

PARENTING FOR EMOTIONAL GROWTH

LINE OF DEVELOPMENT: *THE BEGINNINGS OF SEXUAL (REPRODUCTIVE) LIFE*

Extracted from:

PARENTING FOR EMOTIONAL GROWTH: THE TEXTBOOK
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*Parenting (Education) for Emotional Growth: A Curriculum for Students in
Grades K Thru 12.* Registration Number: **TXu 680-613**

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INFANCY (0 to 12 MONTHS)

1.281 HUMAN DEVELOPMENT: The ORAL STAGE of Emotional Development

Observing infants during the first year of life, one finds that many of the child's activities involve the child's mouth. During states of wakefulness, the child spends a great deal of time eating, drinking, and sucking. During the first weeks of life one gains the impression that in normal infants hunger and thirst are the greatest disturbers of sleep.

As weeks and months pass, however, close observation of the two, three, four month old reveals that the mouth serves not only eating and drinking, but that some sucking seems in and of itself to be a pleasurable activity. It seems at times as necessary for infants to suck in this manner, as it is for the infant to eat and take in fluids. One often finds that an infant discovers and makes good use of her or his own thumb or pacifier, where such is provided by the mother. Sucking for the sake of sucking is an activity found in all infants and furthermore, appears to bring comfort and calm to the infant.

Close observation reveals that from 3 to 5 months of age on, the infant will use the thumb or pacifier at times of stress or tension, in an effort to comfort himself or herself. It is an act initiated by the infant to comfort the self without needing to turn to the mother. It is, therefore, among the first efforts an infant makes to take care of his or her own needs. In fact, thumb sucking or an infant's use of a pacifier is an autonomous (self-initiated) activity which serves the infant to adapt independently to stresses of everyday life. Yes, infant's experience stress, as is amply evident in their crying and rage reactions.

In addition to the functions of feeding and of sucking for the sake of sucking and for self comforting, the mouth is important for the infant from about four and five months of age on, as an organ to explore what something feels like and how it tastes. Very much the way the infant uses his or her eyes, and gradually begins to use his or her hands for the purpose of exploring, so too the mouth is used for the purpose of learning about the self and the environment. This is why many times one sees an infant put things into his or her mouth neither for nutritional purposes nor self comforting. Often, when an infant puts a block or a toy into his/her mouth, it is an effort to explore its qualities, its character, its nature. Of course, one does have to exercise caution because small things may be swallowed inadvertently by an infant during the course of its being explored. In summary, the mouth is an organ which serves alimentation, sensory pleasures, soothing and comforting, and exploration.

Oral activity and the feeding experience go hand in hand, and just as the feeding experience is very important to the development of basic trust and human relations, to that extent is oral activity recognized as an important emotional activity in infancy. Furthermore, it behooves caregivers to insure that the infant's oral activity is sufficiently gratifying and pleasurable because of the contribution it makes to well-being and total personality development.

1.282 CHILD REARING: What Can the Parent Do to Optimize the Child's Oral Activity.

The child's experience in feeding is in the hands of the nurturing parent, the infant being totally helpless to provide himself or herself with food. All parents recognize this. Nevertheless many parents do not recognize the important part the mouth plays in the child's activity during the first year, which include its being a means by which the infant can be comforted, an instrument for exploring, for feeling things, and its providing a means by which the infant can comfort himself or herself without mother's help (by thumbsucking).

There are several ways in which the parents can make the infant's oral activity growth-promoting. The principal one is by making the feeding experience an opportunity for a positive emotional interaction between parent and child. Making food and fluid intake emotionally gratifying helps to make positive the attachment of the child to the parent, the development of good basic trust, and good human relationships.

The second way in which parents can help their infant's healthy growth is by recognizing that when the infant puts things in her or his mouth, the infant is not necessarily about to eat that object, but rather, it often is due to the infant's exploring the characteristics of that particular object and becoming acquainted with its texture and its features. To discourage a child from using his or her mouth as an exploratory organ deprives the infant of a major source of exploration, adaptation and of learning. It is, of course, reasonable that parents intervene when an infant puts things in his or her mouth that could be harmful, such as a very small object which could be aspirated into the bronchi (the lung pipes) and cause a serious problem, or a handful of dirt or hazardous things (e.g., detergents). But otherwise, the infant's exploring the environment with his or her mouth is a normal screening device, and the child will usually not be harmed by the incidental germs which she or he may so pick up.

A third way by which a parent can help the infant to use its mouth in a growth-promoting way, is to permit to a reasonable degree the use of the mouth as a comforting agent or pacifiers. This seemed to be the arrangement Johnny and his mother worked out; that he could have his pacifier when he felt he needed it. We do not urge that parents push the use of the thumb or a pacifier as a comforting device, but rather that the infant be permitted to find his or her own way of discovering a means of reasonably reducing tension within the self and thereby comforting the self. Many parents are concerned that thumb sucking may be harmful to the child in altering the shape of his or her mouth (make teeth protrude). In most instances, before the teeth are harmed, this device for self comfort will be given up spontaneously, when the child develops other resources and skills. Some mental health professionals believe that harm to the psyche is of greater consequence than harm to the teeth in this instance because depriving thumbsucking or pacifier-use too vigorously interferes not only with the child's first efforts at self-comforting but also at self-reliance and at autonomy.

A further way in which a parent can be helpful to the growth of the infant brings us back to the question of the role and the function of feeding in the course of a child's development. What we have in mind here is the overuse of the mouth and of feeding an infant who is in need of some other nutriment. Parents should sort out whether the infant is in need of milk or fluids in contrast to the infant's being in pain, being anxious, or being in need of everyday, down to earth emotional contact and comforting. In this regard, feeding milk or food when the need is for

emotional sucking or emotional contact and comforting often leads to the misuse of food and organic products for the purpose of self-comforting; it discourages the infant from learning to turn to human relationships for emotional comforting and can set a pattern for later maladaptive food and other oral abuse. Overuse of food, as well as other organic products, can of course be detrimental to healthy growth just as much as can depriving the infant of basic human needs for emotional comforting and emotional contact.

THE TODDLER YEARS (1 to 3 YEARS)

2.23 THE BEGINNING OF SEXUAL (REPRODUCTIVE) LIFE

Introduction

First and foremost, it is important to understand and recognize that our sexual bodily system is an inborn part of each of us and that its major function is the preservation of the species. Its foremost biological function is reproduction. It has an obligatory function in all living organisms, animal or plant, without which many species would long ago have died out. It therefore, is not surprising that our sexual reproductive system must be sufficiently strong to withstand the many obstacles that occur in nature to the reproduction of the young.

Many people still believe that the normal child's sexual life begins at puberty. But collective observation of young children shows that from even the second and third years of life on there are significant indications in children's behaviors of preoccupations with parts of their bodies and those of others that are directly or secondarily involved in the sex act. Furthermore, sensations in certain body parts have been found to create feelings in young children of an erotic nature that resembles what adults experience. And, when listened to closely, children not only express in words these feelings, but do so also in their play, in evidence in their behavior of their fantasy activities, and in their attitudes toward others, themselves, and parts of their bodies.

Having been studied now for nearly 100 years, mental life psychodynamic theorists hold that from early childhood on, we all become aware of the important part sexual experience and thoughts play in our lives. This becomes even more clear during the period from three to six years, and in Unit 3 we shall talk about the first major phase of organized sexual experiencing. During adolescence, which is the second major phase of sexual experiencing and organization, sexual thoughts and feelings become a central and frequently highly burdensome preoccupation. And, of course, in adult life, sex plays a major part in our lives. Psychodynamic (especially psychoanalytic) mental health scientists during this century have extensively studied, documented and detailed in writings, the fact that sexual life begins much earlier than had long been assumed --except by an earlier isolated writer or philosopher (such as Diderot) here and there.

Nearly 100 years ago, Sigmund Freud, the great mental life pioneer and founder of psychoanalysis, found from his work with people suffering from neurotic problems that our sexual life plays a large role in our mental life and health. Far from needing to be hidden and never talked about, sexuality, he believed, needed to be understood and recognized for the part it plays and the problems it can create in our lives. Rather than being suppressed, ignored, or forbidden, it needs to be accepted for what it is and, like all other child behaviors, can and needs to be guided in order to prevent it from bringing harm.

It is remarkable that so important a part of our lives, so important a sector of human experiencing as sexual feelings, thoughts, and activities are perceived by many parents as bad, to be feared, prohibited, and perhaps most problematic is that these too often cannot be talked about in the family. It is remarkable, given that sexuality is the vehicle for the preservation of the

species, in the large picture of existence, one of the most important functions we fulfill.

But there are good reasons why we humans have become so fearful of, have so often maligned, and so often are unreasonable about so important a sector of our lives. For thousands of years to the present, cultures and religions have put much effort into guiding and governing people in the exercise of their sexuality and sexual lives. Poor controls over sexuality have led to the most dire of consequences. For example, without considering them in order of importance, first there are serious, even life threatening diseases that are transmitted only through intimate genital contact. Secondly, premature sexual activity in young teenagers can and does lead to pregnancies, some even as early as ten years of age. These can be of drastic emotional consequence to the young teenage mother, to her family, and especially to her baby (we shall discuss this further in the Units on the three to six years era and in the one on adolescence). And third, in our culture and probably in others as well, extramarital sexual activity has the remarkable ability to undermine and often totally destroy a love relationship, lead to emotional disengagement from full commitment in a marriage, be disruptive of intimacy, affection, and destroy trust. It often reduces love relationships to marriages of convenience. Fourth, in more instances that we like to think, sexual activity breaches cultural and religious morals and beliefs, and can cause life-long enormous emotional problems as occurs in incest. This problem which is often severely damaging to children who are so victimized, has recently been found to be much more pervasive than had been realized.

In the face of these consequences, why do humans bring these problems on themselves by sexual irresponsible behaviors? First, what force in them propels humans to sexual activity? Psychoanalysts speak of what propels sexual activity as the sexual drive, biologists speak of this as sexual instincts. Whether we think of these as sexual instincts or a sexual drive, these constitute a powerful force; and as we said, it must be so in order to preserve the species against the many factors that impede species survival. This is so across animal and plant life.

The sexual drive, as we prefer to think of it, is powerful in humans; sexual instincts are powerful in animals. But in animals other than humans, these instincts are activated or governed by limited but well organized built-in mechanisms. For instance, from what we know to date, male sexual activity in all but human animals tends to be released or activated only by female scents (pheromones) and behaviors. These are themselves activated in the female by a readiness and receptivity to impregnation and reproduction, which are determined by biological (hormonal) cyclical and seasonal factors. In humans, by contrast, mental emotional factors seem to play a governing part in their sexual lives. Although biological (hormonal) cyclical activity plays its large part, equally major and operative in human sexual activity are mental and emotional factors. In Unit 3 we will elaborate on this as we discuss extensively the emergence of (genital) sexuality in the child, during their three to six years period, and the very large emotional and psychological developments this brings about. For now, we will limit our introduction to this major aspect of development to a brief overview of psychological sexual development or, as psychoanalysts speak of it, psychosexual developmental theory.

Clinical evidence and treatment led Sigmund Freud to propose nearly 100 years ago that problems arising in the child's sexual development were at the basis of mental illness he identified as neurosis (which is a major category of emotional disorders). Initially he treated them like other physicians did then (late 1800's), as neurological problems. But closer study led Freud to conclude that these particular problems arose not from nervous system malfunctioning as was then thought, but from emotional conflicts in their childhood sexual development of which the patient is unaware. In order to help us know, he studied his patients problems closely

and developed a theory of how sexuality probably unfolds in humans.

This is Freud's psychosexual theory. Sexual development, and with it sexual identity formation, unfolds through a universally found sequence of phases or time periods during which the following modes of sexual experiencing co-determine the child's progressively changing emotional life. The first, extending from birth to about 18 months of age, is the oral phase. Karl Abraham, another pioneer psychoanalyst, proposed that there are two component subphases during the oral phase. The first of these is the receptive oral subphase which extends from birth to about six months of age. As the name suggests, oral receptivity, the acceptance of feedings through the mouth, predominates in the waking life activity of infants. As we describe in Unit 1, the beginnings not only of feeding but also of taking in the environment by means of very early explorations is done much of the time not only by the eyes, ears and hands but also by using the mouth as a means of learning about the environment. As we emphasized in Unit 1, even during the latter part of the first year of life when much exploratory activity begins, as all parents know, infants tend to put everything that they touch into their mouths in order to explore, to learn about them. Parents often make the mistake of thinking that this is to eat what they put into their mouths. Rather, it is in the service of finding out what the thing is like, to explore and learn about it.

The second part of the oral phase was entitled (by Abraham) the sadistic oral phase which extends from about six months of age or so through 18 months of age. The reason Abraham labelled this second part as the sadistic oral phase, is that psychoanalytic theory at the time was especially aware of those aspects of human functioning which they identify as the instinctual drives. Very briefly, the instinctual drives consist of the sexual drive which has everything to do with psychosexual theory, and the aggressive drive which we will talk about in Section 2.24, below. "Sadistic" deriving then from psychoanalytic thoughts about aggression, was used by Abraham to describe the new additional behavior often engendered from about six months of age on by the emergence of teeth. Every mother who breast feeds her baby knows what Abraham was talking about, given that the eruption of teeth by creating pain in the infant's gums often leads to biting; infant observation suggests that this biting is not intended initially to be hurtful but rather is the product of the infant's efforts to reduce the pain the infant experiences due to the teeth pushing through the gums to emerge.

A second major phase of psychosexual development is the anal phase. Again, Abraham suggested two component subphases for this phase. The first extends from about 18 months of age to about two or so years of age, which Abraham labeled the expulsive anal subphase. The second component phase Abraham entitled the retentive anal subphase which extends from 24 or so months of age into the middle of the third year. As with all efforts to give an idea of the duration of time these developmental phases take, as with those descriptive of the separation-individuation process (Section 2.22), dates given are not intended to be specific for every child; each child has his or her own developmental timetables, but rather these are suggestive of timeframes for normal development in general.

The next psychosexual phase which we will touch on in this chapter but will detail in Unit 3 is the phallic-oedipal phase, or as we prefer to call it, the first (or infantile) genital phase, a major organizer of human psychological experience and development which extends from two and one-half to six years of age.

The fourth phase of psychosexual development is the latency phase which extends during the early elementary school years, from about six to nine-ten years of age. This, Freud proposed, is followed by adolescence which is the first phase of true adult-form sexuality. Much more

recently, some psychoanalysts (e.g. Dr. Marjorie Harley) have proposed a pre-adolescence phase extending from nine to 12 years, which they suggest bridges the latency phase and the critical longer developmental phase we know as adolescence. Adolescence extends from about 12 years to the late teens, and some psychoanalysts have in the last 20 years proposed may extend to 21 or 22 years. This then is followed by adulthood and the generative years of reproduction.

The student may be puzzled as to why Freud and psychoanalysts since him have included the oral and anal phases all children experience as part of the sexual development. Here are some of the reasons. His studies of the emotional symptoms he encountered in most of his neurotic patients drew Freud's attention to the fact that oral phase activity as well as anal activity play a large part not only in patients with sexual problems known as perversions but also in the life of the normal young child. All parents know that children sometimes need to suck and that sucking is not always associated with the need for food. This is especially evident in the soothing and comforting children experience by the use of a pacifier or their own thumbs. Similarly, in the course of toilet training some children make clear the pleasure they derive from holding in both urine and feces and the pleasure they experience in discharging these at will. That is to say, early life is experienced by children especially through the workings of their young bodies and that they experience much pleasure in its functions and in gaining mastery over these functions. Eating is a major experience to the young infant both by virtue of the exercising of new functions and by the pleasure associated with the reduction of pangs of hunger. So too for defecation (bowel movement) when the bowel is emptied of its contents. Young children experience both hunger and difficulty in emptying the full bowel or full bladder as highly unpleasant if not painful. The young child's experiences Freud pointed out are first "body-experiences", and Piaget said that the young child's experiences are first perceived and organized cognitively (intelligence-wise) by sensorimotor processing, namely, by functioning of their sense organs in combination with motoric locomotion and manipulations, explorations of their bodies and the environment.

This Unit, spanning the second and third years, cuts across the late part of the oral phase, the anal phase and the beginning of the first (infantile) genital phase). Lets talk about each in turn.

2.2311 HUMAN DEVELOPMENT: Sexual (Reproductive) Life

The Late Part of the Oral Phase:

The twelve month old is well into the latter part of the oral phase. The teeth generally now are no longer a prime source of pain for the child but rather make for a well developed body apparatus by which the child can now chew foods which brings with it a substantial change in food intake. The emergence of teeth has been going on since the middle of the first year and the child is beginning to establish new feeding patterns.

At the same time, by now the teeth have become a source of distress to many caregivers. Biting seems a natural means for exploring things and for discharging feelings of distress and of hostility. By twelve months of age some young children have already bitten their mothers in the process of nursing and have also used their teeth when provoked too painfully by another child's behavior toward the self.

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Exploration by means of putting things into the mouth continues well into the second year of life although increasing small hand movements coordination, which makes for greater control over manipulation of things will gradually take over as the dominant means of exploration from about the middle of the second year of life on.

Most troublesome in some children will be the task of weaning from bottle or breast feeding. Some children may have already weaned themselves by the end of the first year but most children shift from the bottle to the cup during the first part of the second year. Parents know, however, that most children now (during the second year) tend to use the bottle or even breastfeeding when they experience stress or anxiety and that commonly the bottle may now become a comforter more than a feeder. In fact, this is just what makes giving up the bottle or breast feeding more or less difficult during the second and even the third year for all children. Why it is more difficult for some children than others is not always clear. Whether it is a persisting inborn preference for that mode of self-comforting experience by some children, whether it is that some infants feel that they have not been comforted enough by their primary caregivers, whether they need longer periods of self-comforting to satisfy sufficiently their need for it, whether some children are experiencing more stress than others, any of these or all of them make some children more resistive than others to weaning from the bottle, breast or pacifier.

Johnny continued to use his pacifier until he was two and one-half years old. He seemed quite well nurtured and given to by his mother and we had learned that his father was very attentive and loving with him too. He did seem a bit shy, needed some encouragement to stand up for himself, to be assertive enough. We felt that he just seemed to be a "more sensitive" child, with some degree of inborn shyness (which is due to a greater sensitivity to feelings than average) which make many daily events feel more stressful to him. The pacifier seemed to be a quick and easy source of re-enforcement. Because of the degree of autonomy they can exert on them, children are more likely to hold on to the bottle or pacifier as sources of comforting than the breast.

As we mentioned in Section 2.2211, some children select the bottle as a special source of self-comforting and during the second year will especially need to retain the night bottle due to the heightened stress created in young children by separation from the family in order to go to sleep. It will be easier for the child to give up the need for the night bottle when the separation-individuation process is far enough along so that separation no longer creates intense anxiety. This may not be achieved until entry into the third year. Similarly, as comforters, the use of the thumb or pacifiers tends to wane in many children during the later part of the second and the early part of the third year while in others, like Johnny, it will remain necessary for self-comforting for a longer period of time.

The emotional quality of mother-child interactions, including especially that of feeding, is an important contributor to how the child will feel about him or her self and in his or her relationships to others. Also, the more emotionally satisfying the parent-child relationship, the more comfortable and nurturing the feeding experience. And indeed, Johnny's feeding experiences were clearly quite good. Where the parent-child relationship (especially the mother-child relationship) is difficult, feeding may, on the other hand, not be a satisfying emotional experience, or, to the contrary, it may become a source of emotional satisfaction which will substitute for the insufficient emotional gratification coming from the relationship with the mother. It varies, of course. Richie, whose relationship with his troubled and very burdened young mother was painfully difficult, full of feelings of rejection and hostility, had poor feeding experiences; and he did not gain emotional satisfaction from eating. We believe this had more to

do with his "failure to thrive", that his failure to gain weight age-expectably and to grow, than that he was being starved. He was not starved (for food). On the other hand, Vicki who was depressed, was not physically abused as Richie had been, but her relationship with her depressed mother was poor due especially to mother's own depression and also being over-burdened. But she gained a fair amount of weight, in fact, got chubbier than she had been prior to nine months and than she would be later. It was not clear that she substituted food for emotional gratification. It was clear that she was not as active as the children around her and therefore was not burning as many calories as the average child, but it may also be that she was eating more than her body needed. In other words, she may have substituted to a degree, eating gratification for the emotional gratification she could not then get. Some support for this assumption may be taken from the fact that in late adolescence when she ran into some difficulty she did become somewhat overweight.

Infants, as Vicki did, may eat more food than they need for good health and growth as a result of their effort to comfort themselves emotionally by the good feeling that comes from eating. The feeding experience itself may become overly valued and may lead to overeating which will in turn lead to overweight. The heightened dependence on food (and later possibility on smoking, alcohol and even drugs) when eating becomes a substitute channel of self-soothing to make up for insufficient "emotional feeding" (nurturance) in the relationship with mother (and father), may become a more secure and reliable way of feeling cared for than emotional interaction with the parents. This selectively seeking emotional gratification by means of over-eating can become patterned from the first into the second year of life when it may further stabilize.

Again, in the normally well cared for one to three year old child, there is much pleasure in sucking on the breast, bottle or thumb and it is plausible to infer that sucking and feeding brings with them pleasure which is inherently of a sensual, an erotic type. This, according to some development theorists, is why the mouth is a vehicle for erotic gratification and participates in eventual adult sexual activity.

The Anal Phase:

In terms of the child's emerging sexual life, the functions of eliminating urine and bowel contents occupy a significant part of a child's emotional experiencing during the period from about 18 months of age to about two and one-half or three, in some cases even later. These also preoccupy the parents. For obvious hygienic and social reasons, as well as for emotional reasons, toilet training is an important development which preoccupies children and parents alike during this developmental period. At times young children who are not toilet trained are not accepted into preschool programs.

As all parents know, and children know too, there are emotional consequences to toilet training; these are of much importance for the child. Wanting to do what those we most value and admire, namely our parents, do and want us to do, is characteristic of every child. Except in the most traumatizing of conditions where children become enraged and despairing, to want to go to the bathroom like an older sibling does, like mother or father do, becomes a goal for every two year old child. Learning to control the discharge of bladder and bowel contents is experienced by the child as a remarkable achievement. And it is! This is reflected in the way parents react to the child's efforts, to the child's failures as well as successes. Not only is it a source of pleasure to develop such control, to please the parents the child admires and wishes to

be admired by, but it also brings with it the feeling and experience that the child can learn to do things the child could not do before, that the efforts the child makes can bring success.

The child's complying with the wishes of the parents in toilet training, sometimes even against his or her own wishes and against resistance to complying with the wishes of the parent in toilet training, sometimes even against his or her own wishes and against resistance to complying with demands made upon the self, brings with it the ability for effective internal controls, controls over one's own at times troublesome wishes and inclinations (an issue we shall discuss further in Section 2.251). This compliance also brings a sense of doing the right thing, doing what is expected of me, doing what Mommy and Daddy want me to do. There is furthermore for the child the experience of being able to accept limitations, to accept rules and regulations, to accept compliance with social standards. The fact that this acceptance is made by the child in response to demands made by his or her own parents makes for a growing capability to accept instruction, guidance from those in our world who attempt to protect us and to help us grow into responsible people.

These are some of the reasons why the process of toilet training is one that makes a significant contribution to the emotional and psychological development of the child. As we shall elaborate in the section on child rearing, it bears mentioning here as the famous psychoanalyst Ann Freud said "If you want your child to be quickly toilet trained, give your child to your neighbor for one day and task of toilet training will be achieved." However, she pointed out, that toilet training will occur without the enormous benefits to the child which come from the child's achieving that toilet training when this demand is by the child's own beloved parents. Given that achieving toilet training to please the parents is rewarded by the parent's approval, that giving up one's own wishes to do just what one wants to do, here to resist toilet training, in order to comply with the demands made by the parents, these and other elements in toilet training make for the fact that when the parents toilet train the child, the contribution to the child's psychological growth is much greater and more advantageous to the child than when someone to whom the child is not attached makes the demands that go with toilet training.

It would stand to reason that, if the child's ability to control bladder and bowel sphincters (muscles) (see Section 2.131) does not mature until about the beginning or middle of the third year of life, imposing demands for toilet training prior to this time would create greater possibilities of failure even when the child tries to comply with parent's demands. And, indeed, successful toilet training is commonly achieved when undertaken at about two to two and one-half years of age. We find that children respond to demands for toilet training with more success during the middle of the third year than during the second year of life. Obviously, if sufficient pressures are imposed, the child can be toilet trained, as is done in some cultures, even during the end of the first year of life. It is well to emphasize, however, that the benefits we talked about before will not accompany toilet training that is achieved during the end of the first year or the beginning of the second year of life because the development of the self and of the child's will is not yet sufficient for the child to feel he or she is developing internal controls or a sense of duty and responsibility. We must bear in mind that learning to control one's bladder and bowel is a learning experience as are learning to swing a bat, a racket, and to study (math, music, etc.). This means then, that the more comfortable this learning experience, the more likely it is to encourage a child to learn in other areas of development as well.

Let us elaborate a bit on a central aspect of the problems toilet training may create for both parent and child. It is important to recognize that one of the major obstacles to toilet training is that it occurs at a time in a child's life when the development of self as an individual is

at an important stage in its progress. Bear in mind that the 18 month old to the two and one-half year old child is working on issues that pertain to the differentiation of self from mother, from father, the major task we described under the Rapprochement Subphase and On The Way to Object Constancy (Section 2.2211). And, the child is then also working on the continuation of his or her evolving sense of autonomy, on the battles of wills the child undergoes with parents in the course of stabilizing that sense of autonomous functioning, that sense of self-experiencing that is so important to the overall growing sense of being an individual. This is also the time when the sense of feeling power, of feeling self-confirming moments when the child says "No!", gives further evidence of the child's consolidating sense of becoming an entity, a self-contained individual. We want to emphasize, that moments of feeling oneself, of having a sense of experiences residing within "me", have occurred earlier, but from the middle of the second through the third year of life the sense of self achieves a new level of organization, integrity, and cohesiveness that bring with it the child's perceiving the beginnings of a sense of self. The child can now say "Mine, mine" which thing belongs to "Me" as the child feels the "I" of the Self.

It is at this time then, when demands are made of the self to give up what the self may not wish to, or to carry out a function the child cannot yet carry out at will, such as, to give up contents of one's own body, be it urine or a bowel movement, that parents run into some resistance. The demand made by the environment for the child to develop internal controls, to contain some of his or her inner pressures to discharge (not only of urine and bowel content but of one's other wishes as well) may be experienced by the child as a great imposition on the self, as a statement that the small newly burgeoning self does not have rights, or the freedom to do just what he or she wishes. Compliance to demands is necessary for approval by those the young child values, those whose admiration, whose approval the young toddler wants most. This means the giving up of one's own wishes, the giving up on one's own body contents which may, at times, be experienced as giving up a part of oneself. As we all know, it is difficult to not do something we want to do; and it is equally difficult to do things we do not want to do.

A further word is needed here. Young children do not experience the contents of their bowels as foul smelling, as dirty, as things to be gotten rid of. Close observation of very young children shows that they are not disgusted by the smell of feces; in fact, some of them find feces an interesting source of painting materials and will experiment with their feces as paint on the walls around them. It is especially by virtue of the reasonable disgust and annoyed reaction of their parents, that young children begin to experience disgust at the smell of their own feces. It is, in fact, because young children perceive the parents' intolerance (hygienically reasonable) for the feces that, when some hurt and angry children want to attack their parents, as in the course of battles of wills, as a means of expressing rage towards parents they experience as excessively frustrating or punitive, that young children may resist toilet training and may even smear their feces on walls. Some ill-treated children will use this pathway to express their rage toward parents. This is very much akin to what makes protesters of one cause or another smear graffiti on walls of buildings and in bathrooms. A child who is well cared for, who may experiment with coloring the walls with his or her feces will quickly react to the parents' disapproval of this activity by stopping it.

Let us return to the question of how the one to three year old child experiences parents' demands, and the internal struggle these often create for the child. The demand to learn to control bladder and bowel may be experienced by the child as a demand that the child give up not only possessions from within her or his body and also wishes to discharge the contents of both at will, it will then mean giving up some sense of one's own authority, some freedom of self

expression, and we find in the clinical situation often brings with it a feeling of "I have to give up what is mine", "I can't do what I want", "I have to do what she (mother) wants", "What I want to do doesn't count", "I don't count", etc. All of these suggest that the child often seems to experience the parent's demand as an imposition on the self, even depreciation of the self. Clearly, of course, this is not the parents' intention, quite the contrary. But many children at least at time do experience the demand for learning to control the discharge of bladder and bowel contents as a surrender of the self, as a feeling that the wishes of the parents count more than the wishes of the child. This is why toilet training is often experienced by the child as a restrictive measure and thereby leads to battles of wills.

Side by side with this imposition on the sense of self toilet training brings about, other issues arise from quite another side of toilet training experience. The preoccupation with toileting is believed to be due also to the seemingly increased awareness that the sensation brought about by both the passage of urine through the urethra and the passage of feces through the anal sphincter are pleasurable. Relief from a full bladder, a full bowel is experienced by humans as pleasurable because it is relieving of unpleasurable feelings and it may even be pain relieving. But it also carries with it a degree of sensual erotic sensation. Add to this fact, that diaper changing which has been occurring since birth brings with it cleansing of the toddler's sensitive genital regions as well as the anal sector of the body, manipulations which the child experiences as pleasurable, these manipulations now more than earlier heighten the erotic feelings attached to toilet training. In fact, some young toddlers experience diaper cleansing as erotically gratifying to such a degree that they may wish to delay toilet training because it brings with it at least in part a cessation of the parents cleansing the toddler's "bottom". Some normal and healthy children experience the cleansing of their bottom without right pleasure and may say as one little girl did, "Oh that feels so good Mommy, do it again."

Let us emphasize that genital sensations are evident in children from the first year of life on. As every mother knows, even a two day old infant boy on diapering may have an erection. Such reactions are physiological in nature, and we infer must bring genital sensation with them even from the first days of life on. Studies have shown that from the early days of life, during feeding, infant girls produces secretions within their vaginas which, equally we infer, must bring with them some sensations of an erotic kind. In other words, then erotic experiencing associated with the cleansing of the genitals and the anal region begin to be experienced from virtually birth on; and now during the anal phase, from about 18 months to three years of age there is a substantial heightening of the erotic experiencing associated with the functions of these areas of the body.

Where parent-child relationships are not sufficiently gratifying to the child, the child will find sources of gratification to try to make up for these important basic emotional deprivations. Since the activities involved diaper changing and toilet training bring with them pleasurable sensations, seeking pleasure from bladder and anal activities may be heightened to try to make up for insufficient gratification in the relationship to the parents just as food can become a substitute for love from one's mother and father. To a large degree, gratification from genital sensations and from anal sensations accompany erotic life in normal human beings, but these may become enlarged, may even become prime sources of gratification where relationships to the parents are not gratifying enough.

For all the above reasons, then, the battle of wills, the sacrificing of a degree of a sense of self, the erotic experiencing associated with diaper and toilet training, the gains to the child's psychological development that come from accepting external demands, complying with these,

deriving pleasure from pleasing parents, all make the experience of toilet training quite an important one. It is well to point out, that we could also emphasize the opposite of successful toilet training. Namely, the persisting problems surrounding toilet activity that may arise from problematic toilet training, from excessive demands being made on a child who must reject these demands in order to maintain a threatened sense of self, the desperate smearing of feces a child may engage in to express intolerable and forbidden rage toward parents who are in some way painfully hurting the child, all of these too make the toilet training experience and important one for the 18 month to three year old child. It does so as well for his or her parents.

In the section on Child Rearing, we shall address some of the awful consequences that have been found associated with difficulty in toilet training. For now, let us say that much is known by parents about the care that needs to be exercised in toilet training children. We believe that this is why the children we have been using for our examples in this material did not run into toilet training problems. In our program, the parents we worked with had already heard on radio or television and read in magazines about toilet training. None started toilet training before two years of age. None of the children was forced to sit on a potty until he or she produced a B.M.. None was hit or insulted because he or she could not comply with early and unsuccessful efforts to toilet train.

But we have seen in our offices children who were brought to us because they suffered from repeated prolonged constipation or from smearing their B.M.s on walls or floors. If these behaviors continue for more than a few weeks, professional help is needed and parents are well advised to get this help.

Two more words on this subject. Toilet training for urine usually is slower than for B.M.s. For instance, bed wetting may continue in many normal children, boys especially (we do not know why) even up to four years of age. Some go on even beyond four; where it goes on more than once in a while beyond six years, professional consultation is generally indicated and is usually very helpful.

Lastly, children who are slower in their development, like many Down's Syndrome and cerebral palsy children, for example, will be delayed in their ability to be toilet trained and will need more time to achieve it. Much more patience, understanding, and sympathy is required in rearing such children in order to make them feel loved and valued.

The Emergence of the First (Infantile) Genital Phase

The first (infantile) genital phase is a development of enormous consequences to the child's emotional development. It brings with it a substantial conflict which every child experiences, a conflict which in turn leads to enormously important salutary developments in the child. The first genital phase extends from about two and one-half years of age through six years. We will therefore wait until our discussion of Unit 3 to detail the nature of this conflict, what brings it about, and what, in terms of salutary developments, this conflict itself brings about in the child. Because the emergence of this phase occurs during the third year of life we will here say a few things about it.

As we stated in the introduction to this Section, we have long learned now that a human being's sexual life begins much earlier than used to be assumed. Whereas evidence of sexuality is amply clear in puberty, which is when we used to assume sexuality begins, many parents recognize ample evidence of sexual activity long before puberty. We have already commented above that erotic sensations in the child's genitals can be inferred from their genital activities,

such as erections in little boys, from the first days of life on and indeed, psychoanalytic child development theorists make exactly that assumption, namely, that a child's sexual life begins at birth. As we have already indicated during the first 18 months, however, erotic experiencing is most attached with the activities of the mouth and only occasionally does there seem to be evidence of genital arousal and sensations. Similarly, from about 18 months of age through about three years the predominant erotic feelings and experiencing are attached to activities of the urinary bladder sphincter and the anus as we detailed above. From the middle of the second year of life on many children show evidence of heightened sexual activity. This time, the heightened sexual activity is much more complex and pertains to the following three inter-related areas of experience:

- (1) To the genitals themselves;
- (2) To the child's emotional interest in babies; and
- (3) To the child's heightened erotic love interest in one of his or her parents and a developing feeling of competition and rivalry with the other parent.

A note on each at this time; the issue will be addressed more extensively in Unit 3.

We must first, however, emphasize that by the term "The First Genital Phase", we are speaking of, early childhood sexual life. Important distinctions exist between what we can speak of as infantile sexual life and adult sexual life. The major distinctions between them begin with the fact that the two and one-half to six year old child is incapable of the biological fruition of his or her sexual fantasies and sexual functioning. By contrast, adult sexual life which begins with puberty, brings with it the capability for fulfilling all of these. For instance, as everyone knows, reproduction is not feasible until puberty. Also, it is highly doubtful that young children are capable of achieving sexual orgasm, again a capability generally achievable only from puberty on. From another vantage point, infantile sexual life contains much that is fantasy-based and fantasy-experienced, whereas, it is generally not actualized, is little put into effect. This will become particularly clear when we discuss the nature of the young child's sexual experiencing in more detail in Unit 3. By contrast, with puberty the actualization of these fantasies is feasible, which creates its own problems as we will discuss in the chapter on Adolescence. We must emphasize, though, that making a distinction between infantile sexual life and adult sexual life should not be taken to mean that infantile sexual life is not enormously powerful, enormously governing of the child's experiencing and determining of development. Again, points and examples will be detailed and discussed in Unit 3. For the present, a note on the three clusters of behavior one sees which are evidence of the beginnings of sexual life.

(1) With regard to the genitals themselves, one finds a heightened interest in the child's own genitals and those of others, a greater or lesser degree of preoccupation with these, as evidenced in an increase in the child's touching his or her own genitals, asking questions about the child's own genitals and those of others, the expression of pleasure at the touching of the child's genitals, which we consider "infantile masturbation". It is not uncommon for a nearly three year old to sit on a toy and roll his or her pelvis on the toy; or, while watching television, to be quietly touching and manipulating his or her genitals. Given the normal pleasurable sensations associated with touching their genitals, some children persist in this activity, in infantile masturbation, which tends to create some discomfort in and for the parents.

Many a child will begin to express anxiety when his or her genitals are touched by someone else. One two and three-quarter year old boy, with acute anxiety on his face stepped back as his mother attempted to close the zipper of his pants. It was clear that he experienced fear at what might happen to his penis when the zipper was pulled up. When they were four,

Johnny and Doug expressed and gave evidence of such anxiety (see Unit 3, Section 3.2311). Many a young girl, two and one-half, to two three-quarters years of age may ask her mother when she will get her penis. Both Suzy and Diane did so when they were three and one-half and four and one-half (see Unit 3, Section 3.2311). A little girl may ask when she will get her penis, given that when she looks at her genitals, because they are in large part contained inside her body which she cannot see or yet imagine, she will wonder if she will get a genital equally visible to the eye as is the little boy's. Many a little boy may ask why Suzy does not have a penis. It is also important to note that children will from time to time begin to express anxiety in association with these questions. This will be further discussed in Unit 3.

(2) Since the inherent biological function of sexuality is the reproduction of the species, it makes sense to wonder whether or not young children show interest in babies. When do they show interest in babies, what does it look like, and what do scientists say about it? Scientific observation of young children as well, as clinical work with young children by psychoanalytic mental health professionals inform us that, yes, young children from about two years of age on show a notable interest in babies. The toy industry and many parents know this as well as evidenced in the large baby doll industry. A number of factors contribute to this.

As mental health researchers who have studied this issue in the long term, twice weekly, observation of young children, each child over a period of several years, we have reported the following:

During the first year of life, attention to other infants is occasionally seen in nine to twelve month olds. This interest consists most commonly of touching the infant with some excitement and often with resulting alarm. Interestingly, touching the infant's eyes and grasping the infant's hair (and then not being able to relax the grasp reflex) are most common and are what causes the alarm.

During the second year and early into the third year, the approach to an infant changes significantly. The 18 to 30 month old no longer just pokes at the infant's eyes or grasps its hair. For instance, 18 month old Diane seemed troubled by a six month old baby's fussing when his mother was out of sight (his mother had gone to the bathroom for several minutes). Diane conveyed this to her mother and mother came to the fussing baby where Diane followed her. On her knees like her mother, Diane and bent toward the baby like mother, Diane did this: she watched her mother pick up the six month old's rattle and try to calm him by rattling it gently in front of his face. It did not calm the baby. Diane's mother put down the rattle and talked soothingly to him. As mother did so, Diane picked up the rattle and gently shook it near the baby's face. This still did not calm the baby. Diane's mother patted the six month old gently on the head; Diane put the rattle down and she too then gently patted the baby on the head. Diane and mother looked at each other while patting him, a lovely mirroring smile on both their faces. Similarly, we have seen one and two year olds spank dolls, and in one way or another maltreat them.

Observing behaviors as these in a number of children has led us to propose that now during the 14 to 30 months period, a different attitude and approach occurs. The child, both boys and girls, seem to do to babies what is done to them, they identify with the way their own parents treat them.

Then, from about 27 to 30 months of age on, a dramatic change in approach to babies occurs. We have proposed that this is a new phase in the interest toward babies. Girls particularly become interested in infants, some of course more than others, in a manner that is striking, with awe, with enormous excitement and pleasure, with a sense of having made a

marvelous discovery. Some, as happened with Diane, will become attached to a particular infant, will say that a particular infant is "My baby" and some, as Jennifer did, will verbalize the wish to have a baby of their own. This type of behavior is less frequently seen in boys, as we saw briefly in Bernie, and makes for one of the significant distinctions between boys and girls. We shall discuss this further in Unit 3, Section 3.2311.

(3) From around two year and one-quarter years of age, children will in the course of rubbing their genitals sometimes do so on the knee of mother or father. This is also sometimes done with toys. At this time the child, boy or girl, seems to approach mother or father with no selectiveness, with no specific interest in or preference for one more than the other. Either parent will become a person to whom sexual feelings will become attached. In Unit 3 we will emphasize why sexual feelings become attached to the child's own parents in preference to others. Suffice to say for now that from the middle of the third year of life on, many a child will begin to be more selective in the parent who is chosen for such genital contact. Let emphasize that many parents are not aware that the child's rubbing his or her pubic area against the parent's knee or while riding on the parent's foot is sexually pleasurable to the child, for reasons we will also discuss in Unit 3. Many a child now will begin to be selective in these activities. A boy will be found to rub his pubic area against his mother's knee, mother being uncomfortable but not altogether perceiving why. A little girl will select her father for similar activities.

Many a parent also knows that around this time when parents greet, embrace, they may suddenly find the child between them pushing them apart. Or, when mother enters the house, as father proceeds to greet her he finds that he is beaten to it by his son who wants to get a hug from mother first. Some children will outrightly express indignation when mother and father embrace, some may verbalize their feelings clearly. For instance, when Diane was three and one-half years of age according to her father, she "sashayed up to me, fluttered her eyelashes and said `Will you take me dancing and to the movies?'" When he was just four years old Johnny inquired from his mother whether Daddy was coming home for dinner. To mother's reply that he was, he said: "Oh, does he have to!". Because these behaviors contribute toward the development of a large conflict within the child, many a parent, having dealt with this conflict when she or he was a child by means we will describe in Unit 3, may find it difficult to recognize the contents and the meaning of the child's behaviors we have just described.

These sexual developments, as well as developments that pertain to aggression which we shall describe in Section 2.24 below, bring with them changes in physical posturing and physical behaviors which begin to make for distinctions between boys and girls, which makes for visual differences in behavior that we may consider to be "boyish" and "girlish". As illustrated in the quote from the father, above, his daughter, Diane, sashayed up to him and fluttered her eyelashes. This little girl also later wanted father to buy her a "wedding" dress when he bought mother a dress. Some little boys between two and three years of age begin to posture like apes, begin to play games clearly suggestive of "King of the Mountain", begin to be heavier on their feet, to be rammier in their behaviors, etc. More about all of this in Unit 3.

2.2312 CHILD REARING: How to Handle Sexual Behavior in Growth-Promoting Ways

The Late Part of the Oral Phase

As we discussed in Section 2.2122 on feeding, patterns of feeding change with entry into the second year and become established during the second and third years. Feeding is a major opportunity for parent-child interaction and is served most advantageously when feeding interaction between child and mother or father is positive. Most healthy children will eat the amount they need to satisfy their hunger and are invariably capable of letting the parent know when they have had enough. It is so, however, that during the second and third years, greater sensitivity to tastes (and smell) develops and most children prefer to eat some things over others. It is well for parents to encourage good balanced diet feeding patterns. It is however, important to not force feed, nor to punish a young child for not eating foods that make the child nauseous, but to reasonably demand and expect that a child will try to eat what the mother or father considers to be a reasonable diet. It is also important to not directly link feeding to punishment such as to punish a child by sending the child to bed without supper.

During the second year of life when a child bites someone when angry with that person, it is, of course, important to help the child learn that biting is not an acceptable way of expressing feelings of anger and hostility. Verbally prohibiting biting as a way of expressing anger is enormously helpful. Again, we caution parents against feeling that their one year old will not understand such a prohibition; that is blatantly not so.

It is also well for parents to bear in mind that during the second year of life the mouth can continue to be an instrument for exploring and that the child's putting some thing in his or her mouth is not necessarily indicative of a child's wish to eat it. Clearly, items that are small, that could be sucked into the lungs such as beads, peanuts, small toys, etc., should be prohibited just for this reason; an explanation to that effect is very helpful.

The process of weaning, commonly carried out during the second year of life by most parents, should be verbalized. Parents should speak in a straightforward manner of their intention to shift the child from a bottle or from the breast to the cup. The weaning process is much facilitated by introducing an infant's cup (one with a lid and mouth-shaped spout) from near the end of the first year, well before the child is to be weaned from the breast or bottle. Many less than one year olds can become quite adept at using such a cup for water or juice. In weaning, the strategy of telling a crying say 18 month old child that all his or her bottles are gone and there are no more bottles in the drugstores is poor strategy. One day the child will discover that there are many bottles in drugstores and the trust in the mother the child has developed will be undermined by this finding. Deceiving children can be much too costly in terms of trust. Much better to be direct, face the child's displeasure, and try to help the child cope with it.

It is well for parents to bear in mind that where the bottle becomes a comforter, it will be much more difficult for the child to give it up; this is particularly so with regard to the "night bottle". As we described in Section 2.2212, the comforter can be a remarkable source of help to the child's tolerating stranger and separation anxiety during the second year of life and it may be wise for the parent to allow the child to determine when the night bottle will be given up. The same can be said, of course, for thumbsucking and the use of pacifiers which serve the same purpose. And, in fact, rather than infantilizing, thumbsucking and the pacifier are among the child's first efforts to do things on his or her own, to soothe the self without mother's help.

As we noted before, Johnny used a pacifier into his third year. Father, who absolutely adored Johnny, did not like Johnny's continuing to use a pacifier. Because we had clarified to mother that it probably made Johnny feel more self-reliant and comfortable, she would remind father of this and would tell him, in front of Johnny, that it is not true that "only babies" use pacifiers as he had said recently. She did this because, in part, she herself wished he did not need

it, but our explaining its usefulness to Johnny, its enhancing his sense of self, autonomy and self-reliance, made her especially attentive to father's as well as her own feelings about it. As nearly always happens, Johnny's pacifier just vanished when he was two and one-half. We wonder if what really upsets parents about their children's need for a pacifier, or thumb, or teddy bear, is their sensing the young child's feelings of insecurity and need for reassurance, in short, the child's feelings of vulnerability; this probably is a major factor in most parents' unease about their children's using comforters. There probably are other reasons as well; for instance, dentists often tell parents that thumbsucking is likely to cause a poor alignment of the child's teeth. It may be so for some children. But we believe it is less costly to pay for orthodontic care (braces) during the child's early teens, if needed, than to impede the development of greater inner emotional security and self-reliance to which the comforter (thumb, pacifier, night bottle) contribute.

It is well for parents to recognize that a substantial degree of sucking, be it thumbsucking, or even the use of a night bottle during the third year, may have more to do with the child's soothing himself or herself in reaction to erotic needs, rather than to tiredness or other distress. It is a fact of life, that all children experience a certain degree of erotic feeling and gratification associated with the mouth which becomes part of normal erotic life. For instance, kissing, it is well to remember, it is an oral activity and is a major step in the development of an erotic attachment in human relationships. Oral eroticism tends to create no remarkable problems for children and requires very little action on the part of the parent to contain it within normal bounds. One area where oral eroticism may become heightened is in association with the child's need for larger than expectable amounts of food which commonly, although not always, results from the child's excessive frustrations experienced by insufficient holding, insufficient nurturing, during the first years of life. During the second half of the second year, particularly during the Rapprochement Subphase, needs for comforting, for being held and nurtured, where excessively frustrated may lead to substitutive intake of foods which can become exaggerated. This exaggerated intake of food may also secondarily serve some erotic oral gratification which may then become patterned and part of the person's way of coping with stress.

The Anal Phase:

Toilet training is more or less challenging for all parents. In November 1993, a major American newspaper¹ carried the front page, headline report from which a few sentences follow:

"L.M. was only 23 months old when he died after a beating . . . in July . . . M.L. was 3 when [he was found in June] in the basement [of his home], battered, naked, dehydrated and suffering from a broken leg. S.S. was 2 when he died of massive head injuries received during a beating . . . in September 1991 . . . And . . . R.T., still bears the scars from being dunked, at the age of 2, into a tub so hot that it seared off her skin. . . All four tragedies, prosecutors contend, had something in common: The violence was triggered by a toilet-training accident."

"Getting children out of diapers is one of the most frustrating and time-consuming

¹ The Philadelphia Inquirer, November 9, 1993. Front page, Feature Story by Martha Woodall, Inquirer staff Writer.

hurdles that all parents face. But for some, it is so frustrating that researchers now are linking toilet-training accidents with many of the most serious -- sometimes deadly --cases of child abuse." (p.1).

When, how, by what means to toilet train concerns all parents. Knowing when children are capable of controlling their sphincters should be a key factor in scheduling toilet training. As we have detailed before (Section 2.131), the third year of life seems to be a good time for such training. Some children will handle toilet training efforts nicely at the end of the second year; most, however, fare better during the third year of life.

First, one of the most important things to bear in mind in the course of toilet training is that it may be experienced by the child as a prohibition against, as an imposition on the child's emerging sense of self. The child may feel he or she has to do something the child does not want to do, to yield to a demand for giving up one's just stabilizing sense of autonomy and individuality for the sake of complying with the parents' wishes. Assuming such an explanation to be valid will engender more sympathy in the parent as the parent encounters the child's resistance to toilet train. To be told you have to do something you do not want to do when one is feeling shaky about one's sense of self creates a problem for all of us. It is nowhere more difficult than it is for the young child who experiences it as a threat to his or her emerging sense of self. It is well for the parent to bear in mind, not only that this sense of self is a magnificent development needed for healthy adaptation, but that every child who achieves individuality fully-enough will cope better with the demands of everyday life.

We want to emphasize that toilet training is a major opportunity for both child and parents. Pleasing the parent brings the child enormous pleasure, so does being able to do what the parent thinks is important. So does developing the capability of controlling one's sphincters which brings with it a sense of accomplishment, and in turn heightens the sense of self, autonomy and competence.

It is also well for the parent to recognize that in this at times difficult process of toilet training, the parent is trying to help the child learn to accept certain do's and don'ts, to accept the necessity for complying with demands whose intentions are in the child's best interest, to begin to accept rules and regulations, an essential for life in society. Given these understandings, an approach to toilet training can be made which rather than undermine, will enhance the child's emerging sense of self, autonomy, cohesiveness from within, competence, and self esteem. It is well to bear in mind that toddlers value pleasing their parents, getting their parents approval much more than gifts of candy, toys and privileges.

Toilet Training:

In beginning the toilet training of the two year old child it is advantageous to wait for clues from the child that he or she wishes to go to the bathroom in the "potty" rather than the diapers. It is best to proceed being able to tell the child that the child himself or herself as well as the parents want the child to learn to use the "potty". Parents should not hesitate to make reasonable demands for age-appropriate growth-promoting compliance from the young child. But such demands will usually succeed better and be experienced by the child as in her or his best interest when the parents verbalize their recognition of the child's growing sense of self and individuality. "I know it is your body and your BM (whatever name the family gives to it), so you tell me when you think you need to make a BM; OK?" Or, "I know you want to be a big girl or boy, so please tell me when you have to make a BM (or whatever the family calls it) so I can

help you". Some gentle pressure is at times helpful: "Look, you will feel better when you can use the potty; so you tell me when you have to make a BM!" Two year old children can so be trained in a matter of days or several weeks.

Where there is more resistance, it is well to try but it is not always easy to sort out if the resistance is due to insufficient readiness, to anxiety, or to the continuation from even the first year of life oppositional behavior, of battles of wills between child and parents. Just a word about each. We shall simplify what may happen in the child in order to help parents consider useful possibilities. Professional consultation is suggested where parents are at a loss to know what to do; grandparents and neighbors can often be helpful, but they may equally often not be.

Insufficient readiness and anxiety may be difficult to sort out except in two year olds who show feelings of worry, fear or anger surrounding toilet training. For instance, a vehement refusal with seeming to be afraid of sitting on the potty is evidence of anxiety. A two year old who shows little distress at the suggestion that he or she try to sit on the potty, complies and is not able to have a BM after a few minutes -- but easily has a BM in his or her diapers 15 minutes later -- may just not yet be ready. Expecting a two year old to sit on the potty for 15 minutes or more will not promote toilet training. The child is more likely to experience it as tedious, a source of worry and of feelings of failure. Again asking the child to let the parents know when he or she feels ready to have a BM is a good way to start. Expect for those children who show facial expressions of worry or fear about using the potty, insufficient readiness versus anxiety needs time to prove itself. That is, the child who is able to use the potty in June but did not succeed in May, may just not have achieved sufficient voluntary control of his or her anal sphincter then and was insufficiently ready. The normally developing child who at 32 to 36 months and beyond is still not able to use the potty may have an anxiety based problem doing so. Here professional help may spare parents and child significant continuing difficulty. Raging at the child, or shaming the child brings potential difficulties for the child, the parents and their relationships. Success in toilet training achieved by shaming, raging and physical beatings may defeat all the potential gains reasonably experienced toilet training brings; these gains include, (1) an increased sense of appropriate internal control over all kinds of strong feelings and wishes, (2) a sense of achievement, (3) an enhanced sense of autonomy and individuality, (4) a feeling of parental approval and pride, (5) a better organized sense of "do's and don'ts", (6) an increasing feeling of competence, and (7) a consolidation of feelings of love, respect, and valuing in the child toward the parents.

For the child who has been strong-willed and had much difficulty cooperating with parents, or the child who has been hyperactive virtually from birth on, or at least from the end of the first year on, toilet training must be recognized by the parents to be a task replete with challenges, sensitivities, risks and opportunities for both the child and themselves. For the strong-willed child who is highly driven from within and has experienced limit setting to lead to many battles of wills with mom or dad, toilet training may become an experience and interaction which may significantly improve the child's development and relationships or it may worsen these. Here the balance of sensing, respecting, and allowing the child's feelings of autonomy and developing sense of self on the one hand, and gently and judiciously but firmly ("tough love" style) setting limits with much encouragement and duly complimenting success, can be enormously fruitful. Parents need to guard most against being pushed by their hostility -- which is what drove the serious child abuse reported in The Philadelphia Inquirer article to which we referred above -- in the way they deal with their children, and especially with children like these. That a parent experiences much frustration with such a child is unavoidable; if parents do not

guard against the hostility such a difficult and frustrating child produces in them, this hostility may pervade their actions and create greater problems than before. Toilet training a child who is strongly oppositional should be gradual. It should be seen as an opportunity to improve the child's internal controls, acceptance of "do's and don'ts", and all that comes from successful toilet training that is not governed by excessive hostility, shaming, and harmful treatment of the child. Parents with such children are wise to get professional help if difficulty persists, before some derailment of the child's emotional development occurs.

Dealing with problems in toilet training which continue into the next period of development as well as bed wetting (which can be considered a problem only when it persists into the three to six years of age period, will be taken up in Unit 3 (Section 3.2312).

Many parents become alarmed at a toddler's expression of pleasure when in the process of toileting or toilet training, mother or father by cleansing the child's "bottom" brings with it some sensation of pleasure. Normal children derive pleasure from their bottoms being cleansed or wiped when it is done in a gentle fashion. It is not the expression of some perverse experiencing, as one mother worriedly asked us. It startled the mother whose child said to her "Oh, do it again mommy, it feels so good". This child was able to express something that many a normally child feels and is part and parcel of the toddler's emerging erotic feelings. Of course, we recommended that mothers and fathers not "do it again"; that they make cleansing of the "bottom" a routine activity that is necessary for the child's proper care. It is highly advisable to consciously make it not an erotic activity. Responding to the two year old with "It's time to get dressed now; you'll learn more about that when you're older." will do very well. Reacting with shock, calling the child "Nasty", brings with it the child's feelings that there is something wrong with or bad about normal bodily feelings or even with him or her. This may set the stage for a child's feelings that erotic feelings are dirty, bad and that nice people do not have such feelings. The consequence of this can be serious for later sexual life.

The Emergence of the first (Infantile) Genital Phase:

We want to emphasize again the distinctions that we made earlier between infantile sexual life and adult sexual life. We want to emphasize here even though, under normal conditions, infantile sexual life brings with it very little actual sexual gratification for children, what happens during the period from about two to six, how the child's sexual behaviors, questions and concerns are handled by the parents can be critically determining of the degree of health the adolescent and later adult experiences in his or her sexual life. It is important that parents recognize that normal sexual life begins early in childhood and not just at puberty.

In a broader sense than just the development of the "sexual self", it is well known that children identify with their parents, with both mother and father. We shall talk more about this in Section 2.2531. For now it is enough to say that there is a biological inclination to identify more with the parent of the same sex. Four year old Johnny would pretend he was the father. When he was two years old he would put on his father's cap and tell mother he was Daddy. In this the child begins to feel like his father; a girl will often do the same. But there is more specific sexual behavior we believe, as clinicians, parents will be well served to know, as will their children. With this in mind, let us consider the three types of more specific behavioral evidence which allows us to infer the child's experiencing an infantile sexual life.

The child's interest in genitals, his or her own and those of others will become very clear to a mother and to a father -- if they do not avoid seeing or recognizing it. Seeing a parent dress,

a child may simply ask of a father for instance, "Can I touch your penis?" or "Mommy, where is your penis?". These are questions normal two and one-half and three year old children ask. They ask these because of a sincere interest they have in understanding why they have the type of genitals they have, why a boy will not develop breasts like mother or be able to have a baby like mother; why a girl will not have a penis like father, or like her brother. These types of questions are on children's minds, are puzzling to them, and may even be frightening to them. For instance, nearly three year old boys may worry that their penis may fall off. After all, if a boy's sister does not have a penis, maybe something can happen that will make him not have a penis. Little boys have such worrisome fantasies. We shall address this more extensively in Unit 3. For now, let us say that four and one-half year old Doug, for instance, found it hard to believe that little girls do not have a penis. Already, when she was nearly 32 months old, Diane had asked her mother when she would get her penis. Her mother was initially very surprised at this; even though she had heard about this, she did not believe it. She accepted our telling her that this is a normal reaction and, following our suggestion, Mother and Father took turns to tell her that little girls are made very special, as are boys, but in this boys and girls are different. Girls have very special parts inside their bodies that make them girls, parts that boys do not have; these parts, include a vagina and a uterus, and more, that make it possible for her to have a baby when she is a grown woman like Mommy. This was only the beginning of such concerns for Diane. Suzy, at three and one-half also began to express such concern. In Section 3.2312 we discuss handling this complicated issue constructively in greater detail.

A related phenomenon occurred with three and one-half year old Bernie who like his mother, wanted to have a baby in his abdomen. We discuss this also in Section 3.2312. For now it is perhaps enough to say that it is well for parents to take their children's questions seriously, to listen to them with respect. Little children are not dirty little boys and dirty little girls. They are curious, puzzled, interested, sometimes bewildered and invariably anxious about these issues. To be sure, they have many fantasies about them.

Probably one of the more difficult things for parents to know how to handle in growth-promoting ways are the child's beginning to "touch" his or her own genitals which most commonly occurs during periods of quietness, such as when the child is sitting in front of a television. The factor that makes parents uncomfortable is their recognition that the child is deriving pleasure from this manipulation. This is "infantile masturbation". It is a normal activity, arising out of the emerging differentiation of the central nervous system, and is a normal part of the child's emerging sexual life. A good way of dealing with masturbation is to tell the child that this is a private activity he or she can engage in when in her or his room, it is not for public display, it is not the type of activity to engage in when people are gathered in the living room, etc. More on this in Unit 3 when it is more prominent an issue for parents. Again, recognize that "infantile masturbation" is normal, that it is best to be respecting and responsibly gentle about trying to guide the child in when and where to touch their genitals and to let the child know she or he will understand these feelings and know what to do about them much better as the child gets older.

It is also well for parents to know that when a two and one-half year old little girl says "I want my baby", like Diane and Jennifer did, the child means just that. The child does not mean that she wants mother to have another baby, that she wants mother to buy her a doll from the store, she means that she wishes she could have a live baby of her own, a baby she made. We will talk about this further in Unit 3, Section 3.2312. For now, suffice it to say that a child's interest in babies, this is especially so with girls, as it was with Diane, during the third year of

life becomes a very genuine preoccupation. Parents might set themselves up the nonintrusive experiment of just looking for the differences between the way the children reacted to babies when they are in the second year of life as compared to when they are in the third year of life. Some children's expressions of feelings pertaining to this issue will be very clear. On average, boys react less dramatically than girls. Let us also add, that those children (girls especially) who do not express an awesome wish for a baby are not abnormal. This interest is likely to emerge to a greater or lesser degree later. Quite a number of girls do not show such interests; some boys may. More on this in Unit 3.

Most parents find it somewhat cute that while embracing they suddenly find their toddler between them pushing them apart. Mother may be puzzled by her four year old son saying "Oh, does he have to!", when mother tells him that father will be coming home for dinner. Or, it is more than cute when three and one-half year old Diane "sashays up to her father", flutters her eyelashes and asks him to take her dancing and to the movies. These are serious feelings. So is the child's statement that she is going to marry her father, or the boy, as Johnny and Doug said, says he is going to marry his mother. We will talk more about handling these feelings and declarations in growth-promoting ways in Unit 3.

We want to point out that parents may find these behaviors difficult to deal with because, in large part, we normally retain within ourselves some residual conflict from the time when we were children, when we as normal-enough children had great difficulty dealing with these feelings and wishes ourselves. This will become clearer when we discuss this major development issue in Unit 3.

THE PRESCHOOL YEARS (3 to 6 YEARS)

3.23 THE BEGINNINGS OF SEXUAL (REPRODUCTIVE) LIFE

Introduction

For thousands of years, we have known that sexual and reproductive life become possible and evident from early adolescence on. Centuries ago, when life expectancy was between 30 and 40, and many who survived childhood died in their 20s, marriage and family life began much earlier than in our lifetime. 14 and 15 year old girls marrying and becoming mothers seemed a necessity. Things have changed dramatically since then and we have learned much. Advances in biological sciences have long extended life expectancy, giving more time to the individual for fuller development, from the development of self as simply preserver of self and of the species to large developments in the self as a person of talents, skills and remarkable capabilities (consider, for example, the development of professional individuals).

We have learned, contrary to what may have been believed centuries ago, that adolescence is not adulthood; it is only that period of physical and psychological-emotional development which transforms the child into the adult. The tasks of this transformation are so complex that the process takes nearly 10 years to fully unfold. The tasks are so demanding that they require all of the child's energies and healthy self-interest to navigate well the course to becoming an adult who can adapt well to the challenges of that adulthood. We shall describe this in detail in Units 5 and 6. For now, suffice it to say that we have learned especially through studies of human development and through mental health clinical work that adolescents are not as ready nor as well prepared for becoming parents as when they are young adults (ages 21 through 30 years). The younger the adolescent, say under 17, the less prepared to (1) experience life as an adult and (2) carry out the arduous tasks and demands of caring for a baby, of being a parent. The work of parenthood is constantly demanding, very complicated with continuous requirement for problem solving, for dealing with a large responsibilities, with many anxieties and concerns other than those of the self.

Why bring this issue of reproductive and sexual life up when we are talking about 3 to 6 year old children? Because we have learned during this last century that human sexual-reproductive life does not begin at puberty. Except for a handful of writers from past centuries, it is only since the very end of the 1800's that biological and psychological scientists have found that sexual life begins during the period from 2 to 6 years. Psychoanalysts especially, mental health professionals in general, have found that sexual life develops in 2 major stages. First is a stage of "infantile" sexuality, from about 2 1/2 to 6 years of age; some have found evidence that it may begin even earlier, during the middle of the second year of life. This stage of infantile sexuality is followed, psychoanalysts assume, by a period of relative sexual dormancy extending from about 6 to 10 years. This is then followed by a pre-pubertal period from about 10 to 12 or 13, which is then followed by the second major stage of sexual-reproductive development, adolescence. Adolescence is generally considered to extend in 3 subphases: The first from about 12 to 15; the second from about 15 to 18 and the third, late adolescence melting into young adulthood from about 18 to 24 years of age.

Here we shall take up the first major stage of sexual-reproductive development, the "infantile" sexual stage. It is a stage of development which causes much anxiety for parents for a number of reasons. Foremost is that eventually sexuality, in puberty, can cause many problems as we all know only too well, physical problems, behavioral and emotional problems as it can cause unwanted pregnancies -- all of which is more likely to happen when sexuality is not paid sufficient attention to and thoughtfully talked about with their children by unknowing parents. Although it causes many parents much anxiety, psychiatrists, psychologists, social workers, and educators believe that knowing that sexuality develops in children from the third year of life on will make parents and society better aware of the fact that young children know about sexuality at age 3 years, have fantasies about it, and that they can be seriously harmed by being involved in sexual activity by persons substantially older than they are. It is sexual abuse.

But when children are sufficiently understood and cared for, rather than causing much anxiety and bewilderment, the emergence of infantile sexuality during the period from 3 to 6 years is a rich, dramatic developmental period. It is embedded in simultaneous growth in adaptive capabilities, including the development of intelligence and language, in development of self and human relationships, as well as in the development of conscience and morality (see Sections 3.21, 3.22 and 3.26).

3.2311 HUMAN DEVELOPMENT: Sexual (Reproductive) Life

Interest in sexual matters, in the self, in others, in the male, in the female:

Much of children's activities during the 3 to 6 years center around the wide range of issues that pertain to our sexual, reproductive lives. There is much interest in where babies come from, in being a mother, a father, or in being a baby; in matters of family life, of love and affection. For example, 4 year old Jennifer, like many a girl, pretends that she is 2 1/2 year old Jane's mother taking care of her baby, or preparing her baby for daycare as she readies for work, or for going shopping, or getting dressed and ready to go out with her husband for an evening on the town. 4 year old Johnny, like many a boy, pretends to be his father preparing to go to work, saying goodbye to the baby and to his mother and kissing her as if he were kissing his wife before leaving for work. Much of the child's interest will be evident in the girl's wishing to be a wife, the boy's wishing to be a husband, wishing to be a mother or father, and in a very serious manner many times carry out these roles in play. The seriousness of these activities is striking and many child development specialists believe they are preparatory for someday being a wife or husband and a parent.

Especially from the third year of life on but in some children even earlier during the latter part of the second year, children's interest in their own genitals and those of others and toilet activities are openly talked about and evident in their behaviors to a greater or lesser degree. Toilet training, usually best achieved during the third year of life, will stimulate in children much interest in urinary and bowel functions and the body parts that perform these functions.

Preoccupation with the child's own genitals becomes especially evident. Commonly encountered also though, is a marked interest in and reaction to the genitals of members of the other sex. Both female and male children will show a wide range of reactions to the differences between their own genitals and those of the other sex, from an apparent mild interest to reactions of constant preoccupation, acute anxiety, anger, and even depression. Also notable will be

frequent reactions of distortions of what is seen, with rejection of what is seen and realistically possible. For example, 4 1/4 year old Doug, like many a boy, still finds it hard to believe that a girl does not have a penis. Like many a girl, because she is not able to visualize the remarkable internal anatomy of her own genitals and reproductive system, 4 1/4 year old Diane has on a number of occasions expressed discontent and distress at not having a penis. Many a girl has said that she once had a penis which she lost, or that her penis has not yet grown and will do so at any time now. Sometimes a boy will express the wish to have a baby in his own abdomen. Some boys may go so far as to disregard the statements made to them that it is normal that a boy cannot and will not be able to have a baby in his own abdomen. For example, when he was 3 1/2 years old, apparently not wanting to hear he could not have a baby in his abdomen, Bernie once stuffed a pillow in his shirt, and walked around repeatedly saying that he has a baby in his abdomen just like his mother had when she was pregnant with his brother Dan. These are normal reactions in normal boys and girls.

On close observation one can now begin to see behavior and activity, which in the healthiest and most respectful sense of the word, seem to be gender specific in character. For example, 4 1/4 year old Diane who as a 1 1/2 year old walked in a hefty robust fashion when she was 2 1/2 years old began to walk in a much more feminine way, with a greater softness and fluidity in her movements than before; when nearly 4 years old she fluttered her eyelashes, began to behave in a coy, feminine-seductive manner, even though her mother did not do these things at all. 5 1/2 year old Bernie and 5 3/4 year old Tom's body movements are much heavier than before, sometimes they flex their arm muscles in an exhibitionist manner, adopting "he-man" postures. Of course, the range of such gender specific modes of movements, postures, and activities vary, some boys behaving more masculinely, some girls behaving more femininely than others.

Several other aspects of sexual, family life will be seen frequently and explicitly. We have already mentioned it in discussing developments in the 3 to 6 year old's relationships (Sections 3.2211 and 3.2212). Some of these activities are: (1) amorous, erotic behaviors on the part of little girls toward their fathers especially, but also toward other men. As we already mentioned in Section 3.2121 (Affects), Diane sashayed up to her father, fluttered her eyelashes and said to him: "Will you take me to the movies and dancing?" This, she said one evening when mother worked the night shift and father was home caring for her and her brothers. And we see the same type of behavior on the part of little boys toward their mothers in particular, and other women in general. Both 4 year old Johnny and 4 1/4 year old Doug have declared that they will marry their mothers when they grow up. Of course, in both boys and girls one will also see occasional amorous, erotic kinds of behavior toward the parent of their own sex. (2) One also sees much activity, especially so in girls, of the child's wish to have a baby, to be a parent. When she was 2 1/2 years old Diane became very involved and attached to infant Rose, Johnny's sister. She begged her mother to go over to Johnny's all the time; she would then pay attention mostly to Rose. One time she told Johnny's mother that Rose is Diane's baby. Johnny's mother gave her quite a look, but Diane did not even notice. Much of this wish is evident in many a child's playing with dolls; but in some instances dolls are rejected and outright statements are made as was by 4 year old Jennifer that she wants to have "a real baby".

To the dismay of many a parent, in the normal child one also begins to see much genital touching, both by direct manipulation of the child's own genitals, as well as by indirect contact such as by straddling the parent's thigh, or a toy horse, or the like and the child then rocking his or her pelvis while astride the parent's thigh or on a toy. A parent who does not know that such

behavior normally occurs in children may become alarmed by it; one mother in fact, in alarm, feared her child was becoming abnormal because she was touching her own genitals. These behaviors are strongly suggestive of the emergence of quite strong genitally associated sensations.

It becomes, furthermore, very apparent in many a child that these sensations are not only sexual but also erotic. And these, tied up with love feelings, are directed especially toward the parent of the other sex, and somewhat less so, but not infrequently toward an older sibling of the other sex. Impressive is that many a 3 to 6 year old child's genital sensations and related erotic feelings are observably associated with love feelings of high intensity as we saw in 5 1/2 year old Bernie. Again of course, these feelings can also be expressed in many children toward the parent of the same sex as well as a sibling of the same sex. In conjunction with the emergence of such erotic love behavior toward the parent of the other sex, one also sees behavior suggestive of rivalry and anger toward the parent of the same sex. These behaviors are normal and bring with them much conflict, anxiety, discomfort, anger, and depression in the normal child. Here is how psychoanalysts explain all these behaviors which are at times worrisome, but ultimately produce very important adaptive psychological and emotional growth.

Infantile Sexuality and The Family Romance:

What causes the behaviors described above? From both their work with emotionally troubled adults, adolescents and children and their observations of normal young children, psychoanalysts have proposed the following explanations.

First, some normal maturational process must be responsible for such universally found behaviors in 3 to 6 year old children from all sorts of cultures throughout the world. Like with other physical, physiological (the way our bodily systems function), and psychological developments, there must be some underlying bodily maturation which compels these developments to occur; they are probably programmed by genetic factors and an inborn maturational timetable. Because we do not yet know what these factors are -- there is no detected hormonal evidence for such activity at this age --, we infer that these behaviors may be produced by the first maturation of what psychoanalysts call "the sexual drive".

We assume that the preservation of the species must be secured by a powerful biological force and program within each of us, including all animals and plants. Whatever it is, the force within us programmed to preserve the species becomes first activated from about 2 1/2 years of age on, and unfolds dramatically during the 3 to 6 years period. We see interest in, indeed preoccupation with babies, genitals, wanting to love someone special, we see a new form of jealousy and rivalry, etc. All point to the child's having sexual sensations, feelings and developing a sexual interest in another person.

It is remarkable that when sexual feelings emerge in the 3 year old child they become channeled to those persons the child most values, those the child already loves. After all, it is well known that full sexual love is not just sensuality; rather it is a well amalgamated mixture of sensuality and deeply felt affectional love. Romantic love, that magnificent force that brings 2 individuals together and which commonly and naturally leads to reproduction is constituted of affectional and sensual trends of love. It therefore should not be surprising, yet it does surprise parents who are not so informed, that the child's emerging sexual feelings should follow the path forged in them by affection and attachment, to those the child already loves most, her or his parents.

It is also readily observable in most children, especially but not only in well cared for children reared in a family where there is a mother and a father, that due to biological factors operating in them, girls tend to now channel these amalgamated sexual love feelings to their fathers, and boys to their mothers. And so these feelings stir fantasies in all children. 4 year old Diane asks her father to take her to the movies and dancing. 4 year old Jennifer wonders what Mom and Dad do together after she and Mike go to bed. Johnny and Doug say they wish to marry their mother. Adults often find these declarations in children to be cute, except where a parent is shocked, not knowing that young children think such thoughts. So far, these wishes make the child an untroubled romantic.

But, the child's life becomes more complicated. In Section 3.2211, we spoke of the just 2 1/2 year old Jane whose relationship with her mother Gloria during the first 2 or so years of her life had been very warm and comfortable, seemed rather surprisingly to now have much difficulty with her mother. Mother playfully but exasperatedly asked Jennifer's mother if anyone wanted to have her daughter for one year because she had become so difficult. One morning in our research center while at snacks with half a dozen other children her age, a lively discussion took place between the children as to who they were going to marry. Several of the girls said they were going to marry their daddies, then 3 year old Jennifer being one of them. Perhaps ten minutes later when the children had migrated back to the room where their mothers tended to stay, a research associate asked Jennifer to tell again who she said she was going to marry. Jennifer was about to answer, when she suddenly seemed speechless and mortified. Further encouragement by our research associate that she answer only intensified her mortification, and we reassured Jennifer that she need not answer. The researchers agreed that with her mother there, Jennifer could not say again what she had so freely said ten minutes before, when her mother was not present. We had seen much evidence before of Jennifer's loving her mother. Now, other feelings were there as well.

The 3 to 4 year old child's wishes do not just go away. Wishes that are fueled by as powerful inner forces as the instinct to preserve the species, experienced by humans as the need for romantic love and sexual gratification, persist and press for gratification. In good and growth-promoting parent-child relationships such wishes the child experiences in fact never do get gratified. And they, therefore, lead to frustration. Given the strength of the sexual feelings and wishes, their persistence during these several years, the centrality of the child's preoccupations with the wishes and the fantasies to which they lead, frustration mounts to a level that the child cannot ignore.

Now, in good enough family relationships, where mother and father have a good enough, mutually loving sexual relationship, the child soon discovers, by various cues that: whereas my strongest (romantic) love and sexual needs are being frustrated, the boy feels, my father is enjoying all the pleasures of life with my adored, heavenly mother. This is why, in part at least, Johnny pretended he was Dad going to work, said he was going to marry his Mom, and wishes Daddy would not come home for dinner. The girl similarly learns that her mother is enjoying such pleasure with her beloved, magnificent father. This is why 2 1/2 year old Jane wants to go camping alone with Dad, why 4 year old Jennifer wants to be in on what Mom and Dad do after she goes to bed, and why Diane seductively asked her Dad to take her dancing and to the movies. But Johnny's mother was glad his Dad was coming home for dinner. And Jane's Dad did not take Jane camping alone, nor was Jennifer allowed to sit in on private time between her Mom and Dad, and Diane's Dad did not take her dancing and to the movies (alone). A seeping, insidious feeling of jealousy sets in. The boy child, like Johnny, experiences the hurt of feeling

defeated by a rival, pushed aside by his beloved mother for his Dad, a victorious rival! The girl feels so as well, as did Jane, Jennifer, and Diane, their rival being their mother! Hate is generated; that's why Jane and Jennifer were becoming so difficult with Mom and why Diane flushed her mother's powder and perfumes down the toilet.

But, hate toward whom? The child's existence now suddenly becomes dramatically complicated. The boy feels something like: "I hate ... the father I love!" And the girl feels and perhaps even thinks: "I hate ... the mother I love, the mother who gave me life!" This hating of the person to whom the child is most deeply attached, the child most values and loves, creates an intense internal conflict (in the child's mind), a conflict due to ambivalence -- which means to hate and wish to harm someone one loves. This internal psychic conflict, or intrapsychic conflict, brings with it much pain; but it also brings much salutary development and growth.

It brings with it much pain from several sources, from the frustration of powerful wishes which are experienced as needs, from hating someone one loves a great deal, and from anxiety. The large amount of anxiety comes from feeling helpless in handling the wishes to harm the beloved rival, due to the fear of putting these wishes into effect and due to the following as well. This wish to harm due to hate someone the child also loves produces feelings of remorse; feelings of guilt now begin to set in. We shall discuss guilt and the development of conscience in Section 3.26. For now suffice it to say that when the child feels guilt, he or she feels anxious (threatened) due to the disapproval and the threat of loss of love from the child's own developing conscience. One's conscience is an internal (in the mind) system of morality, in large part a system representative of our parents within our own mind which guides us in "DO'S" and "DON'TS", holding up to us what is right and wrong. All in all, the child's reaction to hating and wanting to harm his/her most beloved parent (of the same sex) includes the establishing within the self of the morality structure, one's conscience, which now produces in the child a large load of guilt feelings. (More in Section 3.26).

The intense feelings of hating the mother the girl loves (the same applies to the boy toward his father), plus feelings of hostility generated by the pain of frustration, jealousy and defeat in rivalry, now encounter within the child an intense reaction of disapproval for feeling such hate and hostility, and produce now much anxiety. This state of affairs, this internal conflict, creates much inner turmoil which leads the child to take steps to somehow resolve this conflict. The feelings and turmoil are intense and the child's adaptive functioning is still very young. Vigorous efforts are required.

First the child sets out to directly tame the feelings of hate generated in her/him. This conflict of ambivalence (of loving and hating the same person) is a major workshop for the child in learning to tame the destructiveness such feelings of hate bring with them. At this age, it is quite normal for a well reared child to wish to throw out her/his beloved parent, fantasize and even wish to destroy the parent! The efforts to tame such inner felt destructiveness lead to the child's developing the capacity to handle hostility and hate in ways that are constructive, socially acceptable and growth-promoting. Children who are cared for well enough are invariably able, with their parents' help, to develop well this capacity to tame hate and hostility within themselves. More on this in Section 3.24.

Other adaptive (controlling and moderating) functions, a crucial cluster of psychic defenses mechanisms, are developed now as well in reaction to this major intrapsychic conflict. Regressions, reaction formations, identifications, and repression, among others. Regression is to return to an earlier (younger) more stable level of coping -- new levels of adaptation are always less stable than already much used, familiar ones. Reaction formation is the transformation of

existing disapproval of feelings and thoughts into their opposites, like loving in the place of hating. Identification is to be like someone the child interacts with, and usually admires. Repression is the pushing out of awareness, making unconscious, feelings and thoughts the child cannot reduce or resolve by other means.

And then, still other adaptive functions develop in reaction to the major conflict of this period, functions or capabilities most desirable for life in society: the capacity for empathy, which is to be able to feel and perceive what another person is feeling; altruism, to be mindful of another person's needs besides one's own; and sublimation, which is the capacity to convert the emotional energies contained in one's unacceptable or conflict-producing wishes and needs into energies that can be used for creative purposes like in sports, art, writing poetry and stories, etc.

One of the major efforts the 4 to 6 year old child makes is to resolve the crisis produced in him or her by his or her romantic love wishes and needs which the child recognizes as transgressive and enormously threatening. There is the fear of loss of love from the beloved parent of the same sex and there is the sharp disapproval by the child's increasingly governing and often at this age quite harsh conscience. But that is not all there is. Some further things happen which at first glance might be quite surprising.

The child's genitals play a key part in this drama of the child's family romance. The genitals are the body part from which the child's sensual excitation and feelings come. Two types of behaviors that cause concerns for parents and the child come from this fact. First, that the child will feel compelled by genital sensations to touch and manipulate their own genitals, which is identified as "infantile masturbation". Because this creates much concern for parents we shall discuss it separately briefly below and in the childrearing Section 3.2312. Second, boys and girls each have significant reactions to their own genitals and those of others which can cause them much anxiety, pain and fear and also cause parents much concern. This too we discuss below and in the childrearing Section 3.312.

Infantile Masturbation:

This activity creates much difficulty for children (as we already noted) as well as for parents. For long, infantile masturbation has been and is by many still mistakenly assumed to be a sign of disturbance. This is not so according to medical and psychological professionals. Masturbation, the direct or indirect manipulation of the genitals in reaction to mounting feelings of excitation coming from them, while already evident prior to the third year of life in all normal male and female children, now takes a new form. In the first and second years of life, the child occasionally touches his/her genitals in reaction to stimulations that arise both from within the child himself/herself and from the unavoidable manipulations of the genitals associated with diapering and cleansing. Generally such genital manipulation occurs only on occasion, and during the first 2 years, is not a significant focus of interest for the child. From the third year of life on, however, masturbation takes on a new, has a more compelled character and is initiated now by the child himself or herself. The increased arousal of the genital area which we believe is due to the increasing biological maturation of sexuality in every 2 to 3 year old child combined with the high sensitivity of the genitals, compel the child to pay much more attention to them and to make physical contact with them. The child is pressured from within, from sensations that arise from the genitals themselves to manipulate them, or to bring their genitals into contact with something against which the child can rub them indirectly. We now know that two to six year old children masturbate and that it is normal. In Section 3.2312 we shall talk about constructive

ways of dealing with infantile masturbation.

Children's Concerns About Their Genitals:

Boys and girls have worries about their genitals, some minimal, some large. When these are unattended, discouraged from expression, or dealt with poorly, it can be hurtful and have later disturbing psychological-emotional consequences. But boys' and girls' concerns differ. Let's take each in turn, girls first, then boys.

3 to 6 year old girls experience sexual excitations every bit as much as boys do. They, like boys, focus on the features of their own genitals in reaction to the strong and compelling sensations that come from them. They find that they can produce pleasure when they touch their genitals whether directly by the child's hand or indirectly as by straddling the parent's thigh or a toy. By touching herself and when by chance she sees a boy's genitals, the little girl becomes aware that whereas the boy's genitals are amply visible, she does not have such an external-visible anatomical structure. Not yet knowing that her genitals are internal, and being under the oppressive influence of the powerful phenomenon of "I want what the other kid's got!"¹⁰, she wonders why her genitals differ from the boy's.

4 1/4 year old Diane when she was 2 1/4 years old became emotionally very involved with Johnny's newborn sister Rose. She had said it was "her baby". At 3 1/2 she had sashayed up to her father and asked him to take her dancing, etc. When she was about 2 years and 7 months, for several months she became somewhat preoccupied with "When she would get her penis." She first asked her mother, then her father, and then her next in line older brother. She did not seem to be anguished about it like some girls are, but she did persist in asking about it. This told us that she had a significantly felt concern but it seemed not to trouble her too much.

4 year old Jennifer made no mention of her wondering why she does not have a penis nor whether or not she would have one. Also, she gave no definite evidence of being concerned about it. When 5 1/2 year old Suzy was 3 1/2 years old she had a hard time believing she would not grow a penis. She seemed convinced her mother had one. On one occasion she insisted that her mother show her her penis. (Mother quite reasonably did not comply). Suzy then insisted that she be allowed to search in her mother's purse for mother's penis. In the childrearing section we shall talk how Diane and Suzy's parents handled it.

These are reactions of 3 quite normal girls. A number of feelings and fantasies are generated in them: she wants a penis too; hers has not yet grown out; or, hers somehow fell off, or fell out of her body perhaps like a bowel movement, or by her masturbating manipulations; and more.

Young children, because they believe their parents to be magnificent and all-powerful tend to hold their parents responsible for any disappointment or problem they have. Here now, fueled by her marked increase in hate for the mother she now rivals for father's love, many a girl blames her mother for the fact that she does not have "her" own penis. Some bright, imaginative girls may be convinced that their mothers have a penis and that they will therefore grow one too.

This is not a light matter. Many a girl is very pained by this, as she experiences it, this "lack", and feels cheated, deprived or, even, "inferior". She may develop envy of the boy, feeling that he is more privileged than she, that he is "better", and have other equally irrational thoughts based on her not being able to know at a glance the marvels of her own genitals and reproductive system. How this is dealt with by parents can make a large contribution to how the girl deals with it (see Section 3.2312).

Boys too have their fair share of concerns about their genitals. 2 to 3 year old boys, under the influence of their biologically determined emerging maleness, experience their genitals as vital to their sense of self. It is as if they experience their genitals as being most indicative of their emerging maleness and masculinity. Narcissistically (self-admiringly) exhibiting their muscles seems to do this too.

Experiencing his genitals as vital to his maleness, when the 3 to 4 year old boy discovers that he cannot fully woo his beloved mother, many a bright, imaginative boy blames his small size and the small size of his penis for this failure. He has quickly figured out that his father succeeds where he fails. And, given the importance he attaches to his penis, he assumes that his father's expectably larger sex organ is a very large contributor to father's success with mother. Now, given also that the 3 year old boy experiences his beloved father as a rival for his mother's amorous affections and that hate toward his father has intensified, the boy at times entertains the fantasy of undoing his father's success by robbing him of his obviously more effective genitals, thereby acquiring them for himself and destroying his father, all in one blow! Having such a fantasy, which is common among 3 to 4 year old boys, immediately brings with it the feeling of being a treacherous transgressor who deserves only one fate, namely, to in fact be the one who is deprived of his own highly valued, even though admittedly smaller genitals. In fact, given that his father is much bigger and more powerful, the little boy concludes that this would certainly be his fate if he even attempted to attack his father, be it his genitals or any other part of him. And he now, from this moment, fears that in some way, by some undetermined circumstance, he might lose his vital genitals. And he suffers then from "castration anxiety". This is why boys from about 3 or so years of age on are in repeated dread of injury to their genitals, in young boys it often being manifest in concerns over things being broken, if broken whether they can be repaired, or over fears of being injured. They will need attention to the smallest scratch, make a large to do over even the slightest accident or damage to the self or others or things. Girls do the same at this age also because of their linking injuries to their conviction that their genitals have or may become damaged.

Intensive psychotherapies with adults and with children has led to the uncovering of what causes certain types of fears in 3 to 6 year old children. 4 1/4 year old Doug became afraid he would be hurt by deep water and became afraid of learning to swim. 5 1/2 year old Bernie became afraid of learning to ride his bike. These fears are different from fears of doctor's needles or barking angry-looking dogs. The fear of injury that Doug and Bernie experienced is believed by many clinicians (psychiatrists, psychologists, and others) to be due to the fantasies children this age have caused by their "family romance" and the dread by both boys and girls that their genitals will be destroyed due to their transgressive wishes and their guilt.

Again, these are not light matters. Castration anxiety can create enormous pain and lead to substantial emotional problems at this age and in later years. These genital concerns are in fact so anxiety producing in both boys and girls that they contribute to two crucial phenomena. First, the fantasies generated by these concerns, as well as those generated by the wishes and feelings that give rise to the child's family romance, produce anxiety of intense dimensions. To protect against this anxiety the fantasies, wishes and feelings become vigorously repressed, virtually fully pushed out of awareness (see Section 3.2511).

Second, because these fantasies as well as the child's genital concerns are tied up with the child's sexual excitations, they become tied up with the child's infantile masturbation. Such masturbation then of itself becomes a source of acute anxiety. It is as if masturbation itself will cause the dreaded injury. As a result, many a 6 year old child will stop touching herself/himself,

stop masturbation. Because this masturbation is tied up with those fantasies and wishes which cause so much anxiety, when those wishes and fantasies that are not resolved (given up) become repressed, the recall of masturbation and much that surrounds the child's family romance and this time of life will be pushed out of awareness as well. This is one explanation for the remarkable fact that humans tend to remember so little of their life prior to 6 or so years of age, and why people tend to not recall memories of this personal family drama except under conditions when their recall is facilitated by special (psychotherapeutic) uncovering methods.

Reactions to Mother and Father Love Behavior:

Most normal children under three years show some negative reaction to mother's paying attention to another person, whether it be father or a sibling, or even another adult or child. During the 3 to 6 years period this occasionally shows itself in the need to have all of mother's attention and love, but as we already suggested, it takes a new form. It seems that often when mother and father are being affectionate with each other, whether they hug or kiss, the child will come between them, or cause a stir of one kind or another, as if to need to disrupt the parents romantic love behavior. This, of course, does not happen all the time. Some children react so more than do others. Hand in hand though with these negative feelings, in all children, one also finds reactions of pleasure, of a feeling of family security, and also much curiosity about parental love behavior and about their private love life.

Sex Play, Actual and Symbolic:

Since children of all ages busy themselves with those things that are most on their minds, what most interests them, it is unavoidable that many a 3 to 6 year old will engage in some sex play, whether alone or with a little friend. Self-explorations, in addition to infantile masturbation, in normal girls may lead to the introduction of objects into their vagina or anus, sometimes the cause of minor injuries and much distress to the child and the parents. Self-explorations are at first carried out in the open, but as family romance fantasies associated with these begin to produce conflict, self explorations tend to be done more and more in private and in secret. Reciprocal explorations, at first perhaps also done in the open soon become secretive too. Both tend to be done with some excitement and soon begin to create guilt (which will be discussed under Section 3.26). Sex play between siblings is common because siblings spend much time together, are frequently exposed (naked) to each other but also, because an emotional attachment already exists between them (see discussion of this important child rearing issue in Section 3.2312).

Symbolic sex play runs the wide range of carrying out sex roles in fantasy play, or with dolls or animals, in fantasy without play, to activities which bear little direct resemblance to sexuality, such as drawing or building structures representative of genitals, such as building structures using peg-in-hole methods (tinker toys), etc. These latter activities found invariably in normal children, are a major step toward creativity, through sublimation (see Section 3.2511).

3.2312 CHILD REARING: How to Handle and Optimize the Development of Sexual (Reproductive) Life

A Major Challenge for Parents: The Child's Emerging Sexual Life:

Sexual behaviors in children the ages from 3 to 6 years create much discomfort for parents, if not down-right problems. Understandably, parents would like for their children to be free from "getting in trouble" sexually. Indeed parents' job of parenting would be less difficult if they were not burdened by the worry that sexuality can cause problems for their children. If only sexuality began in adulthood!

But it does not. And it is remarkable that for centuries with a few known exceptions, parents and professionals, physicians, teachers, clergy, biologists and others believed that sexual interests of young people begin in puberty. It is remarkable that for centuries, parents and all these professionals were unable to recognize that in fact a young person's sexual life begins at about age 2 to 3 years. Why have so many millions of highly intelligent, inquisitive, insightful, disciplined observers of human nature and of children not have seen what has for the past century become quite clear to us -- that sexual excitement, interest, wishes, fantasies, and play are a large part of the preschool child's life? Of course there have to be good reasons.

Sexuality is recognized by society to be a potential major source of problems. But before we state some of the reasons why the early emergence of the child's sex life has gone unrecognized, let us say that although it is a source of problems, sexuality is also recognized to be a most vital part of life, as the means for the preservation of the species and of our own particular families -- to keep the family name alive. It is also recognized to be a source of very unique pleasure, a pleasure which can cement marital couples and enhance their love for one another; it is also a principal means of expressing romantic love to the person so loved. In fact, that problems in being able to normally enjoy the pleasures of romantic sexual love can interfere with the healthy maintenance of a marriage relationship is one major reason why mental health clinicians and researchers have explored the part sexuality plays in our lives, and why we concern ourselves with it here. Fine then, we recognize that sexuality is a vital part of life, has the major goal of preserving the species, is highly beneficial to the maintenance of a marriage and family, brings a unique pleasure to humans, and, of course, that it can cause large, painful problems. But why have we ignored for centuries that a person's sexual life begins at about age 2-3 years?

First, recognizing that sexuality can create many problems and that rearing children brings so many challenges to parents may have caused them to ignore its manifestations in young children. Hoping to avoid having to deal with yet another burdensome challenge, parents perhaps hoped these were not manifestations of a real or serious interest and concern, that it is just child's play, and that there is no need to pay attention to it until puberty when, every parent knows, "Look out, because now it counts!" Of course we know "it counts" then because 11, 12 year olds have gotten pregnant -- indeed have been "serious" in their sexual activities.

But we cannot be harsh with past parents; we know only too well how difficult it is to be a parent and that parents (all humans) will tend to put off a problem until they have to face it. And parents, along with many good doctors and others of the past, would hope and pray that a child would outgrow any troublesome behavior! So, needing to avoid what parents saw because

they hoped it would go away, or it was not considered to be meaningful, may be one reason.

A second reason, which is tied to the first, is that because sex has come to be regarded as destructive under certain conditions, or as a vice or evil and sinful under still other circumstances, it has brought with it disbelief that innocent, nice children could seriously have such feelings and thoughts as is now said to be the case by clinicians and researchers who work intensively with young children. So, "Nice children don't have such bad thoughts" is another possible reason.

A third reason may be that the defenses which were made necessary by the intense conflict due to ambivalence parents experienced when they themselves were children 3 to 6 years of age, are still active. Or it is that they may become reactivated due to parents' identification with their own children when their children go through this period of life. Let us elaborate here. When now-parents were children 3 to 6 years of age, they too experienced the conflict we described in Section 3.2311, namely, now-mothers developed intense infantile romantic love feelings for their fathers and jealousy, rivalry and hate toward their beloved mothers; now-fathers did the same but in the reverse genders. Faced with acute anxiety, fears of loss of love and even of injury to their conflict-producing genitals, and suffering from intense guilt, they too set up the various defenses of taming hostility and hate, of regression, reaction formations, identification and repression. Repression is especially critical now when they are parents, for two reasons: (1) they cannot remember having thoughts and feelings like their child is manifesting because these are now out of their awareness, and (2) their child's behaviors are stirring and making the parents' feel their old repressed conflicts and anxieties, especially because parents identify with their children as these children go through the course of their own development. Repression tends to put things as if "in cold storage" which means that repressed thoughts and feelings will at least to some degree remain unchanged, undealt with and, therefore, potentially still conflict and anxiety producing. It may be that this reason then, the parents' own residual defenses against the reactivation in them of their own repressed conflicts and anxieties, that this is the most powerful reason for parents and professionals over centuries having failed to recognize the seriousness, the anguish, the problems children experience during the 3 to 6 years period arising from their emerging sexual life.

What are some of the Consequences of Avoiding Recognizing the Emergent Sexual Life of Young Children?

First, it means that parents will not adequately understand what their child is doing or is experiencing and are, therefore, not likely to know how to best handle their child's sexual behaviors, nor the conflicts to which these give rise, nor the defensive behaviors, nor the sharp guilt the child may feel and show evidence of. As is the case throughout this curriculum, we feel that the more a parent or parent-to-be understands a child's behavior, what may cause it and what it means, the more likely that parent or parent-to-be will know how to handle the behavior in growth-promoting ways.

Second, it means that, not feeling understood, the child will not be as likely to turn to her/his parents for help in solving the problems that may and do arise out of the child's emerging sexual life. Not feeling an empathic understanding from the parents, robs the child of the most crucial source of help (see the third reason, below). The child is likely to turn to no one for help or turn to young peers -- who, for many years to come still, are the worst source of information on matters of sexuality.

Third, but to be sure among the most important of the consequences to the child, parents (but other adults as well) who do not recognize the seriousness to the child of (1) the young child's being capable of experiencing sexual stimulation and excitement, (2) the 3 to 6 year old child's sexual wishes and fantasies, whether conscious (in awareness) or already repressed, (3) the conflict these create in the 3 to 6 year old, and (4) the anxieties and guilt the child's wishes and fantasies bring, will not recognize the potentially enormous harm engaging in sexual activities with their children will create. It is recognized by mental health professionals as child abuse. The convictions that the 3 to 6 year old child will not know what the parent (or other adult) is doing, or will not understand what it is, or will not remember what happened are all false. Because sexual experiencing is central to the 2 to 6 year old child's life, sexual activity is intensely experienced, creates much anxiety, intensifies the child's already intense conflict due to ambivalence, intensifies guilt and may lead to serious emotional problems including symptoms and life long inhibitions and distortions in relationships and in the child's eventual sexual life.

We also want to caution parents who with very good intentions may however cause problems for their children. In general parents want to help their children to not be troubled by their bodies and their sexuality as adults. Some parents, in an attempt to help their children not feel ashamed of their bodies, to help them feel that bodies and sexuality are natural, allow their children to be with them while parents dress and undress, during toileting, and may bathe and shower with their children. However, when one understands the facts about childhood sexuality -- the child's fantasized family romance, the internal conflict, ambivalence, and guilt it creates, the boy's concerned about castration, the girl's concerned about not having a penis, all children's concerns about being small and inadequate compared to their parents -- one can see that these practices may well trouble the child and have the opposite effects than the parents intend. The child will most likely find such mutual nakedness exposures with the parents, as well as being allowed to sleep with the parents, as overstimulating and may feel disturbed and unprotected by the parents. We feel that should a child attempt to involve the parents in these sexual activities, that attempt can be dealt with as one would deal with any overly personal question. With sympathy and respect the parents can explain to their children that it is most helpful for children if parents keep these activities private.

It is especially to protect children against sexual abuses which may cause them life long harm that recognizing and understanding the 3 to 6 year old child's emerging sexual experiencing is necessary. Empathic understanding of it is more likely to encourage the child to turn to the parents for help in dealing with the problems that may arise both within and outside the family. Let's look at some of the less traumatic problems than sexual child abuse, because these too can create difficulties.

The Child's Interests in Sexual Matters:

Education for parenting and clinical experience informs us that many parents do not know that normal children, some from the second, even the first year of life on touch their genitals with pleasure (infantile masturbation). Many parents also do not know that at 3 and 4 children are very curious about genitals, theirs and others, about where babies come from, and many girls want to have a baby of their own, pretend to be a mother, and boys a father, etc., and that most get upset or worried about their own genitals. Many parents don't know that little boys become remarkably preoccupied with their penis and seemingly unreasonably worried that some harm or damage will come to it. Nor, do many parents know, that many little girls become upset

because they believe there is something wrong with them, since their genitals, not being so visible, don't look like little brother's or Johnny's next door and experience their genitals as defective; nor that when a little girls says she wants a baby she often means a real live one of her own, made with the help of the man she most loves, her father, and that she is not talking of wanting a doll.

Of course, if a particular child shows none of these behaviors this topic will cause no concern to the parents. Child development specialists, however, know that these behaviors occur in all healthy children and that during the 3 to 6 years period, and even before, they will be of concern to the parents as well as their children. Some parents have called mental health professionals in alarm, convinced that their child is a sexual pervert or some other mistaken awful label because "She touches herself, you know where!" Since, as explained in Section 3.2311, the child comes to think badly of herself/himself due to the unavoidable inner conflict and the ambivalent feelings that emerge in early sexual life, this type of parental reaction will become conveyed to the child and only affirm, mistakenly, the child's greatest fears: "I am bad, I am evil".

In addition to the problems often created when a parent avoids recognizing this fact about children's lives, not knowing children worry about these matters may lead a parent to ridicule the child's worry, or to not be able to allay the child's irrational fears. Diane's mother had heard about but did not believe that little girls wish they could have or get a penis--along with all the other normal (reproductive system and) genitals they have--until her own three year old daughter Diane, a cheerful, lusty child asked her when she would get her penis. Startled, by this truly unexpected question, Diane's mom did well as she told her daughter that little girls are very nicely made the way they are, that they don't have or get a penis. Diane's mother was distressed that this answer did not satisfy her daughter, because she learned that Diane then went to her father and asked him the same question. After she got a similarly reasonable answer from her father, still not satisfied, Diane asked her 6 1/2 year old brother Jack when she would get her penis. Her question was not so well received by Jack as by her mother and her father. He told her with a good deal of disdain that she "Is just a girl!" Fortunately, the parents could address the issue more sympathetically and helpfully than did her young brother, and could repair the blow to her self-image which she sustained at the hands of her anxious brother's "You're just a girl!". They also had a talk with Jack about what he said to Diane, pointing out to him that girls and boys are equally wonderful kids to have, that they are different in some ways but not in others and that both types of persons are needed in the world. Young boys are also vulnerable to anxiety from their own sexual conflicts; in this case, most likely was the fact that by her question, Diane stirred her 6 1/2 year old brother's own castration anxiety, a condition that is likely to rob any boy of the empathy of which Jack was in fact capable.

The concern about genitals children have, a boy being especially afraid that his penis might be harmed or fall off, or a girl's distortion that the penis she once had fell off or the one she will grow might become damaged, lead to seemingly irrational concerns by displacement. For instance, when she was 3 years old Suzy for some time refused to eat cookies and crackers that had any part broken off and would insist that she get an unbroken one. Many a parent believes it is because the child is greedy and must have every little bit of cracker she has coming to her. Much more likely is that she cannot tolerate the thought that things that have an expectable shape can be broken, a direct derivative of her feeling the penis she had broke off. Similarly, 5 1/2 year old Bernie refused to learn to ride his bike followed an incident in which he fell while playing with Tom, in which he scraped his knee pretty harshly. But he cried and was

in anguish for several days as though his leg was broken. A boy or girl might insist that a band-aid is absolutely needed, in order to cover over the injury as well as to magically guarantee healing. When the parent understands the symbolic meaning of seemingly irrational reactions as these, empathy and reassurance which can work wonders are much more likely to follow from the parent.

Unfortunately, Suzy's mother, who was very burdened rearing Suzy without the help of her father (they had divorced 2 years before), did not help Suzy well enough with her worry about not having a penis. She was right to not respond to 3 1/2 year old Suzy's asking Mom to show her mother's penis -- she seemed to want Mother to just take off her clothes and show her. But while Suzy was looking through Mom's purse for Mother's penis, she teased her by pretending she was hiding it behind her back and laughed at her as Suzy frantically demanded to see it. This was more hurtful than Mom realized: Suzy felt teased, momentarily believed that indeed Mother does have a penis she is hiding, was later embarrassed that she had believed her mother, felt hurt and became very angry with her mother, and moped for the rest of the afternoon. Mother didn't know that she diminished her daughter's trust in her, that she intensified feelings of hate in Suzy toward her, and that Suzy felt her mother to be a mean mother. And it would have been so easy to be helpful and avoid all these negative feelings. It also did not give Suzy as clear a picture of herself as a lovely, loveable girl whose body is very normal and pretty. Each of these events is an opportunity for the parent to reassure, explain, correct distortions; missing these opportunities are also often accompanied by harm to the child and the mother-child relationship, as happened to Suzy.

Handling the Child's Family Romance:

It is clear that children can live out very fine lives whose parents are not at all aware of their children's fantasies of wanting to marry their mothers or fathers, fantasies activated in these normal children by their emerging infantile sexuality. Children have been reared so for thousands of years. The mental health field, however, has found that many emotional problems do come from failures to deal effectively enough with the 3 to 6 years period of development, and quite specifically, for not resolving well-enough the child wishes and fantasies that come from the child's fantasized family romance. Furthermore, as has come into public awareness during the late 1980s and early 1990s, engaging in sexual activities with children 3 to 6 years of age especially, but earlier and later as well, can have consequences ranging from non-harmful to severely harmful depending on certain conditions. Although more research is needed, these are some of the current findings.

Sexual play between 3 to 6 year old children like playing doctor, etc., is common, usually causes children no harm when duly and reasonably attended to by parents and other caregivers (more about this later). Sexual activities between 3 to 6 years old with nonsibling older children and adolescents can create problems for the younger child (and the older one too) when there is physical hurt or threats of harm if the 3 to 6 year old does not comply or if he or she tells what happened. Some 3 to 6 year old children have been threatened with death if they tell. This of itself can be equally harmful to the sexual transgression of the young children. When the older child or adolescent is a sibling, the hurt to the 3 to 6 year old usually is greater than when it is not a sibling. Physical hurt and threats add to the severity of the potential emotional hurt the 3 to 6 year old may experience and carry with her or him for many years to come. When an adult sexually transgresses a 3 to 6 year old child the consequences tend to increase in severity. Most

acts of sexual abuse of children are carried out by adults they know, whether neighbors, substitute caregivers, preschool teachers, uncles and aunts (or cousins), stepfathers and stepmothers, even grandfathers and grandmother, or fathers and mothers. The degree of severity of the consequences for the child increases in the order just stated, from less severity by non family adults to highest severity when by one's father or mother. Again, physical hurt and threats intensify the emotional assault on the 3 to 6 year old. Some of our most emotionally disturbed people, and there are many, have had histories of sexual abuse during childhood or adolescence. Generally, the younger the child when the sexual abuse occurs, the greater the severity of emotional problems.

Why is sexual activity carried out by parents and older siblings more damaging to children, especially children from 2 to 12 years of age, but to children less than 2 years and to adolescents as well than when done by non family individuals? Because they are the people the child expects she or he can trust most to do them no harm? Yes. But why can activity that is part of being human cause them so much harm? Whatever answers one comes up with, none seems to better explain it than to put the sexual transgression against the child in the context of the child's fantasized family romance.

When a father engages his 3 to 6 year old daughter into sexual activity (always an emotionally disturbed man), he is fulfilling not only the child's wish and fantasy that father be her lover and give her a baby, but also the girl's wish to take father from mother, that he prefer her over mother, which the girl believes would make her mother very unhappy. Furthermore, the girl now comes to believe that she is the cause not only of mother's being rejected by father, but of her mother being harmed and even destroyed. All the fantasies of removing her rival for father from the scene now are possible, including the fantasy that her hate will destroy her mother. This leads the little girl to feel intense, tenacious guilt. She believe that she is the one who caused father to do this with her; everything that has gone wrong in the family, she believes, is caused by her. She feels she is bad, evil and unlovable. The same can be said for the boy whose mother engages in sexual activity with him.

This sequence of thoughts is not an invention of ours. It is found repeatedly in psychotherapeutic clinical work with children and adults who have suffered sexual abuses by a parent, or a sibling, or a close relative.

Sexual activity on the part of a father with his son or a mother with her daughter is more complicated but leads to equally serious emotional disturbance. The family romance plays its part here too but becomes distorted and the child's gender identity may become confused.

The major reason for the more hurtful effect of sexual activity by an older sibling than an older peer is that the sibling is often experienced by the younger child, as a substitute for the parents. Recall that 4 year old Jennifer was as happy to see her 7 year old brother Mike pick her up at Gloria's as if it had been her mother or father. There is a primary relationship between siblings and their becoming substitutes for the parents is experienced by all younger siblings from time to time. Similarly, this applies to aunts and uncles as well.

The greatest protection against children's being sexually abused will occur when parents recognize the harm it causes, and when they understand the normalcy of, the nature of the child's fantasized family romance, and the harmful consequences of gratifying these specific fantasies which the normal child has. What would have happened if 4 1/4 year old Diane's father had allowed himself to be drawn into Diane's fluttering her eyelashes and sashaying up to him seductively as many a normal child might with her beloved Daddy? Or what if Johnny's Mother were to respond to his sweet talk to her with showing preference for him over his father?

Fortunately, Diane's Father not only did not become seductive or sexual with her, he also did not ridicule her feelings and behavior. He said that they all could go to the movies together someday soon and even added wisely that some day Diane would have a real nice boy friend of her own who would take her dancing and to the movies like Daddy does with her Mom. And Johnny's Mother said that she was really glad Dad was coming home for dinner so they could all enjoy it together. Although she did not, she could have added that someday he'll have a nice wife and he'll be able to take her out to dinner or have dinner at home with her alone.

Fortunately, although sexual abuse of children happens more frequently than we would like to think, most parents are truly responsible people and recognize the potentially harmful effects of such abuse. Diane's Dad and Johnny's Mother probably did.

Also very protective against child sexual (and physical) abuses would be if parents recognized that young children do understand what the parent is doing when they engage in sexual activity with them, that they are made anxious and guilty by it -- which is the major reason they do not tell the other parent it is occurring -- and that they do not forget (even if they repress the experience into their unconscious mind for years).

When children are helped through this very enriching and development inducing period of life, they grow in the ability to love, to form meaningful love relationships, and they also grow in many adaptive abilities and in conscience formation. We shall talk more about the last 2 issues in Sections 3.25 and 3.26.

Several more points on handling the child's family romance. Bernie's Mother was especially helpful when she was sympathetic with her son's "being in love" with their downstairs neighbor. She respected his being upset at the thought of her leaving. She had reasonably not accommodated Bernie's wishes to invite her to visit him; she did not feel this would be reasonable. After all, she knew that the neighbor was old enough to be Bernie's mother and she would not foster these feelings in him for her. However, had she been 5 1/2 like Suzy, it would have been fine to invite her over to play. It would also have been wise to supervise their play. It would not be reasonable to let Bernie invite Suzy into his bedroom and close the door.

There is a major benefit to Bernie's being in love with their neighbor. It meant that Bernie had taken steps to give up on his wanting to marry his Mom; he was in fact, in love with another woman altogether! It is for this reason too that Bernie's liking one little girl especially, would be a step in his development. It is also very helpful to help a child deal with his jealousy and the guilt that come with the child's family romance. 4 year old Jennifer's Mom recognized that her daughter felt jealous of her 7 year old brother Mike because he was older, better able to do things than she, able to go to bed later, and when she felt (quite wrongly, but with conviction) that her parents preferred Mike to her. But she also recognized that Jennifer's saying she wanted to marry her Dad and when she became mortified when asked with Mom there "Who she was gonna marry". Mom knew that her lovely daughter -- who could at times be a pain to deal with -- probably envied her. It helped a lot that Jennifer's Mother remembered what she kind of preferred her Dad over her Mom at times, and what that felt like. And she wondered if Jennifer's not wanting to go to bed could also be because Jennifer was jealous of Mother being alone with Father. She did tell Jennifer from time to time that her time would come too, that someday she would have a very nice boy friend and then a husband and she could then have the things Mom has. It was somewhat like Diane's Dad telling her she would have a nice boy friend someday; and Johnny's Mother did a similar thing. What these parents did then was to reassure their children that they would get to have what the parents have and that it would be very nice for them too. The child's jealousy is softened a bit when the parent understands and is sympathetic.

Handling guilt is more difficult and we shall talk about it in Section 3.2612.

Questions about sex:

All 3 to 6 year old children have a lot of questions about sex. When they feel their parents value answering their questions, many children ask. Curiosity arises out of the child's adaptive and self-protective mechanisms. Wanting to see, to touch, to explore, wanting to know and understand, are all part of learning to adapt to oneself, to others, and to our environment. There is much evidence that children are pressured from within to know, to explore, as a means of adapting to the environment, the self, and others. Adapting gradually to life brings with it the need to master, to gain a sufficient degree of control over oneself and one's environment in order to feel safe with both.

In their powerfulness and pressure, sexual feelings will arouse in the child an enormous interest both in seeking their gratification and in wanting to understand what they are all about. Both will lead to many questions and fantasies in a child's mind; some children will ask more questions than others; some will dare to ask or play out only a few; some children will not ask.

If one wants a child to have a good understanding of sexuality, to have useful and appropriate information about it, to learn how to deal with it reasonably, with appropriate controls, with reasonable anxieties and guilt, it can be most helpful to answer the child's questions as they come up. It is never too early, nor is it ever too late. Any question asked sincerely can be dealt with reasonably and openly. Clinical experience teaches us that truthful answers in the long run are much easier for the child than are fabrications. Personal questions, as to how frequently parents have intercourse, for instance, are private, can be stated to be so, and not answered. Such questions can be left to the child's imagination.

No question is ridiculous if asked earnestly. Both little boys and girls, for example, will want to know why boys have penises and girls don't; an honest, empathic (children are often serious when they ask them), appropriately informative answer is the best answer. When 3 1/2 year old Bernie stuffed a pillow under his shirt and said that he is going to have a baby, his mother told him that boys can't make a baby in their belly because they don't have a uterus, which is sort of like a pouch for a baby. And she added she is glad he is a boy. She also said it would be nice if he could talk to his Dad about this. Again, an honest, empathically concerned answer is the best answer. Because the conflict and feelings detailed in Section 3.2311 produce distortions in normal children's fantasies, and as they try to sort out these facts of life, it is important to answer questions with an eye for clarifying and undoing distortions children may have. For example, as Bernie's mother did, it is well to point out that if a boy cannot have a baby in his tummy, it is not because there is something wrong with him but rather that boys are made in such a way that they cannot have a baby in their own tummy; however, when a boy is old enough he will be able to help a woman he loves to make a baby, and then he will be a father. It is well to answer little boys and little girls questions about having a penis and not having a penis as a fact that arises out of normal developments in both boys and girls; that little girls are not human beings who once had a penis and which due to misbehavior or some other funny or tragic event somehow broke off. Rather, it is well to point out that a girl is beautifully made the way she is, that she has a vagina or uterus or baby sac and ovaries and that someday when she is old enough to be a mother she will be able to have a baby if she wants to; and to tell the boy that he is beautifully made the way he is, and to tell him about anatomy and the contribution that he can someday make to the making of a baby.

In answering children's questions there is no need to give them a lecture. It is best to answer what they ask about and no more. If they need more, they will ask. We cannot overemphasize how seriously concerned children three to six years of age, and beyond, are with these issues, how frequently they think about these matters, how frequently they fabricate explanations that will suit their particular fears and anxieties, and how often they will distort these realities. It is also well to know that these views of sexuality which all normal children experience at this very young age, may lead to long-lasting consequences both of a positive and of a negative type depending on the theories they evolve in their own heads. A parent who is well informed, and who can be comfortable enough to talk about these matters as normal and casual concerns, will be the best source for preventing distortions on the part of the child. If the parents do not answer these questions, somebody else will. They will be asked. That somebody else may be a six year old neighbor, who, with his/her own distorted theories may fill the child's ears and mind with frightful distortions which can have a long-lasting influence.

Infantile Masturbation:

As noted earlier masturbation is the direct and indirect manipulation of one's genitals in reaction to mounting sexual tension the aim of which is the reduction of that tension and the re-establishment of a calmer emotional and physical state. This definition intentionally does not emphasize the pleasurable aspect of masturbation, but rather emphasizes its function of reducing unbearable inner physical and emotional tension which becomes a source of great distress for the child during the course of growing up. The reasoning here is that masturbation has too long and too often been wrongly stated to be a sign of feeble-mindedness, evil or perverse thought and interest, has long wrongly been blamed as the cause of physical and emotional disease (everything from causing insanity to causing defective egg cells and sperm), while its protective and emotional integrative aspects have too often been ignored. Until the age of six or so, when the intensity of sexual tension lessens because of the child's many psychological defensive operations¹¹ and, possibly as well, due to a biological calming of the sex drive until puberty, masturbation is an important safety valve. Parents can be helpful to their children if they are understanding of this, and accept masturbatory activity when it occurs in reasonable degree. It is useful to suggest to children when they masturbate openly during the three to six year period that they do so in private, and convey to them a reasonable, moderately self-controlling attitude about it. Among the important issues here, is that the parent's reactions to the child's masturbation will convey the parent's particular attitudes toward sex. Parents should know that children are inclined to believe that sex is bad; they do so from the conclusions to which their family romance conflict leads them. That is, it is plausible that Jennifer or Diane or Suzy, or all 3 might feel: "My sexual feelings have caused me to be jealous of and hate my mother. Therefore, sex is bad." The boy does a similar thing. The child may accept this conclusion and it can be re-enforced by a parent's alarm and disapproval of masturbation. This can, in turn, lead to later sexual inhibitions and problems in relationships. Of course, if a child masturbates many times a day, seems compelled to do so too frequently, it is a neurotic symptom that is created by emotional conflicts and requires professional attention.

One more point, quite commonly, people will say and believe that the masturbation that begins in early adolescence is the first time they ever remember masturbating or knowing anything about sex. But observing healthy young children, one readily sees masturbation and erotic activity during the three to six years period, as well as much "knowledge" about sex and

babies. The seeming loss of memory of this period results, as we have said, from the repression of wishes and fantasies which pertain to the child's conflict-laden, but normal and salutary fantasy of the family romance we have described.

Reactions to Mother-Father Love Behavior:

Understanding what causes negative reactions to parents showing affection to one another like hugging and kissing, is essential to knowing what to do about this type of reaction. It is normal for children to behave in this way; it requires empathy and tact in handling in order to be helpful to the child. Sometimes it also requires the setting of limits. For instance, 4 year old Jennifer at times is angry and pouts because when Daddy comes home, although he gives her a big hug and a kiss, he also kisses mother. Many a parent would ignore Jennifer's reaction. Being aware of the hurt she feels, her Dad is helpful by being sympathetic but staying with the facts. He said to her one time when she reacted like that: "You wish, sometimes, you could have Daddy all to yourself. But listen, Mommy and I have been married for a long time." And with nice humor (not teasing!): "Guess when you get big you'll find yourself a nice boyfriend, all of your own." In this way too, Jennifer's father gently helped her with her feelings of jealousy. Jennifer probably did not like her father setting the record straight, but she did feel understood, not chastised or threatened, and it probably made her feel she is not evil for her thoughts and wishes.

As we said before, when 3 1/2 year old Diane put on her mother's powders and perfumes and then dumped them in the toilet, her mother was shocked and very angry with her. It was helpful that she told Diane that this was absolutely not to happen again -- it had once already and did one more time later but without the dumping the perfumes in the toilet. Mother was not nasty. Mother told Diane she did not mind her putting a little powder on her face, but she did mind having the powder all over her dresser, and if Diane could not be more careful, then she had to keep away from Mom's powder -- and, she is not to take mother's perfume on her own, though mother would put a dab on her next time she used it herself. And then she had added: "Someday when you're bigger, you'll have your own powder and perfume and that'll be very nice!" And, when 3 year old Johnny asked his mother if Daddy would be home for dinner and Mother said he would, Johnny had said; "Oh, does he have to!" Mother could have ignored this. But she lessened her son's pain by not ignoring it, by a sympathetic, "It's nice to be alone with Mommy at times." And then, again with, non-teasing humor, but helping her son face reality, mother added: "I like it when my husband is home for dinner with us. I can see that when you grow up you'll be very happy to be alone with your own girlfriend."

In all such instances parents can help their children by (1) recognizing the expression of pain the child is experiencing, (2) understanding the meaning of the child's behavior, (3) being empathic, that is, putting oneself in the child's place and asking "How would I feel if I felt what he or she feels" and then, "How would I like to be dealt with if I felt like this? (4) Respecting both the child's feelings but also his/her need for honest, appropriate and realistic handling. Being aware of these 4 steps in dealing with one's child will guide the parent to growth-promoting handling of difficult experiences which unavoidably occur to children during the 3 to 6 year period, and even longer in many. In addition, warmth and humor, not teasing or ridicule, can make this bitter pill -- "I can't marry my Mommy or Daddy" -- easier to swallow.

Parents have the beneficial right to kiss and hug, and have the right to privacy in and about their sexual relationship. It is in fact desirable that children see evidence of affection and

signs of romantic love -- though not overt sexual behavior -- between their parents. Children, it is true, are made jealous by such behavior. But they are also reassured by it. First they are reassured that feeling love, expressing love feelings, romantic love feelings where appropriate, is not only permissible and safe but is, in fact, desirable. Secondly, children are reassured that their parents' will not separate/divorce when mother and father express love for each other, they then feel that their family life is secure. But we want to emphasize that parents should not carry such demonstrations of love into sexual erotic interaction. Exposing children to sexual acts (beyond affectionate kissing and hugs), from passionate kissing to sexual intercourse, is highly conflict-producing. It is so by being too stimulating and too bewildering; and because the love behavior causes the child to feel jealousy and hate it makes the child distort the quality of the parents' sexual experience. Quite commonly because of the child's own hate feelings color what the child sees, the child distorts the love (sex) act as one of attack and fighting. This contributes to the child's experiencing such exposures as bewildering.

Sex Play, Actual and Symbolic:

Under Infantile Masturbation (above) we discussed briefly what parents ought to bear in mind with regard to self-explorations and infantile masturbation. These are normal, expectable phenomena. But, limits are needed when during such activities objects are inserted into the vagina or the anus, or when the child engages in any activity that can cause self-injury. It is not uncommon for children, usually 4 to 6 year old girls, to be brought to the Emergency Room or the Pediatrician because of genital or anal area bleeding due to just such object insertions.

Mutual explorations by children are best discouraged and restricted during this age period, with explanations that the child is too young for this type of activity, will be able to use better judgment about it in later life. For the most part, symbolic sex play -- i.e., children embracing, pretending they are mommy and daddy, but not enacting the actual sex act -- causes no problem except when it is excessive, a more than usual preoccupation, or when it leads to too much excitement and/or irritability, or when it gets out of control.

4 year old Jennifer and 4 1/4 year old Diane were playing "boy chases girl" with 6 1/2 year old Jack, Diane's brother. They were all three clearly enjoying themselves, their squeals and laughter gradually increasing as they chased and, in turn, were chased. They also got overheated and were sweating. The sounds began to reach a pitch of being overly excited, overly stimulated, and disruptive of the adults talking together. Jennifer's mother took her cue from this and nicely but firmly said: "Heh, you kids, you're making too much noise. Enough of that game. Jennifer, sit down for awhile." It worked well. Jennifer collapsed onto the floor, sweating and panting. The game stopped.

A word is needed for parents about the supervision of and restriction of sex play between siblings. Sex play between siblings is common, is understandable, and needs control. It is understandable because of this. When the 4 to 6 year old begins to accept the fact that he cannot marry his mother, or she cannot marry her father, the child will take steps to attach his/her romantic love feelings to another person, usually but not exclusively, of the same sex as the idealized parent the child wants to marry. Given that the child already has formed a more or less affectionate relationship with his or her sibling, we cannot be surprised to find then, the romantic love (and sexual) feelings becoming displaced or diverted onto this sibling. This then heightens the tendency to engage in sexual exploratory activity between them. Although hearing a 5 year old declare he will marry his sister when he grows up is usually experienced by parents as cute, it

should alert them to be aware of the facilitated potential for sex play. A benevolent awareness of this possibility, and benevolent limits when needed are recommended. "You kids aren't old enough for this: why don't you draw or color (or something like that)," and at some point something like this will be needed: "Sorry, but brothers and sisters can't get married to each other; you'll have to find somebody else to marry when you get big!"

THE EARLY SCHOOL YEARS (FROM SIX TO TEN YEARS)

4.23 SEXUAL (REPRODUCTIVE) LIFE

Studies of sexual development in humans tell us that the 6 to 10 years period is one during which the earliest behavioral manifestations of sexual interests and concerns, amply evident during the 2 1/2 to 6 years period, now seem to be less evident. This has led development theorists to propose that there is a quiet period of sexual activity during this age period. This stands in sharp contrast to the remarkable upsurge of sexuality which will occur from prepuberty on and become dramatically evident during adolescence. Psychoanalytic theorists draw from clinical work with children as well as adults and from direct observational research that this 6 to 10 years period is a period of "latency" in psychosexual development. In substantial part, they tell us, this "latency" or quieting period occurs because the highly salutary family romance (described in Section 3.23) and the conflict which it produces leads the child to develop a cluster of defenses aimed at protecting the self against feelings of anxiety arising from the major conflicts the family romance produces.

It is important to bear in mind that sexuality is in the service of reproduction and the preservation of the species. So important a function in life cannot be insured by a weak internally generated biopsychological force. We assume that to preserve the species, sexuality is made powerful in every living organism because many factors make this preservation difficult. Therefore, it is really not surprising that sexual life begins as early as the third year of life, and that it continues to be a powerful inner force in human beings. It is also well to recognize that sexuality from its earliest emergence during the third year of life is experienced toward those human beings to whom the child is emotionally attached, those most valued and for whom the child has developed normal familial affectionate love feelings. Psychoanalytic developmentalists say that in early life the sexual love feelings follow the pathway forged by feelings of affectionate love. But as we described in Unit 3 (Section 3.23) the attachment of sexual feelings to those the child loves most, namely his/her mother and father, leads to an internal conflict in the child which compels the child to adapt by resolving this conflict in a constructive manner and by defending against those aspects of it which the child is not yet able to resolve, a further task left for adolescence. As we said before, psychoanalytic developmentalists tell us that the 6 to 10 years period is in part given its relative quieting regarding sexual experiencing by virtue of the powerful efforts the child makes to resolve this family romance. In fact the psychological defenses proposed to be implemented by the child at this time include **repression** (to push thoughts and feelings out of consciousness, i.e., out of awareness), **suppression** (to consciously, intentionally, not think about something one has in mind), and to maintain thoughts and feelings under control by means of **obsessive-compulsive** strategies (habitualizing actions, putting things in order, in patterns and to constrain spontaneity of thought and action). Thus, the "latency" period of psychosexual development, from 6 to 10 years of age, leads to a relative quieting of sexual behavior in comparison with the 3 to 6 years of age period which preceded it and the 10 to 20 year old period which will follow it.

4.2311 HUMAN DEVELOPMENT: Sexual-Reproductive Life

Given the incompleteness of the resolution of the family romance and the conflict to which it gives rise, due to the normal child's relatively immature development in the face of the powerful sexual drive, there is a large need for the child to maintain this partly achieved resolution and to contain and control the wishes and feelings which continue to emanate from it. Because of the child's age-appropriate degree of immaturity in mediating high pressured inner experiencing, the quieting of sexuality during the 6 to 10 years period is only relative. There do remain manifestations of sexual activity in 6 to 10 year old boys and girls.

First, is the increasing tendency from about 6 years of age on for boys and girls to more selectively choose to play with children of the same sex as themselves. Whereas prior to 5 or 6 years of age boys and girls tended to play in mixed groups, from 5 to 6 years of age on girls seek out girls and boys seek out boys with whom to form peer relationships and engage in play and in games. The exception to this is where children this age engage in sexual exploratory activity. How much children are encouraged in this direction by society is not altogether clear; it does remain, however, that until fairly recently in our society, there were schools for girls and schools for boys, segregating them on the basis that mixing boys and girls would detract from their attention to school matters. This line of thinking, in large part, has been abandoned in the last two decades in recognition of large advantages to boys and girls learning to get along with each other constructively from early on in life. One may wonder as well if this change of view may have come about due to the recognition that children themselves try to defend against their inner sexual stirrings at this age.

The second manifestation of sexual life can be found in the now commonly encountered tendency, perhaps more frequent among boys than girls, for much "foul-mouth" talk, the development of jokes pertaining to toileting activities, which are assumed to be regressive from genital-sexual concerns and thoughts, constituting a **regression** (a going back to an earlier stage of development) and mixed with **sublimation** (a creative transformation of wishes and fantasies away from their direct sexual or hostile expressions). It is helpful to recognize that such "foul-mouth" talk and joke formation is a creative effort, albeit not far removed from its original meaning and intent; recognizing this alerts parents and teachers to take occasion then to help the child sublimate better, more successfully.

A third manifestation of defended against sexual experiencing is in the commonly encountered, and potentially problematic, tendency on the part of boys to react to girls with rejection, depreciation, and in some instances disgust. This is the age at which a boy may be heard to say "Girls, yak!". Psychoanalytic developmentalists tell us that such negative reactivity is in fact defensive against (1) positive feelings of the sexual attraction against which the child is defending due to the anxiety associated with the unresolved components of the family romance; and (2) due to anxieties directly associated with their stabilizing masculinity, a **youthful stabilization** at this time of life. For the most part, such reactions of disgust are not as common among girls. In addition to these reactions there is also a good deal of teasing that occurs about any evidence of affectionate interest on the part of a girl for a boy or on the part of a boy for a

girl. Although not always so recognized, this teasing is due to the anxiety caused in this age child by the inner knowledge that "affectionate" interest in other sex peers commonly brings with it "sexual" interest, against which the child actively (though unconsciously) defends. All in all the distancing between the sexes can well be explained on this basis.

A fourth manifestation of sexual experiencing is evident in actual masturbatory activity in children 6 to 10 years of age. For example, observations of a first grade class revealed that during any one class session several children among about 20 from time to time touch their genitals in a manner suggestive of some moderate degree of sexual arousal, with some persistence, for a given duration of time, which then yields to heightened attention to what is being taught in class, be it writing or answering a question the teacher is asking. Similarly, while attentive to a television program, many a child this age will be noted to touch his/her genitals in a surreptitious, quiet manner. Thus, sexual activity is quieted during the 6 to 10 years period, but it is so only relatively, it is not absent. This activity then does not have the intensity, frequency of preoccupation that it did prior to about 6 years of age nor that it will from about 12 to 13 years of age on.

4.2312 CHILD REARING: Sexual-Reproductive life

During the 6 to 10 years period tasks of parenting regarding their children's sexual experiencing will continue to include guidance especially in the form of limit setting. Children's practicing with the use of new sexually tinged words, some in the category of "foul-mouth" language, some in the form of sexual ("bathroom") jokes which, depending upon the varying tolerances within families, will bring the setting of limits by the parents on the use of language felt to be too foul, with guidelines on when and where such can be used. For example, like it or not, children 6 to 10 years of age will when among themselves use such language, and too severe prohibitions against such language use may lead to some teasing if not outright rejection by peers.

While it is advisable for parents to set limits on children's use of foul language in the home, in the classroom, when guests come to visit, prohibitions should include a "when and where" such words may and may not be used. We all know that a child may be teased and taunted if the child is too inhibited to use some moderate foul language when among peers. In other words then, rather than an across the board prohibition against the use of such language, it is useful to help the child organize when and where, under what conditions such language may or may not be used. The reason for this caution is that across the board prohibitions against such sexually derived jokes and language may lead some children to perceive an across the board prohibition against all sexual experiencing. Such prohibitions may intensify children's own need to inhibit their own sexual interests and thoughts which may in some children lead to later inhibitions in sexuality which may interfere with age-appropriate, life-appropriate sexual experiencing in adult love relationships.

Among the sexual behaviors evident during this 6 to 10 years period, two other areas will require parental guidance much to the advantage of the child. One is helping boys tame the expressions of hostility they sometimes manifest toward girls. Due to anxieties boys experience at this age, including anxieties emanating from their stabilizing but somewhat vulnerable sense of masculinity, in addition to the anxieties emanating from residual wishes and feelings

pertaining to their family romance, boys may exhibit undue hostility toward girls. This may occur not only among peers, but especially so among siblings.

Parents will also be in a position of being enormously helpful to children 6 to 10 years of age who engage in sexual explorations beyond exploring their own bodies. Sexual curiosity and sexual explorations among children this age are fairly common. Because wishes, fantasies, and feelings which remain from insufficiently resolved elements of the family romance can be readily re-activated, because the child is subject to a resurgence of these feelings if these are sufficiently elicited, sexual explorations will unavoidably bring guilt and shame with them and for this reason need to be stopped in children this age. When the feelings associated with the family romance are sufficiently resolved and whatever remains is sufficiently diverted to new relationships in a manner that does not directly tap their original source in the family romance, sexual experiencing among peers can occur without feelings of shame and guilt. This though tends to not occur until mid or late adolescence. In the 6 to 10 year old these sexual activities are more likely to create problems for the child. Therefore, sexual explorations between peers, and especially between siblings should be discouraged. Again, harsh prohibitions against sexuality are not warranted because across the board inhibitions can have long term influences which may inhibit healthy sexuality at a later age. It is a matter of stating that the child is not old enough to know well enough what to do with sexual thoughts and feelings, that they are not ready for such activity and that for now they will have to desist sexual explorations with another person--child or adult!

This should be distinguished from sexual activities that pertain to the self, namely masturbatory activity. Masturbatory activity is a private matter; it is in the domain of the child's private life. It should not be interfered with by parents unless masturbatory activity is inappropriately carried out in a public setting like the living room, or with guests in the house, or at the dinner table, etc. There, the admonition that this is private activity, that its in the domain of the child's responsibilities and that while there is no harm in such activity it should be done in private. Of course, where prohibitions against masturbatory activity are based in religious beliefs, children in such families can be expected to comply with the family mores with no harm to their emotional life. It should be noted that given the great difficulty such prohibitions create for the child, that where the child fails to comply with such religiously based prohibitions, the religious Institution has established ways to forgiving the child.

Like with everything else, how the parents behave can be enormously informing, guiding or misguiding, helpful or unhelpful to children. Let's look at this briefly. Discretion should be used by parents in what they allow their children to see of their love-sexual interactions. Demonstrations of affection, hugging, a warm affectionate touch, a kiss on greeting, on separating, or when the inspiration arises, these are all highly desirable in that these show children that there is love between parents, that the parents value their relationship together, that there is affection in it and as the children may infer, in private there is also a sufficient and rewarding sexual life.

On the other hand, sensual acts between parents, clearly evident seductiveness, or sensual behavior on the part of the parent with a child, are highly undesirable. Sexual life between parents is a private matter. Although children have a large interest in the parents' sexual

activities, it is not advantageous to demonstrate such activity to them, or to answer questions pertaining to it except in general terms. For instance, how many times parents have sex is not a question to which a child must have an answer. What the parents do sexually is their own affair, not the children's. Parents must bear in mind that children's witnessing overt sexual activity between parents, or hearing explicit discussions of sexual activity, lead to sexual arousal with which the child may have difficulty dealing given that most 6 to 10 year olds do not yet have the means to competently discharge sexual arousal from their bodies. They become capable of this, in general, during adolescence by means of masturbation. Masturbatory activity during the 6 to 10 years of age period tends to be incomplete, tends to not lead to a climax and therewith the full discharge of sexual tension, and therefore, tends to remain undischarged except by non-sexual means such as sports activity, physically energy discharging activity, and sublimations. Given that children have a sufficient load of their own of sexual arousal to deal with, further stimulation by parents or by older siblings creates substantial problems for children .

Sensual, seductive, physical sexual activity on the part of parents toward their children create varying degrees of problems for children. Often these become severe, create serious difficulties in the child's feelings, in concentration and learning in school, in love relationships, in sexual life, tend to become long-lasting and are generally very difficult to treat. This is due to the hyperarousal which will unavoidably occur in the child and with which the child will have much difficulty dealing: this is so because it brings a resurgence of family romance feelings and the conflicts these create which can then create inordinate difficulty not only for the 6 to 10 year old child, but indeed at any age. Although some simple questionnaire studies suggest that some children are not harmed by incestuous activities (parent to child, or sibling to sibling), clinical studies show that virtually all children subjected to incestuous activity, and especially so by a parent, tend to suffer substantial problems for many years thereafter. As already noted, in most cases treated (and studied) clinically, the results of incestuous activity are more or less highly destructive, produce severe anxiety, guilt and depression, the development of ungratifiable and conflicted relationships, severe personality problems, and in some cases severe emotional maladaptation. It is important to understand that these remarks are not a moralistic judgment, but rather they reflect what mental health professionals have amply documented: i.e., the deleterious effects for a large percentage of children of sexual abuse (which is what incestuous activity is). The principle explanation mental health professionals give for this is that seductions of a child by a parent contains the gratification of the child's powerful unconscious (out of awareness) wishes that are part of the family romance and that this gratification brings with it much inner mental conflict, guilt and shame. (For a detailed description of the family romance, a normal and salutary personality organizing experience, as well as its potential for the generation of conflict, see Section 3.23 in Unit 3).

One more word for parenting on this question of sexuality. We have found in working with parents that most of them find questions about sexuality difficult to respond to. Although many a 6 to 10 year old may never raise a question with their parents about where babies come from, about their own and others' genitals, about menstruation, about the parents' sexual activity, about a number of questions of this kind, some on the other hand will. Although we have emphasized a relative quieting of sexual interests in children this age, it is not a total quieting and some of the basic questions about sexuality do remain in children's minds. Given that being surprised by a question makes for greater difficulty in addressing it, it is well for parents to be

prepared for questions pertaining to the sphere of sexuality.

Because sex is a powerful **biological** factor in all living organisms, being made so powerful by nature **to insure the preservation of the species**, it will be felt by the child and will generate questions in most if not all children. The child will usually perceive whether or not such questions can be asked of their parents. On the other hand, many children will not ask these questions of their own parents because of the normal inner mental conflicts they have arising from their now unconscious family romance (see Unit 3, Sexual [Reproductive] Life). These youngsters will delay asking questions and will eventually rely on their peers to inform them. In this, of course, sex education courses in school are very useful, although some children are made so anxious by these materials in class that they do not learn them well. Many will learn mostly from their peers, regrettably at times a source of **misinformation**.

It is useful for parents to prepare themselves for their children's questions about sex, and to recognize that some of the questions asked may be fairly startling. We have seen mothers and fathers at a loss for words when a 6 year old asks (knowing the answer to some degree) why it is that their neighbor is getting fatter and fatter around her belly. The simple response that this woman is pregnant, is carrying a baby-to-be in her uterus, seems to not be immediately available to the responding mother or father. The reason, mental health professionals assume, parents have such difficulty in answering questions pertaining to sexuality is that they themselves continue to retain some of the repressed conflicts about sexuality which have been with them since their own early childhood. Psychoanalytic developmentalists say that it is because of the insufficiently resolved family romance which still remains in adults, dating back to their childhoods. It is amply clear that parents find it difficult to talk to their children about sexuality and that they find it difficult to respond to their children's questions regarding sexuality. Here as with all other issues pertaining to family life as well as the life outside of the family, parents serve their children best by answering questions truthfully, simply and to the point. Long complicated dissertations are not necessary. Nor is, usually, going well beyond what a child is asking about or able to listen to.

The exception to answering questions is where the child asks questions that have a degree of privacy to them and which is outside the child's right to know; for instance, a child's wish to know how frequently parents have intercourse is none of the child's affairs; a child's questions about some neighbor's behavior which is a private matter do not have to be answered. Rather, a simple statement that this is a private matter and the parent cannot answer the question, does very well. This will, however, work well only with regard to matters that are reasonably private. Otherwise, the children's questions should be reasonably answered. It is well to bear in mind, that when parents answer children's questions, questions about sexuality as well as about other matters, a parent is securing and facilitating ongoing discussions with their children which will serve them well not only in the present but especially during adolescence and even later. We cannot expect children to answer parents' questions during adolescence when parents have not taken the time and made an effort to answer their children's questions from the time they begin to ask them. Mental health professionals say that talking about issues of interest, about issues of disagreement, about problems that arise between people who love each other, is a great vehicle not only for learning, for improving understanding, but also for resolving interpersonal problems constructively.

PRE-ADOLESCENCE (FROM ABOUT 10 TO 13 YEARS)

5.23 SEXUAL-REPRODUCTIVE LIFE

During the 10 to 13 years, the biological and with it the long psychological-emotional transformation of the child into the adult is set into motion. Genetically preprogrammed sexual maturation, triggered and mediated especially by hormonal activity, creates sexual bodily transformations which become evident in puberty, the biological-physical event which launches adolescence. It cannot surprise us that what becomes visible bodily changes, the emergence of secondary sex characteristics, is the result of hormonal activity of months' and perhaps years' duration. The various factors that cluster into male and female secondary sex characteristics probably evolve after a preparatory period of hormonal and physiological-somatic² activity. In girls, the growth of pubic hair, the budding of breasts, enlarging of the pelvis, and eventually the beginning of menstruation must be preceded by hormonal and physiological-somatic activity perhaps of some months' duration; these evolve gradually, overlapping in time. Step by step, these changes evolve into what we call puberty. Similarly, in boys, the growth of pubic hair, the enlarging genitalia and torso (including bones and muscle mass), the emergence of facial hair, the change in voice are preceded by hormonal activity probably of months' duration and "pubertal" boy.

Psychologically-emotionally, such biophysical transformation creates quite a stir within the self. It is a two-or-so years process which stirs and may jar the psychic adaptive equilibrium attained by the 9-10 year old, stirring feelings, fantasies, conflicts and anxieties, as well as pleasure and excitement all of which will launch adolescence. It is well to remind the student that the upsurge of sexual interest which is produced by these changes now is the **second** upsurge of sexual life. In Unit 3 we described extensively the **first** upsurge of sexual life which organized into the "family romance". Because of the critical conflict brought about by this family romance, as we described in Unit 3, a massive effort is made by the child to **repress** the child's sexual interests (see Unit 3, Section 3.23, The Beginnings of Sexual-Reproductive Life). As a result of the massive repression much of the child's sexual interest and preoccupation goes "underground", into that component of psychic life which is repressed, becomes unconscious and is, therefore, not in the child's awareness. This repression which occurs in the 5 year old child, brings some degree of quieting to the 6 to 10 year old child's sexual experiencing, although such repression is never complete under normal conditions, but nonetheless leads to a substantial quieting of sexual interests and preoccupation. Now, with the biological changes which occur during the pre-puberty period there is a gradual re-kindling of sexual interest and preoccupation, of sexual life.

² **Physiological** activity refers to the functioning of bodily systems such as digestive (the internal processing of what we eat) or neurological (how the brain and nerves function), etc.

Somatic activity refers to activity of bodily tissues and of the body as a whole. Thus a somatic illness is one where bodily tissues are affected by a disease process be it an infection like the flu, or an internal tissue destructive process like cancer.

5.2311 HUMAN DEVELOPMENT: Sexual-Reproductive Life

The Second Upsurge of Sexual Life:

There is clear evidence in 10 to 13 year old children's behaviors, in the interests they turn to, the questions they ask, the remarks they make, that there is an enlarging interest in sexual matters. Biology causes the awakening of the 10 to 13 year old's conscious interest in sexual matters. The psyche has to be ready for it, to tolerate it, allow it, and be able to deal with it constructively. Behavioral evidence shows that children this age do experience a good deal of difficulty in mediating well at all times their sexual interests and preoccupation.

Anxiety about sexual matters manifests itself in a number of ways. Many a girl and boy will begin to be more protective of privacy when they change clothes or use the bathroom. They will no longer be as tolerant of nudity, of themselves or others, and will often react with embarrassment and, where allowed, demand for privacy when they are in the bathroom. Such request for privacy is a reasonable sign of discomfort and anxiety and, of course, are quite appropriate as a means of holding to oneself those changes and the fantasies they normally bring during this developmental period.

Some evidence of anxiety is also visible in the "regressive" behavior sexual interest brings with it. For instance, boys perhaps more than girls are likely to use crude "bathroom" language, begin to use vernacular expressions for sexual matters and at times obscene language. Many bathroom function jokes are heard during this time. Also indicative of regression is a child's toileting functions becoming messier. The child's room may become more messy than it had been in some time. The way the child dresses might be sloppier than has been. This increased disorganization and slovenliness seems dictated by more infantile behavior than had been current.

Of enormous importance emotionally, changes in the body make the child aware perhaps more than ever before that the child is a girl or a boy. The normal fantasies both already well-established boys and girls each now have of wondering at times, respectively, what it would be like to be a girl and what it would be like to be a boy, are now subjected to the test of reality. It is important to know that this psychological activity grows out of biological bisexual factors operating in each young person and is furthermore complemented by the identifications every boy and girl makes with **both** their mother and their father. Even children whose fathers are not in the home find some important father-figure with whom they identify. Whatever hopes a boy may have had, even if kept secret and shared with no one, of wishing that he were a girl will now be confronted by the biological changes which unequivocally tell him he is a male. Similarly, a girl whose identity formation has at times turned her to wishing she were a boy will similarly be confronted by the biological changes that affirm her femaleness. The 10 to 13 year old child now has to come to terms with his or her specific gender given its clearly emerging physical manifestations. Needless to say, most male and female 10 to 13 year olds derive much pleasure and excitement at these new developments within them which can, indeed, affirm a long awaited ability to demonstrate being male and the proof of being female. Many children have long yearned for these developments.

A common other source of anxiety is that which is created in the child by either being one of the first of the child's peer group to develop secondary sex characteristics or being among

the latest in the group to do so. Some children, of course, welcome being the first to develop such proof of their femaleness or their maleness. Others may experience these developments as being ahead of their own readiness for them and they induce in the child much anxiety with a wish to mask these developments, which in part accounts for the slovenly dressing some children evidence.

Yet another way in which the 10 to 13 year old's anxiety may manifest is in negative reactions toward parental love behaviors, be it in terms of hugging and kissing or in overhearing more private sexual events. Evidence of parental love behavior is, however, not always productive of negative reaction given that it is often understood as evidence of closeness between mother and father, which is enormously reassuring to children. Nonetheless many a 10 year old will react with disgust, with rejection of "mushiness", all in reaction to the anxiety sexual experiencing produces in the child.

Still another way in which their anxiety may manifest itself is in children's rejections of affirmations of their sexual interest. For instance, many a boy will deny that he likes a particular girl when his behavior makes it very clear to those around him. Similarly a girl may say that she hates a boy whom all of her girlfriends have ample evidence of her liking. Such denials and turning the feelings into their opposite (reaction formation) can take on a serious note, may last for some time, even until quite later in adulthood.

Sexual Activity:

Masturbation:

Most people, from adolescents to adults, are convinced that masturbation, a normal activity in both boys and girls, occurs for the first time at prepuberty and early adolescence. Most are unaware of the universal masturbatory activity that is amply evident in young children from about two years of age on. The five year old's repression which arises out of the conflict created by the child's "family romance", generally leads to a stopping of masturbation and the forgetting of early masturbatory activity. This is why the emergence of masturbatory activity in puberty or early adolescence is in fact a second emergence of it albeit it is remembered by most people as being the time when masturbation first began and now again, as before, is triggered by increasingly powerful inner sexual forces.

Because of the conflicts contained in the fantasies which stimulate sexual excitement and lead to masturbatory activity, efforts are made by the prepubertal child and adolescent to inhibit, to limit masturbation. Sometimes the inhibition can become as powerful as the urges to masturbate and lead to a cessation of such activity in both boys and girls. In general, in boys more than girls, the inhibition is not as powerful as the inner propelled urges and while masturbatory activity can be contained, most normal pre-adolescents, boys more than girls, do not succeed in preventing masturbation. This matter becomes even more prominent in early and mid adolescence than during prepuberty.

Sexual Interactions with Peers:

One also can recognize the play of sexual pressures in symbolic form. Sexual jokes are discovered, as is pornography. Many a prepubertal child will share pornographic materials among peers with much joking and excitement.

Actual sex play between prepubertal children is common. It is not universal, but a number of children do engage in sexual explorations, both of the same-sex peer as well as of the other-sex peer. Many children who engage in such activity do so under some pressure both from within themselves as well as from the peer group, yielding both, again, in reaction their own internal stimulation as well as the fear of rejection by peers.

And we cannot close this section without drawing attention to the sublimations that emerge during this period of development, sublimations which emerge in large part as a means of channeling the sexual feelings that begin to be stirred up during the 10 to 13 years period in anticipation of their marked increase during adolescence. The development of these sublimations, artistic, academic, in mechanical skills, sports, structured group activities, serve the child well in creating a safety value for the benign discharge of sexual feelings.

5.2312 CHILD REARING: Sexual-Reproductive Life

The Second Upsurge of Sexual Life:

Parents can be enormously helpful to their children in their coping with the emergence of sexual feelings and interests. They should, however, bear in mind that, while children need parental guidance, they have much difficulty in talking with their own parents about matters of sexuality. Obviously, those children who have had the advantage of talking about all kinds of matters with their parents from early on in life are most likely to continue to be open to a degree with their parents about their sexual interests and what goes on in their world. The major inhibition children encounter in talking with their parents about sexual activity comes from the fact that having repressed their "family romance", (see Unit 3, Section 3.23) and given that the persons in the child's family romance are these same loved parents, there is an underlying problem (i.e., inner conflict and anxiety) to talking to these same parents about the child's sexual interests. Given that the component of the family romance experiencing which has become repressed still operates within the unconscious (pushed out of awareness) part of the child's psyche, talking about sexual matters to the parents becomes overburdened with anxiety coming from this repressed source. This is one major reason why even most tactful, sensitive, thoughtful parents may find much resistance in their children's talking to them about their sexual concerns, activities, and even worries. This is also why schools can get more information across to children about sexual matters than parents themselves. Again, those parents who have had a talking relationship with their children from early on in life are more likely to succeed in this very sensitive and difficult sphere.

Parents are, of course, quite right to be concerned that their children might get into sexual difficulty, very much to their own detriment. The sexual drive, even though it is only beginning to stir again at this 10 to 13 years period, is powerful and the child does require parental guidance as well as controls in the activities to which it may lead the child. Much caution is required. Sexual activity which the child will unavoidably engage in, is quite reasonable and healthy and can, if too harshly treated, too severely prohibited, bring with it a marked inhibition which the child may have much difficulty shaking off in later life. Given that sexual activity is part of good love relationships in later life, part of a good marriage, part of the preservation of the species, too harsh and irrational attitudes towards sex will often, if not invariably, create problems for the child more than they will help.

The various ways anxiety may become manifest, some of which we described in the section on Human Development (above), should be handled by parents with consideration and sensitivity. Excessive sloppiness, excessive sexual joking, should be dealt with in constructive ways and not ignored. Reactions of disgust to parental signs of affection with each other, or to television programs which show a couple kissing, might be recognized by parents as evidence of the anxiety created in their child by his/her re-emerging sexual feelings and thoughts. Ridiculing children who so react is not helpful; humor can be. So can casual, brief if necessary, discussion about normal showing of love and its rich contribution to a good marriage.

Similarly, attention needs to be given to 10 to 13 year old children who never verbalize a sexual thought or reacts with severe criticism of any peer who makes a sexual joke. Too strict a prohibition or too severe a criticism of any sexual thoughts could be as problematic as too much sloppiness, and rampant sexual language, given that the extremes are problematic and should be mediated by parents. Here, when a child is too severe regarding a sexual joke parents might allow their humor, not teasing, to come into play to convey to the severe child the normalcy and acceptability of sexual interests.

Handling Sexual Play:

Masturbation:

Normal masturbatory activity is a private activity. It becomes part of parents' concerns only when it is carried out in public or in abusive ways. Masturbatory activity during family gatherings is inappropriate and here, parents can intervene to guide their child to carry out masturbatory activity in private. Parents are well advised to allow their children privacy, to not barge into their children's rooms without first knocking or to disallow private use of the bathroom. Parental intrusion into the private self explorations of children at this age, tend to create more problems than be helpful. Profound embarrassment will often come with such intrusions and intensify children's prohibitions against sexuality to a degree that may be detrimental. All in all, children 10 to 13 years of age on, and even before this age, have needs for privacy, and however economic conditions make it possible should be respected by parents.

Sexual Interactions with Peers:

While children have a right to and deserve privacy in terms of their own bodily explorations and masturbation, such hands off policy does not apply to their discovery of sexual play between their child and a peer. Here, parental guidance, limit setting, discussions of the prematurity of sexual play between peers can be very helpful. Parents may find it somewhat difficult to deal with the common occurrence of sexual interests between siblings. Such sexual interests may lead to intense curiosity as well as exhibitionism both of which need guidance by parents. In only too many cases, some actual sexual interaction occurs from this period on most commonly initiated by a prepubertal boy or girl with a younger sibling, or by a mid adolescent with a prepubertal sibling. Given that sex play between siblings can lead to much conflict, shame and guilt, and have even life-long negative consequences, parents are well informed to be alert to the possibility of sexual play between their children. It is not necessary to be harsh about such supervision, and it can become highly protective of children for parents to be aware of such possibilities especially starting from this age on.

Regarding children's interests in sexual jokes and in pornography, again parental guidance is warranted, given that pornographic materials can be highly stimulating to children this age; parents are wise to set reasonable limits on their distribution and availability to children this age. This does not, however, mean that children should never have a look at some nudity or even pornographic materials, but excessive preoccupation with these and too easy access to such materials should be measured and limited.

Sublimations:

Parents are well advised to know that sublimational activities serve as a magnificent channel for the discharge of sexual pressure in highly constructive and productive form. Supporting children's artistic, academic, sports, activities and the like are enormously helpful by giving the children outlets that are constructive and which will help them delay engagement in sexual activities to a more appropriate age.

ADOLESCENCE (FROM ABOUT 13 TO 20 YEARS)

6.23 SEXUAL-REPRODUCTIVE LIFE

Adolescent experience and adaptation is in large part organized by the progressive evolving of sexual-reproductive development. Everyone knows that sexual development especially occurs during adolescence, that sex is a principle adolescent preoccupation, and that adolescent sexuality is a principle concern of the adult community. The problems created by early adolescent pregnancy and parenthood are a major concern for parents and families, schools, and society.

We assume that the first levels of adolescent's organization are governed by those physical changes which basically modify the child's body into the adult-form body. Hand in hand with skeleto-muscular changes (see Section 6.1), programmed and hormonally influenced secondary sex characteristics account for this basic modification. These include the enlarging and maturing of the genitals, the visible emerging of pubic, facial and underarm hair, breast development in the female, and voice changes in the male. Not visible but all important are the changes in those parts of the reproductive system, namely ovaries in girls and testicles in boys, which make reproduction possible. In girls, ovaries begin to produce egg cells which monthly, cyclically, are released from the ovaries and pass into and through the reproductive system channels. From there when no fertilization (i.e., no sperm penetrates an egg cell) and, therefore, no impregnation occurs, the egg cell and the uterus layers generated to embed the fertilized egg cell are discharged vaginally in menstruation. In males the testicles now begin to produce sperm which accumulate in the seminal vesicles (sacs) and are discharged when these sacs contract during ejaculation. This is when adolescent masturbation, conscious and acknowledged, generally begins.

These many processes bring with them specific sensations, feelings, and reactions by each young adolescent. The changes, feelings and reactions these processes bring about have both universal and individual meaning to the young adolescent. This is so because the feelings stir up fantasies which are co-influenced by past fantasies and experiences as well as by present experiences in the home and in the peer group. These fantasies become organized, acquire a significant degree of stability, and make a large contribution to the young adolescent's sexual experiencing. As these fantasies, sensations, feelings and reactions become typical they have a significant influence over the state of well-being or disturbance in the early adolescent.

All in all, early adolescence arises out of prepuberty (see Unit 5) and constitutes the period when the physical adult-form sexual self develops and adult-form sexual life becomes ready to begin. We must emphasize that the adolescent is still a good 5 to 10 years away from being psychologically ready to begin adult sexual life.

From the sexual-reproduction standpoint, mid adolescence (adolescence proper) is the major period for adapting to the bodily sexual changes in progress. This is when the transition from the centrality of the relatedness to parents progresses to heightening the meaning of peers to the self; this is when this transition is most set in motion. This is in large part produced by the powerfully driven search for sexual gratification which achieves a stronger and higher level than that of early adolescence. Mid adolescence is a period of sexual introduction, testing, learning, a period of trial and error. It is a major and new encounter with growing up and with what will become adult life.

Late adolescence is a time of consolidation of the physical and emotional developments brought about by adolescence; late adolescence flows into young adulthood. The search for sexual gratification and relatedness to a specific peer becomes more focused and more emotionally organized; this is setting the stage for the future programming of a new family, with a well selected life mate and partner.

We emphasize again that one of the great problems of present day life is produced by the uneven development of the physical capability of becoming a parent and the long delayed emotional readiness and capability for parenthood. To be sure, for centuries early adolescents became parents. Even today there are societies where 13 and 14 year old girls are expected to begin the procreation of the new generation. In Western culture psychological developmentalists tell us that adult experiencing and functioning generally does not begin until about 8 to 10 years later than early adolescence. In fact, these professionals inform us that adolescent development of itself takes about 8 to 10 years, that it brings with it enormous challenges and tasks of development. One of the major factors which makes the readiness for parenthood insufficient during adolescence is that adolescent development itself requires much attention to the self. Because so much psychological energy has to be committed to self development, and that the turning inwardly required by the demands of adolescent development make difficult the capability to fully be other-person oriented, as is required for adequately taking care of a child, all in all, this factor leads to an insufficiency of emotional energy to fully, adequately achieve both tasks at one time. The normally self-preoccupied adolescence is generally not able to be attentive to the needs and demands of a young child, demands which require much energy, attention, selflessness, and responsibility. It is the equivalent of attempting to carry on two full time jobs, one of which, parenting, is a 24 hours a day job. This is why in part at least, in Western culture, early teen pregnancy is associated with a large percentage of child abuse, child neglect, and other problems. It is because the self has not obtained the evolution to being a parent that these problems arise. The healthy emotional investment in the self required by adolescent development, the sufficient disengagement from the adolescent's own parents and the sufficient ability to emotionally invest in a peer, the overall ongoing development from child to adult, make it that the adolescent is not psychologically, not emotionally ready, by at least 5 to 10 years, for what her/his body is now capable of: parenthood.

6.2311 HUMAN DEVELOPMENT: Sexual-Reproductive Life

Early Adolescence (12-15 years):

The prepubertal hormonal changes which induce the genetically preprogrammed anatomical and physiological changes in the youngster develop most dramatically during this period. All bodily components of the reproductive system now begin to attain their adult form, although not yet a fully developed adult form. In girls, the ovaries become functional, and with this the menstruation period becomes more or less cyclically regulated. In boys, the testicles now produce sperm which contained in seminal fluid can be discharge at will. These impact on the young adolescent emotionally powerfully, and determine the contents of wishes, fantasies, and the character of much of their behavior. Hormones influence the state and threshold of sexual arousal, intensify reactivity to sexual stimuli, and lead to involuntary and virtually uncontrollable preoccupation with sexual thoughts, feelings, and activity.

PEG - LINE OF DEVELOPMENT: THE BEGINNINGS OF SEXUAL (REPRODUCTIVE) LIFE

Although these feelings and thoughts bring with them much interest and excitement, they also induce much fear and anxiety. Fear and anxiety are due to (1) the novelty, intensity, constant activation of adolescent sexual excitation; (2) the uncertainty that reaction to this excitation can be contained, modulated and controlled; (3) that one will be rejected and thought of badly by parents, by peers, and the by religious community; (4) that harm will be done to the self by one's own actions (especially by masturbation) or by the action of others. Anxiety is due to the contents of the fantasies associated with sexual excitations, fantasies which are often experienced as unacceptable and as threatening to the self. These fantasies are now activated by external events (such as peer discussions, jokes, sexual behaviors of all kinds, television, movies, books, etc.) and by internal events (that is, current ideas and fantasies which resonate with and arise from past fantasies, memories, and events). Current fantasies may operate at a conscious level (one is aware of these) and, according to what psychoanalysts say, at an unconscious level (one is not aware of these at the time). Psychoanalysts tell us that unconscious fantasies can be powerfully determining of conscious fantasies and behavior. That unconscious experiencing occurs and unconscious fantasies exist is uncovered by the process psychoanalysts use in their work--that is the process of free association³.

Psychoanalysts tell us that intense anxiety can be caused in young adolescents (1) by any high level emotional reactivity which the young adolescent experiences as unmanageable; (2) by current unconscious fantasies which threaten the self (such as being jealous of an admired peer, or being rejected by a person whose approval one seeks); and (3) by the reactivation of repressed unconscious fantasies⁴.

According to studies of both adults and adolescents, psychoanalysts tell us that the major repressed unconscious fantasies which create problems for the adolescent come from the family romance fantasies which are incompletely resolved and given up, and which due to then experienced intense anxiety have become repressed; that is, it is as if these fantasies have been put out of awareness, into cold storage, but they keep pressing for expression into real life (see Unit 3, Section 3.23).

Especially because the 12 to 15 years of age young adolescent is relatively still centrally attached to the parents of his or her childhood that, increasingly powerful sexual excitations now biologically and psychologically stirred in him or her resonate with and reactivate repressed family romance fantasies. Brought out of cold storage, these old fantasies have retained their old meanings and residual vitality and currently reinforced by the new sexual vitality of early adolescence, these fantasies now produce a feeling of danger of experiencing sexual feelings toward her or his own parents which the young adolescent experiences as bad, shameful, and even evil. This is a major reason why currently reactivated fantasies give rise to anxiety. In fact, this anxiety contributes positively toward activating the process of separating further from the parents of childhood and heightens the importance of and the turning toward peer relatedness, lending a hand in initiating the long process of searching for a mate among the peer population.

Thus this earliest period of adolescence, by virtue of the powerful upsurge of the adult-form sexuality is perhaps internally, within the youngsters own mind, the most emotionally challenging to adaptation during the long decade of adolescence.

³ **Free association** consists of allowing oneself to say whatever comes to one's mind, or when working with young children, to observe whatever the child enacts spontaneously with play facilitating toys (puppets, a doll house, board games) as well as with pencil, crayons, and paints.

⁴ **Repressed** means to be actively pushed into one's unconscious mind; **unconscious** means that sector of experiencing which is kept out of awareness; and **fantasies** means ideas, scenes, produced by one's imagination.

Sexual Behaviors:

Many an early adolescent will become very conscious of the way she/he dresses. While this is more a preoccupation of the mid and late adolescent, some 14 and 15 year olds will be very attentive to what clothes they put on themselves. Also many become preoccupied with their physical appearance including their hair, their face, and begin to spend more time tending to their appearance. Many a 14 year old will also begin to carry herself or himself in ways that are actually erotic if not seductive. This may occur at certain times only or it may be constant. Actual seductiveness may be facilitated in specific situations, such as at parties, in school, and tend to occur in the presence of specific people. Among these, parents, older siblings, as well as younger siblings may sometimes be such a person.

In general, sexual behaviors and activities with peers tend at this age to be exploratory in character. It is not uncommon at this age for first sexual explorations to occur with same sex peers. The reason for such same sex peer explorations invariably comes from anxiety experienced at carrying out such explorations with a peer of the other sex. In early adolescence, sexual exploratory activity is usually facilitated by group process and most commonly undertaken at parties. Of course, early adolescents more often than may be assumed are induced into sexual activity by individuals older than themselves including, late adolescents and even adults. Unfortunately, such acts are never carried out with the early adolescent's best interest in mind.

Masturbation in both boys and girls becomes common at this age. It is usually spontaneously discovered or learned about from peer interaction. Mental health professionals assert that masturbation is a normal sexual activity which has constructive adaptive functions. That is, masturbation is a benign way of discharging potentially trouble-producing high levels of sexual excitation. High intensities of sexual excitation tend to be disruptive of adolescent behavior, as we shall discuss shortly, and tend to not diminish spontaneously. Young adolescents often make efforts to not become sexually excited. They soon discover how difficult for them this is; in fact, it is only by the use of certain psychic defense mechanisms such as inhibition and denial that sexual excitation can truly be controlled during early and mid adolescence. The average healthy adolescent tends not to use such defense mechanisms to prevent sexual stimulation to extremes and, therefore, from time to time need to dispose of accumulated sexual excitation which becomes disruptive of adaptive behavior and functioning such as being attentive in class or doing homework. This they do by means of masturbation.

It is also important to understand that masturbation is invariably associated with specific fantasies. It is exactly those fantasies which create most conflict around sexuality that become associated with masturbatory activity. This line of thought allows the assumption that masturbation is adaptive in helping the early adolescent further resolve those components of their fantasies which they find most prohibitive, most unwanted, shame inducing, and even evil.

Defensive Behaviors:

It is from the vantage point that sexuality in early adolescence brings with it conflicts, shame and guilt, fear and anxiety, that it is important for parents to understand their early adolescent's struggle with sexuality. The task is so difficult for the early adolescent that a number of psychic defensive operations become used by the early adolescent to protect

himself/herself against sexual feelings and fantasies. Some go so far as to attempt the desexualization of themselves. Most commonly in early adolescence this is done by dressing sloppily, by maintaining sloppy physical hygiene which makes them repugnant to themselves and to others.

This is also the point at which diet becomes a factor for many an early adolescent. This can go both in the direction of excessive weight gain to mask the physical changes which become visible or it may go in the opposite direction, namely of excessive weight loss or insufficient food intake out of a fear of facilitating those physical changes, if not indeed, to prevent these physical changes from occurring. These defensive operations may also be brought into action during mid adolescence. Generally speaking, whether in the direction of weight gain or in the direction of weight loss, the effort is to mask or inhibit the development of secondary sex characteristics. It is now well known in our society that eating problems, when they begin in early or mid adolescence, are in part induced by anxiety associated with the development of those sexual characteristics which define our sexual self.

Another effort at one's own desexualization is represented by the holding on to preadolescent ways of behaving and acting. Here an effort is made to remain an elementary school age person and not move into adolescence. Such young adolescents will tend to be more comfortable with elementary school age kids and shy away from their own peer group.

Another form of psychic defense against anxiety caused by early adolescence sexual experiencing manifests itself in hyper-sexualization, in over responding to the sexual experiencing. This kind of mechanism is actually the product of anxiety about sexuality but takes on the feature of proving to oneself that one is not afraid of the sexuality by being prematurely sexually active. This is similar to an individual undertaking to do something of which the person is frightened in order to prove one is not; some even do so in an exaggerated way such as in doing stunts on motorcycles, skydiving and the like. To be sure, some activities which originate in overcoming a fear such as motorcycle stunts and skydiving can in and of themselves at some point become highly pleasurable and be truly enjoyed by those who do them. In terms of sexuality, however, some hyper-sexualization may occur in precocious sexual self presentations such as a 14 year old girl who perhaps unaware but nonetheless by her own efforts gives the appearance of being 18 years old. Other hyper-sexualizations are carried out in actual sexual behavior, engaging even in sexual intercourse at a very young age, all as a means of trying to overcome anxiety associated with sexuality. Of course, other factors operate here as well such as hoping for attention, love and affection which the young adolescent may not be getting at home. Commonly though not always, such precocious sexual heightened activity is associated with delinquency, which virtually by definition, refers to an adolescent who has painful and problematic experiences at home, in the family.

The Influence of the Challenge of Sexuality on Other Tasks of Adolescence:

It is quite common for sexual excitation in early and mid adolescents to interfere with their ability to study, sometimes even in school, but quite commonly in the evening while attempting to do homework. Such interference may be costly by being excessively disruptive and may be remedied by the early adolescent himself or herself by several means. Among the most common of these is masturbation. But another very common and very productive way of dealing with the potential interference of heightening sexual excitation is by means of turning one's attention and that sexual energy into activities of quite a different kind. This, may lead

some adolescents to channel enormous efforts into studying, into heightening school learning, putting such sexual energies by means of the transformation we know as sublimation, to extremely good use. Others may channel some of their sexual energy into other types of creative endeavors such as sports, music, dance, art, etc. This of course is most feasible in those early adolescents who have already engaged in such creative activities, including good school performance, and thereby are able to solve one of the major problems of adolescence in one or more such most constructive ways.

The large problem created by the sexual burst of excitation typical of early and mid adolescence also positively influences the process of becoming an individual, distancing the self gradually, progressively, away from the parents toward the peer group. Thus the obligatory shift from the central position occupied by one's mother and father in early childhood to progressively valuing the peer is facilitated by the inner pressure of sexual stimulation and the steps taken to achieve gratification of it. Where the shift from parents to peers is activated too rapidly, it may contribute to adolescent rebellion especially during mid adolescence. Where the shift is encumbered by excessive sexual inhibition, excessive sexual anxiety, excessive guilt and shame over sexual feelings, the process of leaving the parents of childhood may be slowed to the detriment of healthy normal developmental progress.

Mid Adolescence or Adolescence Proper (From About 14 to About 18 Years of Age):

Overall, the processes set in motion during early adolescence now further unfolds, becomes organized and begins to stabilize. There is progressive mastery of sexual inner pressures, reactivities, with a decrease in high levels of anxiety and a beginning accommodation to the experience of peer directed sexuality. There are still vulnerabilities, trials and errors of interaction especially with members of the other sex, but these experiences become relatively integrated into overall adaptation. Seductiveness is better organized, facilitated and part of adolescent experiencing, and has lost the nearly mortifying feeling and initial awkwardness it brought in early adolescence.

With a decrease in fear and anxiety about sexuality, fantasies become more tolerable and an integral part of the adolescent's sexual experiencing. More and more, the fantasies tend to focus on peers or other-than parent adults. Where the process of adolescence is progressing satisfactorily, there is further resolution of those residual unconscious fantasies arising from the old family romance and their power is increasingly reduced. With this the adolescent experiences a greater degree of comfort with his/her sexual fantasies and activities.

With this as well, the relationship shift to peers is well underway. Peer relations tend to continue to focus on the peer group but with it there is an increase in a one on one interest in peers of the other sex. In some mid adolescents one on one experiencing may be powerfully intense, and relatedness to that peer significantly valued, organized, and highly selective. Nonetheless commonly, and at times surprising to many a parent and even to peers, such intense one on one attachment and valuation can be quickly interrupted, brought to a close and be shifted to another person surprisingly rapidly. The specificity, stability of attachment and relatedness which the young adult becomes capable is usually not yet part of the mid adolescent's capabilities.

Sexual Behaviors:

The state of dress is now quite predictably governed by peer group influence. It is impressive how adolescents can agree to wear the same style and kind of clothes. That dress is important to the self concept which organizes anew in adolescence.

Actual seductiveness is not only more comfortable but also becomes more selective. Here however, it creates problems when it is directed toward siblings and toward parents.

Masturbation in mid adolescence tends to be more stable for each individual adolescent. The novelty it was for the early adolescent is no longer, a coming to terms with it to a greater or lesser degree has evolved and it commonly brings with it somewhat less anxiety, shame and guilt. The frequency of masturbation varies with individual adolescents given the various needs and ways of coping each adolescent develops. Overall, there tends to be a lessened degree of anxiety, shame and guilt about masturbation, although full freedom from anxiety, guilt and shame are not achieved.

Both in peer group contexts such as parties and other social events, sexual behavior is to a significant degree part of the social behavior of each adolescent, the degree of freedom in sexual expression, the degree of comfort with its reasonable expressions, varying with adolescents depending on their individual patterns of and success in coping. Sexual behaviors one on one vary among adolescents as well; however, one can expect a greater degree of comfort with a gradual development of strategies for engagement in sexual contact, which is much influenced by prior experiences, their prior degree of success versus their prior degree of embarrassment, shame, and rejection. Adolescents are exquisitely sensitive to feeling rejected by other sex peers, a factor which plays a major part in governing their venturing into interaction with peers of the other sex.

Defensive Behaviors:

Where desexualization has stabilized, this is now a more serious problem especially where this desexualization is of a harsh kind. For instance, stabilized excessive weight gain, or excessive weight loss may now become problematic. To be sure, excessive weight loss is much more alarming, and rightly so, given that it can become significantly self destructive and in 6 to 10 percent of teenagers can lead to death. On the other hand, weight gain is only too common in mid adolescents but is not dangerous; its major problem now arises from the emotional and physiological (habitual body functioning) patterning of weight accumulation, stabilizing excessive eating habits, which although not life threateningly problematic during mid adolescence often become problematic in adulthood when excessive weight creates various life-threatening problems.

Defensive hyper-sexualization is also problematic, especially when they lead to promiscuity, to mid adolescent pregnancies, and even to sexually transmitted diseases.

Influence on Other Tasks of Self Development:

While sexual preoccupation may still interfere with concentration and study, it tends to be better organized in mid adolescence both by virtue of the accommodation the adolescent has

achieved over his/her sexual experiencing, but also by the greater push to concentrate and study required by the remarkable intensification of demands made of the students during high school. Those fortunate adolescents who for years have been developing skills in learning, in sports, in music, in dance, in art, etc., are able to put much sexual energy into the service of these activities, much to the adolescent's advantage. Parents and especially teachers know the remarkable enlargement of learning capability evident during mid adolescence. It is well to know that the transformation of sexual feelings, the channeling of sexual feelings into creative activities brings a remarkable contribution to these.

In terms of the increasing sense of self and the progressive organization of self identity, stabilization of sexual feelings and experiencing make a major contribution to the character of that self as the adolescent comes to know himself/herself. Indeed parents and peers come to know the individual in significant part as a male individual with such and such sexual features, or a female individual with such or such sexual features. Hand in hand with this greater consolidation of the self's identity is the gradual shift to peers which increasingly is gaining emphasis, value, and governs the individual's behavior. That shift is now, and should be well underway. Where indeed such a shift is not sufficiently underway, professional attention may be very helpful and prevent later problems.

Late Adolescence (From About 18 to 22 Year of Age):

Many 18 year olds leave home. This is so especially for those who go on to college. But it also occurs with adolescents who do not, who join the work force and venture into starting life on their own. There is a continuing integration of sexual experiencing and reactivity, strategies for interaction with other sex peers, with further mastery in all aspects of sexual experiencing. Of course, some late adolescents may experience more anxiety than others and not have organized their sexual lives as comfortably and be less well prepared for sexual relatedness than others. Generally, fear and anxiety about sex itself is pretty well mastered, feelings and attitudes about it are no longer significantly disruptive of adaptive functioning. To be sure, some fear and anxiety about engaging in a love relationship with a new peer cannot be surprising. Here the anxiety does not arise from sexuality per se but rather from fears of rejection by the peer in whom this new love-sexual interest has developed.

Sexual fantasies on average do not create problems for late adolescents; the exception among normal fantasies are the occasional fantasy in which transgressions of a variety of kinds experienced as unacceptable to the self are imagined. For instance, fantasies about a good friend's girlfriend/boyfriend will create conflict and be troublesome.

Many late adolescents are now able to form a one on one relationship which can achieve notable stability, continuity over time, and lead to a serious engagement for years. Obviously, many late adolescents marry and begin their own families. On the other hand, many late adolescent-young adults highly motivated to pursue careers may, in large part because of the investment of emotional energies in their work, put off involvement at full depth of commitment but are able to engage in a meaningful if only transitional sexual relationship.

Sexual Behaviors:

The state of dress, characteristic behaviors in interaction, one on one and with peers, tend

to be stable for the individual, quite well known to the self and even to those around him/her. Seductiveness is better modulated, better controlled by now, serving the individual where needed in engagement with peers.

Masturbation continues to be implemented as a means for reducing sexual tensions, accumulated sexual excitations, especially so where a reliable sexual relationship is not yet attained. Given the large number of late adolescents who are not yet committed to a single romantic-sexual relationship, masturbation is an established phenomenon of late adolescence.

Defensive Behaviors:

Mental health professionals assert that sexualization of the self is a requirement by late adolescence. That is to say, whatever way one decides to organize one's sexual experiencing, be it, to be highly sexually active or, on the contrary, to be highly ascetic, not involved in sexual interactions, the issue of one's sexual identity has to be defined by late adolescence for a sufficiently healthy progression into adulthood. In this sense, organizing one's sexual experiencing along lines of being sexually active in relationships or celibate (not engaging in sexual relationships), what is essential for progression into adulthood is that one's sexual identity should be organized in a way acceptable to the self. What may prevent healthy progression into adulthood (as a psychological level of development) is where a high level of conflict about one's sexual identity remains. Whether the sexual orientation is heterosexual, oriented in one's sexual choice to a person of the other sex, or homosexual, oriented toward a person of the same sex, psychologically, the acceptance within the self of a sufficiently defined sexual orientation, accepting the self as a specific sexual self, is essential to untroubled progression into adulthood emotionally. Mental health professionals find that where there is a significant delay in the progression from late adolescence into adulthood that such a delay results from (1) the inability to accept a sexual orientation and definition, or (2) from delays in the process of individuating and making the shift from the centralized position of the parents in one's life to making a peer be so centralized. Therefore, where decentralization efforts continue to produce substantial problems, difficulty in adaptation to adulthood may be expected to occur. To a degree, certain long existing efforts to desexualization such as those which result in weight gain, may continue without excluding the capacity for sexual relationship which is age-adequate. It is especially on the side of excessive weight loss, namely in the condition known as anorexia, that continuing problems in one's sexual identity and in sexual relatedness may continue. Therefore, even though excessive weight gain and retention, as well as the problem known as bulimia, may continue to represent some internal adaptive difficulty, they do not necessarily exclude the capability for forming good loving sexual relationships.

Hypersexualization in late adolescence continue to represent a relative degree of difficulty in mediating sexuality in relationships. At this time such hyperactivity in sexuality may reflect more a difficulty in the ability to form love relationships, rather than to form sexual relationships. That is to say, the problem here may be less in how to deal with one's sexuality than how to form a steadfast, continuing, sufficiently emotionally engaged relationship with another person. So that here, the problem is more in terms of trusting another person sufficiently, being able to commit oneself emotionally to a single individual for a long time, rather than due to excessive anxiety about sexuality.

Influence on Other Tasks of Late Adolescence:

Again, assuming a greater degree of comfort with one's sexuality also leads one to assume that sexuality has become better integrated with other major tasks of late adolescent development and may be expected to no longer interfere substantially with the ability to concentrate for the purpose of study, for the purpose of repairing an automobile engine, nor any other undertaking which requires the individual's attention and focus.

By now as well, creative endeavors, be it in sports, in the arts, are generally contributed to by channeling some of the late adolescence sexual pressures and energies into these areas of experience. It is especially in the arts that the amalgamation of sexual feeling, experiencing and pressure becomes integrated into the overall artistic effort, be it an effort at producing a new work or at performance such as in music, dance, or theater.

In terms of its influence on the process of separating from the parents of one's childhood to a sufficient degree to allow the emotional investment of a peer at a new level, a level which can make future matehood possible, during late adolescence this should reach a level of sufficiency so that leaving home is not experienced as excessively painful and engagement in peer relationships is sufficiently facilitated to make these readily possible. We do not mean by this that no anxiety in forming relationships with new peers should be present. There always is some anxiety, of a greater or lesser degree, in meeting people for the first time, and especially in the domain of expressing a love-sexual interest in another person. There it is especially the fear of rejection which creates the anxiety. All in all, during late adolescence, during the period from 18 to about 22, living away from one's parents should be comfortably feasible, progressively so, and living in the world of peers should be comfortable enough to not to be overly preoccupied with it. We do find that late adolescents who have been unable to sufficiently attain this shift in the centrality of relatedness, may experience inordinate difficulties living on their own or in a group setting such as in college, to the degree that the anxiety produced by this insufficient development may interfere with their ability to work, to form relationships, and to play. In such cases, professional help can be most useful in facilitating the necessary progression and development into adulthood.

6.2312 CHILD REARING: Optimizing the Adolescent's Abilities to Cope with Sexual-Reproductive Life

Parents' worries about their adolescents' sexual experiencing is among the major concerns they have about their adolescents. Mothers and fathers equally probably worry more about their adolescent daughter's sexual activities than about anything else regarding adolescent daughters. Whatever factors may be involved here, one of the foremost sources of worry for parents is that their too young daughters may become pregnant. It is because parents know only too well the risks inherent in premature engagement in sexuality and especially in the problems created by teenage pregnancy, with the disruptions of adolescent development and the heavy burdens placed on the adolescent by a young child, that parents' worry uniformly about this possibility.

It seems to us that a mistake is made by parents who fail to recognize how significantly anxious their adolescent offspring are about sexuality and that it is this, namely anxiety, rather than the great promises of sexual gratification which propel some adolescents into premature sexuality, putting themselves at risk for some of its highly negative consequences. To be sure,

the pressure of sexual excitation is very large and adolescents need parental guidance and, quite commonly, limit setting. But it is important to recognize that premature engagement in sexual activity and especially excessive sexual activity often, though not always, are the product of feeling insufficiently valued, in great need of acceptance by peers, all in all due to uncertainty about oneself, to an insufficient feeling of being worthy of trust and love, all of which need parental attention while at the same time parents make efforts at guiding and where needed limit setting. There are exceptions here. For instance, even in very loving families where parents are attentive and responsible, an attractive and precocious adolescent girl who draws the attraction and attention of adolescent boys several years older than herself may be swept into premature sexual activity, even into promiscuity, by her insufficiently developed ability to master her own sexual appetite and the gratification that comes from fervent male attention. In such cases, professional help may prove helpful in preventing problems and premature developmental closure.

Early Adolescence:

Parent must realize how stressful this period of development is for their young teenagers. It may be helpful for parents to think of their early adolescents as human beings whose bodies are developing far ahead of their emotional development. Breasts are developed, menstruation has begun, a loving father has said to his daughter on learning that she has started to menstruate: "Wow Janet, I understand you're a woman today." Indeed, said with affection, with admiration for the magnificence of human life, and in an effort to help the early adolescent accept her evolving sexuality. But, how far from being a woman psychologically, emotionally, is Janet? In other words, it creates an imbalance in the child's experiencing. The body is way ahead of emotional development, and this imbalance brings with it a great deal of uncertainty about the self, anxiety, even embarrassment and at times shame.

The anxieties the early adolescent experiences can be lessened by skillful, sensitive discussions of all aspects of sexual life. An attitude found very useful in speaking with children and teenagers about sexuality is to speak of it as a natural biological phenomenon, a universal biological function that serves the preservation of the species. To speak of sexuality as a biological phenomenon will be helpful when it is also acknowledged that this is a sensitive topic, one that creates anxieties and conflict in the early adolescent. When sexuality is talked about as if there were nothing to be anxious about, or as if there is nothing to feel uncomfortable about in a discussion of sexual matters between a father and his daughter or a mother and her son, this attitude can cause problems. It is simply not true that parents talking with their own children and adolescents about this biological phenomenon brings with it no anxiety.

In terms of this, it is especially important for parents to tolerate the possibility proposed, indeed affirmed, by psychoanalysts that every child experiences a family romance; this would guide the parent to be cautious in her/his approach to the early adolescent about matters of sexuality. (It may be fruitful to review the Section on Sexuality in Unit 3 at this time).

For a father to walk about the house in his underwear creates anxiety and stress in most early adolescent girls due to the experience of seductiveness contained in such behavior, even when the father does not consider his behavior to be seductive. The early adolescent girl, and even boys, will experience that behavior differently than is intended by the father. Similarly, a mother who comes to breakfast in a negligee, which by definition means that it will be sexually

revealing, must realize that her early adolescent son and even daughter will be made uncomfortable by the inherently erotic exhibition that comes with wearing a negligee. Sleeping wear, underwear, cannot be equated with bathing suits even when bathing suits are more revealing than the underwear or the sleeping wear. This lies in the fact that these clothing have varying meanings for each of us. Underwear is more suggestive of being undressed than are bathing suits, even bikinis. We have learned this in the mental health clinical situation.

Parents who recognize the anxieties in the early adolescent as coming from the intensity, the constant activation now of sexual excitation, the uncertainty on the part of the early adolescent that she/he will be able to contain and control her/his sexual behavior, that the early adolescent fears parental disapproval for having sexual thoughts, fantasies and wishes, and the fact that harm may come to the self from sexual experiencing, that parent will better be able to appreciate the burdens experienced by the early adolescent. Respect for this anxiety is essential. The best way to mitigate this anxiety is to take occasion to talk about sexual matters, to answer whatever questions the early adolescent may ask, without badgering the adolescent, without forcing the adolescent to listen to a lecture about masturbation. Humor can at times be used constructively. Ridiculing is never constructive. Shaming may be useful only in extreme conditions but is usually not helpful for the early adolescent. Making the adolescent feel guilty about whatever manifestations of their sexual feelings, fantasies, and wishes they have will tend to create problems about sexuality rather than help contain the early adolescent's sexual exploitations. The same can be said for mid and late adolescence.

It is uncommon for early adolescents, or mid adolescents for that matter too, to state to their parents the content of their sexual fantasies. Where by chance the content of such a fantasy is revealed, it is well for the parents to address the content of these fantasies in a benign and reassuring manner. One of the opportunities that will present itself under such conditions is for parents to be able to reassure their early and even their mid adolescents about the fact that all human beings, each of us, occasionally experiences fantasies we find unacceptable, whether it is that the fantasies are sadistic, or that we experience them to be of a sexually unacceptable character, which becomes a source of fear to the early and mid adolescent that there is something terribly wrong with him/her. Again, a passing comment about the naturalness of some objectionable fantasies may be reassuring to an early adolescent or mid adolescent who may experience a great deal of shame, guilt, and anxiety about his/her own sexual development. Fantasies not acceptable according to "natural" sexual tendencies, occur to every human being at one time or another, and invariably cause some anxiety, shame, and even guilt. Given the many efforts the early adolescent and the mid adolescent make to cope with their sexual feelings, especially those that continue to be linked to the family romance, it is not surprising that all kinds of methods will be used to bypass, to find other ways of deriving sexual gratification than by using the fantasies that arise directly from the family romance. We cannot understate the importance of the experience of the family romance in early childhood which continues in early and mid adolescence to have some residual influence where the adolescent has not fully enough resolved or given up any hope of family romance gratification. It is especially in the face of remaining fantasies arising from the old family romance, that so much anxiety is experienced in the face of sexual feelings.

In fact, it is because every early adolescent still carries some residual fantasies coming from the earliest childhood wishes, the boy's wish to marry his mother, the girl's wish to marry her father, that some sexual events that occur in families bring with them such a harmful potential. What we have in mind here are the times when a parent engages in sexual activity

with his/her own child, be it as a child, as an early adolescent, or for that matter a mid adolescent. It is now well known that on too many occasions incestual events (sexual activity between family members other than husband and wife) occur which bring with them significant negative consequences. To be sure this is an unpleasant topic to consider. But consider it we must because of the harmful effects it brings to the child, to the adolescent. Mental health professionals tell us that according to their clinical experience and according to the few studies on the subject which currently exist, that the majority of children, including early adolescent, and mid adolescent, who are subjected to incestual activity will suffer lifelong problems in their own subsequent sexual lives, suffer difficulties in forming loving and trusting relationships, and suffer from vulnerabilities to excessive shame and guilt for many years. Incestuous activity involving parents are the most detrimental. Incestuous activities involving step-parents take second place in harm done to the child or early adolescent. It is well to know that a stepfather to stepdaughter, most commonly the early adolescent stepdaughter, is the most frequent form of incestuous activities reported. This is especially so where the stepfather suffers also from alcoholism. Incestuous activities by familial adults can also be harmful to many an adolescent. Quite possibly the most common form of incestuous activity is that which occurs between siblings. Although the most common, (studies are insufficient to give us firm data on these matters) their detrimental impact is not as large, although in a significant percentage of cases the harmful effects can be highly detrimental to later adaptation and may be lifelong.

This discussion of incestuous activity is difficult for parents as well as for children to consider. Nonetheless, we take it on because this is an area where preventing inappropriate sexual events from happening is a relatively easy matter. Mental health professionals have often found that sexually abusing adults whose subjects are children tend to rely on false assumptions which are believed to make their behavior possible. That is, a father assumes "This will do her no harm", or "She won't know what I am doing to her", or "She won't remember...", etc., using such falsifications makes it possible for many such parents and step-parents to engage in sexual activities with their children. We feel that when parents know what harm incestuous activity may bring to their children, they are far more likely to abstain from such behavior toward their own children and that they may be more benevolently vigilant in protecting their adolescent children from incestuous activities between siblings.

With regard to incestuous activity between siblings, it is not necessary to be harsh, to be punitive, to be overly alarmed by such activity. Rather, it will be sufficient in most cases to set limits in a constructive way, stating that the limit is set to protect against harmful later consequences, and also seeing to it that even where it is necessary for siblings to share a bedroom, that dress codes are reasonably observed, bathroom use reasonably respected, and that sexual activities are not permitted between siblings.

Handling Sexual Behaviors in the Early Adolescent:

We have already suggested that bathroom use be governed in a reasonable manner, recognizing the early adolescent's need for privacy, and the need to be protected against excesses of undress in the family. In some homes, parents insist, for philosophic or other reasons, that allowing nudity can work to the child's developing a healthy attitude toward self and sex. In such cases it is important to be attentive to the early adolescent's reaction to this state of dress or undress, and to be honest and sensitive about the degree to which nudity can be carried out. Early adolescents will find it overly stimulating, will feel inordinately uncomfortable, and will

attempt to accommodate to the family's wishes by using defense mechanisms which may in the long run be troublesome. For example, the early adolescent who deals with his or her own reaction with a feeling: "There must be something wrong with me that I get sexually excited when nobody else in the family seems to" and will then attempt to deny his or her own experiencing with the possible result that this adolescent will from here on question his or her own perceptions of things, his or her own reading of how other people are behaving, and not trust his/her own intuitions, observations, and understandings.

From the vantage point of what kind of dress, what kind of outfit to wear, the early adolescent should be given a substantial choice in what to wear. Clearly if the dress is too sexually explicit, parents have the responsibility of offering guidance by not allowing certain clothing to be worn to school, etc.

An item of much consequence to preadolescent and early adolescent girls is the question of when to begin to wear a bra. Parents are well advised to go along with their preadolescent and early adolescent's wishes in this regard. Arguing that an early adolescent is not ready to wear a bra when the youngster wishes to wear one is not advantageous. The cost of such an item is much less than the emotional consequences which may come to it for some young girls, for example the feeling of not being noticed, the feeling of one's developing sexuality not being meaningful, which may have a determining consequence for the way the adolescent feels later. Similarly of course, mothers can be very helpful to their daughter's handling her menstrual period, by talking about the experience in reasonable, positive ways, as well as about what to wear and how to take good care of herself. Some early adolescents find the use of tampons difficult to accept because they require intrusion into the vagina, something for which many early adolescent girls are not ready.

Seductiveness on the part of the early adolescent must be handled with sensitivity, thoughtfulness, and respect. That is to say, seductiveness has a place in life, where it can be quite beneficial in engaging another person into a relationship desired by the later adolescent and even the adult. Seductiveness need not be equated with sinfulness; it is an expression of sensuality for which there is an appropriate time and place. Seductiveness on the part of early adolescents toward the parents needs to be gently rebuffed at times with comments such as: "That makes me feel uncomfortable. When you get a bit older I am sure that some very nice girl/boy will appreciate and value that behavior. Your my son/daughter; this is not appropriate behavior between us. Save it for some lucky girl/boy." Obviously these words are only an example of setting an appropriate limit on seductiveness toward parents by early adolescents without being insulting, without rejecting the child's developing sexuality, without being offensive to the youngster. To be sure the early adolescent will react with embarrassment to such admonition by the parent. One of the ways the early adolescent may react is to say that this was not at all what the adolescent was doing, that there is something wrong with the parent for thinking so. Nonetheless, it is important that parents sort out whether the behavior is seductive, and if it is to set a reasonable limit on it. The same can be said for seductive behavior between siblings; similar comments can be made indicating that it is not appropriate with a sibling, but someday it will be appropriate with a boyfriend/girlfriend.

Parents who make their home welcoming for their children's peers are at significant advantage in knowing what kinds of peers their children associate with. Furthermore, it will make it possible for the parents to see at least some of the activities that go on between these peers and how their adolescent tends to behave with peers. Judgment needs to be used to determine what kind of behaviors may be allowed and not allowed, what may be precocious

sexual exploration or what may be excessively inhibited interaction. For instance, learning that one's 13 year old son was too shy to kiss a girl in the course of some party game of a benign nature, a parent may wish to gently address this issue, gently explore whether this is due to some benign shyness or whether it is due to an overly critical attitude toward sex with unreasonable depreciation of it arising from anxiety experienced by the early adolescent. Here again, where behavior becomes too explicit, or becomes too vulgar, it is well for parents to gently but firmly set limits and guide their child in this important area of life experience.

With regard to masturbation, the parents' responsibilities are limited to not allowing masturbatory activity to be public. Beyond that, masturbatory activity is the private domain of the early adolescent, and is an area where the parent should not intrude. We are speaking here of solitary masturbation; group masturbation or other precocious sexual group activities requires limits by the parents given that such group activity may push the early adolescent to proceed to premature sexual interaction. Normal, solitary masturbation is an area where the early adolescent requires privacy. It is well for parents to bear in mind that sexuality creates enormous problems for the young adolescent and that masturbation is the safest and least problem producing means for reducing high levels of sexual excitation which can not be discharged through creative channels. With regard to discussions about masturbation these can usefully be offered in a sensitive way, but the parent should be ready to retreat from such discussion when the early adolescent indicates an unwillingness to talk about this with the parent. This is exactly why good sex education in schools is needed: because teenagers often are too conflicted and embarrassed to talk with their own parents about sex and masturbation, due to their repressed family romance fantasies which involve these same parents (see Section 6.2311).

Handling Defensive Behaviors:

Efforts at desexualizing the self can be reasonable and require no intervention on the part of the parents. Abstaining from dressing especially attractively is not remarkable nor is it indicative of a major problem with sexuality. Too sloppy dress on the other hand, and sloppy body hygiene, do call for some discussion bearing in mind that underlying such too sloppy dress and too sloppy hygiene may be due to a high level of anxiety about sexuality where sensitive discussion may be very helpful. It is well for parents to be attentive to excessive weight gain and especially to excessive weight loss. Excessive weight gain, which often serves to mask the body's sexual features (see Section 6.2311), should be talked about as a medical issue -- it can eventually aggravate life threatening problems. Here, parents should not only try to sensitively make sex a less threatening issue for their young teenager; they can also help by encouraging better eating patterns, with foods selection and eating smaller portions of most foods.

It is especially in cases of excessive weight loss that parents cannot reduce their own early adolescent's anxiety about their developing sexuality, their developing body; and this is where professional consultation becomes necessary. It is important for parents to know that excessive weight loss, medically called anorexia, can be harmful to the early adolescent's evolving reproductive system, that it often interferes with regulating the menstrual cycle, that it does bring about imbalances in hormones, and, furthermore, that ultimately it may become a fatal illness, since about 10% of early and mid adolescent anorexics die. It is, therefore, a quite serious illness and needs medical attention. As with any other question parents would have, it is far wiser to consult a physician on questions the parents have pertaining to their early adolescent's health than to wait too long, when it is only too obvious that medical help is needed.

Defensive hypersexualization in early adolescents require parental attention. Excessively seductive behavior, excessively seductive dressing, require parental guidance. Of course, where the parent- adolescent relationship is quite positive such limit setting will be useful, helpful, and probably effective. Where there are significant problems between the early adolescent and his/her parents, greater difficulty will be encountered in offering guidance and in setting limits and may lead to rebellious behaviors which can become quite problematic. Early adolescents whose hypersexualization is not attended to by the parents may lead the early adolescent into all kinds of difficulties, and where the adolescent-parent relationship is poor, may facilitate the way to delinquency, most commonly expressed in girls by precocious and promiscuous sexual over activity.

Optimizing the Influence of Sexuality on Other Tasks of Adolescent Development:

Where sexual preoccupation interferes with the ability to study, to concentrate, it is well for parents to try to help their early adolescent organize their study habits toward greater effectiveness. This will mean securing a sufficiently isolated study area, with good enough lighting, the reasonable reduction of noises in the apartment or house, and with occasional checking how the studying is going as well as looking at the work once it is done. It is also well to be available to the early adolescent for questions regarding work assignments that create problems and to help the adolescent while at the same time encouraging greater effort in doing the work on her/his own. The parent needs to use judgment in determining when to encourage the youngster to work alone and when to respond to the adolescent's request for help.

It is useful to know that some early adolescents find being alone too difficult and interferes with their efforts to concentrate. Some may find the sound of a radio to provide them with just the degree of not being alone needed to be able to concentrate and study. It is important for parents to sort out whether the use of music is interfering with studying or whether it is facilitating studying. Where total silence creates a feeling of intense loneliness, a softly (i.e., not too loud) playing radio may facilitate the early adolescent's ability to study. Discussions about this with the adolescent are warranted and the adolescent ought to have a voice in deciding whether or not a radio is helpful or interferes with the youngster's efforts. Television, on the other hand, because it uses two sensory modalities, both hearing and seeing, does interfere with concentrating on homework and it is well for parents to not allow the use of television while doing homework.

Asking how the work is going when the young adolescent comes out for a glass a milk and a cracker, checking if the work is done before the early adolescent goes to bed, showing an interest in the adolescent's work efforts, all help the adolescent. Of course, unless it is warranted, over-concern may undermine the youngster's self confidence. Therefore, beware of nagging, of being too intrusive, of not allowing the adolescent sufficient autonomy to decide how to best proceed in doing the work required.

It is important that parents support their children's study and creative endeavors given that excessive sexual energy, sexual pressure can be channeled into these. Activities such as studying and learning but also involvement in sports, art, playing an instrument, etc., which provide the child with a remarkable channel for the discharge of all kinds of emotional energies, is a highly desirable channel for parents to support, encourage, cultivate. Again, this is best achieved by being interested in those activities where the child has particular talents and has learned skills over time. Of course attending school related events, be it parents' visiting night,

or school and extracurricular sports events, musical, dance events all are highly supportive of the early adolescent and may be the largest contribution parents can make to their children's interests in these activities.

One of the factors parents are well to know about the emergence of adult-form sexuality in their early adolescents is that it contributes to the important and difficult task of distancing the self from the mother and father of early childhood and shifting the valuation of relationships more and more to the peer group. This is difficult for parents. It is difficult to feel a lessening degree of importance the parent exerts on the child. Nonetheless, it is important that the parents help their child achieve this so that he/she can go on into the world, make his/her own life possible within the generation to which the early adolescent belongs. It is therefore important that parents allow the adolescent to push away from them from time to time, to turn more and more to peers. This is why allowing the use of the telephone for contact with peers is useful; why allowing the child to spend time with his/her peers after school is useful; why welcoming the early adolescent's peers into the home is important. It is well for parents to ascertain whether that pushing away is too rapid, too harsh, too hostile; rebellions need to be dealt with actively, thoughtfully, gently and firmly, in non-depreciating ways; they are not easy and professional help may and can be very helpful. Similarly where the shift to peers is not beginning, where the 14 and 15 year old tends to not form relationships with peers, tends to never complain about going out with the parents, exploration by the parents is warranted. That is, they should look to why the early adolescent is resisting pushing away from the parents and moving toward peers sufficiently. To be sure, some early adolescents will be slower at activating this shift in relatedness than others. No alarm is required here. It is however well, for parents to think about this, keep their eyes open to the question, and make occasion for talking with their adolescent about this issue when appropriate and feasible.

Handling Mid and Late Adolescent Behaviors:

It is important for parents to accept the fact that more and more during mid adolescence and late adolescence they will have less and less authority over their growing children's behaviors. Still, however, they can be helpful, can guide, can even set limits when necessary. Parents should expect the adolescent to progressively gain mastery over his/her sexual behaviors, feelings about his/her own sexual development, and they can expect a greater degree of adaptive capability. Interestingly, the adolescent will have a low tolerance for overt sexual behavior between the parents. Although adolescents are best protected by knowing that mother and father have a good love relationship which includes sexual activity, they are most uncomfortable in hearing any discussion of parental sexual activity, and many mid and even late adolescents have an adverse reaction to the idea of their parents having a sexual life with each other.

Most mid and late adolescence progressively then stabilized in their patterns of dealing with their sexuality, including their bathroom traffic, their state of dress, their seductiveness with parents and with siblings. Nonetheless, some mid adolescents still venture into behaviors which require parental guidance, as well as parental limits. This is especially so in the area of seductive behaviors and state of dress behaviors. By this age this matter should be clear to the mid adolescent and where some lapses in reasonable behavior occur, parental limits continue to be enormously helpful. Limits can be set firmly, the same rules being stated as have been repeated before even if these become tiresome and annoying. Parents should recognize that it is not that

they have not been understood which is leading to a repetition of unacceptable behavior, but rather that there is a continuing degree of insufficient mastery over sexual pressures that are activating the mid adolescent's behavior. Of course, where the seductive behavior leads to sexual activity, that is then incestuous activity, parental efforts have to be more vigorous, more persistent, and more continuing vigilance is required. It is critical to sort out the degree to which the mid and late adolescent needs and deserves the privilege of privacy, and where this privacy may facilitate incestuous activity, and, indeed, whether or not this is going on. Adolescents need privacy in much of their activities be it toileting, dressing, homework, and even in social activities. Nonetheless where there are signs of sibling seduction and erotic interaction, privacy is going to have to be monitored and even intruded upon, and it is well that this be clearly established. It is well for parents to bear in mind that sibling sexual interaction may begin well before mid adolescence, or it may begin in mid or even late adolescence and that parental help is usually needed to stop it. When such activity is found, or is believed may be occurring, discussion of the problems such activity often causes can be enormously helpful in resolving such unacceptable behaviors. Discussions that are respectful, explanatory, where strictures are clearly stated, are far more effective than scolding, humiliating, and insulting.

With regard to mid adolescence and late adolescence sexual behaviors with their peers, parental judgment, sensitivity, judiciousness are essential. What is appropriate for a mid adolescent? It is appropriate for a mid adolescent to engage in kissing, in petting activities, it is more questionable whether sexual intercourse is appropriate for the adolescent 15 to 18 years of age. In Western culture it is not uncommon for mid adolescents to engage in sexual activity to the point of sexual intercourse. To deny that such occurs is only inviting lack of preparedness on the part of the mid adolescent, is naive, and robs the parent of being helpful to the mid adolescent. Not every mid adolescent will be ready for intercourse. It is no more reasonable to insist that a person by the age of 18 must have had intercourse as it is to hold the view that no person 16 should have intercourse. Parents will never be able to control whether or not their 16 or 18 year old has intercourse or whether they should or should not do so. It is helpful to allow the topic to surface in discussions when it arises spontaneously, usually most easily in terms of what other adolescents are doing, so that sexual behaviors need not be unduly kept hidden from parents out of fear of disapproval and rejection. These matters are not easy for parents and adolescents to discuss, but humor, talking about other adolescents, commenting to behaviors seen and heard about other adolescents, can be guiding to one's own children.

Allowing sexual activity in the home is of course a matter of individual parental choice. Once parents have a standard to which they want to hold that can be made known to the adolescent in due time. It is well to again emphasize that the balance between allowing age appropriate sexual behaviors to be carried out in the home and disallowing behaviors that are felt to be premature for one's own mid adolescent is left to the parents, but that parents are advantaged when what is permitted happens at home rather than elsewhere. There is a wide range of what is felt to be reasonable by parents and each family must determine its own standards of sexual conduct.

A word on masturbation. Mid and late adolescent masturbation is none of the parents' business; such activity is strictly reserved for the privacy of the adolescent.

Where defensive behaviors remain within reasonable range, be it some degree of reserve, some degree of over-channeling sexual energies into creative activities, these are benign and of no concern for parents. It is where the mid or late adolescent's inhibitions against sexual behavior are too great, or the behaviors too loose, that parental attention needs to be paid to these

and concern judiciously expressed. Of course, excessive weight loss, again, features as among the most worrisome of the defensive operations against one's sexual development and here professional help is warranted.

Sexual development, pressures and concerns continue to influence other tasks of development. Parental support continues to be helpful with regard to the adolescent's efforts at doing homework, at concentrating and studying. Interest in the adolescent's school work and other creative activities will help him/her fend off interferences from sexual excitement and arousal. Approval of good work, approval of good a grade, of a good report card, of a successfully achieved project, continue to be important to mid and late adolescents. Making the honor roll, being selected for a prize, all deserve applause and benefit the adolescent. Attending performances, be it in sports, in theater, in music, all are enormously supportive, appreciated, and enhance the adolescent's creative efforts.

With regard to the development of self, the movement away from the centralization of the parents and the shift toward peers need to be permitted by parents, at times even under relatively unpleasant conditions. For instance, inviting a 16 year old to come to dinner with the family may at times lead to rejection of such invitations by the mid adolescent. Some parents are offended by such a refusal, not realizing the need for the mid adolescent to disengage from certain family activities which place the parents at the center of that activity. Some parents find it difficult to tolerate the fact that the mid adolescent would prefer to spend the evening with his girlfriend, or her boyfriend, than stay for a gathering with some family members who are visiting from out of town. Such refusals on the part of the mid adolescent, and the late adolescent, are however, part of their effort to push away from the parents, pulling closer toward peers, an activity in which they need parental permission and even approval. Where a 17 year old never refuses to spend an evening with the family, seems insufficiently engaged in relationships with peers, attention to this matter is warranted. Where parents feel they cannot address the issue satisfactorily themselves, professional consultation can be very helpful.