

NORMAL AND PATHOLOGICAL DEVELOPMENT



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Normal and Pathological Development

Scientific support is lacking for the idea that there is a diminished sexual drive during the latency years. If anything, latency-age children are normally capable of manifesting a good deal of sexually excited behavior. This usually alternates with the ability to calm down in suitable settings, even in the face of highly stimulating and otherwise overwhelming situations. The ability to settle down is a product of the strengthening of those areas of the personality that control both the drives and the excitement that unbridled drives produce.

Such a strengthening in the latency years is the result of a process whose consistent intrinsic characteristics involve ego functions. This process of ongoing development during the latency years may be defined in terms of the normal and pathological aspects of both functional and maturational elements. Clinically, these normal and pathological characteristics may be delineated and may be of use to the therapist in evaluating the underpinnings of aberrant behavior. An explication and organization of these characteristics is the purpose of this chapter.

The idea of an ego structure during latency which produces states of latency calm makes it possible to include in the concept of normalcy a polarity manifested in intermittent periods of excitement and drive activity alternating with calm. Pathological behavior during latency may be construed as exaggerations of this polarity, manifested in either consistently inappropriate calm or consistently inappropriate excitement.

The form taken by clinically observable behavior during the latency age period is influenced by at least three factors:

1. behavioral expectations on the part of caretakers and peers;
2. normal maturational unfolding; and
3. the development, between the ages of 6 and 12, of the capacity to enter into a state of latency.

During the latency age period, therefore, behavior reflects the influence of an amalgam of

maturational steps. Foremost among these is the status of the capacity to enter into a state of latency.

This chapter will describe the normal and pathological manifestations of characteristic defensive personality structures of the latency-age child. In addition, it will discuss the contributions to behavior of cognitive development, physical maturation, and the social organization in which the child lives.

Defensive Structures in Latency-Age Children

We turn first to the characteristic defensive personality structure that produces the state of latency in the latency-age child. This structure consists of those defenses that deal with anxiety by means of fantasy. Such fantasies are the child's responses to humiliation or to overstimulation of sexual and aggressive drives. As such, they are expressions of drives which demand fulfillment in areas where fulfillment is socially proscribed or biologically impossible. Both social proscription and biological inability to achieve satisfaction produce anxiety. The child who wants a bicycle, or anything else that may be well within his grasp, need use no defenses. On the other hand, when confronted with intense fantasy wishes for the impossible, the child must defend himself from his own fantasies in order to control the humiliation or anxiety stirred up by frustration or fear of punishment for forbidden wishes. For instance, it is really not possible for a latency-age child to act on a wish fantasy to beat up a much bigger person, especially if that person happens to be his father. Similarly, no matter how intensely sexual excitements may be felt, it is not possible for most latency-age children to achieve complete gratification of their sexual drives, since they are not orgasmic.

When confronted with such realistically inexpressible fantasies, the latency-age child must resolve them intrapsychically. If his defenses are not sufficiently developed or implemented to provide for intrapsychic resolution, the level of his excitement can reach a point at which behavior becomes hectic, impulsive, and disruptive. When this happens, the child may be described clinically as either unable to enter a state of latency or experiencing an interruption of the capacity for latency states.

Typical Fantasy Contents of the Latency Period

By and large, the child is least likely to be able to live out fantasies that have to do with the relationship between himself and parents or other adults in the environment. Jealous, sexual, and

aggressive interrelationships with adults and siblings provide the basic fantasy content around which most of the defensive activity becomes engaged. If one wishes to become more specific in describing the fantasies against which the child's defenses are mobilized, one finds a march of age-specific fantasies associated with each passing year.

Each fantasy, in its turn, is based upon the new and unfolding problems that the child is brought to ponder as a result of cognitive and social maturation. Thus certain fantasies and certain types of fantasy activity normally and characteristically begin at each phase of maturation. For instance, at the point at which the prelatency child is able to differentiate himself from the outside world and from his parents, and can conceive of himself without his parents, his emotional reactions revolve around comforting himself to counter the pain of expected separation and loss. When the child reaches the age of 3, he is able to differentiate the sexes. His thoughts then deal with sexual differences. When he reaches the age of toilet training, his thoughts become involved in bowel and urinary control. Anger at being controlled appears, and usually the anger is displaced to sadistic fantasies involving sibs (Blanchard 1953).

There are typical thought preoccupations and fantasies processed during the latency age period, as well. At the beginning of the latency period preoccupations revolve around an issue that the child has been dealing with since the age of 3. At that age he recognized that there was a couple in his life (his parents) who were leaving him out of things. They had activities of their own, in which he played no part. When this realization occurred the child began to develop fantasies about what the couple was doing. He began to have fantasies of taking the role of one of the parents in whatever they were doing without him, whether these activities be sexual, going out together, or entertaining people. The child assumed the role of first one parent, then the other, in a fantasy molded by his own interpretive recapitulation of parental actions. This is called the Oedipus complex.

As a child reaches 6, the capacity to experience guilt develops (see Chapter 6). At this point fantasies of taking the role of either parent may become associated with guilty discomfort. The fantasy itself no longer is experienced directly in consciousness. Rather, it must be dealt with through the use of certain defenses. Specifically, symbolic distortions help to hide the meaning of the original fantasy by creating a new, less threatening fantasy upon which the mind of the child can dwell. It is characteristic of the thinking of the child in early latency that he develop a masked way of thinking and fantasizing about

experiences and observations he is trying to master.

In a child younger than 6, ideas were presented directly, as in the following example.

A 4-year-old girl looked at her grandmother. She admired aloud a beautiful pin that the grandmother was wearing. The grandmother stated in a rather direct and matter-of-fact fashion, "When I die, I'll leave it to you." The child responded in equally direct fashion, in a manner typical of the prelatency child, "Oh Grandma, I know it's wrong to say, but I can hardly wait!"

The latency-age child, when confronted with such a thought, will activate defensive processes to hide it from his own sight. The following vignette will illustrate.

A boy of 9 was in treatment for disruptive behavior in school. His mother reported that his father had scolded and slapped the boy on the day of the session here described. When the child arrived for his session, I had expected that he would tell of this experience and of his anger at his father. Instead the youngster spoke proudly of his father's new car, emphasizing its technical advances (e.g., wide track). None of the father's scolding or beating was mentioned. The youngster eventually turned the content of his session to a description of a fantasy of a war in which he killed the general.

Emphasis on the new car worked as a defense because it filled consciousness, blocking distracting, uncomfortable memories, intense affects, and unconscious content that strive to reach the zone of awareness. The uncomfortable memory in this case was the beating at the hands of his father. The mental mechanism created a shift of attention cathexes. Such a shift of cathexes from an emotionally uncomfortable object of contemplation and response to a more neutral one is an example of the mental mechanism called displacement, or "establishing a countercahexis." As a result of this phenomenon, the child produces for himself a life image shorn of painful reflections on the truth of this matter. A countercahextic "illusion of knowledge" fills the memory and permits the preservation of the myth of an idealized family relationship.

Boorstin (1983) has described the impact of this mechanism on the history of man. Referring to the widespread pre-Columbian belief that the Earth was flat, he wrote, "The great obstacle to discovering the shape of the Earth, the continents, and the ocean was not ignorance but the illusion of knowledge" (page 86).

The use of the countercahextic car failed to work adequately in the above case. This resulted in a search for a more comforting discharge-oriented fantasy. A group of symbols was organized to create a

fantasy involving a powerful stranger who is conquered by the child. Beware! This defensive maneuver is fraught with potential danger for the child. What if the general should win? After all, underneath he is still the father. Any manifest fantasy is free to be reshaped by inner forces. Unfixed and malleable, it is likely to be invaded by latent content. Such changeling fantasies are liable to become, in turn, the carriers of fear. The quiet streets and havens of fantasy are apt to be invaded by the very dangers the child had sought to avoid. Defensive fantasies of aggression may thus be turned into the persecutory fear fantasies that underlie phobias.

The slothful man saith, There is a lion in the way; a lion is in the streets [Proverbs 26.13].

Characteristically, the unmodified (latent) fantasies in response to stress of the early latency years deal with oedipal wishes to take one parent's place in the relationship with the other. The fantasies are modified to produce the form manifested in the clinical situation (manifest fantasies). The child is constantly exploring identifications with each parent and, in fantasy, living out the roles he has chosen. When the fantasy is pleasant, it can be expressed in unmodified form.

When fantasy thought leads to fear of harm to self or to one of the parents, it must be distorted and modified if it is to continue as conscious fantasy. "Harm to self" means physical harm and the pain of uncomfortable affects. During the latency age period, children experience any situation which is humiliating or overwhelming as harmful and as something to be mastered.

What are the tactics available to the child to master overwhelming stresses? First, the child can do to another what has been done to him; when a child comes into a therapy session and attacks the therapist, it is worthwhile to ask the child when he himself has been so attacked. Second, the child can talk about the experience directly. Third, the child can develop a fantasy to master the circumstances of the situation that stresses him. The last of these techniques takes emotional pressure off the child without affecting the environment or involving other people. With it, the child appears to be unaffected by stress and uninvolved with drives. The third technique provides support for the quiet, calm, and pliability of the state of latency.

Oedipal fantasies, combining elements in which the child replaces the parents in their various roles with fear of retribution, reach a high level of intensity during early latency. Thereafter they

continue to populate the fantasy life of the individual, but with the passing of years, additional fantasy contents appear and are pushed into prominence by their pertinence to the immediate problem at hand. This results in a de-emphasis of oedipal fantasy in the middle and late latency years.

For purposes of clinical evaluation, one must be able to recognize which fantasies are age-appropriate during the latency years. For instance, when a child begins to feel a sense of independence from the parents at about 7 or 8 years of age, the child confronts himself with fear fantasies of being small, vulnerable, and all alone in the big world. This is reflected in fear of monsters. The monsters are symbols, masked representations of the real fears. If there are siblings to support such fantasy, jealousy and vying for parental attention give rise to sibling rivalry throughout the latency period.

Beyond the age of 9 or 10, the problem of passivity becomes a major point of issue. Children at this age, unlike Peter Pan, want to grow up, take over, and run their own lives. They object very much to parental interference. Of course, this will become much more intense as they reach adolescence, but there is already clear evidence of it in late latency. The child begins to defy the parent, and asserts a desire to make his own decisions. Often he will say angrily, "Don't treat me like a baby!" but when this happens, he may find himself threatened by the loss of the parents' love, if they want him to continue to behave like that healthy, happy youngster who did everything he was told in early latency. At this point the child is readying himself in fantasy to confront his parents and to rechannel his adaptive energies from inward-turning fantasies toward demands and actions that will intrude on the world.

Some children who are conflicted about confronting their parents in this way deflect the challenge into the form of a fantasy of defiance, accompanied by guilt and doubt. As a conflict-resolving compromise these children actually develop all manner of symptoms (to be discussed below), such as urticaria, paranoid ideation, and obsessional symptomatology. Therefore, in the presence of these symptoms in a late latency child, it is wise to look for conflicts with parents in the child's mind's eye over passivity, stealing, sexual play, greater freedom of movement, and smoking. As the child masters the problem of independence from his parents, this symptomatology clears. These symptoms are usually transient manifestations marking the period from about 9 to 12 or 13 years of age.

The late latency child who is struggling for independence usually deals in his fantasies with a

harsh, limiting, and condemning early parental introject as well as the real parent. The limitation placed on the child by this fantasy evokes hostility, which causes the child to distort the real parent (usually the mother) into a stick-wielding disciplinarian (the phallic mother). In direct conflicts between the child's wishes and the mother's, a great deal of hostility is generated between parent and child. The child who cannot articulate his demands in words and so change the external world develops symbols and fantasies to create a comforting inner world. Such fantasies cast the defeated child in the role of a powerful baseball player or a famous movie star.

There are other characteristic fantasies of the latency period. These have to do with the awakening of concern about sexual identity, which intensifies when children begin a growth spurt at about 9 years of age. Pinching in of the waist and evidence of sexual dimorphism creates concern in children who haven't fully decided to be comfortable with the sex to which they have been assigned biologically. Children begin to develop all kinds of concerns about sexual identity. They worry about what they'll look like as adults. They ask whether they really are boys or girls. Boys wonder if they can turn into girls and girls wonder if they can turn into boys. These are all quite definite fantasies that can be detected in interviews with children in late latency. In addition, dawning sexuality brings in its train curiosity and worries about what sex feels like, what is right, what is wrong, how babies are born, and which of all the theories they've heard describes a real means of procreation. These become major topics of conversation and concern.

Throughout the latency period the child need not heed realistic curbs on fantasy that would force him to test in reality his potential for being anything he wishes to be. Therefore there is very little of the hopelessness and depressiveness that will appear in the adolescent. By and large, as will be described later, depression in the latency age child is manifested more in terms of listlessness and somatic symptomatology than in hopelessness and depressed mood.

Defense against Fantasies in the Latency Period

We have dealt with the definition of latency, and the fantasies that predominate in response to the various latency-age developmental tasks. Some new experiences stir up preoccupations, thoughts, and questions. Others, such as observations, talks with understanding parents and teachers, and confidences

shared with older children often put the child's concerns to rest. Some of the preoccupations, thoughts, and questions do not have ready resolutions or answers, and some bring the child into confrontation and conflict with parents. Often these thoughts, if dealt with directly, would be disorganizing. Therefore they require either defensive maneuvers on the part of the child's ego or reassurance through direct communication with an adult. The basic approaches in psychotherapy with these children relate to this. The therapist may help the child to elaborate fantasies in the process of mastering disorganizing experiences, awarenesses, or thoughts. The therapist may help the child to verbalize his concerns, help him to clarify his ideas and reassure him that the situations of concern will come into the province of his ability to cope as he grows and matures. The therapist may help the child by strengthening in him mechanisms of defense that are appropriate for his age.

Awareness and appreciation of the typical latent fantasies presented above are necessary in order to investigate the defenses that are used by the child in coping with them. The clinically apparent personality structures of the latency-age child are integrated systems consisting of drives, thought preoccupations, and defenses. Manifest fantasies and symptoms are products of the interaction between age-appropriate preoccupations and associated defenses.

Once a typical preoccupation or forbidden wish has been defended against and has become unconscious, it is referred to as a latent fantasy. A conscious fantasy produced by the modifying actions of defenses on typical preoccupations and wishes is called a manifest fantasy.

From 4 to 7 years of age a child develops feelings of guilt, feelings of fear, and feelings of concern with loss of love or even injury at the hands of parents. This relates to the fact that he begins playing at or fantasizing himself in one of the roles of the parents as a couple who relate to each other (the Oedipus complex). This is especially likely should one of these thoughts appear directly in consciousness. The child must therefore deal defensively with the appearance of such fantasy or be overwhelmed with uncomfortable affect. Typically, the latency-age child defends by regressing to an earlier level, usually one in which fantasies of taking a parent's role in the couple relationship are replaced by urges to mess, smear, and express anger.

Once the child has regressed to this (anal-sadistic) level, he has a different set of mechanisms

available for dealing with his urges. Back when the child was 2 years old, he could do little more than mess and smear or hold back his stool to get at his parents, but during the latency age he has more mature techniques for dealing with the urge to mess, such as reaction formation. With this mechanism the child turns his urges into their opposites. Cleanliness, calm, and good behavior replace rage and messing. The calm and good behavior can further be supported by the defensive technique of obsessional activities, such as collecting. Latency children are famous for collecting. They collect stamps, coins, pebbles (which are sometimes lined up and glued onto boards), and baseball cards. There is a whole world of commercial gain to be had in the collecting tendencies of latency children.

Fantasy formation also serves as a key defense. The fantasy takes forms dictated by the regressive attacking, messing urges, as in playing at being attacked by others or being the mommy who cleans up the house. These mechanisms bind the child's urges to a great degree. Indeed, it is as a result of such latency mechanisms of restraint that the highly excited children that one sees playing in the playground at recess can settle down so quickly in the schoolroom to learn and study.

For a child to complete the work of the latency period, these episodes of calm and educability are necessary. The work of this period is the transmission of culture through the acquisition of formal verbal syntaxes gained from reading, school and parents. Parent-child interaction has an intense effect on the progress of the work of latency. The parent who spends time with the child, involving him in verbalizations that encourage increasingly complex levels of abstraction and memory organization, increases his potential to acquire the knowledge and mental attitudes of his culture. Verbal neglect and intense interpersonal involvements which overstimulate the child tend to blunt cognitive skills and to limit the time and energies that the child has available for applying his full cognitive potential to the work of latency. Parental involvement that in actuality helps a child to live out the fantasy of being one of the parents, such as walking around nude, stimulating the child, taking the child into bed, or fighting, yelling, and screaming, as may happen between the parents, stirs up a great deal of drive energy in the child, making oedipal fantasies extremely uncomfortable and mandating regression.

When regression from oedipal wishes occurs, drive derivatives, affect, and excitement intensify. The content of the fantasy involved with the drive, affect, and excitement shifts to emphasize a minor component in the thought preoccupations and fantasy elements in the oedipal reaction to the parent's

behavior. This usually involves the anal-sadistic (messing, teasing, stubbornness, negativism) elements. Where these anal-sadistic components are not readily at hand in the oedipal fantasy, pre-existing fantasy structures of the anal-sadistic sort are called into play or intensified.

Regression to anal-sadistic content can produce so great an intensification of the urge to mess, to misbehave, and to be negative that the mechanisms of restraint are overwhelmed. Many children have no way of defending themselves against this, and a specific type of pathology appears which is characterized by an overwhelming of the latency state or a regression out of the state of latency. The child becomes then ill-behaved, hyperactive, and unmanageable in the classroom.

Children who are able to avoid this outcome are those who have a set of defense mechanisms, the structure of latency, that will buffer them against the need to regress (see Chapter 2). It serves to shift the energies of the thought preoccupations of the overstimulated child into a substitute fantasy, still on an oedipal level, in which the child masters the stressful situation while masking the meaning of fantasy through the formation of symbols. Children who have an impairment in the ability to form symbols have a resulting impairment in the ability to enter upon and maintain states of latency.

The special organization of ego mechanisms that I call the structure of latency consists of repression (the ideas pushed out of consciousness) followed by fragmentation of the fantasy in the unconscious so that the fantasy, if it were to reappear, would be difficult to recognize. This process of masking is enhanced by symbolization of the fragmented elements so that the original contents are represented by less recognizable and less anxiety-provoking forms. This is followed by the organization of these symbols into a series of manifest fantasies representing the original latent oedipal fantasies. The manifest fantasies become the familiar fantasies of playing cops and robbers or playing house, as well as the rich and unique fantasies of the latency-age child: trips to distant planets, battles with monsters, and robbers coming into the house at night when the child is going off to sleep. All have their origins in these mechanisms, and form the normal neurotic fantasy activity of the latency-age child who, in spite of the extraordinary degree to which he immerses himself in fantasy, is able to maintain a very realistic way of dealing with the pressures of school and his teachers when in the classroom situation. This is the normal condition.

Three pathological conditions may arise as a result of impairments in the development and function of the structure of latency and the associated pathways for regression and displacement:

1. The child may fail to enter latency at all because of a failure in the symbolizing function. This prevents him from attaining the kind of defensive fantasy structures necessary to maintain a state of latency.
2. In the overstimulated child, the energies conveyed through regression to the urge to express smearing, messing, aggressive, stubborn, and negative attitudes may become so strong that the structure of latency and the mechanisms of restraint are overwhelmed. Clinically, the child becomes ill-behaved and a creature of impulse. Failure to adjust at the level of anal regression using the mechanisms of restraint may produce further regressive responses such as rhythmic jumping, tearfulness, depression, thumb sucking, hair twirling, television watching and overeating. There is a tendency to obesity.
3. One finds youngsters who have been able to develop defensive fantasies and to maintain them even when overstimulated; but their fantasies are insufficient to master the situation if left as fantasy alone. The child is impelled to act on the fantasy, in a displaced gesture aimed at solving a seemingly unrelated problem.

A typical clinical picture may be drawn of each of these three states, to help in differentiating among them.

The first type of child (one who has not entered into a state of latency) usually has difficulty with verbalization and tends to be a quiet child. When confronted with stress, he tends to become extremely anxious. He reports no dreams, is able to participate passively in the dreams or fantasies of others, tends to spend much time in front of the television set, and may do such things as awakening the parents at four in the morning to get reassurance about something that is disquieting or discomforting him. These children have very little capacity for delay.

The second type of child (one who cannot adequately defend, through fantasies produced by the structure of latency, against overstimulation) will tend to act out in an impulsive manner with destructive hostility. He may break things belonging to other children and often gets into fights with the first person he sees. There is no formed fantasy guiding such misbehavior; one never knows from which direction the misbehavior will come.

The third type of child (one who becomes involved in actions derived from fantasy content) tends to act out as a means of tension discharge. Formed fantasy guides his misbehavior. There is a repetitive and predictable quality to his misbehavior.

An example of misbehavior shaped by a persistent fantasy would be the youngster who invited friends to his farm while his father was absent on a long trip and ordered his mother to hook the horses up to the buckboard so that all the children could go on a hayride. When the mother refused, the child hit the mother with a whip. The child had been moved much too much into the parental role and couldn't handle it.

An example of repeated fantasy-shaped misbehavior would be the child who had noticed that his peers all had their own bank accounts, and who repeatedly took the bank book of a friend, signed most of the money of his friend's bank account out in his own name, and then deposited it in his name.

The developmentally correlated fantasies of the latency age period make their first appearance at times when developmental factors expose the child to reality situations that are to be mastered. In those situations that cannot be mastered in reality, the child must use fantasy formation, regression, and restraint. The goal is to master intra-psychically what is otherwise impossible to master in reality. The child pursues those areas which he is physically and mentally capable of mastering, and avoids those that he cannot master. Schoolwork and athletics may provide otherwise denied gratifications in reality; therefore, in the healthy child, a good deal of energy and attention is devoted to these areas. The healthy child then handles that which remains of that which he cannot master through regression, the mechanisms of restraint and the structure of latency.

Children who are on constant guard against being put in passive situations cannot pursue these reality goals of the latency-age child. This is especially so when the late latency life situation and cognitive development introduce desires for independence and peer-dominated pursuits and choices of activity. The children seek freedom from parental control and are painfully aware of the inroads of a reality dominated by people twice their size. The angry affects engendered by this painful awareness fuel the creation of an intense fantasy life which may encompass most of their waking time. This diminishes their already meager capacity to deal with reality.

Children who devote most of their time to trying to master situations which cannot be mastered in reality, and who put most of their energy and time into fantasy, produce a disorganized state. The degree of their involvement in fantasy can reach a pathological level, on a par with breakdowns in fantasy

formation. They become preoccupied with fantasy, and are constantly confronted with the blow to self-esteem that a youngster faces when he cannot master something in reality. Such children attempt mastery through comments such as, "Who's the boss around here?" "Nobody can tell me what to do; I know what to do," and, "You're not me, so you can't tell me what to do."

Cognitive Development

Before we will be able to pursue more of what the latency psychic life is like in normality and pathology, it will be necessary to develop yet another theme. The first section of this chapter examined how fantasy is used to deal with reality situations; this section has to do with how that reality is perceived, remembered, and understood. It is an error to believe that a child has adult cognitive skills.

The development of awareness is far from complete as a child reaches the age of 6. Perhaps nowhere is this developmental actuality more easily to be seen than in the drawings of children in the latency age, where the unfolding of concept and improvements in motor skills become undeniably clear. These developmental events have been amply documented by Di Leo (1970) and Fine (1976).

By the time the child is 5 years old his motor skills have reached the point that he is able to copy a circle, a cross, a square, and a triangle. It is not until 7 years of age that a child is able to copy a diamond.

It is not only in copying that there is still maturational growth to be seen in the drawings of a child. If a 6-year-old child is asked to draw a picture of a man in a boat (spontaneous recall), it is not unusual or pathological for the child to draw a picture of a boat that is transparent, with the entire body and legs of the man visible. This sort of transparency is acceptable until 9 years of age; beyond this age, it becomes quite rare and, if found in an adult, is considered an indication of psychosis.

In drawing the human figure, by the time the child reaches the age of 6 he is able to draw eyes, hands, and legs by combining circles and vertical and horizontal lines. As the child approaches latency a certain amount of movement can be imparted to a drawing with the use of lines drawn in diagonals. The entire body of an animal or person is contained within a single outline at this age.

Between 6 and 7 years of age, children begin to draw figures involved in interactions with other

figures. In effect, fantasy content with movement is introduced. At around 8 years 6 months, depth is introduced. For instance, in drawings of a horse, overlapping of parts of a figure without transparencies begins to appear (Fine 1976, p. 88). Details, enrichment, and adornment become characteristic. Depth through shading appears at about 9!4 years, with 11 years the point at which shading and depth become important elements.

It is not only in the area of memory expressed through motor activity (e.g., figure drawings) that one can find cognitive growth in a child. There is also maturation in the symbolizing function. The child at the age of 6 is normally capable of producing his own symbols (with unconscious meanings); he has had this ability since about 26 months. He is fully able to participate passively in the symbolic productions of others, as occurs in TV watching. Passive participation takes from him responsibility and guilt for having thought up some of the ideas he is enjoying, which really are his own.

By and large, the symbols of the early latency child (6 to 8.5) are amorphous and distorted. In turn, his fear fantasies are populated by amorphous, distorted, highly symbolized characters coming after him. From 8 until about 12 the late latency child's fantasies, especially persecutory fantasies, contain thoughts about realistic characters. It is not until the child enters adolescence that fears of known real people in the real world dominate his fantasies.

Although figure drawings may be used as evidence of the ongoing development of cognition during the latency years, there is too much variability between one child and another for a timetable to be established which can be used for the differentiation of normal from pathological states. Fortunately there are more reliable developmental indicators. Piaget (see Woodward 1965) has described the unfolding cognition of the child in terms of his ability to understand and explain natural phenomena. Before the age of 7 children have a tendency to explain phenomena on the basis of intuition, giving highly personalized explanations. At 7, concrete operational thinking begins; it will predominate until about 12 years of age. This is a form of abstract thinking in which the abstract operations of the mind can be brought to bear upon concretely present items of experience. It is characterized by the ability of the child to explain, on the basis of realistic considerations, a natural phenomenon. Thus the child will be able to recognize that a shadow is produced because a stick stands between the light source and the place where the light falls. This is in contradistinction to the intuitive concept of the younger child that, for

instance, the shadow is hiding from the light because it's afraid. Piaget described a change in the explanation of phenomena that occurs at 12 years of age, at the very tail end of latency. At this age, there develops abstract operational thinking. Abstract thought processes can be applied to other abstractions and ideas can be used to understand other ideas in the absence of concrete representations.

The organization of the process of memory also undergoes developmental changes by which normality may be judged during the latency age period. From the first year of life, the content of a child's memory had been dominated by affects, motor experiences, and sensations. The very young child remembers what has happened in terms of the total experience (visual, kinesthetic, auditory, haptic), without the interposition of words. Words are only gradually introduced early in the second year, as the child begins to recognize that words a parent has used represent things, people, and actions. The pattern of action is remembered, the recognized word merely being a signifier of the action. As the child matures, he is able to add more words. The predominant choice of the modality for remembering experiences remains the sensory-motor medium. This is similar to the modality used in the experience of learning and memorizing that an adult undergoes when learning to dance by being shown the steps without any verbal communication. In spite of the absence of words, the adult remembers where and how to move.

By the time the child reaches the age of 26 months, words have become more useful than the totality of sensory experiences as efficient memory agents. However, the words and ideas they represent may become associated with anxiety. Repression comes into play. This results in a split between the words and the anxiety-loaded ideas. Repression is supported by the substitution of less affect-charged words for the original words. In this way psychoanalytic symbols are introduced. These are the symbolic forms which permit the child to develop the kind of fantasies that I have described as typical of latency.

Until the child is 6 these more advanced language skills are not organized in such a way that they can be used as the predominant medium for carrying memory into consciousness. Di Leo (1970) has pointed out that a child of 6 can draw far more than he can describe in words. Schachtel (1949) has noted this limitation in the prelatency child.

At the onset of the latency years there is an apparent shift to greater use of verbalization as a medium for memory, and affectomotor memory is deemphasized. If an observer considers memory and

consciousness to be defined only in terms of verbal recollection of events, then the latency-age child must be considered to have an amnesia for the period before the age of latency. It is therefore within the range of the normal for a latency-age child to have an apparent diminution in the ability to remember global experiences and prelatency events which have been limned in memory in sensory and affectomotor, rather than verbal, terms. Yet another factor in this apparent amnesia pertains to the repression of the actual recall of events in words, accompanied by the substitution of symbols in the form of fantasies representing the original event. A major portion of the appearance of memory loss is associated with the shift away from the use of nonverbal memory as a medium for recall. In this shift from the affectomotor memory organization to a memory organization dependent upon rote verbal descriptions, obviously a great deal of detail is lost, but much efficiency is gained. The child is able to enter school and to learn times tables, simple poems and the acts of elementary spelling, writing, and reading by rote.

Not until the child reaches the age of 7 ½ to 8 does the ability to remember abstract aspects of experiences develop and become available for use at the behest of the society. This is a key maturational achievement of the latency years. As a result, such abstract aspects of experience and understandings of the intrinsic nature of things and events can then be expressed either on motor level (modeling in clay), verbal level (verbal description of events), or abstract level (metaphors, poems, and theoretical interpretations). Any of these expressions can then be examined by the subject or the observer and processed further to be reduced to a verbal concept or formula.

Abstract conceptual memory (which entails the ability to perceive an intrinsic characteristic and to represent it in memory) can subsequently be applied to concrete things (Piaget's concrete operational thinking). This is important clinically. It is necessary in making interpretations or otherwise talking to an early latency child to be sure that abstractions are related specifically to concrete events or affects. Directions for taking medication, for instance, which contain any kind of abstraction or thought process in which it is necessary to apply principles of judgement should relate to concrete situations, and should be illustrated with examples. The application of understanding and memory of intrinsic characteristics cannot be applied to abstractions until age 12 (abstract operational thinking).

The development of the abstract conceptual memory organization is necessary for adjustment in the changing environments of an industrial society. In contrast, it can lead to estrangement from one's

fellows in a magical thinking-oriented society. The encouragement or discouragement of the maturation of developmentally available potentials for abstract conceptual memory is an important criterion for the evaluation of cultures, on the mass level, and the adaptation to culture, in the individual. The development of this skill will depend on the handling of the child during the latency years.

It should be kept in mind that a child can recognize abstract similarities such as those that help one identify many breeds as one species of animal in the very earliest years of life. Abstraction does not first develop during latency; what develops in latency is a refinement of the ability to perceive the abstract intrinsic nature of an object, and then to recall the abstract concept spontaneously for later use. This characteristic first appears at approximately 7 ½ to 8 years of age.

Failure to achieve abstract conceptual memory organization is a requirement and prerequisite for life in a society dependent primarily on rote memory and characterized by general acceptance by the members of the society of a great deal of magical thinking. Thus primitive societies tend to develop educational techniques that direct children away from the fulfillment of such capacities.

In highly technical and industrial societies, in contrast, abstract conceptual memory organization is required for the proper handling of money, future planning, and an individual life style. Failure to achieve it is a matter of pathological importance in a culture that holds in high regard scientific knowledge, technical proficiency, material rewards, and life-preserving public health measures. Leadership qualities needed in such a society are lacking in those who have not attained abstract conceptual memory. They lack the essential ability to conceptualize, organize, and carry out plans and programs. The capacity to understand theoretical concepts, acquire a college education (as differentiated from a college degree), and the abstract principles upon which professions and businesses are based also depends on this attainment. It is for this reason that many individuals brought up in a more primitive society who enter an industrialized society during adolescence find great difficulty in adjusting. Only supportive and menial employment is available for them within such a society. (Nurcombe [1976] has pointed out the failure of Australian aborigines to achieve in this regard.) Therefore, cases of school failure which are brought to the clinician's attention should be examined using tests for the presence of concrete thinking as well as tests of the ability to comprehend the abstract kernel of a given situation.

Sexual Development

It is a rare child in our culture who is involved in open heterosexual activities during the latency age period (Kinsey 1948; Sarnoff 1976). Most children are involved in masturbatory equivalents from ages 6 to 8. There is a gradual appearance of direct masturbatory activity from 8 years old on. When a latency-age child is fantasizing and acting out the fantasy with his entire body, this is a masturbatory equivalent. In doing this, the child hides the masturbatory fantasy with a high degree of symbolization, which makes it difficult to see the sexuality in the latent content of the fantasy. There are youngsters in the period of transition from latency to adolescence, between 11 and 13 years of age, who lose the capacity for masking. They act out fantasies which have direct sexual and perverse components. For instance, a youngster made slashes in his back and, when he felt the blood flow, experienced a sensation which he later was able to describe as similar to ejaculation. This would occur when he saw himself or another man dressed in an undershirt. Typically, in the shift to adolescence, the child goes from involving the whole body in acting out symbolized masturbatory fantasies to thinking very directly represented sexual fantasies while directly stimulating the genitals, accompanied by much less activity of the whole body.

The Development of Conscience

There is a major, developmentally guided reorganization of conscience during the latency age period. As a child enters the period at about 6, he normally becomes aware of the meaning of guilt. He may be asked directly, "What is guilt?" and the nature of his answer will reveal the degree to which he internalizes social demands. The extent of the development of conscience can be delineated by a study of the answers. The child, for instance, who says, "Guilt means that when you take something, you're afraid someone's going to punish you," is still experiencing an externalized conscience. The child who answers that guilt means that "You take something and you feel bad when you get caught" shows a corrupt conscience with a great deal of externalization. This is quite different from the normal sensation of guilt which first begins to be experienced at about 6 years of age, and which is illustrated as follows: "When you feel like you want to do something, you feel bad because it's wrong."

The state of latency is ushered in when the child has the ability to know right from wrong and

guide his behavior accordingly. This underlies the ability of a child to size up a situation and to appreciate when certain kinds of behavior patterns are expected. For instance, if a child sees a balloon in the classroom, he knows that the likelihood is that he can be more active and noisy. He can be on his party behavior. If there's no balloon and the teacher is standing there with a book in her hand, he knows that calm classroom behavior is required. The uproarious loosening of restrictions typical of recess behavior is activated only at recess time by the child who can have in his mind's eye a behavior pattern appropriate for that given situation. The child who is able to apply appropriate behavior to appropriate situations has attained behavioral constancy, a prerequisite for attending school. It guides a child's mechanisms of restraint toward limiting acting-out behavior in support of the school situation.

Piaget (see Flavell 1963) has done careful studies of the development of conscience around the age when the latency period begins, and has noted a shift from a "morality of restraint" to a "morality of cooperation." Under the morality of restraint, the child shifts away from a world view in which he does only what he is ordered to do by his parents. Very little convincing, discussing, or talking with a child is effective until he is about 6 or 7 years of age. Until then, the parent must tell the child what is expected of him, or else the child does not respond properly. The child does not have sufficient behavioral constancy to be put on his own. Once the child is capable of latency a morality of cooperation can be set up, in which the child is informed by guilt and his capacity to judge right from wrong behavior. At this stage, when confronted with a problem, the child recognizes that others before him have had to face and solve such a problem, and that he must be able to make decisions and solve problems in cooperation with the parents, rather than in response to their demands.

As the child approaches 8 years of age, his conscience is guided by a tendency to move away from parental influence and to seek influences from outside. At this point the individuation from the parent, which in the first years of life had taken the form of simply recognizing himself as different from his parents, now moves into the realm of morality. As a result at about 8 1/4 to 9 years of age, children enter into the phase of ethical individuation. They begin to draw content into conscience from sources other than the parents—primarily teachers and peers in school. The earliest appearance of this is the child's desire to wear what the other children are wearing, to see a movie that the other children have seen, or to get some bubblegum that the other children are getting, while his parents insist that these activities are not necessary, not required, and for that matter, bad for him.

The child begins to reflect the influence of peers in his expectations and comes into conflict with his parents. There is likely to be inner conflict, at least. The child is not only in conflict with the parent of the 9-year-old but also with the parent he knew when he was seven, six, or younger (the parent of the morality of constraint).

These images of the parent have a multitude of sources. There is conscious memory of admonitions. There are also internalized images of the parent as objects of identifications, which are established in the following way. As the child begins to regress away from, and to repress as a means of dealing with, the Oedipus complex, there is a loss of the objects involved (parents). What results is the precipitation of an identification with the parents, which becomes a very important part—often the strongest part—of the superego. Certainly it will serve to guide behavior during the return to conservatism that succeeds the period of adolescent rebellion, which in turn was the product of ethical individuation. Challenges to the authority of these internalized early parental images are usually accompanied by a great sense of guilt and doubt. Children often resolve this through the development of symptoms. Among the symptoms are paranoid persecutory fantasies of robbers coming to hurt, urticaria, nausea, abdominal complaints, obsessive-compulsive patterns, and tics. These are usually transient. I consider it of importance to differentiate between early and late latency on the basis of the fact that in early latency, the child uses the latency mechanisms of defense to deal with conflicts with parents in terms of a simple wish not to cooperate. The late latency child's challenge of parental wishes take the form of wishes based not merely upon negation of the parents' wishes, but on inputs from outsiders (such as peers and teachers).

The essential paradigm of the shift from early to late latency is the transition in the fantasy structures of the child from fantastic fears of amorphous persecutors to fantastic fears of realistic persecutors. It is in the early moments of late latency that the child begins to be influenced more strongly by the real world. This shift marks the appearance of a momentum in maturation that will increase in impact as peer pressure and ever-increasing sexual drive energies lend their weight to a call that will carry the child away from the unfulfillable fantasies of early latency. This culminates in the ability of the maturing body to seek out objects in reality for sexual purposes and for the expression of aggression. It is through this characteristic late latency process that the structure of latency and its attempts to deal with reality through the development of fantasy evolve into "future planning." In the transition to "future planning," the fantasy resolution of problems involves planning upon which future actions can be

patterned. This replaces fantasy with its primarily private means of discharge of drives.

During the late latency-early adolescent period there is a shift in the symbolic forms used. The transition encompasses a move away from the use of symbols developed primarily to express an inner feeling, and hence hardly modified to entertain or communicate with others. In their place there appear symbols and associated fantasies selected not only on the basis of their ability to evoke feelings and memory elements and to resolve conflicts privately, but also on their ability to communicate and entertain others. Such communicative symbols are developed during late latency or early adolescence.

Psychopathology in the Latency-Age Period: Psychoses

Up to this point we have dealt with normal developmental stages during the latency age and variations from the norm which may be considered subclinical pathology. Within the latency age period there are clinical manifestations of specific syndromes which are recognizable as psychoses, neuroses and depressions. We therefore shall turn our attention at this point to the characteristics of psychoses, neuroses and depressions as they occur in latency.

Childhood psychoses, extensively described in a literature of their own, are by and large endogenous phenomena or manifestations of massive psychic trauma with an existence of their own, independent of the psychodynamic forces involved in latency. Therefore, we shall concentrate on the differential diagnosis of psychotic states whose dynamics can be related to latency defensive structures.

The major difficulties in differential diagnosis occur in late latency (from 11 to 13 years of age). It is during this period, as noted above, that children begin to develop paranoid persecutory episodes in response to conflicts related to ethical individuation. This is also the age at which adult forms of schizophrenia (especially paranoid forms) first begin to be recognized, and at which prepubescent schizophrenia, the last appearing form of childhood schizophrenia, begins to be manifest. Differential diagnosis is difficult in identifying these conditions.

The paranoid episodes associated with ethical individuation are relatively transient, although they point toward the development of a borderline personality in adulthood. Unlike the other two conditions, they do not point toward a major disorganization within the few months following onset of symptoms. In

all three, paranoid persecutory episodes may occur.

In the paranoid persecutory episodes associated with ethical individuation, the child and the parent report a history of night fears and phobias from 5 to 7 years of age. The child usually has a history of rich fantasy life, and the persecutory fantasies can be seen to be the fantasies of the latency age child. Close history reveals a direct temporal association in late latency to conflicts accompanied by doubt or fear.

For instance, a child was told by her friends to steal if she wanted to be a member of their group. She didn't want to do this, became frightened, and developed a fear that there were people in a gray van outside my office who were going to kidnap her. When she was able to verbalize her concern about being forced to steal and was able to talk about the fact that she had taken something and then put it back, the paranoid episode cleared completely.

The childhood schizophrenic manifesting his illness in prepubescent schizophrenia may develop paranoid persecutory delusions at this time; this is characteristic of the disease. The normal child begins to project introjects at about 4 years of age (Bender 1947) and so develops fear fantasies at that time. The childhood schizophrenic does not begin to project introjects until about 11, so that most of his persecutors are internal: voices from within, straw coming from joints, salamanders talking to him from within his throat. It is not until the age of 11 or so, when the child begins to project his introjects, that fear fantasies involving objects outside himself (external persecutors) begin to be perceived. Such children usually have poor peer relations and difficulty in school. Specifically, they have no history of persecutory fantasies during the age period 6 to 8 years of age.

Adult schizophrenia of early onset with paranoid features is particularly difficult to differentiate from persecutory delusions associated with ethical individuation. History of adjustment during the latency years gives little help. The child may or may not have friends. The disease is diagnosed on the basis of poor relatedness, decline in or poor peer relationships, and a thinking disorder manifested in predicate identifications supporting bizarre content. It is difficult to elicit a specific precipitating event, conflict or doubt in temporal relation or demonstrated causal relation to the appearance of the persecutory fantasy. The onset of these conditions seems to be correlated temporally more to the beginning of hormonal activity than to ethical individuation.

Normal cognitive maturation produces the ability to use abstract thinking in proverb interpretation

at about 11 years of age. The application of an abstract concept to an abstraction now begins to differentiate normals from those who are going to have concrete thinking. The child with adult schizophrenia of early onset may have impaired abstract thinking, while the child, whose persecutory delusions are associated with an overwhelming of the structure of latency and ethical individuation, will not. It is thus wise to ask children with persecutory fantasies to interpret proverbs. Concrete responses are only equivocal indicators, while the presence of good capacity to abstract points strongly to a regressed structure of latency as the source of difficulty.

Prepubescent schizophrenia and adult schizophrenia of early onset usually produce catastrophic intrusions on the person's life and development which can be modified to some extent by management, medication, and psychotherapy. Regression in the structure of latency, in contrast, is a transient state reflecting ego weakness and/or adjustment difficulties.

Psychopathology in the Latency-Age Period: Neuroses

The "normal neuroses" associated with latency are characterized by the transient development of neurotic symptoms.¹ These are usually associated with periods of adjustment to expanding awareness, the appearance of new modalities of defense, or the modification of well-established defenses. These have been covered above, but will be recapitulated briefly here.

As a child enters into early latency, persecutory fantasies develop containing amorphous monsters who haunt and threaten the child. These usually clear by the time the child is 8 or 9, but may persist, being especially exaggerated during the period of ethical individuation. Given that obsessional mechanisms are very much a part of latency, it is not considered to be a pathological sign for a child to avoid stepping on a crack in the sidewalk for fear he'll break his mother's back! This is so even though there is a clear-cut obsessional thought involved. Compulsive touching, touching three times, or counting in threes is very often seen during the period of ethical individuation, sometimes reaching proportions so uncomfortable for the child and the parent that professional advice is sought. These usually clear spontaneously, however. The availability of the mechanisms of defense that support such symptom formation presages, in certain cases, the mobilization of obsessional defenses later on in life.

Hysterical symptomatologies are subtle in this age range, the most common being genital anesthetics. Children who have experienced overwhelming sensations during masturbatory activities develop the inability to feel. This process may lead towards asceticism as the child moves into adolescence. Since these phenomena do resolve in most cases, if they are discovered they should be followed, with a psychotherapeutic intervention called for if an ascetic, markedly inhibited character is seen to develop as the child enters adolescence. To attempt to treat or shatter this defense during latency would undermine the whole process of latency. Therefore, therapy should not be undertaken unless the defense is associated in some way with an anxiety that is in itself disorganizing to the child.

Depression

Depression in latency differs from that seen in adults and younger children.² For the sake of this discussion, the symptomatology of depression may be divided into three groups. These consist of affects (severe depressive feelings, feelings of low self-worth, a sense of hopelessness, depressed facies, crying, and sadness), somatic symptoms (psychosomatic disorders and vegetative symptoms such as psychomotor retardation) and motivational impairments (listlessness, loss of will to work). A latency-age child who becomes depressed has far fewer affective symptoms than is usual with smaller children, adolescents and adults. Rather, emphasis in depression during latency is on somatic symptomatology (Sperling 1959). The diagnosis of depression is therefore often bypassed in favor of a diagnostic nosology that takes into account the predominance of the other aspects of the symptomatology.

Affects do not dominate in depression during latency because the latency-age child has ego mechanisms to deal with affects. Depressive states involve the evocation of affectomotor experience associated with object loss and with the marked variations in sensory stimulation that occurred during the early years of life. The three differentiated components described above appear together as part of this process. Usually there are associated latent fantasies in response to object loss and the experience of humiliation. These are dealt with through the defenses associated with the structure of latency, this results in a weakening of the affective component in the depressive process.

The fantasies that occupy the child during latency, and which are regressed from or repressed, are defended against because they are associated with uncomfortable affects such as anxiety, fear of loss of

love, or fear of castration. They activate the mechanisms of restraint and the structure of latency. The affect of depression has a similar result. Therefore, affects of sadness and depression are experienced by a child only briefly. (An exception is mourning, in which reality is so overwhelmingly strong.) Depressive affects are experienced only briefly, and then are processed by the structure of latency to the point that they become unavailable to consciousness. The other differentiated components of depression persist. Therefore, it is wise to suspect the possibility of depression whenever, during the latency years, symptoms and signs appear clinically which relate to the motivational or somatic components of depression. The characteristic symptoms and signs that accompany depression in latency are generalized pruritus, sleep disturbances, eating disturbances, intestinal disturbances such as vomiting and diarrhea, a fall-off in school work, malaise, listlessness, and, to a much lesser extent, crying, sadness, sad facies, and an affect of depression. Low self-worth and hopelessness typically are not found. The absence of hopelessness relates to the fact that the child's sense of reality does not develop strongly enough until he becomes about 11 or 12 for him to understand that there may not be a correction or turning-around of disappointing processes or events. The latency-age child usually has hope.

The events that precipitate and support depression during latency are primarily object losses, especially loss of a parent or friend. Loss is the key element. This is another factor that differentiates latency depressions from adult depressions. In adult depressions the precipitating cause often cannot be detected. The severe depressions of childhood (those lasting more than three months) are usually specifically related to an event which can be detected merely by asking the child what has happened, or from getting a history from the family which then may be confirmed by the child.

Summary

Despite a certain neglect in recent years, the concept of latency as a developmental stage in child development has persisted. This, I believe, is because the term and concept describe a discrete clinical phenomenon which must be taken into account if the nature of childhood is to be comprehended in its entirety.

When it was first noticed that adults in analysis do not bring to their sessions associations reflecting on the latency time period, the pioneers of psychoanalysis observed children of this age to see whether

the factors that make the difference could be discovered. At first explanations of latency emphasized ego function. In time, observations of these children revealed periods of calm, quiet, pliability and educability to which the term latency, originally associated with the fact that memories from this period remained “latent” in adult analyses, was then transferred. Calm was then equated with latency. At one point a diminution of sexual drive was incorporated into this concept, markedly changing the meaning of the term *latency*.

Normal and pathological aspects of defenses, conscience, sexual development, the march of fantasies, the ontogenesis of symbolic forms during the period leading up to, through and beyond the latency years, and a general discussion of psychopathological entities found during the latency years constitute a major portion of this chapter.

In addition I have described a cognitive disparity between the memory organizations of the latency child and of the adult. This disparity results in difficulty for adults in recalling the contents stored in affectomotor memory (recall through feeling and action) and in symbolically distorted memory (recall through fantasy distortion) memory organizations to which the latency child resorts in time of trouble.

Through the creation of fantasies embodying symbols and whole-body activities (memory in action in latency-age fantasy play) the child is able to maintain latency calm, quiet, and educability in the face of stress. There is thus an intrinsic link between the paucity of verbal memories of the latency period in adult analyses and the quiet of the latency state. The tendency to maintain calm by turning uncomfortable memories into symbols and play activities creates problems in the associative retrieval of stressful memories from this period during the analyses of adults.

Notes

[1](#) For a fuller treatment of phobias see Chapter 6.

[2](#) For a fuller treatment of depression see Chapter 7.

