreated people arise from *coordination problems*. People whose cognitive-affective schemas are actively dissociated may function at very different levels of development. It is particularly difficult to control automatical (unconscious) and emotional reactions on a development level that simply do not match the functioning of other parts of the person. It is also difficult to control parts of the person which may be striving for objectives radically different from those of other parts. Following the work of Fischer and Ayoub [1994, 1996], we suggest that abused people often need new tools before they can solve their coordination problems.

Fourth Basic Principle: The Challenge Is to Create New Tools to Connect with the Spontaneous Survival Strategies of the Person and Enable the Realization of Goals in New Situations

Vygotsky's theoretical accounts, enriched with current constructivist theories of the development of abused children, provide a conceptual basis for a therapeutic approach that focuses on:

(1) 'Treatments which arouse and strengthen the organism itself to combat the disease' [Vygotsky, 1936/1993f, p. 270]. According to Vygotsky, psychotherapy should not necessarily be 'causal therapy', that is, therapy that eliminates the cause of the illness. In this respect, a Vygotskian approach fundamentally differs from psychodynamic approaches and cognitive approaches that focus on removing the cause of the problem by re-living and reconstructing the traumatic experiences [Briere, 1992; Courtois, 1988; Rieker and Carmen, 1986; Salter, 1995].

(2) The development of the higher psychological functions and concomitantly the volitional functions. In abused people, the higher psychological functions may not have

been developed in certain domains because of gaps in their upbringing [Vygotsky, 1993a, 1931/1993c, 1935/1993e, 1936/1993f] or because of their need for extraordinary psychological tools capable of matching their anomalous psychophysiological organization [Fischer and Ayoub, 1994].

(3) Strengthening the client's spontaneous methods of compensation. The therapist not only has to study the 'degree of primitivism' in the client's mind, but also the nature of his or her adoption of psychological tools and the means by which he or she makes use of his or her psychological functions [Vygotsky, 1929/1993b]. The therapist must look for the 'internal logic' of the psychological functioning of the client – even something apparently senseless makes sense [Vygotsky, 1936/1993f, p. 274]. Understanding the internal logic means understanding the psychological tools and talents the client relies on and the (conflicting) purposes or sources of irritation that affect different (conflicting and unintegrated) parts of the personality. Without an understanding of the internal logic, the therapist runs the risk of arousing resistance towards development in the client. The therapist has to create new tools to connect with the spontaneous survival strategies of the client and to enable the realization of goals in new situations.

In the second part of this article, we give several examples of the therapeutic applications of Vygotsky's theories, restricting ourselves here to examples of assistance given to adults.

Therapeutic Examples

The Basic Therapeutic Attitude: To Create a Zone of Proximal Development in which the Client, Jointly with the Therapist, Can Learn New Skills in Order to Achieve His or Her Goals

A Vygotskian therapeutic approach cannot help but have an *educational* character. It is therefore important to pay attention to the concept of education. Vygotsky, in the last years of his life, was intensely preoccupied with the relation between education and the development of the child [Van der Veer and Valsiner, 1991]. He was concerned with the question of how structured processes in education could contribute to the development of children. Vygotsky emphasized that teaching and developmental processes are of essentially different character. The child does not learn mental skills by rote repetition of what a tutor demonstrates or teaches. 'To implant something in the child … is impossible … it is only possible to train him for some external activity like, for example, writing on a typewriter' [Vygotsky, 1933/1935, quoted in Van der Veer and Valsiner, 1991, p. 331].

It is the task of the tutor to establish the systematic conditions through which specific cognitive processes can develop. One of Vygotsky's best known concepts in this context is *'the zone of proximal development'* (ZPD) [Vygotsky, 1978; Valsiner and Van der Veer, 1993]. Vygotsky defined the zone of proximal development as the distance between the actual development of the child (i.e., the development level demonstrated by the problems the child is able to solve independently) and the level of potential development. That potential level is evident in the tasks and mental problems the child can solve in *cooperation with more experienced partners.* The concept of ZPD implies that in education the development of psychological functions is made possible by offer-

ing the *active goal-oriented child* the assistance of a person who is more knowledgeable about cultural ways of acting than the child. It is a question of 'scaffolding', 'assisted performance' or 'guided participation' [Bruner, 1985; Cole, 1985; Gallimore and Tharp, 1990; Rogoff, 1990; Wertsch and Stone, 1985], through which the learning potential of the child is called on. The concept of the ZPD is also related to Vygotsky's theories of the development of intrapsychological functions as the internalization of social experiences. In education, there is thus a passage from other-assisted to self-assisted performance [Gallimore and Tharp, 1990]. The latter is possible because the tools (language and nonverbal codes) and joint actions with the tutor are internalized by the child. The emphasis is on the *internal reconstruction of externally given suggestions* and the development of intentional control [Wertsch, 1985; Wertsch and Stone, 1985].

Applying Vygotsky's educational views in a therapeutic situation makes particular demands on the way in which the therapist works with the client. How can the therapist create a ZPD? First, the therapeutic situation should be interpreted as a joint problem-solving setting where both the client and the 'more experienced social other' (the therapist) pursue a common goal. This goal has to be clearly related to the life of the client, for instance his or her will to be able to have intimate relationships. To sustain the active goal orientation in the client, the therapist should always make clear that the aim of whatever is done and the way in which it is done correspond with the goal of the client. The therapist has to work 'transparently' [Miltenburg and Singer, 1997a]. Therapy must appeal to the volitional functions of the client: to the unity of higher mental processes and the dynamics of real action [Vygotsky, 1935/1993e, pp. 236–237]. In our experience, this is of special importance in the case of abused clients who have lost their basic trust [Janoff-Bulman, 1992]. Working transparently provides these clients with tools to control the therapeutic processes and to check the trustworthiness of the therapist. By using their higher mental functions, they can bypass their feelings of mistrust and cooperate with the therapist to achieve their goals.

Second, the therapist should make clear by his or her attitude that he or she believes in what Vygotsky called the 'plasticity of man' and the functionality of (deviant) behavior. By means of guided self-inquiry, the client can discover the 'internal logic' in his or her activities. We explain this further below by reviewing the work of Ryle [1991, 1994, 1995a] and by two clinical examples of our own work (the cases of Alice and Kees).

Third, the therapist should introduce psychological tools to assist the client's mastery of intrapsychological processes. We will clarify this by discussing the creation of a new psychological tool for the voluntary regulation of conflicting parts of the person (the Alice case), and the teaching and development of thinking skills (the Kees case).

Cognitive Analytic Therapy and the Development of New Tools for Assisting Self-Inquiry and the 'Representation of Damaging Procedures'

Anthony Ryle [1991, 1994, 1995a] was one of the first to recognize the significance of Vygotsky's theories for clinical practice. Ryle is one of the founders of Cognitive Analytic Therapy (CAT), a relatively short therapy applicable to people who have been abused as children (among others). The average duration of therapy is 14–18 sessions. Ryle [1991] holds that from the standpoint of Vygotskian theory, the therapeutic procedures of psychoanalysis (free association and regression on the part of the client, and the

interpretative work of a noninvolved analyst) are highly illogical. If the client's cognitive skills are invoked, and the client is offered the right psychological resources, a level of self-understanding in each session is possible which would otherwise require years of analysis.

In CAT, the client is actively involved from the beginning in making common procedural sketches of his or her repetitive habits of thinking and acting that might serve either to cause or to maintain problems. The underlying aims of behavioral sequences are also sought. The 'internal logic' in the client's behavior is studied, although Ryle himself does not use Vygotsky's term. After one or two sessions, the therapist writes a so-called 'reformulation' which is discussed with the client. This reformulation, which plays a crucial role in CAT, is the resource the client uses to develop metacognitive skills in the service of self-understanding. The reformulation must achieve a link between the way in which the client describes his or her functioning and the theoretical concepts by which the therapist tries to understand the client's functioning. This procedure implies a 'top down' strategy, i.e., high-level descriptions are used in an early stage of the therapy. 'The reformulation is the "scaffolding" within which the patient's new construction (of procedures) is built' [Ryle, 1995a, p. 39]. After the reformulation session, the client needs to learn to assimilate the insights from the reformulation as his or her own, for which purpose homework assignments are given to stimulate self-inquiry and to recognize certain mental and behavioral procedures in new situations. Finally, the therapy is intended also to lead to mental and behavioral change, though the latter is less emphasized in CAT. Evaluative research shows that most clients do appropriate the reformulation and benefit accordingly [Ryle, 1995b]. Ryle concludes that 'the "zone of proximal development" in respect to self-awareness is often extensive, so the acquisition of new concepts with which to think about the self can mobilize a considerable untapped potential' [Ryle, 1995a, p. 40].

New Tools for Accomplishing Intrapersonal Communication and for the Coordination and Control of Intrapsychological Processes

The positive results of CAT highlight the importance of providing abused people with the concepts, i.e., the psychological tools, to be able to reflect on their own functioning. But research evaluating cognitive therapies also shows that this is frequently not enough [Beck and Freeman, 1990; Ryle, 1995b]. In this context, clients characteristically comment as follows: 'I understand it now, but the problem is still there'. In the case of people who have been maltreated over a long period, the failure of the desired behavioral changes to follow the client's insight into his or her own functioning may reflect further considerations:

(1) The behavior and the feelings which the client wishes to change are not merely dysfunctional; for (parts of) the client, they can also at the same time be functional and even necessary (the case of Alice, discussed below).

(2) Tools for self-insight are not sufficient because the client does not have the psychological tools for voluntarily directing his or her activities. The client may be unable to use his or her higher mental skills or tools in specific situations (the Kees case, below). Alternatively, his or her higher mental functions may be underdeveloped in a more general sense, as is often the case in severely neglected children [Vygotsky, 1935/1993e, 1936/1993f]. In addition, the tools that abused people require may be extraordi-

nary tools, for instance to solve problems of communication and coordination between different parts of the person [Fischer and Ayoub, 1994]. One part of a client, for instance, may understand and appreciate the tool that a therapist is offering, while at the same time another part is not reached. The task of the therapist in such a situation, together with the 'adult' client, is to develop tools to achieve contact with another part of the client that functions, for instance, as a small, anxious child (see Alice case).

Ritual as a Tool of Communicating with and Regulating Conflicting Parts of the Person

In recent years, we have developed a therapeutic methodology based on Vygotsky's theories of learning and development and on recent theories of the functioning of maltreated persons. Like Ryle's [1995a] therapeutic procedure, this is in principle of short duration (average 10 sessions). (For an account of the therapeutic methodology, see Miltenburg and Singer, 1997a.] The following discussion of ritual as a resource is based on a fragment from the therapy of Alice.

Alice is 36 years old, a social worker who is married to Jeroen. She was neglected as a child, beaten and sexually abused by her uncle. During the 14th session, the following problem was brought into the open. Alice loves her husband, who is extremely caring, loving, and patient with her, and yet she has the irresistible tendency to scream at him and to hit him if he puts a foot wrong, particularly if he demands her attention or if his attention is focused on something other than her. She knows in her mind that she is unreasonable, but she is angry. In her own words, there is a 'thumper' in her.

To strengthen the client's spontaneous methods of compensation, the therapist and the client have to understand their functions. Therefore the first steps are oriented toward discovering the *internal logic* of her behavior: to make sense of apparently senseless activities [Vygotsky, 1936/1993f, p. 274]. Alice is asked questions about the situations in which the uncontrollable urge to scream and hit Jeroen arises. To understand the means by which she makes use of her psychological functions, Alice is also invited to tell about her attempts to control this behavior, and what she thinks and feels. During the session, it quickly became clear – also on the basis of earlier conversations – that Alice longed for unconditional love from Jeroen (and others). Ever since she was a child, she longed for the opposite of her experienced neglect and abuse. But the old anger and distress which she also felt in relation to her parents immediately surface if Alice starts feeling herself in the least injured in this longing by Jeroen's behavior. The thumper then loses her temper with Jeroen. Based on her descriptions, the therapist explained to Alice her hypothesis: Alice's behavior in relation to her husband is dominated by two parts of her person with contrary goals (cognitive-affective schemas) which are not coordinated. Alice accepted this hypothesis.

A second step was to look more closely at the internal logic of the part of the person showing the undesirable behavior – in Alice's case, 'the thumper' and to discover the function of this part within the whole. This step is also aimed at the initiation of contact between the two un-coordinated parts of Alice. By putting questions to Alice/the thumper, i.e., communication at an *interpersonal level,* the therapist gives a model for communication at an *intrapersonal level,* between adult-Alice and the thumper. We make use here of the typically human phenomenon pointed out by Hermans [1996], Greenberg et al. [1993], and Wertsch [1991]: Different cognitive-affective structures can be subjec-

tively experienced as different inner voices speaking in the person's head. 'The voices [of the self] function like characters in a story, involved in a process of question and answer, agreement and disagreement, each of them has a story to tell about his or her own experiences from his or her own stance' [Hermans, 1996, p. 33]. The 'internal logic' of one part of a person or "a voice" is the story of the relevant part of that person, i.e., the connections made between experiences lived through and the "logical" conclusions drawn from those experiences by that part of the person.

To understand the internal logic of the thumper, Alice was asked what the point was of the thumper choosing to lose her temper. After all, there are other options for dealing with anger and distress. The following (somewhat abbreviated) conversation then took place between the therapist and Alice/the thumper, in which the interests and the function of the thumper were clarified.

Alice: Letting off steam is a very old method of *getting attention*, of being seen. I wanted to be seen and I was right to want to be seen. If I am really honest I think: just put me back in the cradle and start all over again.
Ther: What strikes me is that you don't seem to see that you have had unconditional love and attention from Jeroen for some years now.
Alice: I am given that, yes, but I can't receive it.
Ther: What interest is served in not receiving it?
Alice: I'm terrified of losing if I really open myself to what Jeroen gives me.
           I don't really know what to do with love and attention.
           With my old way of getting attention [blowing my top] I learned to see myself as the center of the world; so I can't bear it if Jeroen also wants something back for his love.
           I am rotten to the core.
Ther: What you are doing now is rubbishing yourself and what you have achieved. Don't let yourself do that. Just ask yourself how the thumper helps you.

Mutual conclusion: The thumper has a *protective function* against: (a) the fear of loss, and (b) being deprived of love and attention.

The acknowledgement and acceptance of the positive function of the thumper within Alice's system of compensation or survival is extremely important. The thumper's behavior is undesirable from the perspective of the adult Alice, but the thumper has a vital function within the whole. The therapist hypothesized that, because of the thumpers' protection, adult Alice was able to have a love relationship with Jeroen. We think that 'undesirable' behavior should *not* be interpreted as 'maladaptive' and based on 'distorted cognitions', as is usual in cognitive therapies of abused people [Briere, 1992]. Within the internal logic of the whole person this functioning makes perfect sense. Trying to integrate the thumper by re-living and speaking about the terrors of the past may even cause new processes of fragmentation in the person and intensify primitive reactions [Miltenburg and Singer, 1997b]. We have argued for adopting the principles Vygotsky developed for handicapped and 'difficult' children: that therapeutic work should be positively based on the spontaneous methods of compensation and should provide tools to bypass their weaknesses and to assist further development of skills that the client needs in order to achieve his or her current goals. In Alice's case, this meant creating tools for communication and coordination between the conflicting parts of her person, without fundamentally destroying her system of fragmentation that she has developed to survive. At the dynamic level, Alice and the therapist concentrated on her will to achieve vital goals in her current situation, without provoking resistance by threatening the interests related to her system of survival.

We have referred to the usefulness of creation of a ritual. A ritual is a powerful *tool to achieve communication with parts of the person* that are fearful, angry, or disoriented (in Alice's case communicating with 'the thumper'), and that strive for goals that are in conflict with what other parts of the person want. A first condition for constructive inner communication is that the value of the apparently 'dysfunctional' part is recognized and its interests respected. Inner dialogues of the adult Alice with the thumper such as: 'fuck off, you are destroying what I have' probably serve to ensure that the relevant part of the person only acts up more powerfully. The 'adult' Alice was asked by the therapist to try to get inside 'the thumper' and together to construct a ritual that would match her internal logic. The following ritual originated in this fashion.

Step 1:   Show the thumper your recognition. She is your protecting angel, so speak to her accordingly. Not in spite of, but thanks to her there is still a relation with Jeroen.
Step 2:   When Jeroen also wants something for himself, say: Angel, if you really think it's about me, then just allow me to give attention to Jeroen, or otherwise we shall lose him too, and neither of us want that since Jeroen gives what we *both* want. You'd better believe it! Jeroen loves us.

With the help of this ritual, Alice more or less succeeded within a few weeks in averting the anger attacks directed at Jeroen. Rituals, however, are not something fixed that will always remain effective. Like any form of communication and internalization of external communications, they change over the course of time. Almost all clients succeed, if they understand the principle, in adjusting rituals on their own or in inventing new rituals.

The way rituals work as tools that give control over a person's functioning is probably based on the same 'laws' as those which, according to Vygotsky and neoVygotskians, operate in the relations between parents and children. Parents regulate the functioning of small children by together co-constructing a secure world with the help of verbal and nonverbal resources and communication [Fernyhough, 1996; Leiman, 1992]. By internalizing this communication, children acquire the means by which to regulate their own functioning. Language, for example, serves first an interpersonal and communicative function, and is then subsequently used for internal dialogues and as an intrapsychological instrument of thought [Vygotsky, 1978]. A ritual probably works because the therapist helps the client to *accomplish an inner dialogue between parts of the person that are pursuing conflicting interests* – a dialogue that is comparable to a dialogue between a child and a more experienced person. Only when effective words and gestures are found can the child, or the part of the person that is fearful, angry, and distressed, be led and reassured.

Thinking Skills for Guiding and Controlling One's Own Functioning

Vygotsky argued that not being capable of voluntary activitiesas a result of the underdevelopment of the higher psychological functions causes affective problems, that is, simple uninhibited reactions elicited by situational incentives. In his work, Vygotsky discusses this as a general phenomenon in 'difficult' children [Vygotsky, 1935/1993e, 1936/1993f]. On the basis of the research of Fischer and his collaborators, however, we might expect to find that abused people function on different levels of development, related to different dissociated cognitive-affective schemas, in which case affective

problems could be caused by the underdevelopment of mental skills in a specific domain. In the following we will illustrate how we used this insight during a therapy.

Kees is 48 years old, a journalist who for years looked after his chronically ill brother, recently deceased. As a child, Kees was neglected. He lost his mother when young and was brought up by his father under a rigid moral-religious regime without the least indication of how to give practical form to these principles. Kees presented the following problems:

> As soon as something happens that I find difficult, I am caught in my own emotions. As a result, I give myself no history. I can't learn from earlier experiences and remain stuck in emotions.

During the first session following the intake, the therapist asked Kees questions that might lead to an understanding of the internal logic of his behavior. One of these questions was to describe exactly what he thought in situations that he found difficult. In Vygotsky's words, the client was invited to reflect on the means by which he made use of his psychological functions [Vygotsky, 1936/1993f]. With the help of the therapist's questions, Kees arrived at the following reconstruction of his mental procedure in situations where somebody says something that he finds difficult.

> (1) He responds or takes a position, frequently in the form of a self-reproach, without knowing what the question or issue is.
> (2) On the basis of this, he makes for himself a general rule of behavior: an assignment for himself.
> (3) He then tests his own actions against this rule and subsequently curses himself roundly because he has not maintained it.
> (4) He then puts this question to himself: How should I actually tackel this? He doesn't know, following which he is caught in powerful emotions and is unable to control or give further direction to his behavior.

The therapist assumed that Kees' higher mental functions were underdeveloped in social situations that arouse anxiety. Because he stopped thinking, he lost control over his behavior and was overwhelmed by emotions; his acting on a primitive level intensified his feelings of powerlessness and anxiety. The following therapeutic steps were based on neoVygotskian theories of the development of thinking skills: (a) the tutor creates a *joint activity* to solve a common problem with active participation by the child as well as the tutor [Rogoff, 1990], and (b) questioning stimulates the development of metacognitive skills to reflect on (automatized) mental procedures [Gallimore and Tharp, 1990]. In the case of Kees, the joint activity was aimed at the development of a thinking procedure to regulate his emotions and to solve social problems. By putting out questions, the therapist helped Kees to reflect on the procedure he automatically relied on. For example: 'Do you think you can find the clarity and the footing you are looking for with this procedure? How do you solve problems in social situations that do not arouse anxiety?' This questioning helped Kees to transfer thinking skills he had already developed in other domains.

As a result of this joint activity, Kees developed on paper a new psychological tool, a mental procedure that matched his emotional reactions and objectives:

> (1) don't demand of yourself that you must immediately react; (2) step outside the situation and formulate clearly a question related to the situation at hand; (3) look to see whether you have sufficient information to answer this question and make sure you get the information you need; (4) nominate several possible answers and decide which is the best, and (5) extrapolate from that answer the behavioral implications for the situation and, where necessary, modify these afterwards.

This new mental procedure quickly led Kees to untangle, to a very great extent, the emotional mess in which he had previously been ensnared. Only the problems in relation to his partner needed a longer period of practice.

There are innumerable examples where thinking skills can help survivors to control their lives better. They may involve learning planning skills [Ohnishi, 1991], learning to get different parts of the person to work together (see Alice's case), or learning skills to relate the dynamics of thought (intentions) to the dynamics of voluntary activities [Vygotsky, 1935/1993e, p. 235]. They can also involve clarifying moral conflicts that cause emotional problems and developing one's own moral framework or higher affective formation [Miltenburg and Singer, 1998]. In this area of the development of thinking skills, therapists can obtain considerable support from insight developed by Bruner and Haste [1990]. Díaz et al. [1990], Gallimore and Tharpe [1990], Rogoff [1990] and Wertsch [1990].

Conclusions

In their introduction to the English translation of Vygotsky's papers on orthopsychiatry, Knox and Stevens [1993] state that 'Vygotsky forces today's psychologists to re-examine the question of how to "break out of biology's hold on psychology" and move into the area of higher mental operations based on cultural tools' [p. 21]. In this article we have tried to respond to this challenge in relation to the development and psychotherapy of people abused during childhood. A basic assumption in Vygotsky's theories is that all human beings try to master themselves from the 'outside' through the psychological tools and the development of higher mental functions. His theoretical accounts provide both a conceptualization of the singular methods of compensation developed by abused children and a conceptual framework for the study of the way new psychological tools assist development where it is weakest. In this respect a Vygotskian therapeutic approach provides an alternative to psychodynamic and cognitive therapies that focus on the cause and the re-living of affective reactions to the 'original' traumatic experiences.

A Vygotskian approach probably has many therapeutic techniques in common with current cognitive approaches. However, we think that his theoretical accounts, enriched by constructivist theories of emotional development, can lead to deeper insight into the relation between development and education in therapy. Further, a Vygotskian approach shows how neoVygotskian studies of 'normal' development in educational contexts may be applied in the therapeutic context.

In this article, we have been able to give only a few examples of how such Vygotskian concepts as the ZPD, new psychological tools, internal logic, and the underdevelopment of higher mental functions provide a logic to therapeutic practice. In our experience, the development of higher mental and volitional functions connects with the deep longings of many survivors for a situation in which they are not dominated by others, but are able to construct their own lives.

Acknowledgements

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