ASSESSMENT

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The latency age period encompasses the confluence of two processes: the experience of childhood and the traversal of the developmental defile from which will issue the characteristics of adulthood. Those who assess the latency-age child must be alert to impediments to and digressions from normal and effective functioning in both processes.

Normalcy

Definitions of normalcy vary from society to society. Appropriate behavior in childhood and the type of behavior that is expected to develop in the adult vary from group to group. Likewise, cultures will vary in their encouragement of maturation of psychological resources in managing the multi-potentialities of personality in the latency-age child. In both the child and the adult-to-be, variations from what is commonly accepted in Western society should not, without reference to cultural norms and childrearing patterns, be defined as pathology.

Evaluation of a latency-age child requires a background knowledge on the part of the examiner of the definitions of normalcy in the child's culture of origin. The knowledge resolves into two zones. First are the expectations the society has for the behavioral patterns of the person while he is still a child as well as the expectations the society has for the person when he becomes an adult. The second of these is a knowledge of the expected influence of various types of child-rearing techniques and latency-age psychopathology on the development of the adult personality. The examiner needs background so as to be able to know whether the child's current situation is aberrant and whether it will give rise to unacceptable and pathological behavior or adjustment in adult life. A society that places the hallucinating child in an exalted position may not recognize the potential liability in the nonfunctioning adult he will become if the hallucinations are part of a deteriorating pathological process.

One must know what is considered to be normal in the culturally unique situation, as well as what is universally accepted as the average expectable range of personality organization of the normal child.

A child who appears to be functioning normally may be doing so as the result of the development of a set of mental mechanisms that produce acceptable behavior in the child, but will result in ineffective functioning in the adult. For instance, a well-behaved child in the latency age period may use fantasy to an extreme degree to cope with the stresses of living with aggressive and abusive parents. As a result of withdrawal into fantasy the child presents a quiet calm and educable image, and appears capable of coping during latency. He would be described superficially as perfectly behaved and normal. Yet this could be misleading. Fantasy as a means of coping is appropriate for a limited time only. If the fantasy world continues to dominate the child's adjustment through adolescence and into adult life, there will be difficulties. The appeal of fantasy will draw the person's energies away from confrontations with reality, and the ensuing failure to meet life and deal directly with its tasks will lead to withdrawal, unrealistic expectations, and an ineffectual adulthood.

Phenomena normal to certain cultures may mask the existence of severe pathology. While working in a clinic in an area where many children attended parochial schools, I was struck by the number of youngsters who reported hearing the voices of deities. I was told that this conformed to the teaching in the local schools, and that the behavior was honored and considered normal by parents and teachers. These voices were not pathological. They were an example of the working of culturally encouraged auditory memory potentials. Reported auditory and visual hallucinations were not to be considered as indicators of mental illness, and could not be used in evaluating a poor sense of reality in this population. Greater emphasis had to be placed on guardedness, projection, poor functioning, and poor peer relationships as indicators of psychosis.

Conversely, a primary and exaggerated use of projection during latency unaccompanied by impairment of object relations (such as fear fantasies when alone or when going to sleep), though creating much pain for the child, does not preclude a normal and healthy adult emotional life. It is difficult to predict adult pathology on the basis of manifest fear fantasies alone, including those that are adjustment-destroying, in the latency-age child. The child is still in the process of maturing and developing. Adventitious events that could shape the course of emotional growth have yet to occur. Without knowledge of these events and the degree to which they may cause immature defenses to persist, attempts at predicting the outcome of that which they influence become perilously fault-strewn. One needs knowledge of that which is to come in the child's life. There are the as yet unexperienced

happenings, events and relationships of early adolescence. These will influence the transformations of the cognitive skills and ego functions of children that occur during late latency-early adolescence. The success of maturation depends on these transformations. Whether persecutory fantasies will be transformed by sublimation into art, or will cast the youngster and the adult he is to become into a narcissistically dominated world of fear, depends primarily on two factors. The first involves culturally and environmentally oriented adolescent experiences (e.g., parental or social encouragement or discouragement of removal, the adventitious coming true of a fantasy or one of its derivatives). The second is internal. It deals with the innate potential of the child to cathect reality more strongly than his own inner fantasy life. The first, adolescent experience, is unpredictable since it is so dependent on adventitious events and acts of fate. The second, reality testing, is inherent; pathology in the development of this function is a derivative of innate or internalized limitations of the capacity to cathect reality. In pathological states there is impairment in the ability to give priority to external events ahead of the seductive draw of inner-life fantasies. Magic, narcissism, and intuitive thinking are served by and support the dominance of the inner world over the sense of reality. In healthy states there is strength in the ability to give credence to the external reality one can touch and test in preference to the siren song evoked by a sense of reality that one feels within and applies to the world without. Neurotic, fantasy-dominated life patterns persist in those bound by this pathological form of apprehension of reality.

Potential impairments in the innate capacity of a child to cathect reality can be evaluated during a playroom-oriented psychiatric interview. If the child's emphasis during the play interview is on the communicative aspect of his play, rather than excluding the interviewer from knowledge of the meaning of the play, the likelihood is that an adolescence fantasy will not dominate over true object seeking. (For a full description of the clinical aspects of this point, see Chapter 13.)

In evaluating persecutory fantasies and projection in the latency-age child, the time of day at which fantasies occur has diagnostic importance. In the absence of contradictory evidence, the presence of dominating daytime persecutory preoccupations in the latency-age child points toward an impairment in the symbolizing function. One expects the fear fantasies of childhood to be better symbolized and masked, or at the least reserved for the hours before sleep and other witching hours. A lack of such reserve is a precursor of overcathexis of fantasy in adolescence. Indeed, it is considered a sign of poor functioning during latency for a child to focus his full attention on persecutors. This is especially so if the

child tends to change the pattern of his life, withdrawing to hide, or to avoid teasing and persecution at the hands of peers. Isolated persecutory fear episodes require evaluation of the context of ego functioning, but the pervasive presence of projection, persecutory fantasies, and their derivatives presage a greater-than-average difficulty in attaining health through the trials of adolescence. Latency fear fantasies in which aggression is projected or expressed in poorly and inadequately displaced symbols may be early manifestations of a lifelong difficulty in dealing with one's own aggression.

Normal children recognize the bullies and seek friends elsewhere, giving little heed to the mean ones once they are out of sight. Children who have difficulty dealing with their own aggressive feelings find themselves preoccupied with bullies, occupied with bullying others, and being bullied in turn. Bullying serves only too well as a means of expression of and, through projection, as a symbol of their own aggression. These children migrate to that stratum of childhood society in which aggressive interactions dominate in the relationships between people. Such a state of affairs may presage difficult, sadomasochistic object relationships in adulthood.

The predictive value of such behavior is strong, but not foolproof. One can predict the fantasies that will dominate the adult from the dominant fantasies of the latency years, but one cannot predict acts of fate that will occur during early adolescence. External events shape the defenses and alter the emerging quality of the cognitive capacities that will influence the defensive structures to be interposed between fantasies and their derivatives in adolescence and adult life. Because these events are not foreseeable, we cannot predict with certainty the future of the child. Yet we know that the less reality-oriented the latency-age child, the greater his vulnerability in early adolescence, the greater his sensitivity to stress, and the greater his difficulty in avoiding neurotic patterns in adulthood. More specific prediction would require knowledge of the internal strength of the child's ability to cathect reality and the stress and influences of the external life events (deaths, identifications, fads, introjects, peer pressures, and so on) that will contribute to the patterns and shapes of the defense organizations of the growing child. Only that information would allow us to foretell whether persecutory fantasies will be the basis for later paranoid states, neurotic fears, philosophical systems, or a transmutation into creative structures through the interposition of sublimation.

The emergence in adolescence of an innate talent such as the ability to write or paint may shape the

outcome of a sadomasochistic fantasy in adolescence. A strong capacity for artistic sublimation can provide a safety valve, not unlike the fantasy function of the structure of latency, for the expression of sadomasochistic fantasy derivatives. For instance, an outstanding novelist tells of the "paradigmatic image . . . in childhood . . . of how the larger world—the world outside the home, the schoolroom, the library—is constituted" (Oates 1982, sect. 7, p. 1). She describes an inevitable, melancholy, and tragic image, which found expression in cruel persecutions at a rural schoolhouse. She was "repeatedly—sometimes daily—tormented by older children . . . pursued across a field funnily called a playground" (p. 1). As an adult she finds herself immune to the barbs of those who are the critics of her published works, which she describes in terms of "violence in the lives of fairly normal people" (p. 1). We see that preoccupations with persecution in the latency age period may not give rise to a borderline adjustment if sublimatory strengths drain them of their venom. The successful author in question gave evidence from early on of an ability to process stressful inputs with writing. Those lacking such a felicitous endowment, and having a penchant to repeat painful traumas (strong repetition compulsion coupled with maturational lag in the shift from evocative to communicative symbols, coupled with intense narcissistic cathexis of fantasy in preference to reality) will find their lives at every turn dominated by their paradigmatic world view.

Where circumstances do not provide the culprits, neutral situations may be enlisted to serve as manifestations of the dominant fantasy theme. In the latency years the preeminent role of fantasy and the cruelty of children combine to reinforce distortions. Impressions and reactions are strengthened in the mind of the child already dominated by a neurotically informed approach to the interpretation of life experience. They become characteristic of the child. Repeated reactions based on this dynamic provide an early warning of masochistic patterns on the march, ready to assert hegemony in fast-approaching adulthood. Where persecutory fantasy is persistent and crowds out other mental content, in the absence of signs of sublimatory capacities that could dissipate the impact of fantasy, psychotherapeutic intervention is indicated. Err on the side of safety.

The Nature of Latency

The best indicator that sublimation will be strong in later life is the ability of the latency-age child to produce "states of latency." As discussed in Chapters 2 and 3, these are periods of calm, pliability, and

educability, coupled with superficial asexuality, providing the emotional context for the child's acceptance of education. A state of latency is called upon when stress threatens. Though possible as early as 3 years of age, states of latency do not become dependably available until the child is about 6 ½ years of age. At that age there has been sufficient cognitive growth in abstract capacities to permit the child to evaluate situations and select a latency state as appropriate behavior. This decision to be calm is often automatic. It is effected through such mechanisms as reaction formation, repression, symbolization, regression, and fragmentation. The organization of a state of latency is first developed in relation to the child's confrontation with the problems of the Oedipus complex. Essentially, states of latency are induced when the latency mechanisms of restraint are enjoined to control anal-sadistic activities and fantasies. The latter are activated in this circumstance by defensive regressions in response to the dangers of oedipal fantasies. Should stimulation intensify oedipal sexual fantasies so that they threaten to overwhelm these regressive defenses, the structure of latency serves as a psychological safety valve, providing an independent pathway for the masked discharge of sexual and aggressive drives. Therefore the child who is capable of producing states of latency is able to adjust flexibly to all manner of variable stresses.

As the child moves towards adolescence, his symbols become more derived from reality elements and less derived from fantasy. As a result of this normal metamorphosis, the manifest fantasies evoked to deal with humiliation, defeat, or the intrusion of proscribed inner wishes take on more of the coloration of reality. Eventually the fantasies of the structure of latency, now constructed of realistic culture elements, become the realities of future planning.

To assess the functioning of a child, one must evaluate the strength of the structure of latency. This provides information on the child's capacity to deal with stress and the emotional factors which have become impediments to learning. In addition, one gains data for prediction of the child's capacity for future planning as an adolescent and an adult.

Any of the mechanisms of defense that help produce states of latency may falter and give rise to an impairment of function. Therefore, the evaluation of a latency-age child who is in emotional difficulty requires evaluation of the ego organization. One looks to see whether the child has entered latency at all. If not, is the failure due to a lack of social influence, an impaired symbolizing function, concrete thinking,

overstimulation, or a combination of these elements?

Some children have a completely intact ego organization, yet become disorganized during the latency years. These children even give a history of having produced states of latency. Less-organized misbehavior in the child who has shown a capacity for states of latency usually indicates that there has been a regression. In these situations one should look for stimulations that have overwhelmed the structure of latency, resulting in such a high cathexis of fantasy contents that the child sees the fantasy as almost real and so moves the fantasy out of the arena of play and into the realm of action. This is to be looked for especially when there is a repeated pattern of stealing or misbehavior. The structure of latency has failed to absorb the additional pressures and there has been an intensification of the energies on the regressed anal-sadistic level. Reaction formations and obsessive compulsive defenses, employed by the normal latency-age child to hold his drives in check through the latency mechanisms of restraint, are brushed aside in these regressed children, and rage dominates.

The Symbolizing Function

Any evaluation of the latency-age child must take into account the quality of the symbolizing function. This ego function is one of the primary building blocks of the structure of latency. No matter what other mechanisms or adjustment patterns the child may have, the structure of latency provides a defense of last resort, particularly in dealing with the interface between the drives and the world. Why? Simply because the child lacks both the stature to use aggression effectively and a mature primary sexual organ to express his sexual drives.

In the latency-age child, the symbolizing function serves as an organ for the expression of sexual drives. Faced with humiliations or tasks beyond his ken, the child with an effective structure of latency can always turn inward for comfort. There he can fall back into a web of symbols, which, woven into a kind of mythic map, can be used as guide to a land where his power and self-esteem are reinstated. Thus restored, his energies are freed to pursue the business of the day. Personal fantasies and myths are evoked that may be used to organize play while releasing the child from tensions that would interfere with his capacity for calm.

A child whose symbolizing function can support latency enjoys the details in movies, plays, and TV programs. A child with impairments in the symbolizing function watches TV for the excitement of its fights and noise. To evaluate this difference, it is only necessary to ask the child to tell you about a favorite TV show or movie: the child with an immature symbolizing function will tell of the excitement, while the child with mature symbolizing will tell the story.

Children with impaired symbolizing functions may have an inability to recall dreams because they do not dream actively, which would entail producing their own symbols. One youngster I treated for failure to enter latency once plaintively asked me to give her a dream so that she could sleep at night and be good. She was afraid to sleep, dream, or fantasize because of the failure of her symbolizing function to produce symbols that would be sufficiently displaced to mask meaning and not produce uncomfortable affects. The symbols she produced were affect-porous. With affect-porous symbols, though displacement occurs, it is not of a magnitude that will take conscious attention away from the concept-linked affects that interfere with functioning. Such symbols as fire, shadow, flood, and pursuers are common examples of affect-porous symbols. Children reporting dreams containing affect-porous symbols should be interviewed with the thought that poorly controlled behavior in the waking state may be a sign of interference with latency related to the presence of these symbols. Affect-porous symbols cause the rejection of waking fantasy as defense.

Dream (oneiric) symbols and play or waking-fantasy (ludic) symbols are very similar in structure and function. Impairment in one may indicate impairment in the other. (Ludic symbols—toys and playthings used as symbols—are normally present during latency, but not after the onset of adolescence. This explains a major difference between psychotherapy in latency and adolescence: oneiric and ludic symbols can be used interchangeably with latency-age children, but the adolescent rejects ludic symbols.) The latency child lives by them. Therefore with the latency-age child, play may be adapted to therapeutic pursuits and used to encourage free association among his symbols. Thus a child with bad dreams may be induced to use dolls as the characters in his dreams to work out conflicts from his dreams in play. He can associate to dreams through the use of ludic symbols in play. Thus a 6-year-old boy, whose brother had gone into convulsions and had fallen onto the patient as he slept, was beset by dreams of a monster falling on him. He was encouraged to draw a picture of the monster. This was cut out, mounted on cardboard, and placed on a stand. For a few months, the boy played out a game in which this figure

daunted and haunted a child. Repetition was associated with diminution of his dreams and eventual recovery.

The normal transition of symbolic forms through the latency period provides a further guide in assessment. At first, the symbols tend to be amorphous images whose very vagueness helps to hide the real meaning of the persecutors or adversaries. Ghosts are typical because they don't look like parents; the appearance of parents or animals at this stage as symbols is a sign of immaturity. At about *8 ½* years of age, the symbols should begin to become more anthropomorphic. They are seen as real people seem to look. The fantasy is woven around symbols whose sole representations are in the minds (psychic reality) of the children. The primary developmental trend of the march of symbols through the latency period takes the manifest symbolic forms away from the inner world of the child and towards a content drawn from reality. By the time the child is 12 years of age the anthropomorphic figures should be more human but still should exist only within the mind. With adolescence, the symbols consist primarily of realistic figures who exist on their own (people in the environment) who are, for the benefit of the fantasy, enlisted to play a role. Symbols that do not hew to this developmental line tend to be affect-porous and to interfere with development of the structure of latency. Obviously, the 11-year-old prepubescent schizophrenic child who sees the little green people peering at him has failed to progress in this area of development of the symbolizing function.

The way that symbols are used can be as telling as the maturational level of the symbols. For instance, symbols that evoke the moods and memories of the child with little concern for their communicative value are more pathological as the child gets older. Typically, the child who uses evocative symbols to the exclusion of communicative symbols will turn his back to the interviewer when he plays and will answer questions about the play with only a grunt or "Wait, I'll tell you later." The answer never comes. This finding is a forecaster of self- and inner fantasy-cathexes at the expense of relatedness and reality. It indicates a failure to break free of fantasy in the move toward adult life.

Superego Function

The maturational march of cognition during latency is one of the most striking and most neglected aspects of that developmental period. Cognitive growth supports changes in learning styles, symbol

formation and the nature of the superego. One of the most reliable indicators of adequate cognitive competency for the development of states of latency is the comprehension of the concept of guilt. As discussed earlier, by 6 years of age a child should be able to define guilt as feeling wrong about doing or wanting to do something proscribed. The child who defines guilt as "feeling bad 'cause you got caught" for doing something wrong reflects a primitive form of superego and a weak capacity to form a structure of latency. By and large, children with latency potential have a capacity for abstract conceptualization about concrete situations sufficient to choose appropriate behavior in appropriate surroundings. Such behavioral constancy makes it possible for the child to attend school and go on a visit unaccompanied by the parent.

A developmental march also characterizes the vicissitudes of the superego in latency. Strictures on masturbation dominate from 6 to 8!4. After that there is some relaxation of restrictions in general, resulting from internal cognitive changes. This enables the child to function safely on his own recognizance in new situations calling for more mature judgement. As a result of these cognitive changes, the child need no longer hold strongly to concrete verbal memories of parental demands, which produced the rigid conformity typical of early latency. As cognitive maturation progresses, abstract concepts begin to replace words in memory, and as a result more discretion and less rigidity characterize the child's decisions about acceptable behavior. In late latency, parental admonitions are joined by new influences— peers, films, and teachers—in the armamentarium of possible responses to situations. Behavioral constancy begins to look less "constant" to parents, whose ethical advice and proscriptions are more often bypassed. By 9 years of age the break may become so great between parental admonitions and peer pressures that the process of ethical individuation becomes prematurely apparent.

Parents and Assessment

There are two basic approaches to the assessment of a child during the latency years. One is the interview with the parent, the other the interview with the child. Most practitioners tend to emphasize one approach or the other. The information presented in this chapter assumes a primary emphasis on the interview with the child. In this view, perhaps the most effective use of the parent interview is to help establish the focus of the interview with the child.

Rarely can a diagnosis be established solely from the parent interview. Rather, a zone of pathology may be identified within which the approach and questions to the child can be organized. The parents' extensive knowledge of longitudinal patterns preceding pathological states make it possible early in the parent interview to detect the prodromal signs of pathological processes, and once one clue or sign is detected, other related signs can be asked about. Often, all the pieces of a pattern come tumbling out together. The subsequent interview with the child is then used to disprove or confirm the suspicions suggested by the parent interview, and to identify the seriousness of the condition.

The Spectrum of Normal Latency

Definitions of normalcy vary from society to society, and this is especially pertinent to the state of latency. Latency is not obligatory; the presence or absence of states of latency is therefore not the sole factor in determining whether the personality organization of the latency-age child and his manifest behavior are within expectable limits.

In primitive societies latency is not encouraged, and is rarely present. Its absence is part of the fabric of the culture. Without latency, the child is free to perfect the verbal concept memory and concrete thinking necessary for conformity in a society based on magic, myth, and rote recall. In industrial cultures, however, latency is invaluable. It provides the capacity to understand the intrinsic nature of the natural world and the abstractions through which the society organizes, understands, and adapts to it.

An absence of latency states thus presages limitations in function in adulthood which are a great handicap in industrial society. Inconsistent, impaired or absent latencies are common in children of certain low socioeconomic (SES) subcultures. This is not a state of pathology. It is an aspect of the transmission of culture. Though not an illness in the individual child, it reflects disorder in the body politic: some children are being shaped for limited potential in their adult years.

States of latency calm permit the child sufficient freedom from preoccupation with his own frustrations and anxieties to facilitate the transmission of culture patterns mediating success in complex societies. This is the ability to appreciate the essential and intrinsic nature of events and processes in such a way that abstract concepts are easily learned and, once learned, easily recognized even when

changed in outward appearance. Thus a businessman may recognize the patterns of failure or faltering function in his business early enough to change his course of action and save himself and the business. One can thus learn from experience, and appropriately evaluate potential danger in new situations, rather than depending on rote learning, magic, and hope or fear of divine intervention. If the use of abstract thinking is not encouraged, prized, or admired, even children normally endowed with ego mechanisms and free of states of continued excitement will fail to acquire it. They will instead acquire the traits of adjustment of those around them, including concrete thinking and little energy for the calm pursuit of goals.

In evaluating impairments in abstract thinking which result from an aberrant form of latency (aberrant from the industrial culture point of view), one should look for causes of impaired latency states that transcend cultural factors alone. Latency, after all, may be impaired in the presence of conditions intrinsically characterized by concrete thinking (such as organic brain disease, certain forms of learning disability, and schizophrenia). Any condition that may result in impaired development of abstract thinking, abstract-conceptual memory organization, and their derivatives (deaf-mutism, stuttering, autistic thinking, identical twinning with little differentiation, severe oral character pathology, auditory memory retention difficulties, etc.) puts the child at risk for an impaired capacity to enter latency. In the latter conditions, the potential is intact for the perception of intrinsic characteristics, the creation of a body of memory data, and the use of abstract memory in evaluating new situations. There are, however, impediments to free communication with persons sufficiently differentiated and sufficiently regarded to serve as models for changing ways of thinking. The stutterer may only rarely find someone with the patience to hold lengthy abstract conversations with him. The twin may value the twinship above the world, and the autistic thinker his own thoughts and ways of thinking above the world. The person with memory retention problems values others, listens, and often finds a communicant, but the newly gained knowledge does not acrete to form a body of knowledge that may be used to comprehend the world on an abstract level. The deaf-mute and the blind deaf-mute, like the stutterer, require a teacher with great patience to help him fulfill his potential to master abstract operations in dealing with abstractions. In all the conditions described, latency and the future potential for progressive improvement in adjustment are threatened. For this reason, these conditions must be kept in mind when evaluating failures to enter latency and apparent cultural suppression of the development of abstract thinking, undermining states

of latency.

The therapist who evaluates a child from a background which encourages adjustments other than latency states in late childhood must be wary of judging as pathological a pattern of emotional growth foreign to his own. In treating such a child, one must be aware that, in the course of therapy, cultural roots may be severed that would have provided in adulthood the ability to join in or empathize with the mental life of the community. Murphy and Murphy (1974) describe a tribe in which children who have been taught to abstract during years in a mission school were ridiculed upon return to the tribe until they lost all vestiges of foreign modes of cognition.

To better understand the nature of latency in low SES groups and in children from primitive social backgrounds, let us turn to a study of the characteristics of these groups.

Latency in Low-SES Groups

It is necessary to define the types of the low-SES groups whose period of latency potential we will be studying. Weekly income has at times been used as a criterion; however, there are entire nations with average incomes far below the average income of people who in our society are considered to be deprived. Their populations are not considered disorganized or in need of social assistance. This may be because they gain subsistence from hunting and farming, and their cognition fits the adult needs of the community. The transmission of culture elements necessary for adult success is built into their educational system and their parent-child interactions. They form stable societies. Their latency years are conducted in a manner consonant with their culture and the mental cognitive needs required for adult success. These groups are not referred to in the discussion here.

In discussing low-SES groups I refer to groups whose latency years provide a cognition which is discordant with the dominant culture. Their potential for cognitive development is shaped by their environment and parenting in a manner that may permanently interfere with the achievement of success as it is defined by the portion of society that organizes and rewards educational and professional achievement.

In low-SES environments there is often both a lack of example and a high level of excitability. Both

militate against the calm pursuit of goals, abstraction, reflection, and ordering and reordering of priorities that come with an inspected life. There is essentially a lack of contact with the cultural elements necessary for success in the dominant portions of society and failure to achieve states of latency calm. These conditions militate against the transmission and acquisition of the personality tools needed to move comfortably and with comprehension in the world of abstractions, predictions, and economics that must be negotiated if one is to succeed.

Children at risk for culturally discordant latency years have parents whose lives contribute the following high-risk factors: low priority given to academics, verbal skills, and self-reflection; single parent with insufficient job skills; parental figures chronically in conflict with the law; parental figures chronically unemployed; drug use and alcoholism in the parents (Chandler and Roe 1977, p. 26).

Biological Givens in Children Whose Parents Have High-Risk Characteristics

Many children with low-SES parents with high-risk characteristics have a biological endowment, on average, that would impede the valuing of others and would alter appropriate responses to the world. These influences on the organization of a child's behavior are obviously present long before the latency years. Chandler and Roe (1977) compared the behavior of neonates born to parents with high-risk characteristics to that of a control group. Neonates were studied in order to determine innate behavioral responses, uninfluenced by either parental behavior toward the child or social expectations. The authors found that "prenatal factors, having no obvious physiological base, associated (at a statistically valid level) with the parental social environment, may affect the newborn's behavioral outcome" (p. 25). Specifically, the children "demonstrated less (response) to pinprick, less responsiveness in cuddling, required more intervention in consoling, [were] more excitable, and [were] less successful in self quieting activities" (p. 28). In brief, they were less involved in external stimuli, had more inner excitement, and had more difficulty in achieving self-control through self-quieting activities. While not self-modulating to the average expected degree, they were also less susceptible to modulating influences from the world. It is suggested that during the latency years, cultural influences encouraging states of latency might be ignored as a result of this relative insensitivity to external influences on personality growth.

There are parallels between the profile of the neonate born to parents with high-risk characteristics and that of the latency-age child from any socioeconomic group who fails to take advantage of available ego mechanisms and to enter into states of latency. This implies the existence of factors which, in the view of industrial society, would be deemed pathogenic. In terms of the cultural subgroup these factors actually help to preserve its customs and traditions from change. Whether predisposed or not, all children of such a group are introduced to the patterns of their people. The therapist should be aware of the ambiguity surrounding these patterns of character development wherever disparate cultures are in close contact.

The parallels between high-risk groups and youngsters from low-risk groups who have failed to enter latency lie in impairment in communication skills. In both groups, there is less involvement with external influences and communicative activities than in the normal latency-age child. They are preoccupied with inner needs, and are known for their responses to inner excitements. By definition, children who fail to enter latency have difficulty in achieving self-control through self-quieting activities.

The Influence of Latency on Later Life

The structure of latency provides an outlet and safety valve for the effects of sudden, especially strong, or unexpected stimuli. Self-quieting occurs in the form of secondary fantasies containing symbols so masked that they appear to the uninformed to be nothing more than innocent play. These secondary fantasies are produced as the result of repression of primary fantasies aimed at more destructive outcomes. The primary fantasies are fragmented, and the subsequent symbolization of their elements permits their return to consciousness in benign forms which are potent in their capacity to provide discharge for drives that have been stirred up and if unchecked would have destroyed the state of latency of the child.

Without the mechanisms of restraint or the structure of latency, there can be no calm within which to practice the mental activities required for the acquisition of cognitive skills which are in turn necessary for success in our society. Children with these impairments in communication skills avert the social influences conducive to states of latency. Parents and social situations may introduce so much stimulation that the capacity to establish states of latency is overwhelmed.

Parents who become overexcited or resolve periods of conflict with outbursts of rage or intuitive responses undermine in two ways the child's capacity to achieve states of latency. First, they interfere with the production of states of calm in which the child is receptive to learning. Second, they set examples for identification with disruptive behavior that interfere with development of the capacity for calm reactions and the ability to evaluate the effect of immediate behavior on long-term goals. By example, by failure to provide precept and through the absence of the calm required for reflection, the child's potential is compromised. The capacity to resolve difficulties by thinking through to the intrinsic characteristics of a problem before arriving at a creative solution is undercut.

The child who does not develop the ability to produce states of latency is ill-prepared to proceed in his development to the more mature levels of behavioral capacity that the structure of latency presages. For instance, the gradual harnessing of the fantasizing function to reality-based future planning does not occur, resulting in a poor organization of the time sense and an inability to cope effectively with humiliations and problems.

It can thus be seen that failure to enter latency may have a marked effect on mental function in later life. Future planning, abstract thinking, patterns of thought associated with comprehension and interpretation of the world and events, delay in response to intrusion or insult, and use of symbols and fantasy as defense may all be impaired. Hence factors which discourage the development of states of latency will tend to restrict many personality skills required in competitive adult life. The culture of low-SES groups impedes such development.

The mechanisms and psychic events of latency state production are germaine not merely to the psychology of the moment. They are part of an ongoing developmental series that transcends the latency years. With this in mind, a number of writers have concluded that a successful latency is necessary for a successful integration into modern society. Hippler (1977) has stated that "the capacity to develop and institutionalize scientific thinking is . . . related to the percentage of a given population which utilizes the latency capacity, or the degree to which it is done" (p. 433). Campbell (1959) noted that "It is during the years between six and twelve that youngsters in our culture. . . develop their personal skills and interests, moral judgments, and notions of status" (p. 78). Latency is a life phase. One of its characteristics is a series of tasks involving cognitive maturation. Failure to complete these tasks may produce a

disordered adjustment to cultural pressures in adulthood.

Normal and Variant Development of Latency-Based Cognitive Skills

The impact of latency development on later life has its roots in variant developmental aspects of latency-based cognitive skills including the development of self-image, the handling of symbols, and the appreciation and utilization of wealth. These are discussed below.

The child from a low-SES group experiences interferences with the development of latency which, though considered "normal" in his cultural context, truncate his potential to function in modern society. It is a remediable condition. Parental and community cooperation and understanding are essential, however, should a course of action be attempted that is aimed at interdicting these interferences, especially in the area of cognitive development. Cognition as used in this context refers to the way that an individual organizes his perception of the world. The nature of this organization is influenced strongly by educational and environmental factors. Through educational contacts with the literature and epic tales of the culture, ways of thinking and moralities are transmitted. As Foley (1977) has pointed out "the epic genre encodes cultural attitudes, beliefs, laws, and customs in the action of its heroes" (p. 134). All societies convey these elements through traditional tales. In literate societies, this is done more efficiently by individuals with the skills and the latency calm to read. Indeed, through the written word, attitudes and means for solving problems may bridge, and even skip, generations. Wisdom becomes codified and catalogued. When a culture possesses written wisdom as a base, it can change, expand, adapt, and reach new levels without transgressing the bounds of its traditions. The written word becomes, in Thomas Mann's phrasing "the tablets of knowledge . . . the seed corn of future wisdom . . . everything can begin afresh from the written seed" (1963, p. 18). Latency renews in each generation the tools for reaping written wisdom from the fields of culture.

The abilities to comprehend abstractions and to read are basic tools in literate societies, making it possible to gain the mental and cognitive equipment needed to partake of culture. A subculture that interferes with latency deprives its children of the passport to the world of the dominant culture. Such tools are not the contents of his culture; they are solely a means of acquisition. The definition of a culture lies in the cultural contents (belief, laws and customs), ethics, and style of thought and cognition that

children acquire during latency. In primitive societies, which require rote learning, mythological education, and ritual, retention of the verbal conceptual memory organization as the primary memory mode is a key to the survival of the culture, rigid and unchanging though it may be. In industrial societies, however, failure to achieve an abstract conceptual memory organization limits the socioeconomic mobility of the individual.

Normal and Variant Development of Self-Image

Within all societies there is social stratification. There are tiers of increasing privilege, set one above the other, with limitations on the mobility between levels. This exists whether the stratifications involve distinctions in wealth or in political power and position. Some of the most humiliating experiences that a person may undergo involve the enforcement of such social barriers. The low-SES person, being at the bottom of the ladder of privilege, must develop an awareness of these limitations and an acceptance of them if he is to live life without continuous conscious and incapacitating rage. It is during the period of latency that the child of a poverty family is first able to become aware of these barriers, to understand the position of his family in society, and to deal with the bruises of social limitations.

How is this done? At first, latency-type fantasy activity produces rationalizations heavily spiced with denial as a means of adjusting to social stratifications. Shared fantasies are evoked, such as "It's better to be poor, because all rich people are unhappy." Identification with the aggressor becomes important at this time. The child accepts his family or ethnic group as inferior or unworthy. In this he identifies with the opinion of the dominant group. These distortions of self-image may persist into adult life and contribute to a failure to try to improve oneself and a bypassing of opportunities. By way of reaction to identification with the aggressor, there is an elevation of the peer group in the mind's eye of the child. The peer group is praised through the use of jingoistic phrases and latency fantasies of grandeur. Unfortunately, the elevation is derived from fantasy sources, diverting energies from a strengthening of the child in reality. At once, two things happen. First, the group is weakened, since the status quo in reality goes unchallenged. Second, the child's rejection of the ways of the other (socially dominant) group excludes him from success on its terms. Thus the dawning awareness of status and the tendency toward denial in latency conspire to strengthen the boundaries of caste.

Until about 12 years of age, children from poverty backgrounds use denial to place their parent's holdings on a par with anyone's. This undermines motivation to work in school to better oneself. In over five years of observing low-SES children in foster home and cottage settings, my colleagues and I observed that latency-age children complained about the good food of the institutional home, while extolling the meager fare that they ate on home visits. These children might insist on returning to a home that could neither support nor tolerate them, and we found it best to delay any further visits to the home until after the age of 12. Children of this age were better able to evaluate the situation realistically. Before the close of latency, fantasy denial permitted the child to ignore the real defects of the home, and undermined motivation to do well in the agency setting. Many of the children were eventually offered college scholarships, but most declined, preferring to return to their old neighborhood. As one child put it, "I'll fit in better there."

Normal and Variant Development of Fantasy

Among poverty groups, latency-age children with the capacity to develop fantasy may still be at risk for the development of an impaired competence in the use of symbols. Fantasy formation is not always of the type that provides comfort and discharge, thus calming and preparing the way for educability. Fantasies may instead become trial actions which prepare for attempts to draw fulfillment from the world of reality. Overstimulation, from either family members or social situations, may prematurely provide real gratification. When the world provides fulfillment in response to an action produced by fantasy, normal progress towards less magical means to achieve goals will stop. Fantasy, having proven itself to be a way to control the world, takes center stage. Symbolic, magical gestures and rituals are emphasized. Intuitive and ritualized approaches are reinforced. Abstract conceptual memory organizations get short shrift.

> A 10-year-old boy from a severe poverty area in Brooklyn failed to apply himself in school, though he was bright and well enough organized to succeed. He was a sturdy, good-looking youngster with a single gold ring in his right ear. His fantasy was to be a "street dude." To him this meant patterning himself after older youths he had seen who he claimed lived off the street, stealing pocketbooks from old ladies, and "selling." At the age of 10 he could live like a grownup with money "of his own." More specifically, he could live like one of the grownups he admired. Reading, school, education held no promise for him that could equal the magical short-circuit to manhood provided by acting on his dreams. His world's response to his actions had little to do with causality and design; more likely, they had to do with accidents or customs. No matter to him. He saw himself as one of the controlling masters of his milieu.

In the evaluation of low-SES children for fantasy and symbol skills, there appears another latency-

age pattern. There are some children who have little competence in the use of symbols for fantasy formation. They fail to enter fantasy states, and are therefore limited in their ability to attempt the trial actions for which fantasies would have provided the plan. They need leaders or bosses to follow. Their skill levels are low. Their hopes are shallow, as are their abilities to plan through fantasy or to conceive of better ways and times. They do not seek improvement of skills to levels beyond their ken or beyond their limited hopes. Their skill levels remain low, and so they continue in poverty. I recall one such child whom I saw through a psychotic episode. Because of his poor capacity for symbol formation, his episode consisted of diffuse disorganized behavior. He spent hours beating a tree in an attempt to master beatings he had received at the hands of a foster parent. Such diffuse, poorly masked activities characterize the disordered behavior of children whose impaired symbol formation interferes with entering into states of latency.

Poor symbol formation is often the product of affect deprivation so commonly experienced by children of extreme poverty and rarely occurs alone, but rather is usually part of a syndrome consisting of concrete thinking, poor symbolization, and few reported dreams. The syndrome is, clearly, incompatible with the formation of states of latency. A child treated with a technique aimed at improving symbol formation (Sarnoff 1976) should be able to develop fantasies permitting the mastery of humiliation and providing an armature of fantasies around which to work, study, and build future planning and actions. In this way the child learns to plan and to prepare for tomorrow.

Normal and Variant Development of the Cognitive Evaluation of Money

It is worthwhile, in a discussion of poverty, to focus on the conception and understanding of money in the low-SES families described above. If attitudes and cognitive potentials are acquired and fixed during latency, then the most important aspect of latency, from the standpoint of poverty would be that attitudes which perpetuate poverty may be established and fixed in latency.

Concrete and magical concepts of money are transmitted to the child through the precept and example of parents, and are fixed through the locking of cognitive development at the level of rote memory, magical thinking, and concrete thinking. As described above, this occurs as a result of failure to capitalize on the creative potential of the child. The child is locked to the “immediate value” theory of

money. In this theory only immediate value of the money is of practical use. Immediate value becomes the only value that money has.

There is a little story that illustrates this well. A man getting off a boat offered to pay a bystander for help with his luggage. The bystander refused, explaining that he did not need the money because he had already eaten lunch! Here is the immediate value theory of money at work. There is only money as cash. There is no concept of money as capital, or as a way to store energy and work in symbolic packages, so that work done today can feed one tomorrow. Hershey (1978) describes a group of workers in England who take out insurance policies, paying their premiums weekly to men who must search the policyholders down in order to collect the money. Say the policyholders, "Unless you call and get the money, you can forget about it!" (p. 27). The concept of insurance against possible future risk is too abstract to attract money away from its use for immediate gratification, (i.e., the price of ale). The search-and-force technique of saving is the main appeal of these policies, whose owners cannot save to ensure a future without duress. In many primitive societies, money has no value. Wealth is judged only in terms of ownership of the means of production, such as cows. The concept of converting the cow into money to bring the family above the level of subsistence is neither valued nor acted upon. There are people in Kenya who live in dung huts though their holdings in livestock put their wealth in the hundreds-of-thousands-of-dollars class.

A failure to achieve the abstract capacity to see money as a symbol, and as such as a means of filling in bad times with the fruits of good years, interferes with the ability to establish stock and sell for profit as well as the ability to save and invest. If an entire social group shares these ways of apprehending money, there will be interference with the creation of wealth, social advancement and interference with the creation of an internal buyer-market system. As a result the population of the poverty group becomes and persists as a unit that is eternally dependent on outsiders for goods and services.

Summary

During the latency period, cultural attitudes are transmitted and the cognitive levels of the codification of memory are organized. Children born to low-SES families tend to have an interrupted, or at least imperfect, latency. They are at high risk for being fixed at cognitive levels not adequate for

successful adjustment in industrial society. Interference with the development of cognitive memory organizations needed for sophisticated planning may also result from a failure to develop strong states of latency. Therefore, in the assessment of the latency-age child, the organizations of cognition and of memory should be assessed to see if they are of sufficient strength and adequate type to provide the skills for coping in the social strata and job skill which would be expected from an individual with his personal background.

The Latency-Age Period in Primitive Societies

Our society is rather structured and permits little variation in latency-age adjustments. It is therefore of value to study primitive societies in order to find rare and subtle varieties. In this way one gains access to an understanding of the true degree of flexibility in the potential for cognitive development that—though not often used in our culture—exists during childhood. Certain developmental lines of cognition induced and detectable during the latency years, which will provide skills for survival and advancement in the adult in a given culture, may well condemn the adult of a more complex culture to a menial existence. For the therapist without much background, rare cognitions are apt to be viewed as disconnected oddities without prognostic implications. Their portent for adult adjustment is available to those who are conversant with alternate cognitions in the context of societies in which they form the basis for culturally validated adult function.

This section is intended as an introduction to an extensive but often neglected area of study. A more complete treatment of this material of interest to child therapists can be found in the works of Berry (1971) and Nurcombe (1976). There one will find elaboration of such concepts as the interrelation between childhood socialization practice and adult cognitive style, and the proposal that ecological pressures operate to integrate child-rearing practice and the dominant cognitive style.

Latency-age boys in hunting and gathering societies are introduced to different organizations of cognition and defenses than are comparable youngsters in sedentary farming, pastoral cultures or industrial societies. In primitive societies there are few assigned responsibilities and tasks for boys. Typically, children are closely cared for during the prelatency age period. Latency-age boys are permitted to run relatively free, and early latency-age girls are assigned to help their mothers.

In more evolved cultures, all children are assigned to farming or herding chores, lending whatever help they can to their parents. Traditions of the society, both technical and mythical, are conveyed through close association with parents and elders.

In literate cultures, the children are assigned to specialists in teaching for well-defined periods in order to learn the medium for the transmission of culture (reading). The acquisition of technical skills may be delayed until late adolescence.

Let us turn to a closer look at the hunting and food gathering society. There is a distinct difference in the assigned roles of latency-age boys and girls. Murphy and Murphy (1974) described this as a classic pattern in primitive societies (p. 173). Girls stay at home with the women and learn the tribal traditions related to food raising, handicrafts, and food preparation. Inhibition of aggression and of sexuality is inculcated. Girls learn to be passive, to sit modestly, to sleep with their thighs tied together, and to remain in the village lest they be raped (Erikson 1945). During latency, women of primitive tribes learn traditions related to drive inhibition and the survival techniques of the tribe. Mythological traditions are not as important in their lives as in the lives of men, except as they relate to menses.

With rare exception (see Malinowski 1962), inhibition of sexual expression during the latency period is demanded of both sexes. Aggression, which is inhibited in girls, is encouraged in boys. Erikson (1945), Murphy and Murphy (1974), and Read (1965) emphasize the freedom of boys, their sadism, and the organization of a peer group that ranges freely outside the village, and that has its own hierarchy and social pattern. The boys usually form two groups, those 6 and 7 and those above 8 years of age. The younger group stays closer to home, while the older group functions more independently. Their activities include hunting with child-size weapons and often, as Read (1965) reports of children in New Guinea, shooting at each other. Ties to the mother are markedly diminished. At the end of latency the boys enter the society of men. Thus most of the transmission of technical and mythological traditions awaits puberty and the acquisition of the physical size and strength that will permit the child to participate safely in hunting and warfare. At the time of the initiation rites formally marking the onset of puberty, the traditions of the society needed for manhood are transmitted. The media of cultural transmission are myths, rituals, interpretation of mystical experiences, pageantry, and the explanation of symbolic pictures and patterns. The ecological pressure to use this medium consists of successful hunting

and group coherence through shared beliefs and styles of thinking. The medium of memory is dominated by verbal concepts. The ordering of perceptions and the interpretation of the world are organized through traditions transmitted and remembered as verbal concepts (verbal conceptual memory). This technique is encouraged by identification with group and adult patterns.

As the patterns and traditions are acquired, by girls in early latency and by boys in early adolescence, mores are internalized. Adherence to social rules is enforced, with shame as the superego's motivating affect. Primitive societies consist of small groups. If wrong is done in the eye of the group, the entire world of the culprit knows. Early adolescents in primitive society find themselves in a peer group that controls through shame. This is similar to the use of peer groups by adolescents in industrial societies to support their defiance of important adults. In primitive societies the peer group of adolescence is made up of mature men and women of the culture, who accept the adolescents as co-workers and peers. This is why there is so little adolescent crisis and rebellion in primitive societies.

Latency and Cognition in Primitive Societies

In industrial societies abstract, linear, nonmagical thinking dominates. Financial success is the ecological pressure. An understanding of the implications for the future of current observations is necessary for competence and survival. The media of memory is dominated by conceptual abstractions. Verbal memory elements are too limited and restricted in form to serve for the recognition of more than a few concretely similar items. Conceptual abstractions permit the recognition of similarities among multiple clusters of concepts, forms, and actions. The codification and recall of impressions and experiences is organized around abstractions based on intrinsic characteristics of objects and situations. This is only one possible form of cognitive memory, called abstract conceptual memory organization. The development of abstract conceptual memory depends in part on the calm that permits the acquisition of reading skills, which in literate societies open the door to the knowledge and customs of one's people. Of equal importance, though, are the examples of cognitive style provided by parents during verbal interactions. Parent-child communication patterns aid the child in selecting the cognitive pattern of memory to be used in society from amongst the cognitive memory potentials (affectomotor, intuitive verbal, verbal conceptual, abstract conceptual, and abstract symbolic forms) that are available to the later latency-age child. This selection occurs between 8 and 12 years of age. If latency is impaired, its

development is impaired. There is reason to believe that if this development is not encouraged during latency, it cannot be developed in later life. This would have strong implications for the future of the latency-age youngsters from low-SES groups with impaired or variant cognitive structures during latency.

For boys in primitive societies, the latency period is often one of exclusion from extensive conversational contact with adults. The children for the most part are sent to play and fight in a kingdom of boys outside the village. The sensitive moment for encouraging the development of abstract cognitive memory through precept and example is permitted to pass untouched. Then, at puberty, they are introduced to the magical rituals of the tribe. Magical thinking is emphasized, and memory elements are organized around verbal concepts. Survival of the individual is guaranteed if he shows willingness to surrender individual thought and logic to the requirement that the myths and the traditions of the culture are accepted as logically unchallengeable absolutes. Syncretically, the society itself is preserved from the danger of attack from within since the development of an inquiring, abstracting mind has been blocked. Neither the society nor the individual can long survive logical intrusions from ways of thought that produce creativity and abstract inquiry.

Not all primitive tribes inhibit sexuality during the latency years. In those that do not, the short circuit between need and fulfillment may prevent the emergence of a period of mental reflection during which abstract thinking can be developed. Amongst the Trobriand Islanders, according to Malinowski (1962), "Sexual freedom begins very early, children already taking a great deal of interest in certain pursuits and amusement which come as near sexuality as their unripe age allows" (p. 32). Here there is no latency as we know it, for in our society, children in the latency years are encouraged to deal with their sexual feelings by escaping into fantasy. Sexuality for the Trobriander is experienced for the pleasure of the moment, without reference to its place within causal chains. The cast of all Trobriand thought is of nonlinearity. This means that they codify and remember reality in a manner different from ours. Cultures, as explained by Lee (1950), codify and "experience reality through the use of the specific language and other patterned behavior characteristics of [the] culture, . . . [and] actually grasp reality only as it is presented . . . in this code" (p. 129). "The nature of expectancy, of motivation, of satisfaction [is] based upon a reality which is differently apprehended [amongst the Trobrianders]" (p. 131). "What we consider an attribute of a predicate, is to the Trobriander an ingredient" (p. 131). Linear cause and

effect are unknown to them.

Thus illustration of the cognition of a society with a latency different from our own points to the association between nonlinear thinking and limited inhibition of sexuality during the latency period. Insofar as the psychotherapeutic milieu encourages the use of delay, displacement, and substitution symbols, it may create a medium in which abstract thinking, once encouraged, can develop.

Transmission of Cognitive Styles. In our society, parent-child interaction typically encourages the child to think as the parent does. This sets the stage for the transmission of cognitive styles. This can be encouraged by discussions about homework or aid in preparing for a test, the child hears how the parent or therapist solves a problem by reducing it as presented to its intrinsic elements.

The following example illustrates this process. A father and his 11-year-old son made their way to a museum after leaving a rehearsal of *Pagliacci,* an opera taking much of its content from the antique Italian theater form commedia dell'arte. At the museum they came upon a puppet display depicting the characters of the commedia dell'arte. The father, recognizing the relationship between the display and the opera, asked his son what he saw in the museum exhibit. The boy looked at the puppets and tried to create a story (myth?) that explained them and what they were doing. He finally admitted that the characters reminded him of no story that he knew. The father had encouraged the boy to make associations to that which he saw; the boy had tried to link it to preexisting verbal concepts, such as a scene from a familiar story. The father finally explained the abstract relationship of the puppets to the opera, and the boy caught on immediately. A potential way of organizing perceptions and memory was activated. In an instant the boy had acquired a piece of information and been introduced to the art of abstraction: stepping back from an experience and linking it to a prior experience through intrinsic similarities in concepts achieved through reducing each experience to a form so short that any further reduction would impair its identity (one of the definitions of abstraction). This resulted in the expansion of his ability to codify and remember in abstract categories.

At what great disadvantage is the child brought up in an excited, non-education-oriented home, where parents speak little to children? Latency in low socioeconomic groups is marked by this special form of starvation. It is the deprivation of the stimulation needed to perfect and give primacy to the skills

of abstraction, codification and memory required for success in an industrial society as an adult. Poverty, insofar as it derives from the lack of skills described, may be viewed as transmitted from one generation to the next. It is not only an economic condition; it has characteristics reminiscent of preliterate traditions. Preliterate peoples live in societies in which such cognition fits well, but in our society it is a preparation for failure.

In assessing a child for therapy one should remember that his psyche is still being formed. Interpretation of fantasy derivatives, confrontation, and working-through are certainly vital as in the therapy of adults, but the fact of ongoing growth mandates a special concern in the child therapist. One must also be aware of the nature of ongoing maturation and development, and ask whether the developing functions will serve in the adolescent and adult world for which the child is being prepared. In this section, we have noted variant pathways of cognitive growth which, though leading to a style of adult adjustment that may be adequate under some circumstances, is likely to limit the potential for the adult in modern society. Hopefully the codification of these styles of cognition will provide a base for evaluating potential difficulties and for establishing strategies for the psychotherapeutic prophylactic remediation of relative cognitive deficiencies.

Clinical Aspects of Assessment

The diagnostic assessment of emotionally disturbed latency-age children requires techniques and knowledge different from those commonly employed in assessing adults. The latency period is characterized by sequences of progression and regression. There exist successive sub-periods, each with its own normal pattern of mental function. Prelatency; early, middle, and late latency; and late latency-early adolescence are normally characterized by cognitive and psychological features which, if found in the later adolescent or adult, might represent marked pathology.

The clinician who assesses a latency-age child from the psychiatric standpoint must be equipped with a body of background knowledge which exceeds that required in the differential diagnosis of adults and adolescents.

Two factors particularly complicate assessment in latency. First, the organization of thought and

memory in the child consists of expressions, cognitions and awarenesses that are foreign to the adult interviewer. Play, toys, drawings and ludic symbols (three dimensional items used to represent latent, unconscious thought contents) are often the source of information and sometimes the only medium for communication between child and interviewer. Second, the latency-age child, in contrast to the adult and at times the adolescent, is brought for the interview against his will; his symptoms are a weapon that, though alarming to his caretakers, may be a source of pride and attention for him. Special interview techniques are required with the latency-age child in zones of assessment not germaine to assessment in later years.

Zones of Assessment for Normalcy

The assessment of the latency-age child requires consideration of two zones of function (Sarnoff 1976): socially defined behavioral normalcy and biologically defined maturational normalcy.

Socially Defined Behavioral Normalcy

States of latency require the capacities to symbolize, to fantasize, to displace, and to delay (Sarnoff 1976). To evaluate the strength of these, one asks the parents about dreams told and fantasies revealed or played out. In the session with the child, encouragement of fantasy permits one to see if the child is calmed or excited by his play. If the fantasy communicates and leads to exploration of the child's experience, the latency is good and psychotherapy, if needed, has a good prognosis. If the fantasy is used to hide from the interviewer, the prognosis is poorer and special therapeutic strategies must be devised.

Biologically Defined Maturational Normalcy

Ludic Demise: Readiness for Adolescence as Reflected in the Symbolizing Function. The latency age period is marked by constant maturational change, consisting of a remarkable forward flow of phase-specific growth in physical, physiological, psychological, and cognitive areas. The persistent characteristic which defines the latency period psychologically is the coexistence of the structure of latency with the cognitive capacity to utilize ludic (play) symbols during waking periods, just as dream symbols are used in sleep, to master trauma and instinctual stress. When the ludic symbol is lost (at about

12 years of age), one of the most important steps *(ludic demise)* in psychological readiness to begin adolescence has taken place. Clinically, this step may be detected both in the therapy situation and the diagnostic interview: the child simply prefers to talk, and disdains or eschews use of the playroom or toys.

In my practice, I have both a consultation room and a playroom. They are connected, and free movement between them is usual. At the beginning of each session I provide access to both, giving the child a choice. The child who has moved away from ludic symbols is under pressure to relieve stresses created by object relations and the environment, and therefore the consultation room is chosen. In the ongoing psychotherapy situation, it is remarkable to see the transition that constitutes ludic demise. Though the transition is at times short, usually there is a period of some months during which the child is unpredictable in his choice of room, and may even wander between them as the forward movement of his cognition ebbs and flows. There is no question that during the transition, unresolvable stress situations produce regressions that reactivate play as defense. Yet there is a point beyond which no more such regressions are possible. At this point reactive depressions, temper tantrums, rages, and frank attempts to manipulate the environment with little subtlety begin to dominate the life of the child.

Readiness in the Comprehension of Environmental Phenomena. Before a child can be expected to evaluate and react to danger in new situations, he must have the capacity to comprehend accurately that which he sees or with which he comes into contact. Piaget (1945) has reviewed extensively the stages characterizing the development of the capacity to comprehend and theorize about phenomena. Early in latency, the symbolic-intuitive phase is foremost: events are interpreted concretely, and intuition, symbols, and prior experience form the basis for conclusions. By the age of 7, the child is able to make abstract interpretations of concrete events that are seen or experienced. By the age of 12, the child can interpret abstractions through the use of remembered abstractions about concrete things.

The Developmental March of Persecutory Symbols. The manifest forms of symbols undergo a maturation. Before 8!4 years of age, symbols for persecutory forces have an amorphous quality. After 8'4 they become more human in form. At 11 years of age symbols consist of realistic figures existing only in the mind. At adolescence, the realistic figures are drawn from the truly real. Real people are enlisted to live or play out the child's fantasies. Note how confusing it would be if one were to lose sight of the phase-

specific normalcy of the symbolic form chosen, and judging the child by adult standards, call abnormal the normal fantastic persecutory symbol of early latency.

Assessment of Memory Systems. Perhaps the most important aspect of developmental cognition in the latency-age child, for the diagnostician who must keep in mind therapeutic strategies, is the development of the mental organizations that carry the function of memory. People with emotional problems suffer from abnormal persistence of memory, which results from impaired mastery and processing of elements of recall. Interpretations and comments must be geared to the undoing of psychopathogenetic memory elements. Clearly the therapist's interventions must be shaped by consideration for the child's level of memory organization and memory processing. Impairments in efferent, retentive, and afferent aspects of memory must be identified in the context of what is normal for the age. Interventions must be geared to the cognitive skills and memory capacities of the child. It is no use to make an interpretation to a child in a form that he will be unable to process into memory so that it will be available for use on the next day or during the next session.

There are three periods of memory organization that are present or may develop during the latency period; interpretations and interventions must be aimed to reach the child at the level at which he is functioning. The levels, in order of increasing maturation, are the affectomotor, verbal conceptual, and abstract conceptual memory organizations. At each level, recall may occur as the result of a purposive scanning of the registration of past events, or through the spontaneous calling to mind of memory elements which results from the compulsion to repeat and master.

Affectomotor Memory Organization. The affectomotor memory organization begins in the first years of life. As its name implies, it consists of motor components and affective components. The motor component, the first acquired, consists of purposeful modifications of innate patterns of motor activity. Essentially, the memory contents of this component are motor syntaxes. Affective and sensory stimuli can effect the spontaneous recall of these syntaxes. Because of the early and primitive nature of such memory responses, they are of marked use during the assessment of a child. Involving the child in motoric expression during a diagnostic interview can tap otherwise unavailable areas of memory. The silent child can be encouraged to play. The child who is asked to shape with his hands a remembered object under discussion may thus be brought into concrete motoric contact with the content of his concerns and,

once focused on this representation, be able to widen his ability to represent it in words (codify for recall in words).

The affective component of the affectomotor memory organization consists of the ability to evoke recall of experienced patterns of affects, perceptions, and bodily postures which were associated with the original event. It represents the ability to organize recall around sensory experiences. These are usually recalled in their entirety. This produces a rather inefficient medium for carrying experiences into the future. Affective memory ability develops during the first year of life.

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 may be divided into the earlier-appearing verbal conceptual memory and the relatively late-appearing abstract conceptual memory. Verbal conceptual memory involves recall of earlier experiences through socially dictated verbal schemata for naming. Abstract conceptual memory is defined as recall of experiences through verbalized abstract concepts representative of the intrinsic substance of things and events.

Verbal-Conceptual Memory Organization Early Latency. Verbal conceptual memory organization may be operative by the third year of life, and becomes the primary means of memory at about 6 years of age, with the onset of latency. The extent of its use is determined by environmental and social factors. In highly literate cultures, its use becomes intense. Verbal constructs are used for the retention of events in memory, the interpretation of perceptions, and the process of recall. The process locks its practitioners into their culture, for they cease to see or recall things as they are. Instead they come to see only the slogans of their faith.

It is the task of the child therapist to diagnose the nature of the child patient's verbal conceptual memory organization. Findings should then be applied to interpretive approaches to the child. The therapist should modify his input to be sensation- and motor-oriented with the child who records information through the sensory rather than the verbal route.

One of the therapist's goals may be to help the child develop more efficient ways of perceiving and identifying with his culture and its requirements; in this case strengthening of the verbal conceptual memory organization can be a product of therapeutic influence. The presence of the therapist to

interpret action or experiences on a verbal level can encourage the patient to do the same.

Abstract Conceptual Memory Organization. Abstract conceptual memory organization is a maturational modification of conceptual memory. It appears first at about 8 years of age. It consists of the interpretation of events in terms of their intrinsic substance coupled with the retention of this knowledge in memory through abstractions which are at times wordless. A common school task of this level is "getting the main idea" of a reading passage. In life situations, the tasks of "reading people quickly" or "sizing things up" are parallel examples. By the age of 12 the accumulation of abstractions in memory should reach the point that there has been developed background to be applied to the interpretation of other abstractions. Clinically, this is tested by asking the patient to interpret proverbs, such as "A rolling stone gathers no moss." Some form of abstraction should be available by early adolescence. For instance, an answer that "A person who wanders from place to place does not make friends" is acceptable at that age, while "It knocks the moss off when it rolls" is a sign of immature, concrete thinking.

Zones of Assessment for Pathology

The latency-age child is totally dependent on his parents. Nowhere is he fully autonomous. In psychotherapeutic clinical situations he is mostly a reluctant participant.

Verbal fluency and self-reflection are only slightly developed when applied to emotions and affects; this is a phase characteristic. Experiences are just beginning to be stored in memory in the form of words. The use of reductive abstractions is just beginning. The capacity to create higher-order abstractions to be used in comprehending interpretations in psychotherapy begins to develop only in the later phase of latency, and becomes fully functional only in adolescence. Before these skills develop, conversations with children do not produce remembered abstract insights. Instead, attempts to provide logical answers and lines of association may stir up affects, which, in turn, initiate regressions to symbolic and intuitive means of recall. Excited fantasy and play swamp logical answers, creating barriers to communication that are impassible to the therapist who seeks only to dispense or acquire data which is packaged in verbal form.

Such factors and limitations shape the nature of the assessment process during latency. A poor

sense of temporal continuity and hazy grasp of the past in the memory of the child forces the diagnostician to turn to responsible observers to fill in information which the child is not capable of remembering particularly in relation to early childhood. Family contexts, expectations, and ambitions are rarely available directly from the child. Even recent events, traumas, and dreams are often available only through parents. Frequently the child has processed them through the mastery tool of communicative speech (for instance, by telling his parents his dreams), resulting in dissipation and repression. In clinical interviews with the child, significant recent events, traumas, and memories often have undergone a conversion. As a result associated uncomfortable affects no longer attract consciousness; the events have been translated by the structure of latency into fantasies with low valence for attracting affect. For these reasons, the assessment of the child requires interviews with both structured components (asking direct questions) and nonstructured components (following fantasy), supplemented by reports from schools, parents, courts, hospitals, and other significant adults.

The assessment of latency-age psychopathology involves the following avenues of approach: the parent interview; the clinical interview with the child; educational and clinical testing; a report from the school; and reports of previous therapists and other professionals, including the pediatrician. The assessment of latency age psychopathology will require that the following Zones of Pathology be considered and, where indicated, investigated.

A. Social Maladjustment

1. Separation problems

2. Affect starvation

3. Drug use

4. Child abuse

5. Sibling rivalry

6.Lack of socialization

7. Failure to develop behavioral constancy

8. Ethical individuation conflicts

B. Organicity

1. Cognitive problems (central processing disorders)

a. Learning disabilities

b. Cognitive social discordance

2. Mental retardation

3. Hyperactivity (with attention deficit)

4. Epileptic disorders

a. Petit mal

b. Epileptic explosive personality traits

c. Fugues

d. Temporal lobe epilepsy

5. Pavors

a. Nocturnus

b. Diurnus

6. Depression

a. Endogenous

b. Bipolar

7. Confusional states

a. Post-concussive

b. Tumor

c. Hemorrhage

d. Granulomatous Meningitis

8. Other emotional illnesses associated with physical conditions

C. Mental Illness Entities

1. Schizophrenia (disorders of relatedness and the sense or testing of reality)

a. Childhood

i. Autism

ii. Symbiotic psychosis

iii. Prepubescent

iv. Associated with cognitive impairment

b. Adult schizophrenia of early onset

i. Late latency-early adolescence

ii. Paranoid type associated with premature puberty

c. Miscellaneous

i. Schizophreniform psychosis of late childhood

ii. Regressive persecutory fantasy states of late latency

iii. Asparger syndrome

2. Depressions (affect disorders)

a. Reactive

b. Endogenous

c. Bipolar

3. Neuroses (consistent symptom patterns with anxiety)

a. Phobia

b. Hysteria

c. Obsession compulsive disorder

D. Psychosomatic Disorders

1. Asthma

2. Hives

3. Anesthesias

E. Disorders in the maintenance of states of latency

1. Failure to enter latency

a. Poor symbolizing function

b. Impaired abstract thinking

c. Wernicke's aphasia

d. Impaired capacity for object relations

e. Impaired displacement and delay

2. Regression from the capacity for latency

a. Overstimulation

b. Affect-porous symbols

3. Characterological impulse discharge disorder

The advantage in clinical assessment belongs to the patient whose examiner has a background that informs differential diagnosis.

Interviewing the Parent

A great deal of the information needed by the examiner in his search for clues to the contribution of the child's psyche to his current problems is to be found in patterns of development. To detect these one must turn to the parents, rather than to the child, since these are areas of experience in which the growing child has been more participant than witness. Often the very reason that the child is brought to therapy is unknown or incomprehensible to the child. The information provided may help to streamline the interview with the child. One can often identify the diagnosis or problem quickly if the interview with the parents has helped to focus one's attention on the appropriate portion of the differential diagnosis. Furthermore, personal histories of parents and other family members are required in order to establish familial vesanic traits (the family history of mental illness or tendencies to mental illness). For these reasons, we start with input from the parents when we initiate the clinical assessment of the latency-age child.

This is not to imply that we cannot learn from the direct examination of the child. The findings of the direct loosely structured clinical interview are primary.

The best way to train in the differential diagnosis of zones of pathology (cognition, defenses, and symptoms and signs) in the latency-age child is to interview children after reading only a single sentence describing the chief complaint. This is followed by a direct interview with the child (see below). This in turn should be followed by a presentation by the examiner of his findings. Through a spontaneous presentation, a meta-awareness of the information gained becomes conscious. Such an awareness, stored in memory becomes a part of a body of knowledge and experience. This provides the examiner with a clinical background of observations and conclusions with which to reflect and compare when doing later interviews.

It is not essential for diagnosis that parents be seen. Those of us who have worked in foster care know well the futility of waiting for an early or even recent life or developmental history before proceeding with assessment. Often the parents are simply not available. Still, children have patterned signs and symptoms within their behavior and personalities. These await discovery, naming, and therapeutic intervention by the child therapist. They can be obtained through the direct interview with the child.

Psychotherapy requires maximum support and cooperation from parents. Thus parents, when available, should be seen early in the assessment process in order to establish a working relationship with them. This can be fostered by an interview which permits an early initial contact with the potential future therapist. In this way parents do not feel isolated and disregarded. While the child is in therapy, frequent contact should be encouraged to maintain a supportive alliance between parents and therapist. Concurrently, the parents serve as a source of information that the child tends not to bring to the therapy spontaneously, such as dreams, fantasies, traumatic experiences, experiences that have succumbed to the workings of the structure of latency, and experiences lost to recall over time, especially over vacations or breaks in therapy. Direct interviews with children bring out personality structures in extenso, while fantasy contents and structures are only detected piecemeal.

Parent interviews during assessment should blend imperceptibly into supportive interviews with parents that take place after therapy has started. The fact of parental contact with the therapist should not come as a surprise to the child. It is not emphasized, however, since emphasis tends to dilute the transference. The child is usually told in passing that there are meetings with the parents. When a phone contact is made the child may answer the phone. It is not necessary to obtain the latency-age child's consent for interviews with parents, a procedure that is mandatory when working with adolescents.

Confidentiality of the young patient's communications is not a major issue, as it is with the adolescent. The child's actual experiences usually do not go beyond the parent's knowledge. One must especially beware not to convey cute things said by the child during therapy sessions. A child may easily interpret such "harmless" revelations as a betrayal. Latency-age children love to be laughed along with. They despise being laughed at.

I prefer not to see parents and children together. There is danger that the alliance between adults (therapist and parents) derived from similarities of experience and cognition will be interpreted by the child as a sign of disloyalty, betrayal, or simply being left out. Therapy is made more difficult thereby.

Sometimes, in the initial interview, the child refuses to leave the parent. To accommodate this possibility, my office is arranged so that while the child and I are in the playroom the parent can be in plain sight through a large glass partition in the consultation room wall. The windowed wall is usually

covered by a semi-closed set of blinds.

The initial assessment interview with parents should be semi-structured. This interview is not meant to fill in the blanks in a questionnaire that will automatically identify the diagnosis or the problem. Rather, it is an open-ended search for patterns to put into focus a differential diagnosis.

There are specific kinds of information to be sought from parents. The initial contact should, whenever possible, be held with both parents. The advantage to this is that one can observe areas of agreement and disagreement, conflicts, and identifications with the child. If both parents cannot be seen, the parent who more closely observed the early life milestones and the growth of the child (most often the mother) is the preferred interviewee.

What is actually done in the interview? I like to begin by getting the names of each sibling, their ages, their adjustments, and any particular problems. I ask the parents' ages and their work and educational histories. I also ask whether the grandparents are alive and where they live. This initial exchange will obviate interruptions once the parents begin to tell their tale.

Finally I ask, "How can I help you?" The answer to this question is the chief complaint. It will be used as the takeoff point for any one of a series of questions related in the mind of the interviewer to a syndrome of symptomatology or a life history. This in turn is linked to a syndrome of childhood psychopathology which has been singled out because they can be identified with the chief complaint.

The first questions should relate to any break in logic or any disorder in developmental sequence detected by the therapist in the initial moments of the interview. In these assessment steps, the findings are not diagnostic; they only point the way to areas of investigation. This is true in both the interview with the parents and the direct interview with the child.

Perhaps the child is old for his class (possible mental deficiency). Maybe a parent had a brilliant academic career but poor business or professional achievement (perhaps due to a brain syndrome following an accident or schizophrenic decompensation). A family living arrangement in which the maternal grandmother and all the maternal aunts live on the same floor in an apartment building should alert one to a developmental and life history with separation-individuation overtones. The nature,

source and history of such failures is pursued.

Details of developmental milestones often yield important leads and data. A history of fecal play during the first year of life should prompt questions relating to intermittent maternal depression during that period. Delay in onset of speech or walking beyond 3 years demands investigation of possible mental retardation.

A failure to develop anxiety dreams at 26 months indicates a delayed and perhaps impaired symbolizing function; to round out the picture, parents should be asked about their children's dreams and reactions to fantasy. Findings of indicators of an impaired symbolizing function in the child's history primes the interviewer to pursue certain questions in the direct interview with the child, but the actual syndrome cannot be determined until the child is interviewed and tells his own story.

Nightmares, especially those whose content cannot be remembered the next morning, call for questions about withdrawal, auditory sensitivity, paucity of friends, poor relatedness, and other evidences of an adjustment with schizophrenic coloring. The same high level of suspicion is indicated if the child has these symptoms and sleeps well and a history of night fears in early latency is absent.

A transient obsessional symptom in late latency can be an indicator of a problem of ethical individuation implying that the child is experiencing difficulty in separating from the ethical standards of his parents. A series of questions about intergenerational conflict should be prompted by this indication. The answers may provide a detailed, to-the-point, and vital telling of problems with ethical individuation that accompany the child's entrance into the world of peers, with its new and unfamiliar ethical guides to behavior. Psychosomatic symptoms and short acute paranoid episodes in late latency may have similar implications.

Sudden unexplained destructive actions point toward hallucinations. Sometimes more than one possibility is presented, and the rules of differential diagnosis must be invoked. For instance, a child who repeatedly arrives at school without a homework assignment or money for a treat, which had been requested by the teacher the day before, could be poorly related or absentminded. He might be suffering from regular breaks in consciousness because of petit mal, and so might fail to hear the assignments. He might be hearing impaired. He might suffer from a disorder of auditory memory retention. This is a

central processing disorder. In such a condition the command is heard but not remembered. Each possibility must be followed up with a search for other signs or symptoms that are associated with these syndromes, or the absence of same, which lessens the likelihood of a given syndrome or disease.

All one needs is a break in the information given by the parents in the direction of a sign of an identifiable pathology. The ideas and questions flow out and widen like a wide alluvial fan till. Though the context seems to be one of ease and conversation, all the ground is covered.

For example, a history might give clues that the latency-age child has been neglected. In such a situation, one finds in the parent interview signs of affect starvation: poor impulse control, difficulties in school, poor object constancy, and aggressive outbursts in the face of disappointments in relationships. One is thus tuned in to look for the following signs in the direct interview with the child: concrete thinking, two-person fantasies instead of three-person oedipal ones, overfriendliness, impaired symbolizing function, and auditory hallucinations (which, though rare, can be elicited with ease if present).

Similarly, the parent-derived history may point toward the syndrome of the rejected child: one who is loved and cared for, but held at a distance because of a neurotic complex on the part of the mother. Fears, phobias, obsessions, guilt, anxieties, and evening fears should be watched for in the direct interview with the child. When told of slowed cognitive growth in the presence of normal intelligence, and such subtle signs as discomfort when riding on the merry go round, one is signaled to look for signs of organicity (easy distractibility, disorganized figure drawing) in the interview with the child.

Psychotic underpinnings are often telegraphed by parents in the interview. Parents may tell of vesanic traits in the family, and may recall that as a baby the child molded, instead of cuddling, when held. Such a child is usually also reported to have had poor peer relationships, a fear of separation from the mother, and an absence of persecutory fantasies in the early years of latency. The possibility of a schizophrenic process is implied, and becomes a focus of investigation in the clinical interview with the child. Guardedness, suspiciousness, the use of evocative symbols, hallucinations (which must be approached subtly, in stepwise fashion, if they are to be elicited at all), concrete thinking beyond 11 years of age, and the first appearance of externalized persecutors at 11 years of age are to be expected, or

at the least pursued. Definitive pathological signs may eventually be found in the direct interview with the child, and the parent interview facilitates the search.

Since each new finding indicates questions to be asked of the parent and explorations to be pursued with the child, it is wise to jot down any question that must be delayed until it can be answered by observations, testing and queries during the interview with the child. For instance, if it is reported that the child has difficulty reading, one would add a series of reading paragraphs to the interview with the child.

The Direct Interview with the Child

Not only the assessment, but also the later course of treatment may turn on the initial clinical contact with the latency-age child. For this reason, this meeting should be arranged with the greatest care. After all, first impressions count. Unwilling, angry, defiant latency-age children may not be willing to be interviewed; they should be left with toys and observed at play. After a few such sessions, the examiner becomes a familiar person and conversation may be started on the basis of a budding friendship. This approach is most useful when the child thinks that coming for an interview indicates that he is viewed as severely mentally ill. The early latency child often has difficulty in separating from the parent for about the first fifteen minutes of contact. As mentioned above, one should place the parent in visual reach of the child, but in another room. Once the child has become accustomed to contact with the no-longer-unfamiliar interviewer, the parent may return to the waiting area. A child who is fearful of leaving the parent will follow the parent into the examining area (playroom) in the office. This is also useful at the end of the session should the child not wish to leave. A parent who begs the child to leave the office, necessitating the giving up of a newly found treasure (a playroom toy), is less effective in achieving departure than the mother who simply states that she is leaving, and goes. Usually the child follows swiftly with a whoop. If he does not, the shallow nature of the separation fear becomes grist for the diagnostic mill. It hints that the child's interest in sado-masochistically provoking his parent outweighs his fear of losing her.

A most useful assessment tool can be the drawing-a-person test. This is a good ice-breaker for the shy child, and in addition provides nonverbal access to the ego and personality of the child. Level of

cognitive development, body image, sexual identity, organicity, mood, intelligence, presence of hallucinations, superego formation, reality testing, whether the child is in latency, and types of fantasy have been accessed through figure drawings, according to some authors (Di Leo 1970, 1973, Fein 1976, Machover 1958). I have found them to be useful in these ways only after years of experience. In general, draw-a-person is valuable not as a definitive diagnostic tool, but as a source of topics and questions for the interview.

Though the initial interview style is, for the most part, a function of the examiner's personal technique, there are certainly lower limits to the way that information can be sought. Bluntness and directness are often lost on the latency-age child, whose management of painful affects and experiences tends to involve displacement, masking, and diffusion of the problem. Such children are also guarded and mistrustful, for they have no real prior experience against which to compare the interview. Some effort at putting the latency-age child at ease with relatively neutral conversation is often helpful. Their tendency to use elaborate defense is less in evidence in discussion of neutral areas such as school, facts, sports, TV, and movies. When one is setting at ease the child who gives promise of a verbal interview, these areas are useful introductions to the fact that verbalization can be comfortable and is preferred.

Should the child drift into fantasy or play in a manner that interdicts further verbal communication, the content of the discussion just before the break in verbal communication should be noted. It often can be used to detect the topic that causes regressions. This can be of value in two ways. First, it tells the therapist what to avoid in order to keep conversation going. Second, it indicates areas of difficulty which must be dealt with at home and in future therapy sessions to produce a minimization of acting up behavior and other regressions. A working-through of the internalized relationships (such as parent/child punisher/victim fantasies) or latent fantasies based on traumatic situations (such as those relating to sibling rivalry or feelings of neglect by parents) can be the whole therapy in those whose problems lie in their fantasies rather than in impaired ego functions.

In any assessment it is necessary to differentiate between two sets of ideas which may inform behavior and produce acted-out fantasies. The first are reflections of an interaction, past or present, between parent and child. The second are those acted out fantasies which are distorted internalizations of past experiences. The former occurs in only one place, either the home or the school. The latter go with

the child wherever he may roam. It seems to be written in his heart. The former requires parent counseling, and is seen as the province of the family therapist. The latter requires a psychoanalytically-oriented dynamic approach, and is the province of the child therapist or analyst.

This brings us to the question of the importance of fantasy in human psychopathology. Often pathology is defined in terms of ego functions and related regressions, or control of or tolerance for affect. Fantasy alone can at times be the key to understanding pathology. Knowledge of areas of conflict, often represented in fantasy, which produce regressions and activate ego pathology is vital. The therapist can apply this knowledge in protecting the patient from regression, either through environmental manipulation or psychotherapeutic working-through. Thus it is important to study fantasy to learn whether it is a causal link in the chain of factors that produce psychopathological signs and symptoms. Depression is sometimes, though rarely, endogenous in children; it is usually reactive, and in sustained cases may be rooted in an internalized fantasy. Thus the study of fantasy in the child, usually through play techniques, is an important part of the initial interview.

Fantasy is only part of the picture in the origin of psychopathology. Jones (1957) quoted Freud's comment, when asked about an assessment of the mental illness of Nietzsche, to the effect that everyone has conflicts. There are situations in which "conflicts fade into the background of the etiology" (p. 190). Chambers (1985) rings a similar knell when he states, "Play techniques are suitable for assessing fantasy and symbolic meaning, but not symptoms" (p. 696). Assuming that symptoms such as depression or phobias are products of structural pathology, that is, aberrant ego function in regression and states of stress, implies that there are times when the evaluator must look beyond fantasy to faults in the ego that give shape to the communication between memory, fantasy, and the world.

Just the detection of the presence or absence of symptoms is not enough; the interviewer must investigate the context of the symptom. Hallucinations, for example, may be detected by the following technique. When clued in by parental reports of "absences," or a child's drifting of attention in the interview, one can ask the child to talk about aggression. Then one can ask about dreaming, and ask if the child talks to people in his dreams. This should be followed with the question of whether such a phenomenon (hearing someone talking while alone) occurs while awake. If the child reports in the affirmative, then ask which side, if outside or inside the head, if on the right or left, and if the voice is a

man or a woman. The localization of the voice indicates confirming information and a cognitive organization that is sufficiently sharp to conceptualize auditorization of thought (hallucinations). A child who denies hearing voices does not necessarily lack hallucinatory symptoms. Some youngsters are so disorganized that they cannot identify their pathological experiences in terms recognizable to untrained adult observers. If the child is insufficiently sure whether he thinks, hears or senses a presence, but senses that something lets him know that his whole family is dead, a blurred cognition is indicated. A study of central processing functions is indicated. If the voice is clearly identified by the child but speaks with a predicate identification thinking disorder (Despert 1948), schizophrenia should be considered.

When a child has trouble learning or reading, we are often content to stop at saying that he has a learning disability without giving thought to the fact that learning is only one of the areas affected by disorders of the central processing system (Chalfant 1969). Disordered cognition can affect the way a child responds to being touched, and the way he can remember, obey, and develop prudence, which is importantly informed by the capacity to hear admonitions and remember them before incorporating them into the conscience. A child who cannot recall sufficiently to bring money for lunch when visiting a museum, though having been told and being well intended, will suffer not only from an inability to learn but also from hunger, humiliating comments, an engendered low self-picture, and a sense of inadequacy.

There is much to be pursued in the diagnostic interview with the child. The idea of an interview that does not follow a structured form, but grows along lines suggested by previous answers is the best basis for an interview that will be sharp and thorough and flexible.

In spite of free form, the interview should yield information in the following areas:

1. Appearance and behavior, orientation and relatedness
2. Thought content and predominant fantasies and fantasy structures (including whether internalized and whether productive of regressions)
3. Organization of cognition, thought, and memory
4. Affect and mood (including the wish to hurt the self, if present)
5. Impulse control in session

6. Major interests and reported relatedness to friends

7. Future planning and life ambitions

8. Capacity to stand apart and look at himself

9. Strength of the structure of latency

10. Nature of the symbolizing function (are symbols defensive, or do affects pour through?)

11. Level of superego development

12. Capacity to utilize ludic symbols

13. Minor neurological findings

14. Status of the central processing system

Educational Testing

Educational testing can make a major contribution to the assessment of the latency-age child when learning problems are suggested. It may demonstrate and specifically delineate central processing disorders and related learning disabilities which, often hidden and present from early on, are contributors to self-image reduction and disordered function. I have seen children so sick that they did not have the cognitive apparatus to establish well-organized symptoms. This masked diagnosis. Through educational testing the role of subtle organic factors in impaired central processing can be elaborated and their understanding enhanced.

Outside Data

Much of the latency-age child's life takes place outside the home and away from structured and semi-structured interviews. Many symptoms and many strengths will show up in school performance and related activities. It is desirable to obtain information from outside sources, such as schools, prior therapists, and other professionals, especially the child's pediatrician, who can often give an objective long term view of the child's family and problems.

Summary

The assessment of the latency-age child is presented from the standpoint of emphasis on the detection of the actual contribution of the personality of the child to the problem that brings the child to treatment. The influence of the opinions of informants is reduced to indicators of areas to be explored and confirmed through the direct examination of the individual child. In this way, the assessment of the child becomes the basis for the creation of psychotherapeutic strategies rather than for the submergence of the personality of the child in a sea of social and familial personalities. Thus an approach is opened that makes way for a therapy that will prepare the child for his own life and individuality rather than to a conformance with the demands of others.