LEAN BACK IN THE TRANSITION FROM LATENCY TO ADOLESCENCE: CASE STUDY

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Abstract - In this study, a pubescent's loss concern from early childhood experiences and fixation of the oedipal period, which makes latency transition difficult, was discussed within the framework of psychoanalytic theory. A total of 14 psychotherapy sessions of 50 minutes per week and two preliminary interviews with a 11,5 year-old pubescent as well as responses to the applied Rorschach and CAT tests, were assessed by considering early and oedipal period experiences of the pubescent. There was a decrease in the anxiety of depression and castration, as the trust relationship between the psychotherapist and the meaning that the adolescent attributed to the psychotherapy increased. According to the psychoanalytic theory and the literature, it was determined that the anxieties of pubescent are grounded by the pathological relationships established with the parents. Anxiety over the loss of object from early childhood experiences and the fear of punishment from the oedipal period diminished with the support of the suppressed unconscious impulses of psychotherapy, and the pathological relationship established by pubescent with their parents is partially resolved in the context of the relationship established with the psychotherapist, and thus the pubescent was able to withdraw the investment from the first object and oedipal love, succeeded to invest in herself.

Keywords - Depression, Castration Anxiety, Latency Period, Puberty.

I. INTRODUCTION

The "latent period" known as Freud's fourth of the psychosexual developmental stages is the last stage before adolescence. During this period there is a pause in sexual development. Oedipal sexual fantasies are suppressed by the superego with the castration anxiety. While the oedipal child is being exhibitionist, the latent child is expected to give up his oedipal investments and invest in the ego. These investments are ingested by identifying those with the parents. During the latency period, parents and teachers are idealized. This is a critical period because it gives clues to the next stages of development. If the child of this period does not settle down, it could be said that the child's impulsivity will increase in adolescence.

During the latent period, personal and social learning has ensured the control of the child over his/her body and a certain amount of control over himself/herself and his/her environment. Suddenly with the adolescence, pubescent finds himself/herself struggling with a brand new situation that he/she cannot control. Everything begins to change at once: the body, the emotions, the thoughts, the excitements and the gaze of the adults.

The adolescent, who is trying to accept and control his /her new body, is at the same time, in search of his/her spiritual identity. The adolescent searches for his/her identity in society and family, and experiences the process of discovery and reflection intensively to reveal his identity. In order to get out of the role conflict, the adolescent address himself/herself with the following questions: Who am I? Where do I come from? Where should I head? Why? The satisfactory answers that adolescent will give to these questions are essential for his/her adequate self-development. The identity seek in the adolescence period is too complicated that it cannot be considered apart from the past of adolescent and parents. Relations established during the first childhood will also exist in the continuing spiritual life. This, in turn, leads to the emergence of compensation and transformation capacity, which allows changes.

There is a harmony between childhood and adolescence period. Before birth, parents were able to imagine the baby as they wish, but during and after birth, there are various harmonization and inconsistencies between the dream baby and the real baby. In adolescence, just as it is in the newborn baby, an identity reveals itself that parents themselves do not expect. Parental conflicts and this new identity recognition, acceptance and imposement processes force adolescent considerably. When the present time is too difficult, the adolescent may flashback a familiar situation in childhood.

The vivid imagination and intense anxieties of young children make it easier for the psychotherapist to get in touch with them unconsciously, but this convenience is not apparent during the latent and adolescence period. Latency child has a very limited fantasy experience because of his strong tendency to suppress as a result of this period. Their desire to start and continue with psychotherapy is very low due to their undeveloped personality and insufficient insight when compared with adults. In adolescence period, the impulse of adolescent is strong and their fantasy world is rich. Moreover, they may outburst their anxieties and emotions more intensely than latent children.

In this study, a pubescent's, who is in the transition from latency to adolescence, loss concerns from childhood experiences and oedipal fixations that make latency transition difficult are addressed in a psychoanalytic framework. In this respect, it is aimed to investigate the difficulties experienced in stepping out from latent period and in adapting to adolescence period through the case and to reveal the necessary conditions necessary for the case to adapt to the social environment. In this study, the name of pubescent and the personal information are kept confidential.

II. DETAILS OF THE RESEARCH

2.1. Case Vignette

The case is a girl who is 11 years and 6 months old and continuous to 5th grade. Her mother (35) is a nurse and her father (36) is a police officer. She lives with her mother, father, one brother (7) and one sister (3 months old). The parents of the case were married despite the opposition of their parents. When her mother got pregnant, she was at her last year in the university and this pregnancy was not planned. After the birth, the parents of the case were separated for about 4 months due to the work of the father. Her grandmother looked after the case until the age of 5 years because of her mother's work. According to her parents' statements, the grandmother is quite an oppressive and threatening person. Childhood period of the case has been very difficult because of her oppressions and threatening sentiments such as "if you misbehave your mother and father will not come". The case had a lung infection at 18 months of age and remained at the hospital for 22 days. In addition to these, she has undergone various operations due to hearing problems. She had received speech therapy in her later ages.

According to the statements of the parents, the case is very anxious. She experiences serious anxieties in many areas. Especially anxiety related with loneliness is high. She cannot stay alone. While she is being very emotional and sniveling, she sometimes experience burst of anger. But she refuses to talk about it. She is very keen on her father and she makes a big thing out of small matters about him.

2.2. Materials and Procedures

Sessions started upon the request of the family and with the guidance of the teacher. A total of 14 psychotherapy sessions and two preliminary interviews were held, once a week for 50 minutes. The sessions, which began in September 2016, continued until December 2016. In addition to individual sessions, additional sessions are conducted twice with her parents and once with her mother, with the approval of the case. After each session, a report is prepared by the interviewer and it has been a guide for the next sessions.

Weekly session reports and key words obtained from the Rorschach and CAT responses were categorized and re-examined with the themes set out from the adolescent and adolescent approaches of psychoanalytic theory related with latent and adolescence period.

Rorschach Psychogram:
R:16; F:13 (7F+, 6F-); kan: 3
G:%25; D:%75
BAN:3; A: %100
Shock: 1, Rejeciton:3.

III. FINDINGS

According to the sessions and the applied Rorschach and CAT test responses, the problems of the case were addressed in three different dimensions.

3.1. Depression in the Early Childhood Experience

In the Rorschach test, rejection of card III, which gives information about object relations by referring to parent image, and again rejection of card IX, which carries maternal images; experiencing shock at VII. Card bearing maternal symbols and getting negative form (F-) responses; B level responses of I, IV. and X. cards which refers to mother relationship in the CAT test and the processing of the "sleep" theme in the entire CAT test suggests that the case experienced deprivation in childhood period and that these kind of anxieties could not be fully compensated.

During the first 9 psychotherapy sessions, the case did not lean backwards and sat by getting support from her elbows and legs. She remained quite silent in the first sessions and stated that the long silences were good for her; the case strengthened her ability to remain alone in psychotherapy sessions. Later on in the interviews with the family, it was clear that the family had oppressive attitude such as "tell me what happened" towards her. The patience of psychotherapist to stand against the insistent attitude of the family provided a basis for the case to open up herself.

Initially, the case could not come to the sessions alone and could not stay alone at home; as the sessions progressed she managed to stay at home alone and walked to the center by herself which was very close to her house. The case stated that she was afraid of dark and being alone in the first sessions; she began to express her concerns more clearly and comfortably in the following sessions. Feelings of loneliness were found to be revealed as "I am afraid to lose my loved ones". Besides, she expressed that she was most afraid of losing her father since he is a police officer and he smokes. Finally, the case who has lossconcern led her anger to herself since she could not direct it to the love objects. The fact that the case often bites her nails and tears of cuticles are indicative of self-aggression. As the sessions

progressed, the anger and guilt dimensions of the depression were addressed and the depth and clarity of the wounds on the side of her nail began to decrease. She even occasionally took care of her fingernails and participated in sessions with a pink nail polish.

3.2. Fear of Staying Out and Castration Anxiety

The rejection of IV.card, which refers to the superego by triggering the castration in the Rorschach test; failure of getting close to active identification of VI.card's (squirrel) responses which involves phallic symbols; B level responses of III., VII. and X. cards which refers to the phallic power symbols; the castration anxiety and the superego development in the CAT test; inability to stay out responses of V. and VI. cards suggesting that the case carries castration anxiety and has oedipal period fixations.

In the case, the words "father" and "love" have been associated with the word "love" separately. While the love towards the father is expressed in the form of anxiety about being harmed during the first sessions, it is clearly expressed as the mother's entrapment of father in the following sessions. "I fear that something may happen to my father. What if the thieves harm him while he is trying to catch them? "- 7. session

The case quickly accepted the psychotherapist' comments about identifying herself with the thief and the fear of losing her mother's love while she is trying to get her father out of her mother's hand. And also fear of her own anger severity (the possibility of the thief to harm him) if she lost her father, and she gave a note to the psychotherapist at the end of the next session. In the note, she wrote that she saw her mother and father during the sexual intercourse and expressed the discomfort she felt.

The case did not come to the next session after giving the note. One week later, they touched on the relationship between not coming to the previous session, watching her parents secretly, feeling uncomfortable, trying to get her father out of her mother's hand, and guilt and punishment fear caused by sharing those with any other person. The case apologized to the psychotherapist for crying at the sessions. The feelings of anger and guilt created by the inability to stay out of the parents relationship have found themselves a statement basis in the sessions of psychotherapy, and the frequent apologizes of the case gradually diminished and came to an end.

Towards the last sessions, she began to show interest in a boy from her class and this has been interpreted as a sign that she has succeeded in being third and able to attract her investment from her father and grow out of latency to adolescence.

3.3. Defense Mechanisms

Both tests indicate that the suppression of emotion, the leaning to concrete and the poor content, can be attributed to the low symbolization capacity and that she cannot connect her affects to notion (inadequecy about causation).It has been observed that the case refers to inhibition and isolation defense mechanisms during the test application and the psychotherapy sessions.

When the letters and voices are thought to be related with symbolization, she whose symbolization skill is rather weak, also experiences difficulties in speaking. Difficulties in spelling some letters discourage her to speak. On the contrary, as the sessions progressed, she said that she wanted to be a foreign language teacher when she grows up, and the compensation efforts for deficiencies have been addressed. In the first sessions, she never expressed her emotions, described daily routine events or her thoughts. When her speech difficulties are related with early childhood experiences, it made the case relieved. In the following sessions, she started to talk about her emotions and reflected her affections. In the beginning she could only say that she was upset, she sometimes cried at the sessions and managed to explain why she cried in detail as the sessions progressed. In interviews with parents, the fact that the case expresses herself more easily and begins to keep diary, suggesting that the defensive mechanisms is gradually being released by strengthing the ego.

CONCLUSION AND DISCUSSION

According to Freud's explanation of depression, there is a loss of real object (mourning) or loss of unconscious love object (melancholy) in the depression. This is perceived by the individuals as abandonment and dislike of the loved ones, and introjected as feelings of worthlessness, uselessness, and inadequacy. However, strict superego and individual-specific defenses determine the appearance of depression. When we look childhood experiences of the case, the long-term separation from the mother and threatening of the caregiver (grandmother) with love objects has led to loss concern in the case. The depressive individual directs aggression to herself to protect the object. In the same way, the case directs aggression to herself and damaging nail cuticles to point out this. As the sessions progressed, however, she began to take care of her fingernails. Love of the case for her father and the anger directed to her mother brings to mind the fixation of oedipal period. It is known that girls experiencing positive oedipal with fathers in the oedipal period between 3-6 years of age affects the development of identity and future gender identity positively. However, the case spent her 3-5 years away from the father and she could not get close with the father and she sometimes remained separate from the mother. Towards the end of the oedipal period, the close bonds established with the

father between the ages of 5 and 6 and this delayed the oedipal period and caused fixations. The case cannot accept being outside and she is disturbed from her parent' intimate moments, their hug in the house, and even her father's gift to her mother. As the sessions progressed, oedipal love began to be replaced by elementary school love, and the investment can be made in her ego. Impulsivity and aggression suppressed by emotion and affection are known as inhibition. The inhibition defense mechanism that the case refers to is thought to be neurotic. Since she tries to take the father out of the mother's hands unconsciously, she is concerned that the castration (the fear of being punished for authority) will come from the mother. She did not show any sign of affection in the first sessions, she could cry in the following sessions and she could speak with his psychotherapist and her parents about her feelings. In short, separation of affect from thoughts by suppressing emotions and distinguishing ideas instead of emotions is called isolation.

Similarly, it is thought that the case believed to be punished by her mother unconsciously because of her oedipal love towards the father and she cannot connect her affects to thoughts. As if the case discloses her emotional world, she will not be able to control her anger, and she will be castrated due to her aggressive impulses. For this reason, she isolates her emotions. In the following sessions, she allowed her affections, was able to achieve to create cause anf effect relationship by specifying the causes of emotions such as sadness, anger, jealousy. As a result, after 9th session, the case was able to lean back comfortably, stopped getting support from her elbows and knees. This behavior was interpreted as a somatic expression of trust in psychotherapist and psychotherapy room. The loss concern from early childhood and the castration anxiety from oedipal period began to leave their place to anxiety of success and anxiety of appreciation and she entered in the transitional period of adolescence by leaning back.

In this study, the difficulties which the case experienced about; her lossconcern from childhood experiences, oedipal period fixations and the challenges in transition from latency to adolescence were discussed within the framework of psychoanalytic theory. The therapeutic relationship established in the sessions of psychotherapy had significant effects on her. Self-destructive behaviors resulting from guilt, suppressed emotions by anxiety of castration, will contribute to the work to be done with pubescent who are in transition from adolescence to adulthood.

SUGGESTIONS

The role of unconscious and person-specific defense, individual and trust-based work done with pubescent is important in terms of understanding and assisting them. The work carried out has a noticeable effect on the case, despite the limitations and her earlier termination of the psychotherapy than it is actual schedule. Therefore, it is thought to be useful to share it as case report. In being alone inabilities and fear of being punished against authority, the approaches that limit pubescent by degrading them to the present time are far from being able to treat the problems that they are experiencing as a whole with early childhood and oedipal crisis. The increase of researches based on the childhood experiences of pubescent which reveals their view of their unique stories will lead to a better understanding of both childhood and adolescent problems and therefore the improved solutions will be more viable and permanent.

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