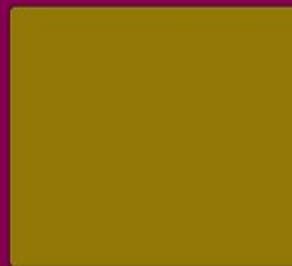
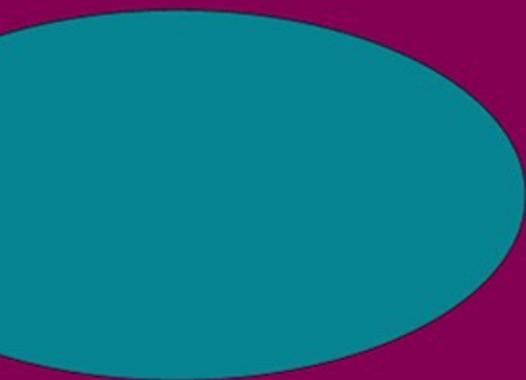


The Object World Responds



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The Object World Responds

The work of adolescence consists of a continuous reshaping of the personality in response to two ongoing changes. The first is the maturation of internal forces and mechanisms; and the second, are social imperatives and the responses of the object world to obvious changes in the maturation of the child.

Internal maturation is a true example of anatomy as destiny. The superb athlete who does not have his growth spurt until 18 years of age loses out on years of seasoning in a chosen sport. Height and facial features, which take their final form in adolescence, dictate important aspects of self-image. Delay in sexual maturation results in a loss of place in the line of social development. The internal pressures and changes of youth are the same in all cultures and all people. They are relatively fixed in their age relationship to the adolescent time period. Foremost among the elements of internal maturation are

1. puberty,
2. rapid growth,
3. menarche,
4. first ejaculation,
5. maturation of sensitivity and neurophysiological pathways leading to the developmental capacity for
 - orgastic masturbation,
 - adultiform orgasms,
 - sexual intercourse, and
 - falling in love.
6. seeking undisguised drive gratification with objects outside the immediate family

[The urge to date (seek love objects) shifts from a parental demand to an internal

need.]

7. development of true abstract thinking (abstract operational thinking with an abstract conceptual memory organization).

External pressures and social imperatives vary in their nature and time of application. Rare is the external pressure that has not influenced some group in the world before or after adolescence. Social pressures are facultative; they are never obligate factors in the shaping of the personality during adolescence. Even within the same society, attitudes toward dependence and sexual freedom may vary from generation to generation. The response of the child to social pressures and acceptance of biological givens are the areas of malleability in which the therapist can expect movement in the course of treatment. In fact, by strengthening the impact of the future, increasing self-reflective awareness, and reinforcing adaptive aspects of superego demands, psychotherapy during late latency through early adolescence becomes itself an external pressure that serves social imperatives. Psychotherapeutic strategies lean heavily on knowledge that differentiates between what is internal, biological, and immutable and what is external and subject to change. The biology of the maturation of youth limits therapeutic ambition to a role of helping to shape personality while undoing pathological development. External pressures of the object world shape, limit, and entice all at once, giving rise to the eventual character seen at the younger edge of adulthood.

Foremost among the elements of external influence on development in the adolescent in the classical family in Western society are expectations for

1. some functioning independent from parents;
2. age-appropriate progression academically;
3. self-reliance;
4. ability to take on and complete independent tasks;
5. carriage, clothing, and manner appropriate to sexual roles assignment;
6. work experience;
7. community service;

8. sustained friendships;
9. active social life;
10. leadership qualities
11. ability to take criticism;
12. social consciousness;
13. proficiency in hobbies and sports;
14. dating and an interest in the opposite sex;
15. signs of progress in sexual performance; and
16. physical growth and maturation according to a preconceived family expectation and timetable.

Although these may seem like modest demands to an adult who has successfully negotiated and then forgotten the terrors of adolescence, they can be experienced as severe stresses to the child who is starting from the beginning and finds that not only are external demands changing as he grows, but his inner structure is a constantly changing, quixotic quicksilver, causing continuous alteration in his stance and equipment. External pressure for sexual performance is stressful for the person just entering puberty. More stress is added when the philosophy of asceticism that may have been created to deal with social wants is threatened after a few months by burgeoning internal sexual pressures. Similarly, a boy of small stature becomes distressed when confronted with the mixed message, "You'll be tall someday."

A boy who was just under 5 feet tall when 11 years old was overheard by his father crying himself to sleep to the phrase "I don't want to be a midget."

A child who has not yet resolved conflicts over sexual identity may find external social pressures in support of heterosexual functioning extremely vexing. At first the list of external demands is seen through the eyes of adolescent omnipotence (projection) as requiring 100 percent performances. Tolerance by the world and acceptance of stratification by the child permit external demands to be seen as less threatening. The child can then soften his superego and develop tolerance for himself. This chapter will be devoted to a discussion of the way in which these problems of adolescence are resolved as

the work of adolescence progresses, with reflections on questions and problems, often encountered in psychotherapy, that confuse and stymie the child.

The March of Adolescent Dating Patterns

Social pressures may enforce the demands of “elements of external influence” on adolescence at any age. They are not in a fixed association with any particular numerical age.

The relationship between the sexes may be taken as an example: There is not a sudden leap from the estrangement between the sexes of the latency years to the full-blown romantic involvements of late adolescence. Instead, the child traverses a set of patterned relationships' of gradually increasing complexity. The foremost steps in the progression are group activities, group dating, multiple-couple dating, singlecouple dating, and cohabitation.

Although the developmental march through this series of relationships is obviously dependent upon biological maturation to define its outer boundaries, social pressures in the form of mores and moralities may cause a shrinking of the time span required to negotiate the course and a shift in the timing of a component to an earlier or later age. For instance, the sexual permissiveness that has evolved over the 1960s and 1970s has produced a marked series of changes in the timing of the march of adolescent dating patterns. In the early 1960s, there was a rising incidence of a very early age of onset of “going steady” and sexual intercourse (as young as age 12). This pattern did not persist, although early intercourse (age 13 for boys, age 16 for girls) is now (1986) acceptable for college-bound youngsters who are emotionally ready. A reverse pattern had developed during the early 1980s, with a slowing of the march of the dating relationship pattern. This resulted in a delay of the first sexual relationship to late adolescence. The mechanism by which this was accomplished was an extension of the years occupied by group and multiple-couple dating. The effect was to provide an intrusive social milieu that militated against a unique relationship between two people, within which a meaningful, though impermanent, sexual relationship might be established.

There is a basic pattern to the march of dating relationships. There is, however, so much individual variation that the pattern cannot be used to predict, from age alone, where on the march a person is. (The

ages included in the following paragraphs are thus only guides.) Rather, one can use the pattern to predict where the person is going and what the next step will be in his or her career. One can also surmise quite well from this information the problems and conflicts that are to be confronted in psychotherapy.

Group Activities

The move toward mature sexuality in adolescence is characterized by a relatively slow pace. At the onset of late latency-early adolescence, there are residua of the latency-age social structure, in which peers of the same sex were formed into groups. Heterosexual interest is roused more from parental expectations than from internal changes. Simply, the first heterosexual contacts occur when parents bring the two groups together under the same roof. The first contact between the sexes then takes place at parties organized by parents, at which the boys talk about sports and the like while the girls talk about movie stars, while self-segregated according to sex and clustered on opposite sides of the room. From time to time, this pattern is broken up by kissing games or dancing, during which physical contact is created between two people who have hardly any relationship with one another. The transitory nature of the relationships may be illustrated by the nature of the game "spin the bottle." Here the participants do not even know whom they will be kissing after their next chance to spin. A bottle is spun and whomever it points at when it comes to rest is the sexual partner of the moment. This form of introduction to kissing bypasses the need to get to know someone and the problem of overcoming fear of rejection. A partner and a kiss are provided. The child begins to experience sexually stimulating body contact with someone other than close family members. The external calls forth the internal.

Group Dating

Parent-designed group parties for children aged 10 to 13 have a parallel in less structured activity initiated by the children, that is, group dating. This includes such activities as going to parks, movies, and bowling involving groups of boys and girls. The two groups are together. There is no specific pairing off, although some more advanced youngsters begin to team up as couples. Group dates enable youngsters to begin pairing off in a situation in which moment by moment the degree of involvement can be adjusted to suit the changing needs of the child for comfort and closeness, as well as a means of retreat if the budding

relationship becomes too intense. By and large, on group dates a boy is more closely allied to the other boys than to any girl in the group. In boys' groups there is typically some negative reaction to the formation of couples. "She's your wife" is a pejorative phrase in describing too close a relationship as late as 17 years of age.

Usually, both persons are the same age. The girls are more mature physically, and more interested in forming couples. Often, they discuss the situation with girlfriends (at the expense of homework assignments). The interested boy is fascinated by the girl, but reconstitutes the old gang when she is not present and foremost. This is a reflection of the persistence into adolescence of latency-age male bonding.

In one such dating situation, a group of 15-year-old boys were out with a group of 13-year-old girls. Though some couple interaction took place, the high point of the evening for the boys was the moment when they were able to get the girls to go home by bus alone, thus saving the boys the expense of a taxi. There was awareness in the boys of a sexual goal in dating, but they weren't yet ready to pursue it.

Multiple-Couple Dating

Gradually group dating evolves toward a social life involving a group of couples. Such multiple-couple dating is referred to as double or triple dating. The emphasis shifts from the joining of two single-sex affinity groups, with some erotic interaction on a couple basis, to a group of couples each consisting of one girl and one boy. The group of couples is together throughout the date. The couples do not leave each other alone. A sexual goal is definite, and sexual activity is explicit. Sexual play and petting may occur in this situation, but are limited by the group superego. The presence of other people enhances the exhibitionistic, self-proving aspect of dating. It also gives a sense of security to the participants in that they are assured that they will not go beyond preset limits. Limitations on how far one may become involved in sexual activity are enforced by the limiting presence of others. There is provided an opportunity to become involved in sexual activity with safeguards that the situation will not get out of hand.

Homoerotic bonding involved in group dating may not be fully resolved at the time that the children begin to date as couples in groups. In these situations the coupling is only a superficial characteristic. In actuality, the boys' and girls' groups are participating in sexuality the way they might have in bowling or the like. In these situations, two couples may be in bed, engaged in heavy petting and

sex play, when at a signal they switch partners. This variant on couple dating provides a possibility for the continuation of group activity.

The main purpose of multiple-couple dating, as alluded to before, is to provide the possibility of establishing sexual physical contact with an individual who is chosen to be a partner on the basis of a meaningful, ongoing relationship. The relationship is nurtured in a context in which protection is provided from going beyond one's readiness to experience sexuality by the presence of a trusted friend, who can be relied upon to support protests should things go too far. Such a situation protects the adolescent from going "too far" on two counts: first, it protects the individual from the demands of a predatory partner; and second, it protects the individual from the demands of the predatory self. It is a means of drive inhibition.

A young woman accepted a date from a young man whom she hardly knew on the proviso that he would get a friend for her friend. They were in their late teens. Her friend was a prim, proper young lady living at a women's residence hotel. At the end of the date the four went to one of the young men's apartments. The first young woman teasingly suggested that they play strip poker. There was some kissing and petting involved. When her girlfriend slipped into the bedroom and began having intercourse with her date and her own partner began to make unmistakable advances, she had no alternative but to throw her raincoat over her half-clad body and run out of the apartment. She had expected her girlfriend to serve as a brake to the activity set in motion by her teasing. When this multiple-couple dating use of the other person as defense failed, she had to escape.

Single-Couple Dating

Once a person has reached the point of no longer needing to draw strength from the presence of familiar same-sex peers on dates, it becomes possible to become involved in couple dating. Assurance that one can handle one's own and one's partner's sexual propensities enables single-couple dating, with sexual activity, to begin in earnest.

Some youngsters experience a period of individual dating in which they avoid any situation (such as being alone) in which there is a possibility of sexual activity. As maturity progresses, single-couple dating becomes the rule.

The shift from group to individual-couple dating runs parallel to the shift from uncertainty and ignorance to sophistication and knowledge. A youngster with no experience of couple dating often lacks

courtesy and finesse in dealing with the opposite sex. When first approaching sexual activity during parties and group dating, there are many doubts and uncertainties. Social graces and behavior are unknown. The areas that really concern the children are unteachable by parents. Questions that arise are answered by research or myth. There is a search to learn as much as possible about sex and anatomy and the opposite sex, what is right and what is wrong.

Girls are concerned about what to say when they are approached, how to stand, what kind of clothes to wear. Should one kiss a boy on the first date? Can one become pregnant from kissing? Why do they want to touch my breasts? Boys are concerned about what to say when approaching a girl in order to avoid rejection. They are concerned about what they should do if the girl insists that they have intercourse on the first date. At 12 and 13 this is highly unlikely, but this fact is no reassurance to the boy whose fear so thinly masks his desires. Boys may be concerned about what to do if a girl requests a very expensive purchase while they are out on the date. The boy is aware of how little economic power he has, and wonders that he dares address himself to dating, which is a field of endeavor in which such champions as his fiscally sound father have displayed their abilities.

The boy tends to shy away from the girls at parties, and to group with the boys for another reason besides familiarity with male companionship: There is terror in many boys that involvement with girls at a party will result in the development of an erection, with the attendant appearance of the telltale distortion of the clothing that characterizes this physiological state. The matter is taken so seriously by 12- and 13-year-olds that it is often the sole content of conversations.

A group of boys were discussing the problem. One recommended putting one's hands in one's pockets and pushing out to cover the protuberance. (It is amazing how many youngsters, tense-faced and sweating, one can see doing this during the course of one party.) Another recommended remaining seated until flaccidity returns. "What happens if the parent tells you to come get some cake while you have a boner?" rejoined a second boy. "I had that happen once," said another. "What did you do?" asked the others. "I said, 'Look! I'm a dog!' and ran over to her on my hands and knees."

Adolescence is not an easy time of life.

Remarkably, there is not much worry about the occurrence of erections during social dancing; perhaps the nearness of the girl covers it. There are concerns as to whether the girl can feel it, and if she likes it or is offended by it. This is a manifestation of the guilt and self-consciousness experienced by boys

in relation to their sexuality. The typical early adolescent position for kissing is either sitting or standing with the bodies far apart. This avoids the problem of erections, felt by the girl. When self-consciousness and guilt over sexual feelings are overcome to the point that fear of contact with the erection is diminished, closer standing and juxtaposition of the genitals as a sexual activity in petting become possible.

Such are the events, feelings, and experiences in the life of the late latency-early adolescent patient in psychotherapy which occur in daily life, while in sessions one is answering questions about experiences and worries with "Everything is fine. Nothing new has happened." It is difficult for the therapist to have retained in memory his or her own experience of adolescence besides having knowledge of trends that are the sum of the variegated adolescent defensive structures and experiences of many children. Therefore, this book contains chapters that deal specifically with therapy as well as with the extraordinary and ever-changing horizons of the region called adolescence.

Pedagogy in the Psychotherapy Situation

Education is obviously needed in matters of sexuality for late latency- early adolescent children. Unfortunately, they do not seek it when needed. Schools aim teaching at age groups rather than levels of development, ignoring the fact that children learn about sex, and use the knowledge, when they are ready for it. Any of the stages or situations described here can be reached at 13, or at 20. The age spectrum for a given degree of need for information is broad. There is no specific age at which sex education can be most usefully taught to a group, but for the individual, that is not the case. Some source of information should be available when needed, and in the form of a knowledgeable adult. Because of the specific nature of the material covered and the nearness to the situation involved, the child therapist often finds himself in the position of supplying information or correcting misinformation that has been the basis of fears or of avoidance of maturing life situations. Some of the areas frequently brought up in psychotherapy follow.

It is not particularly remarkable that so much concern is directed toward erections. They are palpable, visible signs of sexuality, and they are not always under the control of the child. Young children may develop the myth that they are robots controlled by alien forces. They offer erections as

evidence of the effect of these forces. Erections are the area of sex education that attracts the least emphasis. In fact, I know of only one book (Kuhn 1948) with a section on sex education that explains the physiology and purpose of erections adequately.

One 6-year-old who had been carefully tutored by her mother in all the particulars of sex asked me, "I know what happens, but how does the man get that loose thing into the lady?"

The question of what is right to do comes up repeatedly. Morality is not the province of the therapist. Mores are areas to be observed and not influenced. Subtle variations of attitudes of patients are influenced by neurotic factors, such as inhibitions and strong superego attitudes. There is no interpretation of right or wrong in the therapist's interventions, only exploration of the origins of attitudes that impede the way to happiness or drain energy in useless digressions into guilt. Frequently, the therapist is confronted with paradoxical situations that draw patients in and then threaten to overwhelm them. Modern social demands, coupled with relaxed restrictions on sexual mores, encourage the social trappings of dating and communication between the sexes. At the same time there is provided a brake in the form of a morality that contains a persistence of childhood sexual prohibitions and the religious view that sex is something wrong for girls outside of marriage. In recent years there has been a tendency to soften this attitude, although I have met young men who seem to forget their espousal of sexual equality when marriage time comes along, and begin to seek the more chaste and selective females.

What is a child to think when he is told that sex is "good" and is then confronted with a street corner culture that thrives on the sale of prurience? If he himself has sexual thoughts, how does he know if he represents the good or is a member of the street culture? A good sign of the degree to which the child judges himself to be part of a degraded tradition is found in the difficulty with which a child can talk about sex with a therapist, in comparison with the freedom experienced by an adult. The child in late latency-early adolescence usually has not caught up with the liberated sexual morality of our time.

The cultural context of late latency-early adolescence tends to equate sex with dirtiness and to attach guilt to sexual actions. To some extent this is part of the legacy of the Judeo-Christian heritage. Therapists should be careful to define the strength of the religious identity of the patient and beware the possibility that they are preaching their personal belief in the guise of clearing the way for healthy

functioning through freeing the patient from inhibitions. Lack of clarification by adults of the role of sex in life results in considerable slowing-up of the process of acclimation to the expression of the physiology of drives that are in themselves overwhelmingly strong and require adjusting to on their own. Guidance, the permission conveyed by silence during psychotherapy, and encouragement of more advanced peers create some leeway. Guilt is rarely overcome during adolescence. It is usually diminished in favor of drive expression, when attachment to an individual softens the tie to the parents. This is of importance dynamically. Conscience and superego are actually internalizations of the parents and their demands. An individual carries his or her parents' admonitions with her. When people care for someone else enough to forget parents, they forget parental admonitions. In some cases girls are unable to conceive of a gradual establishment of a relationship with a boy, and the gradual increase of sexual involvement. These children may enter into sexual relations precipitously, without orgasm and without entering into a meaningful relationship.

A girl of 18 was not able to accept her sexuality consciously. She therefore avoided gradual involvement. On dates she would go into dream states during which she would participate in sexual relations. She claimed little memory afterwards for what had happened. In this way she bypassed her superego. Repeated pregnancies forced her to seek an understanding of herself and to accept her own sexuality so that she could avoid future pregnancies.

Once a person has been able to date in individual couple relationships and has been able to loosen up the legacy of childhood guilt sufficiently to take part physically in sexual activities, there remains the problem of coming to terms with one's own overwhelming feelings of excitement. Only through experience and becoming accustomed to the feelings, or by analyzing the reasons one cannot bear intense feelings, can sexual inhibition be overcome. This was frequently heard from young women of past generations who, in speaking of the early days of marriage, said that one could not overcome many years of fear in one night.

With each new sexual activity that comes to mind or is suggested by the partner, there is a period of fear and inhibition closely allied to feelings of guilt. It is intensified by the aura of excitement that attaches itself to each new step. New activities and new sexual partners stir up a heightening of excitement or of fear and inhibition, depending on the fantasies and response patterns of the individual. In pursuit of these excitements, some people constantly seek new mates in order to experience again the excitement of "first times." In others there is frigidity or impotence due to the fact that the individual

relates to a new person according to personal fantasy. These people can only become sexually capable and comfortable after they know the reality of the other person to the degree that the fears and fantasies that they had attached originally are dispelled. Thus, a man who fears that women will hurt him or compare him unfavorably with other men is loath to start a new relationship until he knows the person as a kind, supporting individual. In like manner, each new sexual step stirs up inhibiting excitement, which is overcome through experiencing and learning that there is no danger of ego disintegration or punishment for “moral wrongs.”

When the fantasies that stir the inhibitions are too strong, the sexual feelings remain isolated or repressed even during the activity. In fact, this is the condition under which the activity can be permitted. Under these circumstances it is possible that the feelings can be brought into consciousness and enjoyed. When this cannot be accomplished, psychotherapeutic help may be of value.

In moving toward sexual maturity, the adolescent therefore experiences through gradual acclimatization and education the following: the capacity to relate to an individual of the opposite sex; sufficient sexual knowledge so that he or she understands what is going on; a softening of the superego that permits participation in sexual activities; decathexis of the parents as sexual objects, so that full attention may be directed toward a peer; disentanglement of sexual acts from fantasy, so that they can be enjoyed without the inhibiting reflections on unrelated meanings and fantasy implications that frighten the 14-year-old, and acclimatization to activities that stir up feelings threatening and inhibiting to the child who has not yet developed the insulating cloak of foreknowledge and experience that offers reassurance.

Fantasy and the Object World in Early Adolescence

To understand the adolescent experience of coming to terms with the object world, we must make a place for daydreams and an understanding of their role in the mental life of the early-teenage child.

We have described adolescence as a time of maturation, change, progress, turmoil, and chaos. The description is accurate, but insufficiently detailed to help us with psychotherapeutic strategies—for that, we must turn to the dynamics of fantasy during early adolescence. Fantasy and daydreams provide a

bridge, born of drives and infantile needs, that conveys object-modifying, self-centered demands to an object world equipped with designs of its own.

Fantasy as the Expression of Inner Needs

Fantasies are ever present as conduits that bring the influence of unconscious contents to bear on awareness, interpretation of events, and those who occupy the object world. They are present in the system preconscious throughout the prelatency, latency, and adolescent years. The three phases have the same unconscious latent fantasy content, yet each phase has differentiating characteristics. The sources of these differences are to be found in the ego. The configuration of ego functions that serves them during a given phase is specific for that phase.

In prelatency, the tendency was to have little distortion in the creation of the manifest fantasy out of the latent one. Fantasy was constructed of symbols that utilized parents and siblings as the objects for the discharge of drives and the mastery of past trauma.

In latency, we saw the submergence of the fantasy. When circumstances stirred fantasy, its manifest expression was populated with substitute feelings and substitute objects. These served as symbols representing the latent content of the fantasy. Latency is the age of symbols.

In adolescence, fantasies assert themselves in a content that is less distorted in form than in fantasies of latency. This is an echo of the fantasy formation of the prelatency years. There is the tendency to say that prelatency fantasies disappear during latency, only to reappear during early adolescence. This axiom is true with respect to the surface appearance of events, but falls short of describing the inner vicissitudes of fantasy in the child. In actuality, the latent fantasies retain their force and form during the latency years. Their manifest appearance submits to distortion through the interposition of masking symbols. This makes it appear that the interests of children have wandered to playthings, toys, and phantasmagoria. This is a thin veneer that lightly muffles the drives and passions which on a latent level are sustained throughout childhood. When the latent fantasy becomes more recognizable in early adolescence, it becomes so through articulation of the core fantasy with reality, using as defining symbols real objects other than the parents.

The parents and sibs have been displaced by the incest barrier. A weak point develops as a result of the use of real people to represent parents. There is a proneness for development of recognition breakthroughs of the parent within the reality symbol used for masking. Primary objects (parents) are the latent contents of the fantasies that the early adolescent is trying to live out through use and manipulation of reality. When the child spies the parent beneath the skin of the object pursued, the anxiety that forced the repression of the original fantasy surfaces.

Such anxiety accompanies the sexual fantasies of adolescence, because the roles of the parents in the fantasies are so near the surface. This contributes to the slow acceptance of sexuality and accounts for the awkwardness in approaching sexual matters in adolescence. Fantasies of a sexual nature arouse affect when, during adolescence, they first begin to be expressed consciously. There may be breakthroughs of affect or there may be breakthroughs of underlying identity. In the latter case, parents appear in manifest, active roles as objects in these fantasies. A common example of this is the appearance of the image of the mother in place of a fantasized girl during an orgasmic climax during masturbation. It is enough to make a boy give up masturbating—for a while. This is an example of the reestablishment of the old prelatency configuration of manifest symbols in fantasy. “When I grow up, I’m going to marry you Daddy” is common for the prelatency child, unheard of for the latency-age child, and available but unacceptable for the adolescent.

In the emergent core fantasies of early adolescence, parents are not acceptable objects. Substitutes must be found in conscious fantasy, as in masturbation, or in reality, as in living out the fantasy with a peer. The attempt to articulate the drives and fantasies with substitutes while the parents are still very much present and stirring up feelings threatens to make of simple relationships with peers the focus of the resolution of painful and unresolved conflicts with the parents.

Seeking drive gratification through the living out of fantasy is exemplified by the youngster who had to fantasize that he was a baby being powdered and diapered in order to bring himself to orgasm while masturbating.

A woman had to fantasize that she was being raped by a series of men while being beaten in order to achieve orgasm in intercourse.

A woman had to live out the fantasy that intercourse is a fight by fighting with her husband prior to intercourse.

Another example of a fantasy lived out would be the experience of a young woman who could only have orgasm if she were seen by a man with whom she had recently had intercourse when she was meeting another

man with whom she was soon to have intercourse.

A third example of living out a fantasy is that of the young woman who felt she was fulfilling her wish to be equal to men by being promiscuous. In her mind, men are by nature promiscuous.

It is obvious from these examples that the expression of one's sexual drives through fantasies must result in difficulties of adjustment in adolescence and adulthood. For this reason, the decathexis of the fantasy and the finding of an outlet for drives within the structure of reality defined by a culture is a healthy resolution of the problem. Rarely is this achieved before late adolescence or adulthood. Fantasy structures are too strongly imbedded to be extirpated without some work toward their resolution.

The shift of interest and the drive from the parent to the peer as symbol, which occurs as part of a lived-out fantasy is usually referred to as removal (Katan 1937). This takes two forms. The first, and by far the healthier, form occurs when the adolescent discards the fantasy because he no longer needs or uses it for seeking sexual gratification. The second form of removal refers to the circumstance in which the parent-child relationship of prelatency forms the pattern for the relationship that occurs with a selected peer who becomes the boyfriend or girlfriend. It is in the context of such relationships that the *living out of fantasies* just described can take place. In such a relationship there is a total involvement in a love or pal relationship with a peer. The fears, sensitivities, and patterns that constitute the relationship are identical with the prelatency fantasies involving the parents.

The young boy who was the apple of mother's eye during the day, and a discarded lover when father came home in the evening, in adolescence becomes preoccupied with jealousy about what the lady of his choice is doing when he is not with her.

Preconscious fantasy may either color new relationships formed by the adolescent or, in the case of individuals not yet able to establish sexually oriented object relationships, the fantasies determine the necessary mental content for successful masturbation.

No matter how skillfully the adolescent masks the identity of the parent with a substitute object, there is always the possibility that there will be a breakthrough into consciousness of the parent as the real object.

One youngster of 15 was unable to masturbate because the movie star he fantasized about turned into his mother whenever his excitement began to mount.

To strengthen the defense so as to prevent or avoid such situations, adolescents shift to objects less likely to be confused with the parent. Individuals who are not related, or are in different professions, are chosen as protagonists of private fantasies and fantasies in action. Fascination with individuals of other races or religions occurs. Often this results in much friction between parents and children and in effect serves to widen a protective gap, filled with hostility, between them. The negative feelings thus engendered in themselves help to protect the child from a breakthrough of oedipal feelings.

A young woman of Orthodox Jewish background began to date a young man of Italian extraction when she was 16. They married when she was 21. Just before the marriage, the groom, in order to do something that he felt would improve his relationship with his new family, went with his future father-in-law to undergo a circumcision. This was done as a surprise for the bride. She reported that she had experienced intense anxiety when she learned of the operation on her future spouse. The onset of a street phobia could be dated from the time of the circumcision of the husband.

Adolescents in need of a defense against their oedipal feelings select partners with characteristics other than those of their parents. Often these resolutions of adolescence are carried over into adult life. Such a resolution may be unstable, and its continuation may remain an ever-present psychopathogenic factor in the life of the individual.

When a child enters adolescence while living in the home of adults who are not his or her biological parents a special situation exists. The incest barrier is not as strong. Some of these children (e.g., foster children) may need to develop stronger defenses to deal with the surfacing of incestuous feelings. Others develop conscious fantasies involving the foster parents with less of the kind of anxiety that keeps such thoughts out of consciousness and forces them to be masked in natural children. The predictable end of the relationship at age 18 makes direct fantasies more tolerable, for the end is always in sight. For this reason there is not the reinforcement of the hostility that occurs between parent and child during adolescence. It is typical for a biological mother-daughter unit to exhibit mocking, belittling, and open battling between mother and daughter. In foster care mother-daughter units this is rare. The rare cases of open hostility in such units often presage the development of a psychotic process in the child.

Impulsions

The drives and fantasies that shape the lives of adolescents are the same as were present in latency.

The loss of latency-age symbolic function (ludic demise) causes a move toward the use of reality-oriented objects as the symbolic bridge between the fantasy and the world. Social awareness and reality testing shift the emphasis in drive manifestation to real-world representations. As a result, a degree of sophistication characterizes the fantasy-informed relationships of the individual to the world.

Impulsions take the form of intrusive thoughts that impel one to an action that tends to be rejected in the ordinary thinking of the adolescent.

A boy of 16 had difficulty in concentrating during discussions with his friends because of intrusive thoughts about sucking their penises.

A 13-year-old responded with mixed bewilderment and bemusement at the impulsion to jump in front of a subway train.

"Jump on the tracks," his mind said as he waited somewhat bemused by the tricks his mind played on him while he waited for the train.

Another 13-year-old boy was bothered by an urge to kill his father.

A girl of 17 could not enjoy a date in which her mind was occupied with a driven need to touch her date's genitals.

"Suck him, sock him" were the thoughts that alternated in the mind of the honor student as he waited for the principal to finish his introduction.

The child therapist's role in dealing with impulsions is to point out that these are only thoughts, and are at odds with the true wishes and character of the child. They can be used to illustrate the existence of the unconscious. Tolerance for them implies mastery of the psychotherapeutic goal to "let nothing that is human be foreign." One must be careful in pursuing the latter course to avoid emphasizing the frightening nature of repressed material and instead, emphasize the value of understanding oneself in gaining self-mastery both within and in contact with the world.

What causes impulsions? At times, the need to discharge is sufficiently great to demand an expression of drive that is unrefined instinct. Thereby an impulsion is created. Impulsions are breakthroughs of the contents of the system unconscious. An impulsion is created when a barely modified core fantasy is forced into conscious word, thought, or action. The demand manifested is clear. There is no doubt concerning what is wanted. This differs from a compulsion, in which the core fantasy is modified

and masked before it comes into consciousness, and in which doubt is a constant feature.

Impulsions often are mobilized by regressive defensive moves in the face of the new stresses of reality that adolescence brings. In early adolescence, when the threat of the newness of the sexual feelings and the danger of rejection by potential peer group partners is high, a simple solution is hit on by the child. "Why not get Mother to do it for me?" This seems an obvious breakthrough of the oedipal wish. The thought is rarely acted on. It is a manifestation of a regression to the oral-dependent level, when the mother took care of all needs and healed all the things that hurt with a kiss.

Impulsions are frequent in adolescence. They are rare in adults. The same fantasies occurring in prelatency children do not give rise to fears that they would be acted upon. Prelatency children have greater tolerance for their own raw fantasies. Latency-age children mask them and even blunt affects through fantasy formation. Such urges do not impinge on their consciousness, nor is there danger that they could come to pass. In adolescence urges can become realities. The objects are available, and masking symbols that could blur meaning are reserved for dreaming and, in later adolescence, neurotic symptoms. Impulsions stir a constant fear of loss of control.

Impulsions may in later life contribute to the manifest character structure of the individual in the form of fantasy conditions for sexual gratification.

With the onset of adolescence, a mild-mannered 12-year-old girl developed constant impulsions to scream at people and tell them not to do something. The "something" could be any action that a peer casually engaged in. The impulsion contained not only words but also the urge to hover menacingly over the other person. She saw her mother as "bossy." The impulsion had taken root from her mother's perceived behavior. In addition, she expressed a fear of sexual intercourse, dating, and joining a camping club. Analysis of the fear revealed an underlying fear fantasy that to belong to the club, she would have to submit to forced sexual intercourse with all of the boys in the club.

This is an example of a bridge between adolescent psychology and adult pathology. The impulsion to be actively hostile and bossy, through reversal into the opposite, creates the ground for the later development of a characterological manifestation of the same fantasy. The steps are:

1. Active impulsion to boss,
2. Reversal into passivity of the impulsion with fear that she will be bossed,

3. Actively seeking to be passively dealt with through subjugation by men as a condition for sexual intercourse.

The presence of such impulses and of distressing character patterns with neurotic overtones creates for adolescents some of the most trying moments of their lives. They wonder if they are mentally ill or perverted. They feel disgust for themselves. Often the impulses have contents that will later be limited to acting out during pre-coital play in marriage. This is no comfort to the 12-year-old who knows nothing of these matters and, in fact, may be under the impression that his parents have never even had “normal” sexual relations. The fact that these thoughts are part of the human condition and not foreign at all—as well as the fact that he can control the urges, get help in understanding them, and even act on them in appropriate circumstances—gives no comfort to the child who has insufficient breadth of experience to be able to differentiate, or to figure out which impulse to handle in which way.

Passivity in Early Adolescence

During prelatency and latency, the force with which the drives seek gratification remains about the same. There is no decrease in drive energies with the onset of latency. Rather, there is a strengthening of the ego, which produces an external calm; this may be interpreted incorrectly as a diminution of drive energies. Each developmental period has its own mechanisms for dealing with the force of the drives. In prelatency, the parents are there to help the child contain his excitements and aggressions. They serve to set limits. In latency, the structure of latency with its safety valve of fantasy serves to hold the drives in check. During adolescence, the drives increase in force after puberty. At the same time, parents and society find themselves with less control over the expression of sexual excitements as peer influences and new social institutions make themselves felt. Resistance to passivity intensifies defiance and concomitantly reinforces gestures and sexual statements of independence.

The early adolescent thus faces the first steps toward adult independence with a coupled upsurge of drive and diminution of external control. He is suddenly confronted with the problem of tolerating, experiencing, and eventually enjoying that part of his physiological makeup that consists of sexual excitements. Many hurry to catch up with what is newly allowed.

This situation is exemplified by the early adolescent boy who is told about masturbation by his peers and is encouraged by the tolerant attitude and privacy provided by his parents to experiment. Even though the

fantasy content may be sufficiently under control to permit orgasm, the child may be unable to surrender himself and lose control to the degree necessary for orgasmic experience.

A girl of 18 who had had frequent intercourse with her boyfriend insisted upon an abrupt interruption of the sexual act because she could not tolerate the mounting excitement that accompanied the initial stages of what would have been her first orgasm.

In these situations we could describe the experience as fear of ego disintegration in the face of mounting drive pressures experienced as sexual excitement.

A similar situation occurs with the aggressive drive. Going "ape," "flipping out," "blowing your cool," and "flipping your wig," are slang expressions that attempt to describe the states of blind rage to which adolescents are subject and against which they defend with over-compliance, retreat into passivity, and warnings to others not to stir them up.

Of all the core fantasies, which express conflicts not seen in manifest form consistently since the prelatency period, the one most often involved in the problems of early adolescence is that of passive fear. This fantasy is characterized by the belief of children that adults wish to exercise too much control over them. Its earliest manifestation was the "terrible twos." This is the period of defiance of authority involved in resistance to toilet training during the third year of life (anal phase). It appears again during the fourth to fifth year of life (phallic phase), when surrender to passivity enters into some resolutions of the Oedipus complex. The prelatency boy who accepts passivity gives up the wish for the mother and surrenders to the father, succumbing to symbolic castration at his hands in order to receive his love and care. The very regression of the 6-year-old child away from unchanneled oedipal wishes, which invite retaliation, toward well-defended, anal-sadistic wishes that imbue the world with calm is a manifestation of a resolution of passivity. Latency states are the primary resolution of passivity during the latency age period. During adolescence, passivity again becomes a problem when the defenses that support latency are outgrown, worn out, and easily undone.

Defiances of authority in early adolescence may be seen as undefended resurgences of early conflicts about passivity. As such, the passivity fear fantasy of adolescence with its attendant defiance represents a defense against a negative resolution of the Oedipus complex in the boy.

In the girl, it is related to fantasies involving feelings of weakness. The girl has the attitude that she

is weak and helpless, and blames this on her female identity. Were she born a boy she would be strong. She deals with this by wishing that she could have someone to care for her and to be strong where she is weak.

Where inner feelings of weakness threaten the child, they are defended against by defiance of the parents, whose control is wished for by the child on a deeper level. (Behind the fear comes the wish.) This reaction to passive wishes fuels the defiant posture of early adolescence.

The selection of a passive resolution for the Oedipus complex is intensified in those children who have a low capacity to express aggression directly. In both the boy and the girl, these wishes, which constitute an admission of weakness and a desire to be cared for, are strengthened in individuals whose capacity to show aggression in the period of toilet training had been muted.

Characterologically, early adolescents who are engaged in major defiance of passivity are active and effective primarily in giving the impression of rebelliousness. Usually they are blunted in the effective expression of aggression and in the ability to do useful work. They present no real danger to anyone. Still, they are known for their sadistic jibes, attempts to dominate conversations, and tendency to be overcritical.

Adolescence is a time of striving for independence. We have traced at least two moving factors in this matter:

First, reality and the real world have become more important, and so the child is not as involved with the parents as previously. Cognitive maturation in late latency-early adolescence permits greater psychic and emotional mobility, just as the capacity to walk and crawl heightened the capacity for physical mobility at the end of the first year.

Second, fantasy interpretations of the world intervene in the management of life. In latency fantasy provided a road of escape, whereas in adolescence fantasy provides the first guidebook to future planning. Recurrence of oedipal fantasy, coupled with the incest barrier, promotes the seeking of love objects independent of the home. Defense against potential situations that would activate passive fear fantasies strengthens independence. The striving for independence that is fostered by these factors runs

contrary to the dependency needs of the child. The child resolves the conflict by projecting his need to be cared for to his parents. In his mind's eye, they seem to demand that he accept their control and guidance (a condition in part supported by fact). The child sees willful control as the parents' goal rather than their expressed wish to give helpful guidance through the shoals of inexperience. The child shifts his attention away from the deeper wish to be cared for and dominated by his parents. He distorts the situation so that it appears that he does not want care. It is the therapist's task to untwist the child's distortions.

To a certain extent it is true that parents want to help their children avoid the errors and discomforts that they themselves experienced in life; therefore, they try to guide the child. There are, however, situations in which the parents are culpable; then the reality must be disentangled from fantasy for the child. Since it is usually the moods of the parents that are brought to bear on the child, the therapist is well advised to suggest that the therapy be aimed at the establishment of a means for protecting the child's future from the influence of the parent's moods. This makes for a particularly acceptable way of verbalizing an approach to a rather sensitive topic. Children will often begin verbalizing, as well as feeling, great aggression toward their parents when the passive fears of children and the active hopes and strivings of parents coincide. It is important that the therapist explain that the process of therapy mobilizes such feelings in order to make them available for understanding and insight, not as a means of fueling revolt. Otherwise the situation may get out of control.

In other contexts, essentially depressed parents cannot bear to lose their children to adolescent independence. These people exercise large amounts of coercion. Whatever the strength of the reality, the child's own fears of being dominated intensify the reaction of the child. Some of the most violent parent-child explosions are produced in the area of this conflict. Therefore, the psychotherapist must be ever on the alert for passivity problems that interfere with removal and are manifested in aggressive outbursts.

In order to erase all signs of parental domination, the child may spread rebellion beyond mere fighting and words to an effacement of identifications with the parent. For example, the child of a conservative may become involved with liberal causes. There appears to be a breakdown in identification with the parent as a source of a template for the ego ideal during adolescence. It is no error, however, for the parents to attempt to communicate to the child the attitudes and goals that they consider to be

important. In later years, when the individual seeks guidelines for living and incorporation of the parents into the makeup of a mature personality, the touchstones of parental guidance given in adolescence will become useful templates for adulthood.

Adolescent identifications and character may exhibit wide divergence from parental patterns. Often the parent cannot understand the child, and the child is impatient with the parent. The adolescent lives in a world incomprehensible to the parent, for it is a strange world, not only not of the parent's making, but not that for which the parent had hoped to prepare the child. Fads, strange clothes, exotic hairdos, and excited music are the accoutrements of this period of parent-child estrangement. Hero worship sends the son of a scholar into a preoccupation with baseball. After all, baseball heroes do not give orders. Scoutmasters, teachers, and coaches become the pattern setters for the child who is uncomfortable with parental guidance. In children who reject all adult domination, cliques of peers provide the patterns. These are apt to be the situations in which the greatest straying from culturally acceptable modes occurs. Totally new moralities are established in these peer groups. These in effect establish short-lived, totally dominating subcultures, which provide cultural sanction for the acting out of fantasy derivatives.

A girl who fantasized that she could be the "equal of a man" if she were "promiscuous like a man" was encouraged, through the attitudes of a promiscuous peer group, toward acting in a manner that contradicted strict parental and religious admonitions.

There is mutual interaction in such cases. The group encourages, but the girl seeks out the group. There is mutual encouragement through the interaction of a drive-dominated teenager and a condoning or example-setting peer group.

Sensitization by Fantasy

Domination by fantasy takes place in two ways. First, there is the active search for means to express the fantasy. In the adolescent, core fantasy, as we have described, dominates masturbatory thought content and influences behavior with peers. Making up exciting sexual fantasies during masturbation is an example of active expression of fantasy. Recruiting of peers to play out one's fantasies is not uncommon. An example would be a youngster who feels a repeated urge to start a fight with her boyfriend as a condition for successful sexual activity.

More subtle, but just as important, is the second means of fantasy expression: expression through sensitivity. In these situations the child patient says, "Why do these things happen to me?" There is complaint about life situations that strangely occur again and again. Problems with life situations are attributed to real events that they had no part in shaping. They appear to be the unwilling victims of fate. One might be taken in by this, unless one realizes that not everyone would notice these events or group them in the manner of this type of child patient. Unconscious fantasy primes the child to have special sensitivity for certain configurations and types of events. Thus, the child with a fear of passivity bristles at every suggestion by the parent; the promiscuous boy or girl recognizes sexual possibilities in situations which hold no such connotations for an individual not so alerted, and the paranoid finds persecutors behind every bush.

Sensitivity to situations enhances the expression of drives by means of taking advantage of or transmuting reality. One may perceive a continuum, which runs from wholly fantasy-dominated masturbation to reality-dominated situations that play into the needs of the psyche prepared and sensitized by fantasy.

Recruitment and Metamorphosis

The response of the object world to recruitment by the beckoning call of fantasy and the enticements of its tentacles is not always acquiescence. Fantasy may be more than a source of distortion of reality; rather, it can become a bridge to the object world. The shy adolescent who goes to a party reassured that he or she can predict cruel behavior in others can sally forth with the assurance of having some kind of control of the world they enter. Their power lies in the magic of prediction. The predictions they make are evocatively symbolized representations of their own inner fears. This is an example of defensive omnipotence. Should the object world not conform to the fantasy, the child who can put aside omnipotence can replace his evocative symbol with a reality that makes the world a less fearful place for future plans and relationships. Congenial peers can replace fears with brighter expectations. Each new relationship can bring a corrective experience to the malleable child. This can result in a change of personality and approaches to the object world in adolescence. As the foregone conclusions of the beginner are replaced by the experiences of the sophisticate, room is made for the realities and the needs of others to enter into the future planning and preparations of the child. Corrective relationships in

series produce a metamorphosis in the early adolescent. It is the role of the child therapist to point out discordances between feared expectations and fortunate realities, to encourage testing fantasies against reality, and to undermine the defensive omnipotent regression that would halt the process.

"Et In Arcadia Ego"—Death

Along with so many other affect-charged aspects of the human condition, death is transmuted during latency into a symbol element to be used in play ("Bang, bang, you're dead."), while death itself is denied or processed into an affect-binding fantasy (as in the motion picture "Forbidden Games"). With the weakening of the defensive strength of the waking symbolizing function in late latency-early adolescence, troubling thoughts of death come alive for the child. The idea that was dealt with by the structure of latency must now be dealt with directly. The early adolescent world is tainted with preoccupations about life and the end of life. Teenage poems, such as William Cullen Bryant's (1903) "Thanatopsis," deal with death, death's mastery, and poetic metaphors of dying. Direct contact with dying is rare in this age group. When a fellow teenager dies, the effect is massive. Tears, monuments, poems spring up as if creativity could erase doom. The reinforcement of the sense of one's mortality and vulnerability intensifies fears, triggers depression, and intensifies the impact of the impending separations from the family that jobs and colleges away from home imply.

These losses on the distant horizon are brought into close, sharp focus by death, either real or as a concept. Separations are seen as little deaths. Often prelatency children are told of someone who has died, "He went away, and won't come back." Adolescent views of death take coloration from these explanations. The early adolescent is, therefore, left bewildered about what death is. One of the tasks of adolescence is to solve this riddle as part of the mastery of separation. It is also part of the growth which with each passing day brings both maturity and a lessening of life left. The child therapist would do well not to neglect this important topic, especially in view of the near-certainty of separations and losses of peers, parents, and pets. Part of the mastery of separation and growth is a preoccupation with and working through of death.

Transient Homosexuality in Early Adolescence

Homoeroticism is a frequent occurrence in adolescence. When sexuality emerges from the defenses of latency, there is a tendency to search for sexual objects near at hand. In addition, narcissism makes those who resemble oneself more understandable and attractive. Same-sex groupings, which are a legacy from the accepted socialization patterns of the latency years, encourage homoerotic explorations through convenience and propinquity. Displays of closeness are common from early on. Therefore, adult supervision finds nothing amiss in such ties, while visible heterosexuality—as represented by coupling in young teenagers—undergoes the suppression dealt out to implied sexuality in general.

An 11-year-old girl came into her session a little late. "I think you'll like the story I have to tell you," she said. "I was on top of my girlfriend. We were making believe we were having sex. She got a little frightened and asked if what we were doing wasn't wrong. I told her, 'Think how wrong it would be if I were a boy.' "

Transient adolescent homoeroticism may take the form of intense pal relationships, crushes on a teacher, overt sexual activity, or fantasies and impulsions about homosexual acts. In most cases these are transient phenomena. For some, this state will be permanent. There are prognostic indicators that can be used as guides to finding those for whom this will be a permanent orientation. These indicators can be found in accompanying personality symptomatology. There is a tendency toward aloneness, with an inability to become one of the group in spite of active attempts to be accepted. There are depressive periods; irritability with outbursts of aggression; effeminacy in boys; intense masculinity, or a history of failure to play with dolls in girls; interest in the theatre (especially in performing), and the total absence of spontaneous, conscious fantasies involving sexuality with partners of the opposite sex. Only the last characteristic is definitive. The others are clues which should alert responsible adults to the possibility of a potential problem.

There are two types of the transient form of homosexuality in adolescence:

The first is characterized by its early age of occurrence (12-14) and the absence of prior sexual experience. It is illustrated by the following case.

A child was sent away to a boarding school far from home. The removal of his intense involvement with his parents had just begun before he went away. The separation accelerated the process. The boys at the school shared sexual information and confidences. Heightened drive and the availability of pals led to episodes of experimentation involving mutual masturbation. All homosexual activity stopped by the time he was 15. He

did not consider the activity to be "perverse" at the time. In his late teens, he began to be concerned with the possibility that he had a perversion. He sought help and reassurance at that time. This availed him little. This then precipitated a heterosexual affair in which he proved to himself his sexual capacities. He later married and had many children.

Girls are permitted more leeway than boys in these matters. Two girls who spend the afternoon weighing each other's breasts may have less inkling that there is sexual stimulation involved than do two boys handling each other's penises. In situations in which female virginity is valued, there is a tendency for these relationships to be extended.

Two factors are involved in the development of this type of early adolescent homosexual involvement.

First, at the time removal begins, the closest peer group members are of the same sex. It is only later that heterosexual objects become available. Therefore, the children first begin to act on sexual urges with peers of the same sex. In adults, the situational absence of suitable opposite-sex partners can similarly produce homosexual behavior. In group settings involving children without parents (normal-child caring institutions) strict regulations regarding involvements and contacts with the opposite sex intensify and prolong the period of transient adolescent homosexual activity.

Second, very early adolescents tend to be quite narcissistic. They admire what is like themselves and despise what is different. Boys dislike girls, and vice versa. The tie and attraction is to a person who looks like them. This is called a narcissistic object choice.

The second type of transient adolescent homosexual activity occurs later (after age 15). The person has usually had some heterosexual experience or has thought of attempting some. Whatever the reality situation may be, the precipitant of the situation is related to concern about heterosexual relations. There is fear of rejection, fear of failure, or fear of damage to the penis or vagina during the sexual act. The person recoils from heterosexuality as the result of imagined, feared, or implied danger inherent in the activity.

Notice the resemblance of this to the prelatency oedipal situation, in which the child withdrew from heterosexuality because of the danger of attack from the parent of the same sex. Heterosexuality and danger were equated in prelatency. The equation resurfaces in early adolescence. The heterosexual fear

fantasy of adolescence is derived from this earlier fantasy.

In the adolescent, the way to heterosexuality is blocked by fear. The drives remain. They will need to find outlet. A homosexual object is chosen. Why? A strong contributing factor is to be found in the predisposing life patterns of early childhood. Let us return to the prelatency child.

The Boy. The boy starts life in a passive, receptive relationship to his mother. When he begins to develop phallic penetrative strivings toward the mother, fear of the father causes the boy to give up the mother as object. He turns to the father and seeks to protect himself from the father by offering himself to the father as a passive, receptive, nonthreatening partner. (We say he accepts castration and offers himself for penetration. Many manifest homosexuals act on this fantasy in their sexual activity, using the rectum as the receptive organ). A homosexual object is chosen as a way of handling a problem in a way that parallels its handling in early childhood. Conflicts arising from the problem of the initiation of adolescent heterosexuality are thus resolved by techniques based on a paradigm with origins in the resolution of prelatency conflict. This is an ego regression. The shift to a passive receptive attitude after the achievement of a phallic penetrative attitude is a libidinal regression. The shift of object from mother to father is a nonregressive, but parallel, move.

The following case illustrates the clinical appearance of such a situation. The fantasy nature of the homoerotic activity does not lessen its impact on the child who has the fantasy. The therapist would do well to recognize that such thoughts are unnerving for an adolescent and deserve attention both for the reassurance required and for the signal of trouble in sociosexual growth in heterosexual areas that is implied.

An 18-year-old boy began to make sexual advances toward his girlfriend. When she subsequently declined a date, he became somewhat morose and began to think about becoming a homosexual and fantasized kissing his best friend.

At times, the passive receptive attitude is manifested in the form of the fantasy of oral receptivity. In these cases, the father's danger is minimized by turning him into a nurturing mother who takes care of the boy. This is clinically manifested in fellatio fantasies in which the mouth serves as the receptive organ. In manifest homosexual activity, there are homosexuals who suck at a penis with the unconscious fantasy that it is the mother's breast.

The Girl. In the girl, the situation is complicated by the fact that there are two possible regressions that can participate in the development of the transient homoerotism of adolescence. This parallels the more complicated prelatency relationships of the girl and her parents.

In prelatency the girl begins with a passive receptive attitude toward the mother. This is followed by a progressive shift to an active, phallic, penetrative attitude toward the parents. So far, the relationships parallel those of the growing boy. Next, the girl, to the extent that she finds mother wanting, concentrates her phallic penetrative fantasy attentions on the father (parallel shift). Recognizing the limits of this fantasy for herself, she soon shifts from phallic penetrative attitudes to passive receptive attitudes with respect to the father (a regressive shift, but normal for the girl). When the situation becomes dangerous because the jealous ire (at times imagined?) of the parent of the same sex becomes a source of fear and danger, the girl, like the boy, seeks protection in regression. Because the pregenital maturational schema has more steps in the girl than in the boy, the girl can regress to two different positions.

The first form of regression that underlies transient homoerotism in early-adolescent girls is a regression to the level of a passive, receptive, infantile relationship to the mother. This relationship is expressed in the passive wish to be cared for and loved. It is important to recognize that in adolescence, regressions to passivity stir up defenses. Passivity may also be manifested in the defended form of active caring for someone else (passive turned to active—reversal into the opposite).

Actively rejected and disappointed in love, a girl picked up a kitten from the streets and took it home and fed it.

At times the girl attempts to turn the man into the mother. In such a situation, should the girl be ill, she may decline genital sexuality in favor of having the man nurse her. An example of homoerotic manifestation of such fantasy interpretations of relationships is the following case.

A girl had developed rich orgasmic relationship with a young man. She was in her late teens. During the relationship, he attempted to squeeze a pimple on her back. "Don't!" she exclaimed, "I save those for Madelaine." Some questioning revealed that during the periods of disagreement with her boyfriend, she would live with, and sleep with, her girlfriend. She saved certain physical manipulations of her body such as squeezing and backscratching for her girlfriend.

The second form of regression that underlies transient homoerotism in early adolescent girls is a

regression to the level of a phallic penetrative fantasy in relation to the mother.

A 12-year-old girl waited up all night for her father to come home from a trip. When he arrived home early the next morning, he brought no gift. She was frustrated. She did not show any anger to the father beyond what is manifested in showing little interest in him. She became very much involved with her mother, and ordered her around and demanded that she obey her. She reported the fantasy of saving her mother from a stranger who was going to stick a knife in the mother.

It is rare to find these relationships acted out in a manifest sexual form during adolescence. Usually, the manifestation is displaced and recognizable through the attendant fantasy, or by games in which the girl takes the part of a boy.

Summary

The response of the object world has a strong influence on the final shape of the personality. It is the source of the socialization and reality influences that put their stamp on the ultimate form. From the standpoint of late latency-early adolescence, the interactions of drives, talents, and needs, which make up the adolescent thrust, and the responses of the object world follow a predictable pattern, which results in a predictable and acceptable product. Disorders in the development are a form of psychopathology in this age period. They stand quite apart from the formal emotional disorders, such as psychoses, neuroses, and adult character disorders. In relation to wayward development during late latency-early adolescence, the child therapists have a unique function: They are required, in addition to the ordinary therapeutic tasks of lifting repressions and strengthening reality, to monitor and guide the synthesis of the forces of inner growth and the responses of the object world toward an appropriate adult personality. This role of the therapist in the life of the late latency-early adolescent will be dealt with in Part III.