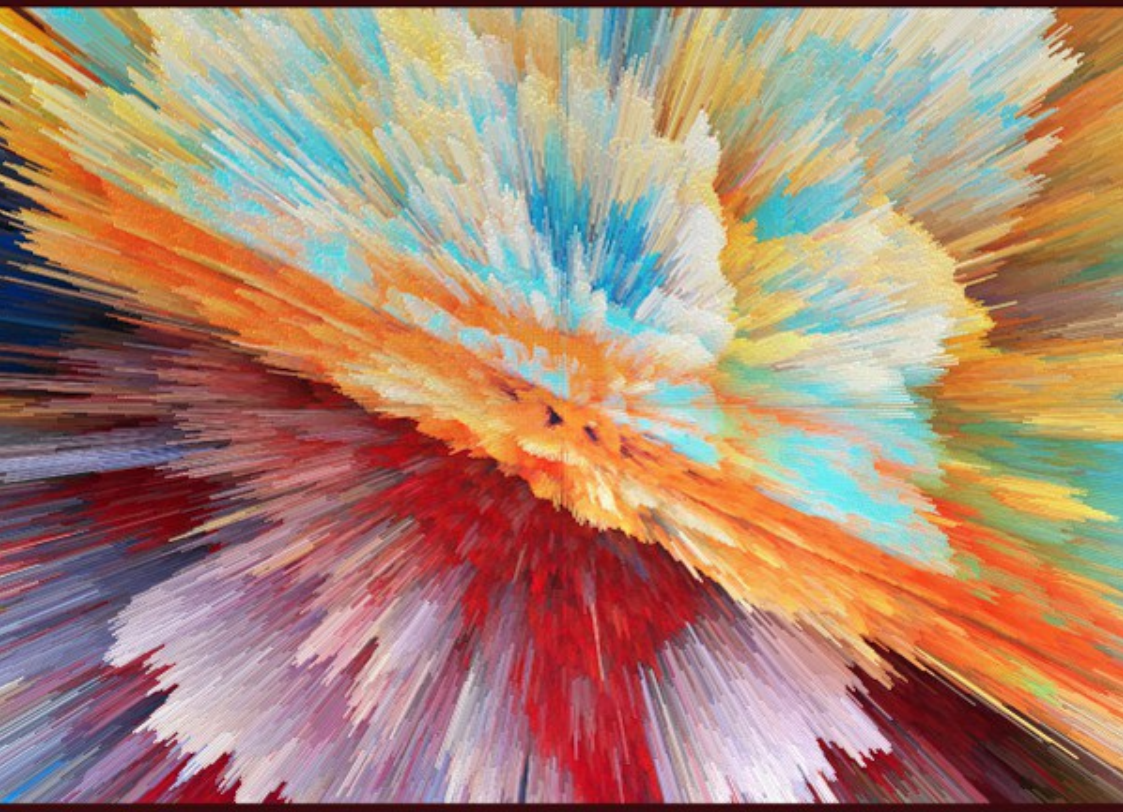
THE AGGRESSIVE DRIVE AND ITS VISCISSITUDES



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Often one hears some symptom that causes distress to both parent and child during the latency years devalued as an object of psychotherapy with the simple phrase, "He'll outgrow it." Within this phrase lie half-concealed the uniqueness and complexity of the ego of the latency child.

The ego organization of the latency-age child is different from the ego organization of the adolescent and adult, so much so, in fact, that the symptoms and behavior that are a product of its function can be depended upon, to a large extent, to disappear with the transition to adolescent and adult ego forms. This developmental process is of little comfort to bewildered parents faced with no recourse from years of unremitting pressure from such chronic (but transient) symptoms of childhood as tics, stuttering, bed-wetting, nocturnal anxiety, and temper outbursts. The phrase "He'll outgrow it" offers only limited reassurance. From the objective standpoint of an experienced clinician, who can bring to bear a linear perspective derived from observations encompassing a wide span of years, even the accuracy of the prediction is limited. What will the child outgrow: The symptom? The immature or aberrant personality structure that provides the substrate that makes the symptom possible? The family or emotional stresses to which the symptoms are a response? Or the conflicts and fantasy structures that so sensitize the child to events in his life that ordinary stresses require balancing by symptom formation in order that *some* adjustment be made possible?

Obviously, in the light of the questions posed above, disquieting symptoms and behavior in a child reflect the presence of a variety of possible impairments. These are the underpinnings of aberrant symptoms and behavior, and few of them are likely to be dispelled by the passage of a few short years. Though the symptoms may be outgrown, their underpinnings persist to inform and shape the symptoms and behavior of later years.

Even in such a condition as hyperactivity, which responds to methylphenidate hydrochloride (Ritalin), and in many cases will clear with adolescence, it is worthwhile to explore the circumstances of onset of episodes and related interpersonal problems. In this way, one avoids the possibility that medication will serve as a buffer or wall between definitive intervention and psychopathogenetic factors

that could generate psychological problems over a lifetime.

The latency years are not without their influence on later psychopathology. Problem areas may be passed over and the underpinnings of psychopathology preserved when symptoms are produced that distract child and parent from the problem core. This will be covered in the next section.

Also treated in this chapter are the shaping of certain problem areas; emotional imprinting leading to later psychopathology; the development of the superego; and the genesis of masochism. Because the operative organs for the discharge of aggression are much more developed during latency than are those for the sexual drive, teasing and rough fantasy play provide a good venue in the search for the antecedents and underpinnings of adolescent masochism.

The Impact of Regression, the Mechanisms of Restraint, and the Structure of Latency on Symptom Formation and Behavior during the Latency Years

The state of latency is the product of an active process of organization of ego functions in response to social demands. The latency age is a time of dominance of dynamic defensive structures. These respond to the needs of the child and the limits placed by society. The child experiences a complex reorganization of the defensive structure of the ego. The state of good behavior, educability, and pliability is maintained as the result of an ever-changing equilibrium between defenses and drives.

The ability to produce a state of latency is contingent not only upon the ability to interpret social cues; rather, human evolution and the ontogenesis of the mechanisms of defense that can produce it are also important. Thus, regressions that follow genetic pathways and failures to mature in psychic development can be brought into the context of therapeutic approaches to states of behavioral abnormality in latency-age children. Failures to develop mature symbolic forms or behavioral constancy are notions that may be used in conceptualizing the origins of a difficulty in a latency-age child and in constructing an approach to its remediation.

The state of latency is the product of a development. Latency grows out of the resolution of the phallic phase, the conflicts of which are settled for the moment by defensive structures rather than problem solving. The phallic (prelatency) child is immersed in oedipal fantasy. It is theoretically possible

that such fantasy could continue in manifest form through the latency years, but observation proves this not to be the case. Oedipal preoccupations seem to decline in intensity during the latency years, only to reassert themselves in early adolescence. In their place, preoccupations with anality and, later on, passivity come to dominate latency-age fantasy. When these preoccupations are defended against by mechanisms that produce periods of calm, states of latency are said to present a response to the dangers (loss of love and castration anxiety) inherent in oedipal fantasy.

The shift from phallic to anal-sadistic drive organization and fantasy structures is characteristic of the latency age. It colors the behavior and typical fantasies of latency-age children.

Special ego organizations channel these anal-sadistic energies. They convert the child's behavior from the undifferentiated massive drive discharge patterns typical of anal-sadistic regressions into the range of control that makes possible learning in the classroom.

The child, having made a defensive regression to anal-sadistic energies from oedipal fantasy, is confronted with an intrapsychic situation that differs from that found in the original anal phase. There are new, and more mature, ego mechanisms of defense to use in dealing with anal-sadistic drive energies. Anal sadism is, therefore, not immediately woven into fantasies and actions and impulsive-appearing behavior. Rather, states of calm assertiveness appear.

This modification of aggression results from the interposing of a group of defenses that I should like to call—for obvious reasons—the *mechanisms of restraint*. Among these defenses are sublimation, obsessive-compulsive activities, doing and undoing, symbol and fantasy formation, reaction formations, and repressions. It is their activation that produces the psychological state of calm, pliability, and educability that characterizes latency. This aids in the adjustment of the child, which requires that he adapt to a world that demands social compliance and the ability to acquire knowledge.

In a latency-age child capable of entering the state of latency, the aforementioned defenses are available to hold in check otherwise disruptive id derivatives. The child at this age has little choice other than to regress away from oedipal fantasies. He is too small physically to express his aggressive drives effectively in his relationships with adult caretakers. Latency-age children are, with few exceptions, similarly limited sexually. There is little in the way of a discharge pathway in reality for drives in latency.

Fantasy, reaction formations, and carefully monitored socially accepted behavior patterns (i.e., school recess and athletics) become the primary outlets for aggression. (Fantasy formation using psychoanalytic symbols and regression serve as the primary techniques for coping with the sexual drives.) The child is expected to surrender and to attempt to please by learning well what is respected by his culture. The patterns of defense established with the mechanisms of restraint form a template in latency, which influences the permissible expression of the drives during puberty. The latency period has a role in the shaping of the adult personality. There develops, as a by-product of the formation of the latency ego, a deformation of possible derivatives and expressions of the drives during adolescence and adult life.

The defenses that help to produce the state of latency may be overwhelmed in the situation in which the child's drives are strongly stimulated by seductive behavior, either in a direct form or in one that stimulates sympathetic activation of the drives. So that these defenses may continue to maintain the state of latency undisturbed, a safeguard is provided to preserve their function in the face of seductions and traumas. A child who has a normal symbolizing function and capacity for symbolization organizes a *structure of latency*. Through this structure, the child quells the humiliation of trauma and the excitement of drive activation through seduction by dismantling the memories of the traumatic events or seduction and the latent fantasies that they stir up. The child actively reorganizes and synthesizes them into highly symbolized and displaced stories. Disquieting affects are quelled. In effect, there is a safety valve on the pressure cooker we call latency. By reliving events couched in the symbols and stories of latency play, the child is able to find an outlet for his heightened drives and yet maintain a state of latency. Thus, he gains comfort or revenge without threatening the situation in which he hopes to function well (i.e., school) or interfering with his emotional equilibrium or adjustment. Mechanisms similar to those involved in actively producing discharge fantasies and symbols, in which the hero can be covertly identified with the child's own self, may be utilized for passive identification with the myths and legends provided by the child's social group. From this we can glean yet another view of the influence of latency on later life: The developmental defensive events of latency contribute to the mechanisms for social group identification. The ego organizations derived from the structure of latency that lend themselves to the passive development of group identification persist beyond latency. Through them, the individual can acquire, and continue to acquire, the images for cultural patterns of behavior, ritual, and belief that will guide his

life and form his mores, his opinions, and his social reactions for as long as a lifetime.

The functioning of the structure of latency introduces into the psychic life of the latency-age child a mechanism with great potential for subterfuge, which deceives the observer who seeks to understand the workings of the emotional life of the child. Whenever a child can escape into fantasy, the following are possible: unpleasant experiences will seem to have had no effect; uncomfortable affects will seem to have gone unnoticed; depression will be masked, and symptoms which appear at a time remote from their precipitants will be judged to be related to other than psychological causes. Worse yet, there may develop a theory of the psychology of the latency years that fails to take into account regression and fantasy as defenses. As a result, certain conditions will be considered to be pathological when they are not (e.g., daydreaming and intense fantasy play), while others will be considered normal when, for that society, they are pathological (e.g., the cluster of aggressive behavior and stubbornness in the presence of extreme concreteness, and a poor capacity to form symbols in fantasy play).

It is of interest to stop for a moment and ponder the latter cluster of signs, symptoms, and behaviors. Many people who have the power easily to say that a child will outgrow the poor behavior associated with this cluster may not be fully equipped to evaluate the intensity and appropriateness of this group of personality traits from a developmental standpoint. In a 2-year-old child, the cluster is normal. In poverty environments, it is not unexpected. In the latency of an American middle-class child, the cluster has high predictive value for future troubles in adolescence and adulthood. Failure to enter latency means poor preparation for the handling of such elements as group identification through concepts, future planning, and high-level memory for abstract concepts.

To tie all this together in a clinical context, it may be best to focus upon the answer to the question, "What is the relationship of symptom formation or behavioral pathology in the latency age period to the mechanisms of restraint and the structure of latency?" The answer, simply, is: when these mechanisms fail to develop or function adequately, there is impulsive behavior, acting on impulse and dare, unrestrained pressure brought to bear on parents and teachers, and sexual acting out in the form of exposure, sexual exploration, and sexual contacts. There is no buffer to deal with the drives. This is coupled with the frustrations of reality. Rarely do such youngsters produce neurotic symptoms.

One youngster, aged 6, was brought to me with complaints that he failed to learn in school, was disruptive,

provoked fights, and claimed that he was being picked on by his peers without cause. In the sessions, he sought to provoke by spilling things, breaking toys, removing drawings by others from the walls, and messing up the well-arranged doll house. At the end of sessions, he refused to leave. Some insight into his aggressive behavior could be seen from his comment to me at the end of one session, "What does it take to make you angry?" He was made uncomfortable by aggression. His latency defenses were poorly developed. Any therapeutic strategy would have to take into account a series of activities aimed at encouraging or enhancing latency-producing skills. In the absence of the latency defense organization he had organized his adjustment around the defense of actualization. In essence, he justified his own anger, which he rejected, by mobilizing aggression in others. This was followed by attributing his own anger to an acceptable response to an "unprovoked" attack. The trouble was that only he believed it. Interpretation of this defense was not adequate by itself. The most important therapeutic stratagem had to do with the development and strengthening of the latency ego structures. Second to this was work with the mother to reduce her seductive and abandonment behavior toward him, which stirred fears of desertion and mobilized the aggression with which he was so uncomfortable.

Where do neurotic symptoms come in? Such symptoms often appear when the structure of latency is constituted from mechanisms of defense that are immature in quality. Of what use is a masking symbol that fails to block out the affect associated with that which is latently feared? Such a situation exists when the potentially defensive fantasy of a battle won becomes a battle lost.

One child, aged 7, with an impaired structure of latency had a recurrent daytime fantasy that a thousand snakes led by a bloody-headed ghost were pursuing her. Just as they were about to reach her, they turned from her to attack someone nearby. Her respite from terror was short-lived, for she soon became aware that the dying substitute was her mother. While in school, she defended against fear of her mother's death by obsessional rewriting of her name on test papers. A therapeutic approach that strengthened her symbolizing function made her comfortable. Her anxiety was lessened, and her symptom cleared. She might even have outgrown her problem without therapy if maturation had intervened to place at her disposal a more mature structure of latency. The same gain cannot be expected in relation to the sadomasochistic latent fantasy structure that underlay the painful fantasy. She provides an excellent clinical example of sadomasochistic latency-age regression, reinforced by severe fixations on the anal-sadistic level of drive organization. In the sessions, she delighted in making mixtures of clay, paint, and glue, which she called "duty messes," and threatened to pour on my office carpet.

What does a child outgrow? A child will appear to outgrow only elements that have to do with the structure of latency and social and biological limitations on drive discharge. The latent material (fantasies, regressive trends, interpersonal problems) will persist after these phase-specific phenomena are no longer active. In what form will they persist? Where will they go? They find expression in new modes of disorganized behavior, sexual acting out, or a search for latency calm and timelessness through drug use. Old wine will find new bottles. The song will end, but somehow in the post-latency years the melody will find a new singer and a new song.

The Latency Years as a Period of Emotional Imprinting Leading to Psychopathology

There is clear evidence that the organization of mechanisms of defense in adult life is shaped by the stresses of latency. There is also evidence that parental, social, or internal emotional pressures during the latency years can interfere with the phase-appropriate acquisition of thought processes and memory organizations that utilize high levels of abstract thinking. Someone asked to diagnose a latency-age child would be well warned to avoid the reassurance that a child will outgrow retardation in these areas without closely investigating the emotional pressures faced by the child and the intactness of the states of latency he is able to produce.

If psychopathogenetic imprinting takes place during the latency years in areas apart from cognitive styles and cognitive skills, there is implied the possibility that new areas of psychological sensitivity and new volatile fantasy structures and systems can be acquired beyond the age of 5. This would mean that unusual and traumatic experiences during the latency years should not be minimized as a source of future psychopathology.

This is not to deny the importance of the first 5 years of life in these matters. One often sees quite clearly that the cognition of the 6- to 12-year-old may regress to a level of function like that of a much younger child. In these states there appears to be a sensitivity to stimuli that would permit a molding of the memory on a par with that of early years. The child in such a state perceives surrounding events in terms of total feeling and experience. The episode is not bound and neutralized by being converted into words before being committed to memory, and thus the pressure to recall it is especially strong. Reparative masteries and repetition compulsions associated with these experiences are like those related to the memories of early childhood. Most codifications for memory of these events are cast in the total affectomotor experience of the event. Such codifications leave room for ambiguity; memory may take the form of somatic symptoms, psychological symptoms, affects, dream, or character.

In view of this potential to add new memories to the store that mauls the mind's peace, it seems to me that even in those years beyond the age of 5, the book is not yet closed to new and psychopathogenetic influences. Some later-appearing psychopathology may well be traceable to roots in fantasies aimed at mastering traumas of the latency years. These should be differentiated from traumatic neurosis, in which the memories are exact reproductions of traumatic experience.

The following case contains the hint that led me to draw this hypothesis.

> An 11-year-old youngster did poorly in school, felt picked on, and was strikingly effeminate. He had recently moved from Oregon to Texas.
>
> In his analysis, the effeminacy was worked through. It disappeared. The following data were recovered from repression about the time that the symptom disappeared. He had not been effeminate until age 7. It was then that his mother had surgery for a benign ovarian tumor. Because the mother suffered from an emotional illness, there was a delay of many months prior to surgery. During this time, the mother became increasingly nervous, abusive, and disturbed. By the time the tumor diagnosis was made and surgery was recommended, the child had been exposed to an emotional battering, both at the hands of and at the sight of the distressed mother. He was in an anxious, indeed overwhelmed, state at the time that he was told that his mother was going to have surgery and that there was a chance that she would not survive. He handled it calmly at first (the structure of latency masking the emotional response and minimizing its effects to the observer). He developed a fantasy that his father had given his mother the tumor through sexual intercourse. The tumor was equated with a younger sister whose gestation was related to the appearance of symptoms in the mother. This was clearly an oedipal fantasy with sibling rivalry overtones. On the surface, he swore never to have intercourse so as never to give a woman a tumor. At about this time he became effeminate, expressing on a motor level his attempt to master the unexpected loss of his mother through incorporation of her mannerisms so that, as he verbalized in his sessions, she could live through him. Other problems were present, which had much earlier origins. However, a latency trauma had had a dynamic influence on a symptom.

One must not underestimate the power of a trauma in latency, especially when its first impact seems to have been dealt with quietly. The structure of latency starts off with repression of affect and then goes on to produce defensive fantasies which, if heavily charged with drive energies, can invade the action and behavioral levels of the personality.

Maturational Vicissitudes of the Superego during the Latency Years and Impulsive Behavior in Latency-Age Children

It is a postulate in the field of child development that the superego is formed, quite complete, as a result of the internalizations that accompany the passing of the Oedipus complex and related ensuing psychic object losses. This happens at age 6, and is concurrent with the onset of latency. These internalizations carry only superego contents to be used for ethical decision making. Youngsters who have such contents are still prone to outbursts of impulsive behavior, even though they know that what they are doing is “wrong.”

To understand this impulsive behavior during latency, one must also take into account other aspects of superego structure, with origins and acquisitions that differ in location and timing from

superego "demands." The superego can be viewed as a tripartite structure. The presence of ethical protocols is not sufficient to produce consistent socialized behavior. Also required are affects that motivate the implementation of superego demands (e.g., guilt, shame, anxiety, pride) and an effective part of the ego involved in the implementation of superego demands (e.g., mechanisms of restraint and the structure of latency). The superego has a number of parts, from various sources. The parts are acquired at different times. Therefore, although under the best of circumstances the superego may function consistently and effectively beginning at 6 years of age, it is not unusual under poor circumstances for the superego to become fully or intermittently effective only years after latency begins, and perhaps never.

Clinically, the three factors separate with remarkable clarity.

Superego contents are acquired from the earliest years. From the time the child can control his movements, he knows it is wrong to touch or break certain things. Soiling and wetting activate shame in the second year of life. Masturbation and sexual fantasy, especially of the oedipal type, are forbidden and proscribed after 6 years of age. Violation of personal property and theft are known to be wrong as early as 4, and certainly by 6. Then, after 9 years of age, new contents derived from peers begin to push aside the admonitions of parent, church, and state.

Foremost among the components that produce the effectively functioning superego are the affects that motivate the implementation of superego demands. Any child from 4 to 15 years of age will tell you that stealing is wrong. All that this tells us is that the child knows right from wrong, but not how deeply internalized the admonition is. Does the child feel he must behave to meet demands from outside, or does the child feel that the demands come from within himself? This can be uncovered by finding the time at which the child feels sufficiently uncomfortable about angry thoughts, the wish to steal, or other activities that threaten life, limb, or reputation to limit or alter these thoughts or activities—

Is it before the wish becomes conscious?

Is it when the wish is conscious?

Is it after the deed is done?

Is it only when caught and questioned?

Is it only after responsibility for the deed has been proven?

Clinically, one may either ask questions to establish these points or just listen and assign the person to the proper category. Rarely is a person completely dominated by the attitude from a single level. Certain acts are considered worse than others, and are subject to earlier intercession from the portion of the ego that inhibits action in the service of superego demands. The further down the list, the earlier and more primitive is the superego from the standpoint of the location and the source of superego affects.

Examples of the superego in its most primitive form would be the following.

The boy was 15. He asked me after three sessions to call his parents and tell them he was cured. He had been able to rephrase my words from an earlier session to his satisfaction. He had changed the meaning of my words to convey the concept that I felt his only problem was schoolwork. He had earned some good marks, and thus he suggested that I tell his parents that he was cured. I pointed out that I was aware that his mother knew a good deal about therapy and would recognize the falsehood. "Oh!" responded he, "I didn't think you knew that. Okay, you better not tell them."

A boy came into treatment for depression at age *12'A.* On the surface, he thought his depression was caused by his small stature. Shorter than others around him, he felt puny. He had a need to compensate by doing things to impress others. This resulted in a good deal of impulsive behavior. He ignored the implications of his actions. From age 11 through 13, he was involved in drinking until he became ill, transporting and selling drugs, jumping motorized dirt bikes at high speed, and provoking teachers. Impulsive behavior was also experienced by him as a means of dealing with depressive feelings related to his experience of an overwhelming fear that accompanied episodes of commotion during his grandfather's tumultuous final days. At times he was left alone to care for him. Then, too, he felt puny and overwhelmed. They key to understanding his impulsive behavior lay in part in its use as a defense against the sense of puniness. It obliterated the puny feelings for the moment. This could not, however, be considered the sole cause. Fantasies of greatness might have worked as well in dealing with a sense of puniness. "Greatness in action" was the product of a failure of superego maturation that resulted in regret only when he was caught in the aftermath of the outcome. He felt discomfort when he careened into his home drunk, confused, and vomiting, when failing grades came in, and when he was apprehended for selling drugs. He did not feel guilt early enough to prohibit himself from the acts. Once, during a transition period in the therapy when he was able to limit his drinking, he noted that he was still riding a motorcycle. He realized that its ability to blunt the feeling of puniness overrode the dangerousness of his action.

Variability of the motivating affects of the superego in regard to specific superego demands is an important characteristic of the superego in latency, although this characteristic is not limited to that period. This is strikingly seen in the following case.

A child of 10 had been brought to treatment for stuttering, present since the age of 7. A multitude of therapeutic techniques had been tried. He came to me as a last resort, and was accepted for treatment because there were treatable additional symptoms present. He teased, and was being teased, and he had poor peer relationships, poor school performance, and a low self-image. It soon became apparent that the stuttering was variable in intensity. The variations could be traced to episodes, especially with his sister, in which he was belittled or humiliated. He would become angry; however, he despised and denied his anger. He pushed it from

consciousness, and became involved in subtle provocations of his peers. The anger pushed for expression. He presented a picture of ambivalence, at once angry and peaceful. When he tried to speak of neutral things, the presence of anger could be detected in the stutter. He stuttered most when telling jokes intended to trick the listener. When he was encouraged to ventilate his angry feelings and accept his anger, he became disdainful of the therapist. Superego control of direct hostility interceded before content reached consciousness in the case of anger related to his sister. Provocation of peers in school was intensified during these times. There was no inhibition of these aggressions. Internalized aggressive inhibitions involved anger at his sister and humiliations at the hands of adults. Peers and the therapist were fair game. With the working through of the attitudes toward specific angers in response to specific humiliations, the stutter came under conscious control.

Maturation of internalization of superego affects sometimes comes late if at all. One should be as wary of saying, "He'll outgrow the impulsiveness," as one should be of ruling out this outcome. Therapeutic techniques involving confrontation can speed up the internalization of superego affects.

We have already dealt with deficiencies in superego function that relate to the ego functions that implement superego demands, namely, the mechanisms of restraint and the structure of latency. Although the contents of the superego may direct the flow of moral behavior and the affects (guilt and shame) of the superego may give force to the demands, the limitation of aggression and impulsivity during the latency years has limits of its own. Unless there are rich enough and strong enough ego mechanisms and structures, there will be no means for the limitation of aggression and the enforcement of superego demands. The internal inhibition of aggressive urges (id) depends, for instance, on the capacity of the structure of latency to provide fantasies as safety valves through which the aggression can be allowed to escape.

The Underpinnings of Masochism in Latency-Age Children

Childhood may be visualized as a map. Where one finds latency and diversion of aggression to useful tasks, there are the civilized areas. There is also a part of childhood that might be described as the jungle of masochism. This is located within that stratum of childhood society where differences are settled with fists and communication abounds in insult cruelty and degrading gestures and positioning. A child whose adjustment requires a setting consisting of those who dwell in this stratum can take the role of the oppressor or oppressed depending on his strength in relation to others.

To study the nature of masochism in latency, we shall study a 10-year-old boy presented to the author in a supervisory session.

The therapist in presenting the patient introduced him by describing his predicament in trying to treat the boy.

> "I don't know what I'm going to do. This kid comes in and tells me nothing's wrong, that he gets along with everybody and that he likes the teacher; but when he goes out to have lunch the kids pick on him. When he leaves to go home from school they 'book him,' which means that they knock his books out of his hands so he's left with the books on the ground while they are running away. He claims that nothing's wrong, but is constantly complaining to his mother about the misbehavior of the children in the school."
>
> In the session, the child repeatedly asked the therapist what to do. The therapist gave him some rather direct advice in the form of a recommendation that he not respond to the children and not show that he's being "gotten to," that he not cry, and that he not punch back but walk away. The child complains that he can't do this because the table he has to eat at contains these children.
>
> To try to focus on the experience of the therapist, the author asked the therapist what the child does during the sessions. In this way he hopes to be able to help the therapist to bring the teasing aggression of the patient into the treatment communications.
>
> Without realizing it, the therapist had described his suffering at the hands of a withholding and self-contradictory patient.
>
> The therapist described the child's tendency to pick up a pen and then pick at the cork wall in the office. At times the child picks up and plays with some glass figurines that the therapist has in the office. The play is provocative, for the therapist has expressed his concern lest the glass be broken. In essence, the therapist feels provoked, but is unable to recognize that the child is behaving in a most teasing and provocative manner toward him.

This is a classical presentation of such a child. They complain of being teased as though innocent, while demonstrating to the therapist the way in which they inform the world through their own teasing that they are members of childhood's brotherhood of pain. They invite partners to tease.

> As his parents describe him, the child comes from an essentially intact home with parents who are quite concerned about his progress. He has a left-sided tic involving his lips. His parents' chief complaint is that when "the child gets angry he turns on others"; although he doesn't attack his parents physically, he insults them, but he has been known to hit other children, to fight them, and to hurt them. He takes his anger out on himself, too, by hitting himself. He never scarred himself or mutilated himself in any way; and when faced with any kind of disappointment on the part of the parents, in terms of a promise or a hoped-for treat, he will blow up, he's very irritable. He has few friends, children in the neighborhood are known to hate him, and he is described as eating alone at school.
>
> In the initial interview with the child, the therapist had found him to present himself as one who was more sinned against than sinner. In the interview there was no eye contact. He began the session by telling about talking to himself when he feels afraid and doesn't know what to do. His main problem, he says, is that though he is a perfectly good person and doesn't hurt anyone, he is constantly at the mercy of others and is teased by them. He becomes miserably uncomfortable. He tends to be irritable. He blows up at home at people who try to help him. A high degree of verbal facility in expressing himself and talking about his feelings was noted

immediately. He spoke of work with a previous therapist who had helped him to realize that he should hold in his fears rather than cry, so as not to communicate that he could be taken advantage of. He denied punching other children, saying he didn't want to be blamed for punching—"I let them punch me so they'll get in trouble." He went on to say, "when I get very mad I punch myself and I slam the door."

"Sometimes I get so angry," says he, "that I can't think straight."

Youngsters with this sort of behavior pattern have difficulty in dealing with their aggression. They have a low self-image, and turn their anger on themselves through actualizing the anger. *Actualizing* refers to the technique of making one's fantasy real through the recruitment of peers to play a role in the fantasy. Through getting other children to behave in a punishing fashion toward them, these children—who do not like themselves—can deny the fact that they don't like themselves, or that they are angry. They can manifest their self-directed anger through the behavior of others. They say they are not provoking this; rather, they are the ones provoked. Therefore it is difficult to get to this material if one asks them directly. A comment related to this material by indirection was made during a therapy session.

The indirect comment was, "You don't like yourself." At this point he said, "That's 'cause there's something about me I never told anybody, something I wanted to do to someone but I didn't do. But I didn't, and I felt ashamed." At this point the therapist/ diagnostician entertained the possibility of being able to outdistance all other therapists the child had seen and to get information that the child had never given to anyone else.

The temptation was thought to be worth seizing, and so the therapist asked that he be told what this thing was. It turned out later on to be something quite inoffensive—a wish to say to his former therapist that he liked him.

The child made a great deal of it, saying, "I don't know whether I can tell you,... I can't tell you, . . . I'm not sure." The therapist, alerted by his prior experience with the child's provocations, rather than becoming upset or angry at this, or pushing the child for more information, or saying "please tell me," said, "I think you're using the information that you have to tease me." The youngster said, "Yes, I tease a lot. I tease kids because they get on my nerves, so what I do is, at lunch, if I want to be alone, I say to them, 'I have this, nyah nyah, and you can't have it.' That's when they punch my food or try to take my lunch." He then disclosed that when he watches television he enjoys seeing the good guys hitting the bad guys and he likes it when the bad guys (sic) win. The way was opened to deal in treatment with the child as the source of his problems.

This highly verbal youngster had great difficulty in the production of fantasy. Thus, his only means for discharge of the manifestation of a fantasy of low self-image was to provoke other people into hurting him. He told the following story:

"This boy, he had a dime and then he dropped it. Someone else found it and closed the door, so he had to walk home without the dime. After that he got a dollar. The kid had a plan. He gets a dime back in exchange for a

> counterfeit dollar. He got so much money he was able to buy a toy. If you stole something and there was a contest and you put it in and you got a prize and you lost it, a person who found it and kept it was guilty. He didn't feel that good." The last paragraph contains his definition of guilt.

The patient was so verbal that he had no time to play. Even his stories seemed to be directly related to the fantasy of stealing from people, taking from people, and teasing people.

It is important to keep in mind that one of the roles of latency fantasy is the working through of the fantasy content of the sadomasochistic aspects of the prelatency stage. When a child enters the latency age period, he has the opportunity to master or process these fantasies. If they have been truly mastered, they will not be available to contribute to character in adolescence. If, however, as in the case of this youngster, a fantasy pathway is not present and he is compelled to cause his peers to live out the fantasy actively, the experience is recorded as a new trauma, and adds to the psychopathogenetic weight of the child's latent fantasy life. There is little hope for the kinds of resolution that are possible in adolescence when actualization may be normal.

Parental behavior and environment may deter or speed the process. If there were no children with whom to play out the fear fantasies, most likely he would be unable to manifest them in the way that he had. Parents who actually live out the role of persecutor because of something in their own personality draw the child away from the capacity of manifest fantasy to help the child to master a sadomasochistic latent fantasy life. The child will retain this influence on character as a result of the influence of actualization on the fantasy discharge function.

Manifest fantasy is normal for the latency-age child. It is the only outlet for children in dealing with the aggressive drive and latent fantasies.

In approaching masochistic children psychotherapeutically it is important to detect and to demonstrate to the child the internalized nature of the conflict that lies behind the apparent teasing that confronts the child from other children. It is necessary to see the way the fantasy is actualized and be able to demonstrate this to the child. The child has to find cooperative peers in order to play these fantasies out. The child must enter into the world of those people who look for the expression or reception of hostility in the school setting as their means of expressing anger. A therapy demonstrates this to the child.

In keeping with this, the best sign of improvement or resolution, rather than submergence of these fantasies in the child, is amelioration of the child's functioning as manifested through a change in the friends. A turn to comfortable, healthy children who do well in school; whose work and orientation are primarily toward the organization of useful energies applied in a neutral fashion for dealing with realities, and who avoid provoking people of the real world into taking a role in which a child is beaten or punished, is a positive sign.

Conclusion

The age period in which the structure of latency is set is equipped with as complex a set of mechanisms and structures for adjustment as any other phase. Symptoms may be transient, but the juggernaut of unresolved earlier conflicts, neurotic underpinnings, personality weaknesses, and newly acquired developmental aberrations rolls inexorably toward the precipitation of adult psychopathology. Should one be tempted to conclude in regard to latency-age psychopathology, "He'll outgrow it," one should give a moment's reflection to the fact that there is more to the latency age and state than meets the eye.