I would like to thank the Association for the Advancement of Psychoanalysis for the opportunity to discuss Dr. Bemporad's very interesting paper, in which he calls our attention to one of the most unexamined aspects of the most underexamined phase of childhood development—latency. That we are now seeing more psychoanalytic interest in this phase probably reflects the impact on psychoanalysis of the women's movement: old assumptions about male and female development have been assaulted by new curiosities about developmental differences, whether constitutional or culturally imposed, between girls and boys. Such curiosity is reflected by Dr. Bemporad in his allusions to the work of Gilligan.

Following the formidable tasks of negotiating the attachment-separation process and of Oedipal resolution, a child has 6 to 7 years until adolescence. During this time, the child confronts many tasks and demands, not only new ones, but also earlier ones in attenuated and less overt elaborations. Certainly we do not equate adequate separation and adequate Oedipal resolution with closure on these issues. One of the most important tasks of latency, therefore, is consolidation of the multiple, sequential, but overlapping developmental accomplishments of earlier childhood. The density of the developmental demands placed on the child from birth through the Oedipal phase is surely greater than the density of demands in any later phase of the normative life cycle. Thus, optimally, the latency years provide the opportunity for, among other things, a continuing adaptive integration and consolidation of the preceding achievements.

Cognitive growth, with its associated sublimation of sexual drives, is a second major task of latency. It is among the more amply elucidated aspects of development in this phase. So, too, is the acquisition of competitive skills. Erikson's stage of industry versus inferiority might be viewed not


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as a struggle with two possible outcomes, but as a hierarchical arrangement of potential outcomes with marked competitive weakness at the bottom and exceptional competitive strength at the top.

To consolidation, cognitive development, and the acquisition of competitive skills, Dr. Bemporad has added a fourth major task: “learning the manner of friendship.” He has hypothesized that in the increasing complexity of human culture, with its ever more prolonged length of time between separation and procreation, humans require something more and different to serve as cohesive forces between individuals, Dr. Bemporad has postulated a stage of affiliation, in which these new bonds, affiliative relationships, are formed. He states that the failure to negotiate this phase adequately will lead to certain types of adult psychopathology, less florid than that which results from earlier failures.

Dr. Bemporad has clarified for us what makes affiliative relationships qualitatively different from infantile attachments: they are peer relationships, involving mutual give-and-take, cooperation, sharing, and decreased emphasis on exclusivity. I am in complete agreement that this “learning of the manner of friendship” is a crucial and phase-specific new task of latency; however, I would prefer not to designate an affiliative stage, because that term may appear to diminish the importance of the other, simultaneously occurring developmental processes of latency, previously enumerated.

There is one aspect of Dr. Bemporad’s paper that I found myself questioning: he suggests that the kind of affiliative failures illustrated in his case histories occurred in children who had achieved a substantially successful negotiation of both infantile separation and Oedipal resolution. In reviewing the two case histories presented and in thinking about cases of affiliative failure which I have seen in my own practice, I find evidence of mild-to-moderate separation disorders, among which I would include the failure to consolidate separation during latency.

We know that borderline and severe narcissistic pathologies result from major disturbances in infantile attachment and separation phases; however, there is no absolute logical converse to this knowledge. That is, a patient who is not diagnosable as borderline or severely narcissistic cannot ipso facto be assumed to have had an attachment and separation process which was free from psychopathogenically significant problems or distortions. It may be that the child with mild-to-moderate separation disorders, among which I would include the failure to consolidate separation during latency.

The first case presented is that of the young woman who developed severe anxiety attacks associated with attendance at graduate school classes, suggesting a phobic component. She is also described as rather narcissistic. Dr. Bemporad states, “Her development was uneventful until age 6, when her parents separated. . . . However, the parental estrangement had a