

AMERICAN HANDBOOK OF PSYCHIATRY

Growth and Development in Childhood

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e-Book 2015 International Psychotherapy Institute

From *American Handbook of Psychiatry: Volume 1* edited by Silvano Arietti

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Growth and Development in Childhood

John A. Sours

Psychosexual development has a central place in all phases of child development and personality formation. Its influences and transformations affect all aspects of the developmental process. From the standpoint of physical sexuality, however, there are no appreciable changes before puberty between the sexes. Sex hormone production for both boys and girls involves small amounts of estrogens and androgens. Androgen production is increased in both sexes, more marked in boys, at about age nine to ten, with subsequent sharp rises in adolescence. The excretion of estrogens gradually rises in both sexes from about the age of seven.

Psychosexual development, on the other hand, entails many more preadolescent changes than those of physical development. These developments are apparent in a child's increased sexual masturbatory activity and explorative interests, his awareness of genital differences, his preoccupation with theories about the creation of babies, his attraction to the contrasexual parent, and his castration anxiety. In the phallic-oedipal phase of psychosexual development numerous changes occur independently of

hormonal change. The phallic-oedipal phase of development has also been called the nursery school years, the preschool years, and the stage of initiative versus guilt. Although this phase of development occurs between the ages of three and six, there are variations in its chronology from child to child. In some respects many developmental issues during this phase overlap the age span of three to six years. This fluidity between psychosexual stages is clearly seen at both ends of the phallic-oedipal period. Mahler, Roiphe, and Galenson suggest that sexual arousal can occur before the second birthday; for some children, who observe differences between the sexes, distinct castration reaction can also occur this early. Although many character traits are discernible by the age of five years and have some permanence, character structure is subject to future modification and emendation during latency and adolescent years before consolidation at the end of late adolescence occurs.

The phallic-oedipal phase has a number of component parts. The phenomena of infantile sexuality include discovery of sex differences, erotic genital exploration, sexual curiosity, sexual play, attachment to the contrasexual parent with expectation of loss of love, injury, and retaliation from the isosexual parent, and castration anxiety. Castration anxiety, however, is most nuclear of the developmental conglomeration and is a pivotal force in the creation and dissolution of the oedipal situation. During the anal-muscular phase of development, especially the subphases of differentiation and practicing, the toddler attempts to increase his experience

and capacity and reaches libidinal object constancy at about 36 months. With his entry into the phallic years he experiences another burst of energy, curiosity, and initiative. Erikson has referred to the phallic-intrusive mode as the descriptive and dynamic hallmark of this phase of development. "Being on the make," "making," and pleasure in the "conquest" are colloquialisms for this phase of development. This intrusive quality is more prominent in boys, but, nevertheless, it has its parallel in girls as far as "catching," reaching out, "being on the make," and being attractive and endearing.

At this point of development the phallic child is capable of conceptualizing his place in his family and his relationship to people in his immediate community. According to Mahler, at the end of the fourth subphase of separation-individuation (36 months) the child has attained object constancy in the Hartmann sense and has established mental representations of parents and self. He now has a social role in his group that allows him, among other things, to delineate more clearly his self and gender representation. After the age of three or four years he is repeatedly exposed to environmental reminders that he is no longer a small child. On the other hand, his intrusiveness quickly brings him by way of frustrations to the realization that he is hardly an adult. Consequently he repetitively experiences defeat and humiliation in his competitions and in his everyday interactions with his family, nursery school teachers, and his peer group. To some extent his aspirations inevitably must be dampened. As he goes through

the phallic-oedipal years, he fumbles his way through his frustrations and failures and tries to remain hopeful.

As his awareness of himself within the matrix of his family increases, he queries more and more his exact relationship to his parents. He starts wondering about pregnancy and birth and how he came to be born. Even if he has been instructed in sexual facts by his parents or has witnessed sexual intercourse, he still must, by virtue of his level of capacity and emotional life, strive to create his own theories of intercourse, pregnancy, and delivery. He wonders in many ways about pregnancy, curious about the possibility of his mother having more children; he raises questions about his own ability to have a baby, even with his father. He is now more inclined to ask his mother, not too sheepishly, whether he can marry her. Often he sees no incongruity in his intent, but whatever he fantasies and initiates in reality only reinforces his sense of inferiority, anxiety, and guilt. His wishes pale before reality. He is smaller and less strong than adults. He cannot run as fast and, in fact, is quite apt to trip and fall. His ability to throw a ball is most likely better than his sister's, but he cannot throw as well as his father. Now he tries to drive his father's car, but the best he can do is to sit on his father's lap, only to have the wheel taken from him as soon as the father notices an oncoming automobile. He wants to help his father cut the grass, shovel snow, and rake leaves. These tasks challenge his strength, and he becomes fatigued more quickly than his father. If his father has mechanized yard equipment, he is told to stay away

lest his foot or hand be cut off. His father takes him out to show him how to play tennis or golf. It is bad enough that he cannot play these sports as well as his father. He is further humiliated in the locker room when he notices the smallness of his genitals. He wonders how he will ever be able to fill his father's role. All his experiences as a failure reinforce his feelings of smallness and his awareness of genital smallness. The phallic-oedipal struggle meets with defeat—much like his experience in toilet training—when he attempts to assert his power and autonomy. His is a hopeless fantasized situation that leads to guilt and resignation. The joys of his power fantasies turn to the horrors of his monster dreams.

The girl during phallic-oedipal years experiences no happier an existence. She, too, is frustrated in many ways and fails every day. She tries to help her mother with household chores, but she is always told that she cannot do sufficiently well. Often her job is said to be taking care of her little brother or sister, whom she deeply resents and is tempted to hurt surreptitiously. When she looks at her younger sibling, she cannot help but feel that she would be a better mother than her own mother. Often she makes invidious comparisons with her mother, noticing how inept the mother is in doing household chores and how lacking the mother is in her tastes and manners. The mother's cooking is hardly gourmet enough for the girl's father. The mother is getting older and older, so much so that no longer will she even reveal her age to her daughter. The girl at this time can hardly imagine why

her father continues to show the mother so much attention and, even at times, love. Before the father comes home the girl quickly dresses up for him. She rushes to her closet to pull out a new dress that only that day she was able to buy over the objections of her mother. As the father comes home, she rushes to show him her new dress. His response is enthusiastic. He may even be adoring of her. Too quickly does the girl see that the father's attention is directed, instead, to his wife. He tells his wife about what happened during the day, his various business or professional successes and disappointments. The mother then regales the father with the events of her own day, with the result that the girl is ignored, left only with the prospect of having to help the mother set the table or feed her little brother. Thus the girl at this time feels increasingly annoyed with the mother. She views the mother as inadequate and lacking, wonders whether she too may be deficient in the same manner, and strives all the harder to make an impact upon her father. Nevertheless, regardless of her efforts, her charms, and her beauty, the father's attention to her is interrupted by his involvement with his wife and his preoccupation with his work and with social interests, which take both him and the girl's mother out of the house.

It is readily apparent, both in clinical work and direct observation of children, that in order to reach the phallic phase of psychosexual development and to proceed on to resolution of the oedipal complex, a remarkable degree of maturation" and learning is necessary. In addition, the

child must go through many socializing experiences within both the family and the peer group.

In the age span from three to five years physical growth accelerates. The average boy grows about five inches and gains almost ten pounds. The average girl is slightly shorter and lighter. Physical growth is very rapid during the preschool years; in fact, by the fifth year 75 per cent of the weight gain is due to muscular development. However, the central nervous system develops most rapidly during the phallic period. When the child reaches age five, 90 per cent of the nervous system has attained an adult level of maturation. Myelination is now almost completed in the higher brain centers, particularly the cortical and subcortical areas. Even though the genital organs are physically immature at this time, the neural organization involved in erotic excitation and orgasm is developed. Its threshold for stimulation, however, is comparatively high and remains so until androgens are secreted in puberty. Heightened androgen production lowers the threshold for erotic stimuli.

Improvement in psychomotor coordination and physical dexterity are encouraging to the phallic child. By the age of four years the child is capable of smoother movements, faster running, and stronger broad jumps. His movements are finer, more synchronized, and less total. Nevertheless, the child still shows awkward movement in various activities. Overhand throwing

is still rough and unpredictable in its accuracy. By the time the child is five his sense of balance is markedly increased, but, nevertheless, he is still not capable of hopping, skipping, and jumping smoothly. Fine digital movements, however, are quite good and are appreciated by the child as soon as he enters kindergarten and first grade. Now he is able to pick up pellets quite easily, draw straight lines, copy squares and triangles. As a result, he has many adult motor patterns that allow him to use tools and more complicated toys with some dexterity. He is a better competitor in sports, at least able now to stand at bat and make a valorous try at hitting a ball. With all these new motor skills he tries to play out various roles. He may be the engineer or the truckdriver or the athlete or some other model figure. He seems to enjoy the status of power and control in the child's world.

Language development has gone beyond basic phonemes to simple sounds or morphemes, which develop by the time the child is three. Morphological rules, necessary for the construction of words, and syntactical rules are increasingly grasped by the child when he reaches the age of five. Consequently, the five-year-old child can organize sentences with a good choice of vocabulary. Through the use of words the child is now not as dependent upon fantasy and ludic play. He is now better able to establish connections between thoughts and words. And with his improved communicative capacity he is able to make greater strides toward awareness of meaning in object relations. He can use language to describe, classify, and

comprehend better the phenomena that he encounters every day in his world.

By the time he is three he uses words in an undifferentiated and syncretic way. Words stand for objects and events as well as actions and fantasies. For a three-year-old a dog is a class of all animals with four feet. A child syncretically thinks of words such as “eat” as meaning food and being fed, as well as the process of eating. By the age of five, however, words are differentiated into meanings to apply to specific objects and events. Classification of objects and things in common is now possible.

In his object relations the child remains egocentric up to the age of four to five. He cannot put himself empathically in the place of others. As he passes through the phallic-oedipal period, his object relations become more sociocentric. His speech is more socially oriented. Fantastic and symbolic play is less needed as a child moves during the latency years into sociocentric communications and relationships with his peer group. The child now has less need for imaginary companions. There is less need for dramatization of different roles.

Perceptual capacities increase as the child enters the phallic-oedipal years. A preschool child can better differentiate stimuli in his environment. Stimuli become much more distinct when specific language labels can be applied to them. By the time the child is age five, he can label the component

parts of stimuli. He is now able to attend to both the whole and the parts. A five-year-old, however, has difficulty in detecting differences between shapes and mirror images. Only with increasing age can the child regard spatial organization of objects as a relevant dimension. This is due in large part to his learning the labels “right” and “left” as well as “up” and “down.”

It is very difficult to separate perception and language from cognition in any study of intellectual development. Intellectual ability is dependent upon the acquisition of language, increasing memory capacity, the differentiation of perceptual experience, and the learning of rules of mathematics and logic and their application. Between two and four years, according to Piaget, a child can form a representational world. During the preconceptual phase of intelligence the child develops a symbolic representation of the world, he requires labels for the things that he now perceives. From the age of four to seven years he is better able to articulate simple representations. He now can construct more complicated images and more elaborate concepts.

Nevertheless, his understanding of a concept is still based on the perceptual aspect of the stimulus. As an example, at the age of four years the child thinks that beads in a tall cylinder jar are greater in quantity than the same number held in a short squat jar. If a round piece of clay is pressed out onto an elongated cylinder, a child of this age is apt to think that there is more clay in the latter form. From the age of five to seven, however, the child begins

to understand that the amount of beads or clay remains constant regardless of changes in the shape of the containers or the clay. Thus the phallic-oedipal child adds thought to his perception and is better able to comprehend his world. This is what Piaget means when he says that the late phallic child develops the capacity of reversibility and conservation.

The manifest content of children's dreams during the early phallic period shows an emphasis on narrations of events with global impressions using concrete simple attributes. Frequently phallic children have difficulty in differentiating between the dream as a private experience and the dream as a shared experience. The phallic-oedipal child is preoccupied with iconic images of monsters and dangerous animals. Death and physical damage are very much present in the dreams. Simple wish fulfillment dreams do occur, but they are far outnumbered by dreams of traumatic experiences.

Play during the phallic-oedipal years shows a great variety of activity. A child tends to play house, puts on adult clothing, and plays the roles of cowboy, doctor, ship captain, jet pilot, and nurse. His play reflects his anxiety about his smallness, with a compensatory fantasy aimed at the denial of the anxiety. The wish is to be big and to do the things that big people do. Dramatic play occurs during this time in many exfoliations. The child's energy, vitality, and inventiveness are most impressive. Oedipal play is replete with high feelings of triumph, invulnerability, invincibility, and happiness. Their open

expression in play is one of the delightful aspects of oedipal play. Fantasies tend to be very rich and dramatic, centering primarily on the theme of “twins” and “family romance.” Fairy tales embody many aspects of oedipal development, emphasizing the dynamic themes of this phase of development. *Jack and the Beanstalk* and *Cinderella* are two outstanding examples found in all developed cultures throughout the world.

Relationships with peers change as the child enters the phallic-oedipal years. Until age three his peers were relatively unimportant to him. Reciprocal play was minimal. His contact with children stylistically reflected his learning experiences at home. In the nursery school situation, however, the child discovers that many of the responses that his parents accepted and rewarded prove unacceptable elsewhere and, in fact, may even incur for him shame, punishment, and rejection. This awareness becomes increasingly acute and can bring about changes in his social behavior as he moves into the preschool years. The child goes from solitary to parallel play and then to cooperative play and finally to reciprocal play during the phallic-oedipal years. His play activity is vitally important, not just for the discharge of instinctual drive and motor energy, but also for the practice of new skills and the opportunity to try new roles and modes of behavior.

The phallic-oedipal phase of development is not just a psychosexual period but also an important psychosocial developmental epoch with

enormous developmental overlay. For a child to end this phase of development and to resolve the Oedipus complex, he must attain a higher level of maturation both in the cognitive and perceptual spheres and in living and socializing within the family. Psychosocially the main emphasis is on awareness of goals, many of which can be gratified only in play and fantasy. Genital arousal and pleasure are obtainable only through fantasy, masturbation, and sexual exploration.

The boy wants to take over his mother. The girl wants to be like the mother, even though she may resent and denigrate her, in order to take over the father. The boy tries to do in his fantasies what his father can do in everyday life. And this provides a fertile soil for guilty feelings that can undercut the boy's sense of initiative. His guilt is much greater than the shame and doubt he experiences at the anal-muscular stage of development. The girl experiences guilt in her desire to usurp the mother's role, but her principal emotional burden is one of self-disappointment, frustration, shame, and inadequacy. She feels more and more that she is defective, and it is only on her mother that she can cast the blame. As she looks about from her position of injury and inferiority, she sees her father and brothers seemingly in a far superior position. They seem to have more fun, to be capable of more activity, and to be the recipients of more rewards. Before a boy and girl enter first grade they must have enough initiative left—after their multiple disappointments, shame, and guilt—so they can optimistically start school

and commence the stage of industry in the latency years.

For each child the oedipal experience is unique, determined by earlier ego growth and experience, the instinctual and ego development of the phallic period, and interaction with his parents and family; death and illness, the birth of new siblings, and separation experiences are further influences on phallic-oedipal development.

Phallic Erotism

During the phallic-oedipal phase of development libidinal impulses originate in the zone of the penis and clitoris. The vagina at this phase of development has relatively little psychic significance for the little girl. The phallic child now enters a second phase of infantile masturbation. In early infancy there is evidence of phallic excitation and masturbation. In the second phase of infantile masturbation the excitation is to the objects of the Oedipus complex, with the specific aim of penetration and procreation. The erotism of the phallic-oedipal period is clearly different from genital erotism, which appears developmentally only with puberty and its hormonal changes.-Thus phallic impulses during the phallic-oedipal years are impulses to penetrate but not to discharge semen.

Freud viewed the phallic-oedipal phase of development as one stage in the sequence of infantile libidinal development. He viewed the sexuality of the

girl as primarily masculine in character, pointing out that the erotogenic zone of the female at this time is located in the clitoris, which is homologous to the masculine genital zone of the glans penis. For both sexes at this developmental phase only the male genital has prominence and primacy.

Associated with phallic primacy is the impulse to knock to pieces, to hit, to press in, to tear open, and to make a bull's-eye. If the child is made sexually knowledgeable by his parents, he is still puzzled in his attempt to understand phallic penetration in intercourse. As a consequence, he falls back on other ideas of sexual contact and pregnancy, ideas that come from his own experience and feelings. His wishes lead him to want to penetrate through the mouth, anus, navel and in some indefinable way to create a baby. The aim of phallic erotism is thus to penetrate and to procreate. The passive aim is to be penetrated and to bear a baby. Thus the passive wishes of the boy make up the negative Oedipus complex, in which the wish to be castrated becomes a necessary condition of being penetrated and is usually fantasied as being anally penetrated. The child's wish to have the phallic zone stimulated by another person is also regarded as a passive phallic aim.

The child attains sexual knowledge through his perceptions and fantasies,“ At first the child believes there is only one sexual organ—the penis. But later he must face the perception that the female has no penis. This perception is not acceptable so he disavows it. Later, because of his increasing

reality sense, he cannot maintain the belief that there is no perceptual difference between the sexes. Consequently he must elaborate a series of fantasies to account for it. Now the disavowal becomes more sophisticated.” (“She doesn’t have a penis now, but it will grow back.”) The child may go on to develop neurotic avoidance of the female genital or femininity in general. Normally these upsetting fantasies are repressed at this stage and the child resolves his Oedipus complex. The pervert, however, has no solution to the Oedipus complex. He is stopped between the disavowal of perception and denial through fantasy. Freud states in his paper on splitting of the ego that the pervert is faced with the fact that his mother has no penis. To fill the gap he creates a fetish or a phobia.

Male Phallic Psychosexual Development

Early in the phallic stage the boy becomes aware of anatomical gender differences, and his awareness of the male genitalia furthers his identification with his father, brothers, and male peers. Now he thinks that he can do what his father does. In addition, his view of the father’s relationship with the mother is heightened, particularly in his fantasies of the father’s lovemaking with the mother. Now the boy wants to exhibit his phallus to his mother and at the same time look at her breasts and genitals. He may request that she go to the bathroom with him, or he may blatantly exhibit himself at bedtime to his mother. He views his penis as a penetrating instrument and as a source of

great pleasure—earlier, as one of several pleasurable body areas and, later, as a special pleasure structure of the body that he has become aware of through masturbation, exhibition, and sex play.

The boy views himself as a little man; his father is his adult rival. The mother becomes the object of all his pleasures, around whom he weaves a not too innocent “romance.” The boy at this time tends to be very protective of his mother, imitating his father in many respects. On the other hand, he may downgrade his father or even at times openly attack him verbally. He may try to play games involving the father’s role. He is apt to make up stories and fantasies about larger rivals whom he can easily overcome, like *Jack and the Beanstalk*. The boy realizes, however, that the father’s size, dominance, and strength make the competition futile. So threatening is the father that he assumes for the little boy an aura of dread and expectant injury. This threat assumes the form of castration anxiety, which ushers in a new developmental theme. This threat can exist only in the child’s fantasies and has no real roots in reality. Often enough, however, the boy has sensed the father’s annoyance because of his persistent intrusions into the parents’ relationship. Then, too, any punishments the father dispenses to his son during this period, for omissions and commissions irrelevant to the boy’s phallic wishes, are seen as direct punishments for his phallic impulses. The conflicts centered around castration eventually lead to the repudiation of the boy’s oedipal wishes. The suppression and repression shift the ego’s defense organization. Evidence for

this developmental pattern is aptly found in the everyday play of children, and as well as in the fantasies, fairy tales, and dreams of this period of development. Furthermore, anthropological studies of totemic animals, children's graphic productions, data from child analysis, and psychoanalytic reconstructive data are also supportive of these developmental facts.

When the mother indicates to the boy her unwillingness to respond to his wishes, he can react to her in a jealous rage, which either gives rise to or reinforces a wish to kill her and to be loved by the father in her place. The negative Oedipus complex also leads to fear of injury and castration because of passive aims. Both negative and positive wishes in the oedipal period, therefore, arouse castration anxiety.

The boy is quite prone to respond to the oedipal situation with fear of castration. There are many determinants to this fear. The erogenous phallus is an object of attention, pleasure, and fantasy. The boy's concern with uncontrollable phallic tumescence gives rise to his fears that his fantasies will be exposed to his parents. When he discovers the female genitalia, he concludes that the girl has lost her penis. Direct and indirect threats of punishment from either the father or the mother reinforce the fantasy that he, too, may lose his penis. In addition, his earlier experience of losing the breast in weaning and in losing feces in defecation are preoedipal antecedents to body loss and castration anxiety. The fantasy of castration involves loss of the

penis and not necessarily the testicles. The fantasy is based on his view of loss of body part going back to his previous stage of development, where loss of the fecal “stick” suggested a body loss. The boy’s castration anxiety is further manifested by overt concern with the body, excessive fear of injury, phobias, and nightmares. The boy must resolve his oedipal conflict by renouncing his wishes and by holding them in check through superego controls, available defensive mechanisms, and ego techniques for resolution of conflict. The boy relinquishes the libidinal object and replaces it by identification with the mother. There is also an intensification of the identification with the father. Identification with the father strengthens the masculinity of the boy’s character. The boy’s libidinal wishes are partly desexualized and sublimated and partly exhibited and transformed into impulses of affection.

Female Phallic Psychosexual Development

The girl’s psychosexual development is in several respects more complicated and less well understood than the boy’s. Freud initially assumed that sexual development in boys and girls was similar, a view that he changed in his paper, “A Child Is Being Beaten.” He later realized that the girl has to change not only her sexual object from the mother to the father but also her erotogenic zone from the clitoris to the vagina. Psychosexually the girl is much like the boy, starting out with the mother as the main libidinal object. Her earliest erotic fantasies, like the boy’s, involve the mother as object.

Between the ages of two and three years the girl begins showing a preference for the father. Much like the boy, the girl increasingly masturbates, using the clitoris instead of the penis. It is here that a gender difference in psychosexual development occurs. Her desire to play the man does not flounder on castration fear. It is castration fear that propels the girl toward the Oedipus complex. She blames her mother for the genital difference and seeks out her father in the hope of repairing her body damage and becoming a man. Even though she may become aware in the phallic-oedipal period of her vagina, the clitoris remains the erogenous zone. Later in development, especially during adolescent years, she starts to switch from the clitoris to the vagina as a primary erogenous zone.

Decisive awareness of gender difference occurs when the girl shifts her libidinous strivings from her first object, the mother, to the father in the hope of achieving an adult heterosexual status. Turning from the mother to the father can be abrupt or quite gradual and can involve antagonism and hostility toward the mother. Often the girl catalogues her many complaints against her mother. The shift from the mother to the father occurs at the time when the girl has become aware of anatomical differences between herself and the male. Her first impulse is to repudiate the sexual difference. The fantasy of having been deprived of a penis by the mother furthers her antagonism toward the mother and increases her fear of more retaliation from the mother. The wish for the penis heightens her interest in her father

and brothers. Penis envy expressed as shame, inferiority, jealousy, and rage is most evident at this time. The girl has a passive wish for the father's penis. She then turns to the father as her principal love object. She is soon rebuffed by the father and forced to renounce her oedipal wishes. The girl's feelings of castration—the female castration analogues—are jealousy and a sense of mortification as well as fear of genital injury, partly a consequence of the wish to be penetrated by the father.

The boy discovers his penis and the girl is quickly made aware of her deficiency. Both boys and girls during the phallic-oedipal years evidence marked narcissistic investment in their bodies. The phallic child displays body curiosity. He explores his body, checking every orifice. The body narcissism is manifested not only by preoccupation with body function but also by dread of injury. The slightest injury is regarded by the child as worthy of a band-aid.

The discovery of sex differences means to the boy that the girl has lost her penis.' He is frightened that he, too, may suffer the same fate. He resorts to ego-defensive maneuvers. He may believe that everybody is built like himself. He can try to convince himself that the girl has a penis that is hidden inside her vulva. Or he can believe that the girl's penis will grow back some day. He can openly exhibit himself as a way of proving that his penis is still there. He can play games in which he hides his penis between his legs and then allows it

to pop forth. He can displace to other parts of his body his concern over castration. He can deprecate girls, even trying to hurt them, to further his image of them as injured. His anxiety can lead to increased masturbation aimed at reassuring himself that his penis is still intact. He can threaten other children with castration. He may do this by intimidating children or by actually trying to hurt them.

The girl, on the other hand, can deny the fact that she has no penis. She may feel that the mother took it away from her. She can repress her awareness of anatomical differences until she reaches adolescence. Often phallic girls, even from sophisticated backgrounds, can deny the vagina well into latency years. The phallic child's view of the parents' external genitalia can further intensify castration fears. The boy, in seeing his father's penis, is apt to feel even more inferior. The girl is frightened in seeing her father's penis. She can fear that her wish to touch his penis may come true. Or she can be alarmed by oral fantasies that aim to incorporate the father's penis. The phallic boy, in seeing his mother nude, may fantasize that her penis is inside her pubic hair.

Primal scene experiences are exciting, stimulating, and often very frightening to the phallic child. All children experience at least auditory primal scenes. Hearing the parents moving about in bed, awareness of the mother's giggles, the father's heavy breathing, and various noises at the time

of orgasm are most stimulating to the child's fantasies. The child does not know who is doing what to whom. A number of children also see their parents having intercourse. Visual primal scenes during the toddler years make the child even more vulnerable to primal scenes during the phallic-oedipal period. Whether the child's primal scene is visual or auditory, the child tends to view parental intercourse as an act of aggression or a fact of exclusion.

The phallic child's awareness of the mother's pregnancy is another source of fantasies during this stage of development. The pregnancy stirs up the child's sibling rivalry feelings and forces the child to elaborate his sexual theories of intercourse, pregnancy, and birth.

Preoedipal Sexual Identification with Love Objects and the Negative Oedipus Complex

Both the male and female child have initially an undifferentiated primary identification with the mother. Later the child internalizes parts of both parents." At around two to three years the girl imitates the mother and carries out a flirtation with the father. At this time most of the little girl's investment is with the mother. And in this sense the little girl is experiencing her negative oedipal complex. With the first separation and individuation the little girl then proceeds to the positive oedipal complex in which she reaches out more affirmatively toward the father. She aggressively devalues the mother. For a girl the negative oedipal complex involves transfer of her

aggression to the father. She attaches her libidinal drives to the oedipal mother. For the male at age two and three and a half, the identification shifts from the mother to the father. The boy in his negative oedipal feelings remains aggressively attached to the mother and regards her as engulfing, overprotective, and frequently nongiving. If he is able to resolve these feelings, he then makes a switch in his allegiances to the mother and transfers his aggression to the father. The mother is now valued and the father is seen as a competitor.

If the boy's development is to proceed in a phase-specific manner, his affectionate attachment to his father must intensify. He remains aggressively attached to the mother, with whom he identifies. The boy is then in a passive stage in which he subordinates his active wishes for his mother. During the time of the negative oedipal complex there are two possibilities. The boy can have sexual wishes for the father, wanting to put himself in the father's place and to play a passive role. Or the boy is apt to want to supplant the mother and to be loved by the father.

The Oedipus Complex

The Oedipus complex is regarded by Freud as the "cornerstone" of psychoanalysis. It is the central part of his psychosexual theory of development and is in many respects the phenomenological core of his

theories of infantile sexuality. Rutter's critique of infantile sexuality, for instance, reviews the empirical data that support many of Freud's phallic-oedipal formulations.

The developmental trends that lead to the Oedipus complex involve the child's obligatory dependency on his parents and the child's need to be loved by and to love his parents— the first love objects. The Oedipus complex is a triadic developmental family phenomenon, involving the child's sexual strivings that bring him face to face with his erotic feelings and phallic wishes toward the parent of the opposite sex. The desire for both affection and stimulation from the contrasexual parent pushes the child into a competitive relationship with the isosexual parent. For the boy this results in fear of castration. For the girl this intensifies her antagonism to the mother, her wish to have a romance with her father, be like her father, and be part of the male world. The Oedipus complex is an apprenticeship for heterosexuality and a necessary developmental stage for male and female psychosexual identity. The boy's Oedipus complex develops out of the phase of phallic sexuality. Under the influence of castration anxiety he is compelled to abandon the Oedipal feelings at about the age of five or six, thereby repressing and sublimating his incestuous wishes and further identifying with his father. Castration anxiety, therefore, terminates the oedipal complex in boys. The little girl, however, must shift from the first object, the mother, to the father. This development occurs when she notices genital anatomical differences.

She feels antagonistic and hostile toward her mother. Her first impulse is to repudiate the genital difference by attempting a masculine identification with the father. She masturbates more, with fantasies of having a penis. Because of guilt, however, she may give up masturbation for a while; or, on the other hand, her wish for possession of the father's penis may be strengthened. Rage and despair intensify the little girl's rivalry with the mother. She further turns to the father as her principal love object. She is then rebuffed in one way or another by her father, so that she must now renunciate and repress these oedipal wishes the best she can. She may attempt to remain a "pal" of the father, wanting to do things with him, particularly if she is competitive with her brother. In passing through the "tomboy" stage, she furthers her masculine identification with the father. The shift back to the mother only occurs during adolescence. Frequently, however, the shift is not completely made until the girl has married and has had a child of her own. Since no castration threat can make the girl relinquish her father, the girl's oedipal conflict is not resolved until adolescence or adulthood.

Freud viewed the infantile neurosis as a universal phenomenon in man's progression through the phallic-oedipal phase—apparent for a short time and manifest as a childhood neurotic disturbance, or not apparent at all, sometimes later appearing as neurotic symptoms in adulthood. Freud related the infantile neurosis to the Oedipus complex. Nagera has reviewed the concept of infantile neurosis from the developmental standpoint. His view is

that “the infantile neurosis is ... an attempt to organize all the previous and perhaps manifold neurotic conflicts and developmental shortcomings with all the conflicts typical of the Phallic-Oedipal phase, into a single organization . . . into a single unit of the highest economic significance. ... For these reasons—the ‘Phallic-Oedipal’ phase is in fact an essential turning point in human development.” The infantile neurosis is the first form of neurosis and can lead, with accretions from latency and adolescent years, to adult neurosis. Anna Freud also emphasizes the necessity for certain developmental steps to have been completed before the infantile neurosis occurs. Early deprivations, absent objects, improper environmental handling, various forms of deprivations, and constitutional deficiencies do not allow for adequate identifications, complete internalizations, and normal structuralization of the personality. Thus the child remains in a preoedipal level of personality organization.

Neo-Freudian Formulations of the Oedipus Complex

Since Freud’s formulation of the Oedipus complex, there have been a number of other postulations that take issue with Freud’s view, particularly in regard to infantile sexuality.

Adler regarded the oedipal child as a pampered child. He saw the normal attitude of the phallic child as that of an equal interest in the father

and mother. While he agreed to the possibility of a boy's overstimulation by the mother, he regarded sexual pleasure as incidental to the quest for power. He saw sexual pleasure as incidental in the boy's quest for power and domination over the mother. For Adler the Oedipus complex is simply one of the many forms of child pampering, and in many respects the child eventually becomes the victim of his own fantasies toward the mother.

Jung saw the Oedipus complex as mainly involving issues of independence and autonomy. He felt that if there is no freedom for the child, the Oedipus complex must inevitably lead to conflict. He introduced the term "Electra complex" to denote the girl's conflict between the fantasized infantile-erotic relationship with the father and her will to power. Failure to achieve more autonomy and the need to return to the relative security of the father are key factors in Jung's view of the Electra complex. Freud rejected Jung's Electra complex because it was meant to "emphasize the analogy between the attitudes of the two sexes." Furthermore, Freud felt that Jung's view added nothing.

Another neo-Freudian formulation of the Oedipus complex was made by Rank, who viewed the complex as the origin and destiny of man. The average person, Rank believed, never really overcame his birth trauma. From the primal horde came the primal family, the group family, and eventually the matriarchal society. The Oedipus complex, for Rank, became a saga, a

sociological phenomenon, a compromise between the wish to have no children and the necessity to renounce one's own immortality in favor of children. The Oedipus complex is a reaction to coercion by the human species, which requires marriage and fatherhood against the individual's will.

Horney attacked Freud's biological view of the Oedipus complex. For her the family relationship is a force in the molding of the matrix of character formation. Anxiety comes from conflict between dependence on the parents and hostile impulses toward them, as well as the need to cling to parents for love and security. She doubted whether sexual wishes toward the parents had any relationship to the child's development.

The rebellion of the son against patriarchal authority is central to Fromm's concept of the Oedipus complex. He does agree with Freud that there are sexual strivings in children, that the tie to the contrasexual parent is frequently not severed, and that the father-son conflict is characteristic of patriarchal society. But he seriously questioned whether the Oedipus complex is a result of sexual rivalry. Furthermore, Fromm questioned the universality of the Oedipus complex. He pointed to cultures in which there is no rivalry and no patriarchal authority. He, too, doubted whether the tie to the mother is primarily sexual; instead, the fixation to the mother is caused by maternal dominance.

Harry Stack Sullivan also took issue with Freud on the Oedipus complex. He suggested that feelings of familiarity toward the child on the part of the isosexual parent foster an authoritarian attitude that produces resentment and hostility in the child. A parent treats the child of the opposite sex with more consideration because of a sense of the child's strangeness. A parent feels justified in dictating to a child who seems to be like himself. The feelings of strangeness deprive the parent of motives for control of the child's life. Consequently the child is treated more carefully. The freedom from pressure results in the child's feeling greater affection for the contra-sexual parent and being more attracted to this parent.

Another formulation of the Oedipus complex comes from the adaptational view, which rejects infantile sexuality and the libido theory. This view was most strongly espoused by Rado. He suggested an ontogenesis of family relations. In his view parents provide the child with conditions that foster the development of omnipotence. A child delegates these feelings to the parents during the anal-muscular phase of development. A rewarding relationship between the child and the parent generates tender affects and parental idealization. Thus the child's object choice is "learned"; it is not a reflection of inborn instinctual drives and their vicissitudes. The child's first sexual pleasure is from autoerotic manipulations. A subsequent shift to another object comes only after the child has established an affectionate tie to the mother. Now he has learned that he must share the mother with the

father and siblings. This initially intensifies his need for exclusive possession of the mother as a dependency object. Consequently both boys and girls in the family are interested in the mother primarily as the affectionate object. In this sense there is no essential difference in sexual development between the sexes. The striking gender difference is in the attitude of the little girl toward her genital equipment. She attributes cultural privileges of greater masculine freedom in play and assertiveness to the fact that the boy possesses a penis. This is the root of the girl's penis envy, a repressed wish to castrate the boy as a means of resolving her dependency needs.

According to the adaptational view, the boy's clinging to his mother results in overt disapproval from both parents, which then leads to an awareness of the incest taboo. The child's response to parental intimidation is hostility to the father, which must be repressed because of fear of castration. The child must further protect himself by repressing libidinal desires for the mother. As the mother becomes more inaccessible he retreats autoerotically to his own genitals or indulges in sex play with other children. If these activities are not interfered with, the Oedipus complex is resolved initially by substitution of himself through masturbation and later by substitution of nonincestuous objects for his mother. In a society that is sexually inhibited the likelihood of parental intimidation exists. As a consequence all sexual gratification for the child must be given up. Thus the child falls back on the mother again as a sexual object since the inhibition of his independent

executive action forces him to return to earlier dependency attachments. The Oedipus complex is thus perpetuated from one generation to another. Heterosexual objects are identified by the boy with the forbidden mother, which heightens his castration anxiety.

In the adaptational view—and this is true also in the classical view of the Oedipus complex—the girl's sexual development is much more complicated and in many respects not as well understood. For the girl the first sexual object is her mother. Later she turns to her father, not, according to the adaptational view, because of sexual differences, but because of subtle persuasion by both the mother and the father. The mother dampens the daughter's sexual interest in herself. She promotes the shift in the little girl's attention to the father through the many examples of her own behavior to the father. As a consequence she helps the girl identify with her, especially if the father sets up no objections. Through his own playful, affectionate attitude toward his daughter he facilitates her identification with the mother. The shift of the daughter to the father is reinforced by the social institutions of our culture, which emphasize attachment to a man as the highest goal for a woman. A contradiction soon arises for the girl. The parents become alarmed at the dramatic shift they have encouraged. Alarm occurs because of sexual overtones in the heightened relationship between the father and daughter, which then leads to sexual intimidation of the girl in much the same manner that this occurs for the boy. The little girl is now aware of genital differences.

She unconsciously attributes her lack of a penis to castration by the mother because of her oedipal strivings toward the father.

In the adaptational formulation castration anxiety for the boy and the girl occurs after parental intimidation. It is not in any respect related to discovery of genital differences. The sexual development of the girl then proceeds in the same manner as that of the boy. This view challenges the view that castration anxiety ends the Oedipus complex in boys but initiates it in girls. In the adaptational view the relationship of castration anxiety is the same for both sexes. It sets in motion repression of the Oedipus complex. In addition, sexual inhibition for the woman is further enhanced by social institutions that limit the woman's freedom in her female role. The woman must present herself as virtuous, chaste, and dimly interested in intercourse. This view facilitates her repression of her sexuality. Her penis envy is exaggerated by the various contrapuntal cultural attitudes between men and women. Intercourse is viewed as an instrument in the battle for dominance-submission. Because of her position vis-a-vis man and society, she is vulnerable to injury; she can only assuage injury fantasies by reparative fantasies aimed at taking over the man's penis. Her sense of male hostility and retaliation is augmented by these reparative fantasies. In addition, penetration by the penis arouses repressed oedipal strivings and connected feelings of guilt and punishment by the mother, thereby adding another increment of retaliatory fear for the woman. Consequently the woman

withdraws from men and is forced to deny her sexual yearnings for pleasure and comfort.

The Resolution of the Oedipus Complex

In the dissolution of the Oedipus complex there occur changes in the aims and objects of the instinctual drives. Progressive modification of the relationship with past objects (parents and siblings) is seen. Anaclitic and erotic aspects of objects are dissociated. Development of new object relations, free of the incest taboo, takes place. Further sexual differentiation occurs. Object cathexis is given up and is replaced by identification with the authority of the father introjected into the ego as the authority of the superego, perpetuating the incest taboo and preventing the ego from returning to libidinal object cathexis. The libidinal components of the Oedipus complex are desexualized and sublimated; in part they are inhibited in their aim and transmuted into impulses of affection. Freud saw the process as more than repression—“destruction and an abolition of the complex.” “In boys . . . the complex is not simply repressed, it is literally smashed to pieces by the shock of the threatened castration. Its libidinal cathexis are abundant, desexualized and in part sublimated; its objects are incorporated into the ego, where they form the nucleus of the superego. ... In normal, or, it is better to say, in ideal cases, the Oedipus complex exists no longer, even in the unconscious; the superego has become its heir.” In the *Ego and the Id* Freud, in discussing the

loss of the love object resulting in a “setting up of the object in the ego,” further comments about the dissolution of the Oedipus complex: “The broad general outcome of the sexual phase dominated by the Oedipus complex may, therefore, be taken to be the forming of a precipitate in the ego, consisting of these two identifications in some way united with each other. This modification . . . confronts the other contents of the ego as the ego-ideal or superego.”

The destruction of the child’s phallic-genital organization results from the threat of castration and the experience of painful disappointments. The castration threat is in large part the result of the child’s use of the mechanism of projection, but it is further strengthened by overt or covert punishment for masturbation and sex play and the boy’s observation of sexual differences. When the child abandons the Oedipus complex, his identification with the father maintains the object relationship to the mother that has been linked to the positive Oedipus complex and at the same time replaces the object relationship to the father that has been part of the negative Oedipus complex. The same intrapsychic events take place in connection with the mother identification. Freud feels that the relative intensity of the two identifications is related to the preponderance of one or other of the two sexual dispositions. With the abandonment of sexual aims and the change of object cathexis into identifications, there results a sublimation that permits diffusion of the libidinal and aggressive components of the object cathexis. This freed

aggression helps in the formation of the superego.

Because of the gender differences in the resolution of the Oedipus complex, Freud thought that the superego formation was quite different for the girl. Fear of castration plays no part in the breakup of the infantile genital organization for the girl. For the girl threats of loss of love threaten the Oedipus complex, but what eventually abolishes the Oedipus complex is her increasing awareness through later development that her wish to have a child from the father can never be fulfilled. As a consequence the woman's "superego is never so inexorable, so impersonal, so independent of its emotional origins as we require it to be in men."

Jacobson has analyzed the development of the superego from its earliest precursors to the superego consolidation at the end of adolescence. She has delineated the various types of self and object representations as they take part in the formation of the superego, as well as the role of superego introjection and ego identifications and their relationship to development and experience. Sandler" has developed these concepts further in his concept of the "representational world." The ego establishes the representational world, the center of which is the self-representation, an amalgam of integrated self-images, surrounded by object representations formed out of a synthesis of object images. Before the phallic period the superego schema reflects the idealized and desirable qualities of the parents and encourages the child to

behave, which gains for the child a feeling of being loved. At this point the superego is a preautonomous schema. It is only with the resolution of the Oedipus complex that introjection of the parents occurs and an autonomous structure is formed. Now the introject can substitute for the real object as a source of narcissistic gratification.

With the resolution of the Oedipus complex the child enters the phase of latency, which phenomenologically commences with the shedding of the first deciduous teeth and is dynamically associated with the resolution of the “family romance” and the diminution in the child’s narcissistic preoccupation with his body, its functions and its orifices. Latency extends to the prepubertal growth spate of adolescence. During this time further sexual identification and ego differentiation are perceived. Peer interaction is much more common as the child spends less time with his family. In his relationship with other authoritarian figures, as well as in his relationship with peers, there is a strengthening of superego and ego ideals.

The triadic transaction in the Oedipus complex is not limited to the phallic-oedipal period of development. In adolescence there is a resurgence of many aspects of the Oedipus complex as the adolescent attempts to rework previous developmental issues. And in adulthood oftentimes prior to a son’s marriage there is a resurgence of oedipal feelings on the part of the father vis-a-vis his future daughter-in-law. The same, of course, can occur for the

mother in her feelings toward her new son-in-law. Later in life grandparents can experience a return of their rivalrous feelings toward a son-in-law or daughter-in-law after the birth of a grandchild; and toward the end of life, if aging has taken its toll on cognitive control and capacity for instinctual delay, a man may give vent to long repressed oedipal urges through molestation of young girls.

There are many reasons for unsuccessful resolution of the Oedipus complex. If a child has had an unsustaining relationship with two parents or has had multiple deprivations during childhood, these experiences will result in a relative inability to relate to parental objects, with impairment in psychosexual development and sexual identity. As a result fragile control of sexual and aggressive impulses, along with little capacity for pleasure, can ensue. Harlow's primate studies have demonstrated that female infants who are deprived of their mothers grow up to be inadequate mothers. Males deprived of their mothers as infants have difficulty in expressing aggression and sexuality. If rather extreme frustration or extreme overindulgence at the preschool level has occurred, oedipal involvement may be impeded. If the contrasexual parent is removed at the beginning of the child's phallic development and remains absent, the child's contrasexual object relation will be strained. He can become overly attached to the parent of the same sex, making it more difficult for him to work out a heterosexual object choice. Many times, however, relatives, friends, and older siblings offer other

identificatory models. The oedipal outcome also depends on whether the remaining parent takes the child as a symbolic substitute for the lost spouse.

The contrasexual parent can behave in an unduly seductive way toward the child, leading to overstimulation of the child, with intensification of any unresolved Oedipal feelings. Death, illness, injury, or desertion of the parent of the same sex during the oedipal period can foster conflicts since these events coincide with unconscious or thinly disguised aggressive wishes of the child toward the isosexual parent. Because of magical thinking, whereby a wish or fantasy is viewed as tantamount to an act, death or illness of a parent can be viewed by the child as a result of his aggression.

Ideally for the resolution of the Oedipus complex the isosexual parent should be non-punitive, attractive, and strong enough to serve as a model for identification. Second, the contrasexual parent should not be unduly punishing, emotionally unpredictable, or seductive so that the child can place full confidence in objects of the opposite sex. Third, parents should show no indication or rejection of the child's genetic sex. Gender-role behavior should not be obscured by the parents in terms of teaching cross-sex-role responses. Fourth, the child should identify with a satisfactory view of marriage, seeing it as providing pleasure, comfort, and security so that he may subsequently view marriage as desirable and likely for himself.

Fathers who are harsh and punitive make oedipal resolution more difficult. Struggling with such a father, a boy may feel it necessary to give up all women and to assume a passive, compliant attitude toward his father. He may aspire to be the main object in his father's life and see his mother as a rival. Exaggerated character traits like passivity, compliance, ingratiation, and timidity can result. On the other hand, the boy may overtly identify with the father and develop very aggressive pseudomale traits, by way of identification with the aggressor. With such a father the girl can assume a masochistic attitude toward men and regard the penis as a sadistic weapon to be passively accepted. In this situation frigidity is common. If the mother is aggressive and a relatively masculine person and the father is passive and feminine in character, the boy must deal with his aggressive, punitive mother.

His inadequately masculine father cannot help him and cannot provide him with a satisfactory identificatory model. Thus the boy must follow in the father's footsteps in the passive, feminine, masochistic way.

A girl may feel that she was deprived by the mother during her preoedipal development. She may think that her feminine attitude has been depreciated by the mother. Thus she can adopt a rather passive attitude toward the mother, maintaining the mother as an object, depreciating the father as weak and withholding, and entering into a homosexual relationship later in adolescence. On the other hand, she can assume a maternally

protective attitude toward the father and establish strong bonds with him that she is never able fully to relinquish. Sometimes older siblings of the opposite sex provide substitutes for the parents, and the oedipal problems may therefore be displaced onto these siblings. Sibling competition with a much older brother can be intensified by oedipal displacements.

Infantile Sexuality and Behavioral Science Research

The existence of infantile sexuality is thought to be substantiated on the basis of direct observation of children, sexual foreplay, sexual perversions, psychosis, the phenomena of regression, data of child analysis, and psychoanalytic reconstruction of infantile sexual life. Freud has been challenged by many neo-Freudians who view infantile sexuality as of no importance compared to the effects of environmental factors or regard infantile sexuality as a result of pathological family interaction. Regardless of theoretical orientation there is unanimous agreement that further study of infantile sexuality, particularly phallic erotism and the Oedipus complex, must be done. With the marked emphasis, however, on methodology and electronic instrumentation for the study of infancy, the phallic-oedipal period and infantile sexuality in general have been relatively neglected. Children's fantasies, dreams, wishes, and other mental events have been comparatively ignored by research workers in child development. Castration fears, primal scene experiences, penis envy, birth fantasies, and oedipal and masturbatory

fantasies are phallic phenomena that warrant research. In addition, fairy tales and myths provide rich sources of research material. The nature of infantile amnesia is poorly understood, partly because of our ignorance of memory mechanisms in general. Further study of the developmental nuances of the female Oedipus complex and its resolution is needed.--Many of the postulates of infantile sexuality, however, are not easily tested by empirical methods. Controlled research in this area is extremely difficult. Preschool children cannot easily report experiences. The use of play and direct observation can produce very misleading and at times naive results. Play techniques are useful as modes of expression. Translations from play to language are necessary, but frequently distortion results.

Child analytic work offers the most convincing evidence for infantile sexuality. Since the child analyst has the opportunity to observe the child over a period of time, he is able to see the multiple variations and transformations in instinctual drive and ego development that occur throughout development. The evidence from child analysis, however, is not always acceptable if statistical requirements are made.

Neurophysiological speculation attempting to relate orality and sexuality by way of contiguous neural limbic pathways does not at this time supply a physiological support to psychoanalytic concepts.-The connection of thumb-sucking with masturbation has been questioned by Wolfe, who views

rhythmic infant activities as motor discharges rather than as autoerotic movements. And the relevance of penile erections during sleep to infantile sexuality is no longer assumed by sleep researchers. It has been shown that penile erections occur principally during a period of rapid eye movement (REM) and may be merely manifestations of altered metabolic states.

The most useful behavioral science research has been applied to questions of gender role and gender identity. Hampson and Money have identified the variables of sex differentiation. Genetic sex, hormonal sex, gonadal sex, and the morphology of both internal and external reproductive organs are the important variables in sex determination. Studies of pseudohermaphrodites have indicated that psychosexual differentiation takes place as an active process of editing and assimilating experiences that are gender-specific and is reinforced by the individual's genital appearance. The gender-role assignment and early gender learning are the most critical factors in psychosexual differentiation. The sex of assignment, according to Money's research, must be clearly made by the eighteenth month of life in order to avoid psychosexual deviation in later years. The preoedipal process of sex-role determination is thought to be related to some type of early learning. Imprinting, a model taken from animal studies of learning, has been suggested as the possible cognitive activity that occurs at the time of the toddler stage. It appears that the acquisition of gender role and sexual identity is quite similar to language in that for both there is a critical period of

growth. Stoller's research has corroborated much of Money's early work. He points out that gender identity depends in the beginning upon sex assignment and that it is established by the age of two and a half to three years. Gender identity comes from experiential rather than constitutional factors and occurs well before the appearance and resolution of the Oedipus complex. Stoller views this process as leading to the development of core gender identity and feels that biological forces silently augment the formation of identity. Therefore, gender identity is not entirely the result of fixation by conflict, but rather the effect of imprinting upon a passively developing identity at a critical period. Thus castration anxiety, penis envy, and the like change only the quality of gender identity.

Cognitive development plays an important role in sex-role behavior. The child cognitively organizes his social world along role dimensions. This patterning is based on the child's concept of physical things. The social world concept is cognitively organized in terms of universal physical dimensions. The organization of role perception and role learning depends on the child's concepts of his body and his role. The schemata that cement events together include his concepts of the body, of the physical and social world, and of general categories of relationships, including substantiality, causality, space, time, quantity, logical identity, and inclusion. The child develops an unchangeable sexual identity that has its analogues in his concepts of the invariable identity of physical objects. From the patterning arises a self-

categorization as boy or girl that is a basic organizer of sex-role attitude.

There is a paucity of developmental studies on memory in children. These are needed to further our understanding of infantile amnesia. Repression at the phallic-oedipal stage is a countercathexis that impedes release of memory traces into consciousness. But, in addition, memory in childhood is an immature and developing ego function. Memory is not only a function of previous experience and storage of information but also the capacity to organize information and reason. A child classifies experiential data differently from an adult. In all likelihood changes in cognitive ego style in the oedipal phase facilitate repression and allow for amnesia.

Central to the core of the classical formulation of the Oedipus complex is the fear of incest. There are recent family studies of incest but only a meager number of developmental studies of children involved in incest. From both a statistical and clinical standpoint the frequency of incest between mother and son, father and daughter, and between siblings is not known. Incest studies of father-daughter dyads, for instance, are not illuminating.

Freud's concept of the clitoral-vaginal transfer theory has been challenged by Masters' and Johnson's research on the female orgasm. They suggest that the female sexual drive is based on clitoral eroticism and that it is impossible to distinguish the vaginal from the clitoral orgasm. No such thing

as a vaginal orgasm exists; it is an orgasm of the circum-vaginal venous chambers. In the latent phase there is increasing pelvic congestion with transudation and an increase in sexual desire. Psychosexual excitation increases the vasocongestive reaction during any phase of the menstrual cycle.

In support of their concept of the female orgasm, Masters and Johnson point out that genetic sex at fertilization is potent during the first six weeks through a number of forces. Initially the embryo is female with sexual bipotentiality, which changes to a unipotentiality as the testicular inductance substance forms and leads to the production of androgen between the seventh and twelfth weeks. In the male the “clitoris” becomes the penis. From the crura and bulb emerge the male external genitalia. Thus there is in the very beginning of life a constitutional bisexuality and by the phallic-oedipal phase a bisexuality in terms of identifications and introjects.

Freud’s theories of infantile sexuality involve many levels of conceptualization. Fear of bodily injury, preoccupation with bodily functions and integrity, masturbation, behavioral responses to primal scene experience, and transactions of the child vis-a-vis isosexual and contrasexual parents are phenomenological. In his review of normal psychosexual development Rutter points to a corpus of empirical data that child analysts encounter daily in their work. At another level of observation are dreams, fantasies, and

memories, report-able by children through verbal and nonverbal means. At another level of conceptualization are postulates of the libido theory and the theory of object relations.” It is in this area that child analysts-’ can provide data and evidence for the whole field of child development.

Latency: The Middle Childhood Years

When the child enters school he is no longer young. He has entered middle childhood, the latency years, or, in Erikson’s terminology, the stage of industry versus inferiority. When the child begins shedding his first deciduous teeth, he enters a period of repressive “calm.” Between the dramatic changes of the preschool years, with the resolution of the oedipal situation and the diminution of his narcissistic preoccupation with his body and its various orifices and functions, and the prepubertal growth spurt of adolescence, with the increase in instinctual drives and the environmental confusion of that period, the latency child goes through a great deal of psychosexual and psychocultural development. Between the ages of three and five he is struggling with his oedipal relationships and his competitive dependency position vis-a-vis his siblings and his parents. During this time he lives out a happy illusion of being a miniature adult. From age five to seven, however, he is forced to come to terms with his illusion through the solution of the family “romance” and through fantasies that substitute for primary objects, as well as through reinforcement of his peer group behavior and

through a new vision created by experience outside the boundaries of the home. He becomes aware of his relative position as a child in a world of adults. Perhaps this is part of the force behind the typical jokes and puzzles of latency children, remarks that mock adults' intelligence and for a brief period cast the latency child intellectually alongside the grown-up.

In latency the child is no longer satisfied with just play and make-believe. He identifies with people who know things and suggest to him a sense of competence. The danger that his success is illusive is always present. During the stage of industry, when workmanship is so important, the child forgets most of his earlier experiences. He tries to attenuate his family relations and deny what he wants from them. His past hopes and wishes are now less pressing on him. He turns at this time to tools, objects, and work from which he can win recognition by producing things. He learns with others to do competitive tasks with the idea of finishing things. Unlike the child during the stage of initiative, when the emphasis is on the goal but actually very little is done, the latency child aims at completion. During this time he learns to read and write. In primitive cultures he turns instead to gender-appropriate activities that are essential to the survival of the tribe. In most societies selected adults are designated as the teachers, and systematic instruction is provided.

In middle childhood the differentiation of male and female becomes

more complete. Boys are taken away from their homes, given tools, instructed in the techniques of the culture, and encouraged to develop skills and workmanship. But some children in every culture want to retreat to earlier years. They are unable to enjoy the tool situation and often feel inadequacy and despair in regard to tools and skills. The period of inferiority can become overpowering for the child, particularly if his mastery of the preceding stage was not accomplished. Work contributes another step in identity development in that the child learns to do what counts. He has more than glimmerings of the fact that part of what he will be is determined by what he does. If mistrust, shame, and guilt are experienced during growing up, he is more likely to develop a negative image of himself.

Harry Stack Sullivan referred to latency as the juvenile era where the chief problems are competition and compromise; the period emphasizes social confidence. School and playground provide the backdrop for the competitive display. New roles are promoted and the child learns new modes of participating with his peers and adults.

Sex-role identification and differentiation are advanced during latency because of peer group and school activities. Peer interaction enables the child to learn his role in society, obtain some familiarity with associative-cooperative play, develop new patterns of aggression including competition and mastery, develop the ability to subordinate his individual needs and

wishes to the group and to reexamine his values in terms of his peer group. During latency he develops his academic skills, largely those involving numbers and words. There is also a strengthening of superego and ego ideals. The superego authority is introjected as part of the outcome of the oedipal conflict. Now for the first time it is available to assist the ego in controlling id impulses. These developmental issues are precursors to adolescent and adult development. Structures are modified and emended during middle childhood and the adolescent years.

In 1896 Freud referred to latency as the time of transition during which repression, a forerunner of defense, usually takes place. He thought that the period occurs from age eight to ten and is marked by sexual quiescence. The resolution of the Oedipus complex, Freud believed, leads to repression as the typical latency mechanism. Reaction formations, sublimations, and superego development are pivotal to this period. Sexual energy is displaced in its gratification since aims are inhibited. In 1905, however, Freud indicated that latency is from six to ten. He underscored his belief that a sexual quiescence continues during these years until puberty. Sarnoff points out in his review of latency theories that Freud continued to believe that phylogenesis produces the ego functions that permit what we know as latency.

Subsequent theories have characterized latency as a period in which sexuality is less observable, usually repressed, and most commonly

suppressed. Few have continued to believe that latency is a biologically determined period in which drive activity is lessened. Regression to pregenital impulses is commonly seen, more so in boys. The child has to work out new defenses against the pregenital drives. Ego development and the establishment of defenses occur. There is an increase in the prominence of secondary process thinking. The reality principle becomes more firmly established, and positive object relations and identifications are consolidated.

Freud was less interested in latency partly because he felt that most of the personality development had occurred by the time of resolution of the Oedipus complex. He emphasized biological factors as most important in the resolution of the Oedipus complex and considered cultural and educational forces as a secondary importance. Freud's concept of latency led to a falsified understanding of the problems of control, stultified research in this area of development, and cast a pessimistic note on treatment of children during this developmental phase.

Latency is not found in any other mammal; it is unique to man. Chimpanzees do not demonstrate this development. It is thought more and more that latency is a cultural phenomenon. Sexual quiescence is hardly seen in middle childhood. Drive strengths are maintained.--Kinsey's data, as well as those of clinical experience, suggest that sexual experimentation and curiosity persist. Masturbatory activities and fantasies and sexually tinged

play are quite common during latency. The distinguishing feature of sexuality during latency is that children are much more circumspect and socially aware about sexuality.

Structural development, particularly superego functions, increases at this time so that the child becomes more aware of what is socially acceptable. Those children who are cognitively impaired, such as mentally retarded children, demonstrate that without cognitive control sexuality during latency is very manifest. Furthermore, transcultural studies abundantly indicate that phenomenological aspects of sexuality are determined in large part by the degree of cultural freedom afforded the child.

The Phases of Latency

Since latency covers a period of years, it can only be understood if it is divided into two phases. The first phase is from age six to eight. During this phase repression, suppression, and regression are more apparent. Masturbation is inhibited. The child is greatly involved with himself. The ego can temporarily regress to pregenitality with reaction formations of shame, disgust, and guilt. The superego is extremely strict and feels like a foreign body. In interpersonal relationships the superego is crude and ambivalent, especially toward the isosexual parent. Impulses that must be defended by the superego intensify the ambivalence. Parents cannot be viewed as sexual

objects. Drive discharge is through fantasy. Masturbatory fantasies vary according to the child's fixation points. Masturbatory equivalents, such as nail-biting, scratching, and head banging, sadomasochistic to varying proportions, appear in latency. Compulsive talking with excitement is often part of an active fantasy life, which is the primary means of coping with stress. Castration anxiety can persist for the girl. Defenses against penis envy are usually quite apparent. Secondary process thinking waxes and wanes. Increased contact with reality furthers differentiation of secondary autonomous ego functions.

The later phase, age eight to ten, shows better cognitive functions and reality testing. Sublimation is now more successful. There is less suffering over masturbation. There is more gratification in the external world. Fantasy is less needed for drive discharge and by age eleven is used more for reality planning. The superego is less strict. The child in the second phase of latency shows decreasing omnipotence. Defense and affect are now closer to the ego than impulse. Children begin moving more in gangs without adult supervision. From eight to eleven years children begin to show homosexual and heterosexual curiosity and interest. Girls demonstrate an increasing ability to dramatize their feelings.

Between the ages of six to nine the child has to find out how to get along with others and how to compete successfully. Initially rules for the child are

seen as absolute and unchangeable. The crudeness of the superego stems partly from cognitive immaturity. At the age of nine the child, however, has a concept of reciprocity. He now feels that it is fair to change the rules provided everybody agrees and new rules apply to all. From age eleven to twelve he develops a sense of equity. He gives special concessions to handicapped players in games with his peer group. He is able to realize that another child's needs can be different and has thus transcended his egocentrism. He is able to shift his perspective and to be empathic.

The Ego of Late Latency

At the age of eight the child has a well-developed time perspective. His concept of death as something permanent is attained. He has a sense of trust in the future and a sense of objectivity. He now is capable of some detachment from the narcissistic equation of his self and other objects. He is better able to delay gratification and has some tolerance for frustration. He has realistic, nonmagical perceptions of cause and effect. He now tries to master previous disappointments. He shows initiative in the capacity for taking responsibility. His quest for mastery is apparent in many things that he does. Self-esteem increases and is contingent on mastery of competition and competence. There is an expanding cognitive awareness of the world based on increasing trust, autonomy, initiative, and industry. With this cognitive expansion and shift toward the peer group, the latency child becomes more involved with his peer

relations. He depends on them in part to point out external reality, limit inappropriate impulses, share skills and modes of coping, repair damage to self-esteem, offer social means of lessening tension, and reduce the danger to the balance between excitement and control. Peers remind one another of social goals and gratifications. The group helps to maintain its own controls and to resist seduction or provocation. It shows curiosity and praise for other's accomplishments. Thus the peer group provides an auxiliary ego to the latency child.

Physical Growth

From age six onward there occurs a deceleration of growth during the latency interval. At age six the average child is 46 inches tall and weighs 48 pounds. By the time he is age 12, he is 60 inches tall and weighs from 95 to 100 pounds. Physically boys surpass girls in that they are slightly taller and heavier than girls, stronger, better integrated and coordinated neurologically, and have a faster speed of reaction. The gender differential in growth, however, generally ceases at the time of the pubescent growth spurt when girls become slightly taller than boys and remain so until about the age of fifteen.

School-Peer Group Socialization

The child becomes just another child in the school and neighborhood. He learns new roles and modes of behavior. In play he shares things in associative-cooperative play. There are new patterns of aggressive behavior that lead toward mastery and self-control. In peer groups the child must feel that to subordinate his individual needs and goals to the total group, he must strike a balance between the activities of his parents and those of his peer group. The peer group forces the child to reevaluate his internalized values. His means for coping with aggressive and sexual needs are constantly evaluated by his peer group and his teachers as well as by his parents. Performance is a standard by which the child is now evaluated. Internal shifts and accretions in superego and ego ideals occur, with some reduction in the strictness of the conscience between eight and ten years.

The partial transfer of parental roles to teachers and organized peer groups affects the school-age child in many ways. He becomes more critical of his parents and invests them with less delegated omnipotence. At times he is disillusioned with them. Generally he perceives them in more realistic terms. On entering school he is confronted with an organized peer group, and at the same time he experiences varying degrees of separation anxiety from his parents. In the absence of parents the child's ambivalence shows its hostile side in the form of aggressive feelings and fantasies toward his parents. His modes of defense against anxiety are now challenged by his ongoing experience with teachers and peers.

The school-age child must be more self-reliant in handling fears. His fears change from concrete symbolic representations such as ghosts, monsters, and animals to more generalized and less symbolic substitutions of his fears of parental rejection and disapproval. Concomitantly he develops more reality-based anxieties, particularly ones around performance. He remains in a vicarious balance between his old magical world and the new world of reality, often shifting back and forth in his cognitive appraisal of himself and the world. The child may defensively regress temporarily to an earlier stage where he can utilize old behavior in the service of emotional conflict. He then further develops reaction formations such as guilt, disgust, and shame against infantile impulses that during this growth period become part of the child's character development.

In his sex-role development the child seeks new models for identification. His parents are not enough since he can do so few of the things adults do. Thus girls tend to idealize prestigious and romantic figures. Yet in their play activities they will often act out the roles of mother and daughter. Boys, on the other hand, are prone to identify with people who have status in society—leaders who are strong and assertive. For both sexes peer group formation occurs on the basis of sex differences. In this respect there is a cleavage between the sexes. Popularity within the peer group depends in large part on the adequacy of the child's sex-typed activities and attitudes. Girls are more obsessive, boys, more compulsive, in keeping with the

assigned, socially acceptable mode of the sex role.

Girls can more easily disguise neurotic traits because of their compliance to school situations and their overall need to display only proper social behavior. As in school, behavioral problems of girls are not as apparent as those of boys in the physician's office.

Models are selected for identification on the basis of the child's own skills and personality traits and the familial and peer group pressure toward the adoption of sex-appropriate roles. For example, a boy who is well coordinated and strong, or assertive and outgoing, will pick an athletic star for his model, more so if the parents indicate their preference and encourage him to develop masculine interests and activities. Pressure from the family varies inversely with social class. In other words, lower-class parents are concrete and more specific about what constitutes culturally sex-appropriate role behavior. Children perceive the masculine role as more aggressive than the feminine role. Both boys and girls view the male as both more competent in problem solving and more fear-inspiring. This dichotomous distinction persists through adulthood, still subject to the cultural variants of social class. One study indicated that by the age of 14 girls esteem aggressive-competitive personality characteristics in males as much as boys do. This fact, among others, has been related to the more negative self-concept that the average girl possesses in our culture.

Sex-appropriate behavior is important in the development of children because it is one of the factors that shapes the attitude of peers toward the child. In addition, many personality traits seem to cluster around the adequacy of the gender role. Male-female dichotomy holds for assertive-aggressive and avoidance-withdrawal behavior. Although the child's fantasies can be at variance with his behavior, career choices are in consonance with gender role. Career choice, however, is a phenomenon of adolescence, but expressed ambitions and aspirations are phenomena of middle childhood. Kagan has suggested that the most stable aspect of personality development is the sex-role identification, which gives both longitudinal direction and organization to the formation of the self-concept, self-esteem, and body image.

The ease in socialization is determined by the child's acceptance or rejection by the parents. If he is rejected by the parents, he is apt to be fearful on entering school and in seeking out relationships. If rejected by parents, he is apt to be aggressive. A second parental behavioral polarity is restrictiveness versus permissiveness. Restrictive parents frustrate the child's need for autonomy. Patterns of control can deviate in either direction. Domineering parents are apt to foster shyness, inhibition, and apathy in the child. Overprotective parents encourage children to be stubborn and irresponsible. Parental permissiveness tends to produce a more assertive, spontaneous child, often to aggressive proportions. Excessive instinctual

gratification can lead to faulty integration of superego and impulse control. Limits for behavior must be set by the parent so that the child can make his choices and decisions. Complete freedom for the child is now an old-fashioned childrearing concept. Latency children still require consistent guidelines and disciplinary measures as signs of love and interest on the part of parents, particularly from the isosexual parent.

As the child moves from the home-centered world of preschool years, he begins to concentrate on objective reality. The child becomes more interested in knowledge, skills, and activities. He searches for general principles and is fascinated with the new, strange, and distant places and people of the world. New experiences with language enable him to communicate with symbols so that he can generalize and abstract. School is the playground in which new activities and skills are discovered and developed. Play is transformed into work. To a lesser extent, scout activities and organized recreational activities serve the same purposes. Parental teaching is supplemented and new experiences in coping with problems are provided. These socializing activities enable a child to initiate the formation of long-range goals.

The child's behavior in school is in large part a continuum of his behavior in the parent-child relationship. The child's adaptation to school depends on factors other than his emotional organization. Separation anxiety

is a crucial determinant. Specific capabilities and maturational readiness to undertake the essentials of education are important. His position and social class also bear on his school behavior. Lower-class children adjust less readily to school because their parents are less encouraging and the peer group less reinforcing of the positive merits of the school experience. Furthermore, lower-class children are accustomed to immediate gratification. The academic curriculum for the middle-class child does not always suit the child in the lower social class.

The sex of the child is another important factor. Boys are apt to adjust less readily to the school experience because of feminization in teaching. Boys tend to react to women teachers with anxiety and tension. They are more hostile to school. Kagan indicates that if more men were to teach children, particularly in the lower primary grades, boys would be more apt to associate the act of acquiring knowledge with masculinity. For example, boys have far more reading and spelling difficulties than girls.' This has been explained in the past totally on the basis of a psychoneurological differential in brain damage at birth. Psychocultural factors, however, play an important part in this gender differential. Boys look upon the customary activities of kindergarten and first grade as feminine since those classroom activities tend to involve cutting out, pasting, and doing "pretty things." Furthermore, boys are much more comfortable in handling aggressive feelings if they are supervised by male teachers.

The IQ of the latency child can change during the course of his education. Several studies have demonstrated that the correlation between IQ of children obtained from age six to ten is .70. At the Fels Institute 50 per cent of the children studied showed changes over the years, most markedly the boys. The drive to learn increased as the children became more assertive and independent at school. Those girls whose IQ changed over the years were closely attached to their mother with whom they identified and whom they perceived as valuing intellectual achievement. Latency children do not have fully developed cognitive functions until adolescence. When they first enter school, latency children tend to be concrete but less animistic and magical in thinking. Later the latency child begins to perform logical manipulation. At first the manipulation involves concrete objects, but toward the end of late latency deductive processes are available to the child. Piaget has serially documented the various stages in intellectual development, from the concrete to the abstract, during this growth period.

Latency Peer Group Selection, Interaction, and Culture

There is a wide variation in peer group ego ideals and values existing within social classes. A lower-class child may be poorly accepted by his peers if he excels in school. The heroes of the lower-class children are not upper-class authority figures. These children are apt to be more receptive to the “heroes” of the television world. The violence of television has more impact

upon children from the lower social classes, in which there is less anxiety about aggressive behavior and a greater tendency on their part to identify with aggressive models provided in television programs.

Friendship patterns in middle childhood years are principally determined by the personality characteristics of the child. Nonintellectual traits are usually selected. Mutual friends will resemble each other in socioeconomic background and general intellectual level, but not in academic achievement. The accomplishment and status of the parents have no direct bearing on acceptance by the child's peer group. Aggressive boys will seek out aggressive friends. Friendships are made on the basis of gender grouping. The pattern of the friendships is unstable because mutual interests frequently shift. With increasing age general interests become crystallized and the friendships are more apt to be enduring. The peer group interaction has a very decided socialization function. It has a molding effect on the child's self-image and goals. If the values of the peer group are discordant with those of the child's parents, the child may be much more susceptible to peer influence, especially if the child has not made a strong identification with the parent of the same sex, or if he comes from a home where nurturance has been inadequate. This discordant value selection may also be made more likely if the child is not accepted by his peer group and is forced to seek out the group through compliant behavior.

Playing the games of the culture is most important for the latency child. Games with rules, Piaget's third category of play, come into prominence. Hobbies, halfway between play and work, are selected. Some can lead to ego mastery and a sense of job competence. In general, the latency child plays down his deficiencies, plays up his achievements, plays up to his identificatory models, and tries to play fair with his peers.

Latency has its own special culture with its own rules, games, rhymes, and riddles, from which all grown-ups are scrupulously excluded. Children in middle childhood tell repetitiously the same old jokes. Their rites include obsessive counting, peculiar little superstitions, tongue twisters, and odd collections of objects that serve as talismen. Hobbies commence quite early and frequently are precursors to later work. Coded communications are used in the subsocieties of clubs, packs, and gangs, all of which pride themselves on the group's solidarity and individuality. Play is more realistic and imaginative. Peer groups are meticulously organized and founded on rules, oaths, and clandestine passwords. The rules, however, are made to be broken. The activities of latency groups are devoted more to planning than to actual accomplishment. The goals are primarily the exclusion of those children who do not fit into the special identity of the group. Girls organize their clubs for the express purpose of keeping other girls out and gaining strength to reject masculinity. On the other hand, boys are much more involved with the concrete, such as trips, games, and innumerable projects. Their trading of

collections and prized objects is quite common. Barter is a boy's way of comparing assets and strength.

Pubescence

Pubescence or prepuberty is generally regarded as the two-year interval that precedes the onset of full puberty. In many respects it is psychologically closer to the middle school years. Its onset is marked by a spurt in physical growth. Physical changes take place including both primary and secondary sexual changes. Pubescence can be short-lived, hardly noticed by either the child or the parents. The potentialities for physical growth are suddenly realized, with rapid spurts in height and weight and rapid growth of the arms, legs, and neck; changes in body structure, increased sexual impulses, and growth of the genitals occur. The triggers for pubescence are neuroendocrinological. Both physical and emotional changes are not fully understood. At puberty the biological changes reach a peak marked in the female by menarche and in the male by spermatogenesis. This period of development is often dubbed preadolescence, which is confusing because the term is often used to designate the middle school years as an epoch.

Pubescence should be regarded as part of early adolescence. It is a distinct interval in child development during which instinctual drives increase; sexuality blossoms, and physical growth pushes forward with

breakneck speed. With the intensification of both aggressive and sexual drives, the onset of rapid growth, changing body concepts, and narcissistic body concern, the pubescent child is completing his shift in cognitive function from the concrete to the abstract. Thus, at a time when he is developmentally capable of greater rationality, he is beset with more physical discomfort and emotional uneasiness. Temporary losses in the personality gains made during the middle childhood years often produce a picture of the dissocial or early psychotic adolescent. Regressive trends to both phallic and preoedipal phases are present and frequently ephemerally apparent. In early adolescence attitudes of cleanliness become converted to dirtiness, neatness to disorder, sociability to boorishness; moods swing from euphoria to depression; and there are frequent rumblings and alienation from parents. There occurs a resurgence of dependency and ambivalence, especially in boys. Girls seem to experience less regressive pull in their development at this time.

In general boys are more immature and more apt to regress than their more mature and sophisticated female counterparts. Boys often feel inferior. They fear any trace of femininity in themselves. They are concerned about growth changes, particularly ones involving the genitals. Both boys and girls are very much aware of body hair as an early indication of sexual maturation. Modesty, which was of little importance during the early middle childhood years, now becomes maximally important to shroud the child until he has "arrived."

Physical Changes in Adolescence

Physiological and morphological changes in early adolescence are striking from ages 11 to 15. In the male from age 13 to 15 there occurs a growth spurt. Fourteen inches is maximal growth for boys, the average being about eight. The average boy gains roughly 40 pounds. Between 15 and 18 growth slows down and then ceases. The girl experiences her growth between 11 and 13. Her average gain is five to six inches. Her growth is thus two years earlier than that of the boy. From age 13 to 16 her growth slows down and then ceases. The popular notion that girls mature earlier than boys stems primarily from the fact that girls attain their adult height and weight about two years earlier than boys.

During adolescence body proportions change; this occurs several years later for boys. The “baby phase” of childhood begins to disappear. The forehead becomes higher and wider. The mouth widens and flat lips become fuller. The slightly receding chin of childhood begins to jut out. Relatively large head characteristics of childhood become smaller in proportion to the total body height, due to the fact that during this period the extremities are growing at a faster rate than the head. The reproductive system particularly increases in size, but the brain does not change noticeably during this period. There is a decrease in subcutaneous fat so that the proportion of body weight attributable to fat decreases, more so in boys than in girls. Basic changes in

size, proportion, and shape are most pronounced in the bones. Ossification speeds up and is completed in the female by age 17 and in the male by age 19. There is a marked increase in muscle tissues in relation to total body weight. For the female between age 12 and 15 there is pronounced growth; for the male, between age 15 and 16. Motor performance, coordination, strength, speed, and accuracy in the female improve to age 14, in the male to age 17. Boys in many respects show better motor performance than girls.

Changes in the Reproductive System and Sex Characteristics

In the female the primary sex characteristics involve the genital urinary system. The secondary characteristics appear at age 11, with the development of breast buds usually appearing two years before menarche. This is followed by pubic and axillary hair and increased widening and deepening of the pelvis. When ovulation appears two to four years after menstruation, conception becomes possible. For the male primary sex changes occur from 12 to 14. Secondary sex characteristics are initially pubic with later axillary, facial and bodily hair and changes in voice.

The sequence for the male is increasing size of the testicles and scrotum, the appearance of pubic hair from 12 to 14, enlargement of the prostate gland, penile growth, and the occurrence of ejaculation one year after pubic hair. Spermatogenesis takes place between the age 15 and 16 and marks the

beginning of nubility.

Tertiary sex characteristics for the female include a specific infra femoral angle, arm swing, pelvic tip, and lateral ball throwing. Menarche for the American girl appears on the average at the age of 13. In 1900 the average age was 14. This change is attributable to better health and nutrition. Ninety-seven percent of girls have first menarche between 11 and 15, but the age range is from 9 to 20. The year following the year during which there has been maximal growth in height is frequently the year of onset of menarche.

Menstruation is a maturational crisis for the girl since it is a symbol of sexual maturity. In one study only 6 per cent of teen-age girls indicated any sense of pride in menarche. This predominantly negative attitude is influenced by the attitudes of parents and friends, who foster a negative feminine identification. This is found in other cultures such as Bali where menstruation is responded to with shame. The Manus and Arapesh view menstruation as a result of injury or an indication of dangerous powers. Young girls are apt to view menstruation as equivalent to excretion, loss of control, fear of injury, evidence of genital damage, punishment for masturbation and incestuous desire, an indication of need for surgery, and a precipitant for depression.

Nocturnal emission is the male psychological counterpart to

menstruation. It is equivalent in the sense that it frequently comes as a surprise and is a source of worry to the pubescent boy. Frequently there is minimal information given by parents to teen-age boys. Nocturnal emissions usually occur with erotic dreams. Fischer and Dement have demonstrated that during stage two REM sleep, penile erection occurs. A boy's sense of shame about nocturnal emissions may stem from his fear of instinctual vulnerability and his concern that oedipal wishes will be detected by his parents.

Central Nervous System Development

In puberty neurohumoral stimuli from the hypothalamus result in increased secretion of gonadotropin hormone from the anterior pituitary gland. This leads to gonadal development with increased secretion of sex hormones, both gonadal and adrenal. In females the pituitary produces follicle-stimulating hormones (FSH). In nubility interstitial-cell-stimulating hormones (ICSH) become operative. The remaining follicular cells form corpora lutea. The luteotrophin from the anterior pituitary produces progesterone from the corpus luteum, which prepares the endometrium for implantation. Biological changes have profound influence on psychic development. Now there is a genital drive quality to psychic activity.

The psychic changes that take place in adolescence are part of the

second separation-individuation phase, which involves intrapsychic infantile objects rather than the “raw” parental objects of the toddler years. These aspects of adolescence are reviewed in Chapter 18 of this volume.

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