

Clinical possibilities of maternal reverie on the infant sexual abuse copying

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ABSTRACT: *Psychotherapeutic and clinical interventions on child sexual abuse is one of the most complex tasks for those who seek to alleviate the multiple damages caused by this execrable crime. The experience on child sexual abuse treatment shows the difficulties interveners, especially psychologists, counselors, social workers, judges and prosecutors, have to estimate how this felony harms the interior world of the victims specifically when infants have no sufficient verbal language resources to let the others know how frustrated, disappointed, desperate, horrified and so on they are. That's when other clinical assessment resources such as Bion's maternal reverie emerges to foster understandings over the infants victimized, considering the primary maternal experience and natural intuitive knowledge mothers have on their babies. In this work some reflections are proposed from the clinical psychological experience on the treatment of child sexual abuse, highlighting how mothers deal with a diversity of psychological circumstances to rehabilitate their children. Additionally, some non-verbal copying actions are described and associated in a theoretical way to a cultural Airo Pai Peruvian Amazon community moral and the unique monomial and binomial relationship mothers could use to help the victims to feel better.*

KEYWORDS – *infant sexual abuse, non-verbal copying, maternal reverie.*

I. INTRODUCTION

Psychotherapeutic intervention on child sexual abuse is one of the most complex tasks for those who are engaged to alleviate the multiple damages caused by this crime. It is well known that any intervention must bring together different professional and social forces and commonly high professional expertise to try to handle the different impact dimensions this felony provokes. Thus, medical and nursing care are extremely important facing physical pain, healing injuries, and avoiding eventual life risk. On the other hand, legal intervention involves measures to help direct and indirect victims to carry out the effects of the aggression and to implement the judiciary investigation. Subsequently, or at any time during this process, social and psychological assistance are possible. For instance, the Peruvian Assistance Unit for Victims and Witnesses, which was created by the Public Ministry approximately fifteen years ago, foresees the need for victims to receive psychological and social services that allow them to face the consequences of the crime and promotes their participation in the criminal investigation throughout a firm and truthful testimony. [1]

Another service of a similar nature is the one operated by the Peruvian Ministry of Women and Vulnerable Populations through the offices of the Women's Emergency Centers. Perhaps from the Peruvian State, both are the most important services concerning victims assistance and both articulate three instances of

intervention: the clinical (psychological), the social (social assistance) and the legal (guidance victims receive during the investigation process).

However, if we focus on victimized babies, it is possible to find that they have lot of difficulties to express clearly at least in a verbal way what they suffered and how they feel, because they don't have enough verbal resources to let the world know their internal traumatic experience. For the forensic interventions that fact represents an obstacle to lead the investigation and for the support assistance units a limitation to channel precise recovery actions. In this vein, it is possible that many doubts arise about how to help small children when is practically impossible to interview them since they are under three years of age. In this case, the forensic evaluation stands mainly on the medical intervention that will determine the physical injuries observed in the victims. Meanwhile the assistance services will try to provide support to the family members, accompany them and the child's family, monitor their improvement, which will entail, for example, the psychological services, the provision of counseling and eventual adult psychological therapy.

In fact, psychological therapy on a child under three years of age presents in my views two challenges and possibilities that the psychoanalytic perspective tends to handle. For example, considering the power of Bion's maternal reverie and the possibility of baby's emotional mother readings coming from a customary practice of the Peruvian Amazon community, a wide range of insights could be opened to coping with the deleterious effects the abuse provokes.

II. PHENOMENOLOGICAL DIAGNOSIS AND OTHER NON-RESTRICTIVE ALTERNATIVES

1. Diagnosis possibilities. Moreover, one of the great challenges for those who practice psychology is precisely the ability to understand what is happening with the patient. Often confused between discomfort and suffering, it may be difficult to pinpoint exactly what is going on to them. In this sense, the phenomenological clinic emerges based on a set of signs and symptoms, that lead the clinician's actions towards both the diagnosis and the treatment that the patient needs to rehabilitate. In the case of sexual abuse, this type of intervention obliges to establish and differentiate clinical entities. In other words, that pushes to a diagnostic such as acute stress (AS), post-traumatic stress (PTSD) and dissociative syndromes (DS) among others [2]. If so, the emphasis is placed on the event *per se* and its capacity to stand the victim in front of some level of real or potential harm. Then, the clinical node is given by dread, that is, by the intense fear caused by the perception of a threat to one's physical and/or psychological indemnity. This can also happen when patients perceive the threat over the others (indirect menace). The common symptoms (among many others) in any of the cases are alterations in circadian rhythms, agitation, relives, emotional dullness, dissociation or depersonalization, eventually flashbacks, but most importantly the loss of sense of joy.

Child sexual abuse in any of its forms turns out to be a deleterious experience that violates human dignity and violates the child's indemnity. Its symptomatologic effects will depend on, for example, the coping resources inherent to each aggrieved minor, the intensity, frequency, duration of the criminal act and, of course, the degree of emotional closeness of the aggressor towards the victim. That is say, the duration in time of the sexual assault, the violence and other damage that has been exerted in its perpetration and the degree of emotional proximity between the aggressor and the victim (the damage is even greater when the abuse comes from a loved one or a close family member) are those that further aggravate the impact of this crime.

2. Language development in the sexual abuse. But what is the impact of sexual abuse on an infant who has not yet sufficiently developed language? Once the symptomatic assessment of the abuse has been made, thanks to psychoanalysis we are able to go beyond, nor even establishing a temporal space for the appearance of these topic characteristics given by handbooks (i.e. DSM -V) as it is in AD or PTSD. The clinic of psychoanalysis is very clear in pointing out what Lebigot[3] and Crocq[4] have found as two foundations to understand what trauma is: the first is the irreducibility of the impact of sexual abuse to mere symptomatic externalization, since it is considered a general state of confusion [5] [6], the confusion of two languages, guilt and denial [7] the difficulty of psychic elaboration of the event; the neurosis of "war" in times of "peace" [8], the surprise factor [9] the *living vesicle* and the previous state of neuropsychological arousal[3], helplessness

[10], the image of trauma, the encounter with death and remission to nothingness [3]. On the other hand, trauma effects relativize the temporal space since for psychoanalysis we cannot speak of days or months for the clinical picture to appear with the evidence that the phenomenological clinic recommends. In fact, the externalization of symptomatology could appear after many years or, in any case, the victim could develop the destructive effects of the abuse overtime without necessarily being subject to the period expected by the American Psychiatric Associations syndromic symptoms. Moreover, there seems to be a consensus on language elaboration properties to overcome the trauma. [3] [4] [6] [11] [16]

In this sense, a common aspect victims experience is the loss of the joy of living. Thus, everyone who has experienced sexual abuse could present emotions and life situations full of grief, life dissatisfaction, discomfort, chronic suffering and loss of the meaning of existence [11]. For these reasons, psychodynamic approaches propose that is better not to limit this phenomenon to PTSD but open it to a myriad of inclusive possibilities topsychotrauma or psychological trauma, which always refers to an essential issue: deep mental damage and alteration of the meaning of being alive.

Laing and Kamsler [12] express confidence on the victims to overcome the abuse effects because they have inherent human being potential. For these authors, people have the power to emancipate themselves from ignominy that the criminal act tries to impose, but in any case, victims need to be respected and their testimony appreciated [5] [13], they need to receive early psychotherapeutic care [14], welfare care [1] and community parentingsupport[15] to alleviate the damage caused by the felony.

Regardless of the epistemological bases, it seems that the evaluation of the experience of sexual abuse goes through the content of the verbal language of those who have the maturational capacity to express at least in part such an event that in forensic instances always refers to the questions of what, how, who and when.

However, the intervention on minors who have no enough language development, requires to consider many other forms and ways to express their psychological suffering. Josse, for example, emphasizes the global and totalizing corporeal response. In this way, screams, intense and incessant crying with psychomotor agitation on one side, and on the other side, startles, recoil movements, paralyzed vigilant state, permanent alert are the expression of a state of anguish. [16]

Babies, continues the same author, could present a state of psychic unavailability, screaming and crying as if they had lost the support of an attachment figure; monotonous crying, despair, apathy, withdrawal, strange and repetitive behaviors are common reactions that frames a depressive state. In the behavioral area, self-injury, hitting oneself, hitting others, biting one's nails until they bleed, twisting, scratching; disorganized behavior, sleep disorders, no eating motivation, regurgitation, vomits, breastfeed rejection or on the contrary eating anxiously, very greedily, crying while eating, mericism and somatization (colics, eczema, asthma) are other trauma manifestations.

3. Facing trauma and maternal reverie. From a psychosocial point of view, intervention on the abused minors is precisely to separate them from the danger and to avoid every contact with the aggressor. Likewise, children receive medical care and their families are evaluated to determine if they are in a position to protect them properly. If this is not the case, it is ordered that someone suitable from the family environment is responsible for the victim, and if despite this attempt the minor does not dispose of a suitable person to be protected, the State then orders other legal measures to place victims under the responsibility of community social work shelters.

In families where abuse has occurred, everybody asks for what to do, that is, what measures should be taken. For the purposes of this analysis especially when victims are very young or when victim is a baby. That's when maternal reverie emerges as a valuable alternative.

Thought by Bion [17], the function of the reverie emphasizes in the mother or whoever takes her place the sense of anticipation, assuming and mentalizing the needs of the newborn and the infant who are still affected by the immaturity of their language and who finds in the capacity of their caregiver an ideal mean to be understood and helped. Thanks to this intuitive faculty of mental metabolization both caregiver and babies establish a especial bond which fosters the optimal growth and emotional stability.

In this way, both mother and child merge into a binomial relationship with a particular and unique ways to interchange messages normally in non-spoken circumstances and no necessarily formal words coming from a formal verbal language. This is better while verbal language is not enough developed, grabbing the meanings of everything accordingly to the interpretation caregivers elaborate of the baby needs and give back to the baby the understandings and other elaborations as result. Actually, every fact, movement, sign or paralinguistic expression or even the silence are full of meaning. In other words, what is in the scene is the sincere intention of the mother to understand the baby and make the baby feel better. It is possible thanks to the love she has and technically the "floating attention" she uses as a capacity to hallucinate (imagine) the baby in a diversity of dimensions and circumstances which pushes her and guide her to suppose and do something important for the infant. She could, for instance, presume when the facts are not clear enough that something is wrong with the baby. On a reciprocal way, babies are able as well to imagine their mothers. Mothers feel that the baby needs to eat and to touch their breast as they anticipate not only the mom's milk but her presence and the breathing of her body.

In an old song by the famous Arno, the Belgian singer, he clearly highlights the imprint of his mother's body when, remembering and honoring her, he talks about the severe watching eyes of his mother [all mothers have these eyes when sons "do not behave well"]. He describes "she has beautiful eyes that kill"; "I love her hands on my body," and Arno continues to emphasize wistfully "I love the 'smell' under her arms" [that is, we love to be secure under our mothers' arms].

Winnicott [18] emphasizes the holding function of the mother, as the ability to meet the child and safely adapt her body to that of the baby, that is, the mother assumes the baby's body as an extension of her own body and vice versa. That occurs while she stares at the baby and usually when she talks, pampers, lulls, smiles to the infant. Winnicott distinguishes "handling" as the way in which through the hands of the caregiver (in bathing, feeding, dressing, etc.) the baby builds their identity, differentiating himself from her mother and from the others. This process of natural differentiation recognized by Bion, Mahler, and Winnicott is also traumatic, but opens the way to the necessary individuation and autonomous construction of personality. We could add that the process is traumatic for both sides: mother and baby since the mother will have to adapt to the new condition in relation to her family. For Dolto, after the trauma of clamping the umbilical cord and the separation of the placenta occurs, a new birth happens at the same time which is "freedom."

Vygotsky believed that the process of formation of the human psyche occurs in two moments: the first is interpsychological and the second is intrapsychological. With these insights the importance of others and the social world that awaits the children with countless conventions and social representations determine human beings' social crucial influences channeled by signs and symbols human language is characterized. In this context from birth, and even before, the child is receiving verbally, non-verbally, paraverbally nonstop messages that could be embodied or taken over in pleasant or unpleasant sensations.

4. The body and the psyche in trauma recovery. Josse states that global responses in children are a kind of body language to say something is wrong. That is to say, the body is the infant himself and his skin is the best vehicle for transaction between his internal and external environment, while he organizes the chaos of stimuli, sensations, and perceptions that are so complex about his existence. [16]

When sexual abuse happens, this homeostatic state is broken, but often not necessarily with startle responses and undifferentiated sympathetic activation but common reactions before their aggressors. Aided by the skin and even the ear, infants might be able to notice a threat as they are used to show their fears (to heights, strangers, loud noises, care giver separation [19]), but when the abuse is perpetrated by someone, this kind of manifestations are orientated to this one. For instance, this basic assumption of identification is a key in any rehabilitation exercise where, as a rule, efforts are guided to build with the victims a comfortable atmosphere, avoiding and eventual rejection. So, when the baby recognizes the person of the therapist as someone else in his safe and pleasant environment the impact of the psychotherapeutic activities is much greater due to the child's collaboration as long as this new relationship is positive.

In fact, when the child rejects the stranger, is because he becomes uncomfortable before this one proximity. It could be said that such rejection is a kind of non-acceptance to what the strangers brings or proposes. On the contrary when the bond is the best, it has been seen that the child makes different efforts for the activities that the adult proposes, for example, children smile, ask, move, raise their hands, play freely, runs, hugs and interacts with other children. In babies, this perception it possible throughout the mother's arms as an affective informational "interface". Without any doubt something special it's been saying when the baby is being harmonically balanced in his mother's arms.

Guided by the mother, the infant is introduced to the others, and it is when the baby becomes a sort of emissary that represents her, after all, he is a part of her, and she is a part of him. In this way, the child feels his mother's warmth, confidence and calm. The child's sensorium then allows him to know that there is no reason to fear.

5. Monomial and binomial affection in trauma recovery. In the therapy of sexual abuse of the infant, from my experience, the process of individuation and separation child-adult is badly altered. Furthermore, I support the idea that the return to the mother-child monomial basis stands as a methodological objective that allows the child to "re-armor" his psychic and physical exoskeleton that the mother provides. Through this re-evoked relationship, the child knows that he is not alone, while the maternal reverie works through snuggles, caresses, meaningful nonsense tender words —as it is common to hear mothers in Peru: [arrorrumy child!], or perhaps [the acuricandu, acurican!...] mentioned by the famous Peruvian poet Nicomedes Santa Cruz in one of his poems "meme negrito"—. Anzieu had already underlined the importance of the skin in the development of the psyche. The skin-ego as a psychic representation that emerges from the games between the body of the mother and the baby, where the sound and touch are envelopes of mutual assimilations of vocal and gestural returns (echolalia and echopraxia) allows the child to experience those sensations and emotions independently, without feeling destroyed. [20]

This return to the mother space and refusion with her, in my understanding, seeks to reestablish that moment of separation that was desecrated by the aggressor, as Lebigot[3] suggests, reincorporate the child into the sense of community from where he was ostracized due to the abuse (the abuse breaks the universal principle of coexistence: no killing, no harm the others, as Freud states [21]) is the touchstone in the therapy of the trauma.

6. Making sense to baby's crying and therapy

From an evolutionary point of view, crying, as it was mentioned above, is the basic mean of expression that the infant has while developing phonemic understandings. That occurs in a context of cultural meanings given by society. Primary, baby's cry functions as a way to externalize internal needs. More importantly when baby feels discomfort or pain, crying helps him to let the others know that possibly something is no Ok. This kind of call for help turns into the calm when a tender mother takes over the situation. However, it is possible that fear, frustration and global psychic instability are generalized to everybody. Therefore, many times mothers find themselves rejected by their harmed victimized children. The cause of this reaction is the loss of confidence baby experienced as he was hurting by someone coming from outside. In that crucial moment mother was not there and probably the baby's cry was not enough to keep aside or to stop the aggressor.

Mothers then must be committed to regain proximity and rebuilt confidence facing the relationship with their children. In victims under three years of age, in my views, the convenience of "back in time" to the moment where there was no abuse, supposes to be aware of certain forms of regression children could present as a part of trauma. These manifestations are means to defense themselves about a future aggression (preventive function) and are naturally efforts to reorganized the chaos provoked by psychic and physical injuries. Consequently, it is common to see babies who are not able to do what they had reached to do. Language, cognitive and psychomotricity regressions, attention deficits, arousal elevation, behavior and socialization struggles are some of the effects that victims present.

So the therapy begins by rewriting the story, convinced of the full recovery of her baby, the mother starts to metabolize her child's needs whose manifestations this time could be intensively disruptive and the way

of healing as recommends Paredes Paredes is dealing properly against the guilty and pity in favor of the conviction that with love, presence and effort, the child will heal completely .[5]

On the other hand, crying alerts mother's perception when danger lurks, that is, when something internal (of the body or mind) or external (outside world) is not going well. As it was said, the intensity and duration of the complaint are warning signs and, at the same time, means by which the baby defends himself, but it is also possible that, through the crying, the child expresses his anger, such as when he bites the nipple or twists his face, regurgitates the food and rejects mom's breast. In this framework, the reverie allows to "swallow" infant needs perceived by mother even when the infant apparently is capsulated in a bizarre silent bubble, or if he sparks his painful enraged status.

7. A cultural learning to heal trauma. In relation with the Airo – Pai, a population of at least seven agricultural communities that are distributed in a strip of the northeastern area of the Peruvian Amazonia and Ecuador, they knitted a cosmivision based on how to get a *good life*. Organizing the community relationships under conviviality principles and the conviction of the importance of the family and neighborhood, the recognition of biological processes such as childbirth contributes to master emotions such as rage [22], since childbirth is one of those events that, on the mother's side, can arouse a disappointed status on the newborn. Thus, the body discomforts around the pregnancy and childbirth or, by the baby's side, the displeasure of leaving the protective and nourishing environment of the mother's womb, as psychoanalysis has stated are potentially source of full of contradictory emotions.

Following Belaunde, in the worldview of the Airo Pai, also called Aido Pai or Airo Bai, good education and living well oblige to control emotions such as anger and rage. According to their beliefs these ones are linked to the death wish. That is to say, whoever acts with rage is, at the end, wishing a death and provoking fear in people around [22]. Freud had pointed out that human life is never simple, since there are series of challenges and social impositions, individuals tend to be in a permanent discomfort while they are surviving [23]

For the Airo Pai fear is a response to the other's anger, where one's survival could be risked. In addition, fear, anger and crying can potentially cause such risk. In any case, a civilized and well-educated attitude, Airo – Pai think, will teach the child about the banality of anger and this is how an educated adult should be forged. During the childhood is not possible to elaborate the empty meaning of crying (as long as there is no organic problem that warns of something else) therefore adults usually appease children, especially, but not only, through the mother intervention who, using games and simulations, represents in a joking and burlesque way how anger emotion is useless, keeping it away from the baby.

Regarding this aspect, incessant and inconsolable crying could further isolate the child who does not find comfort in maternal care, so in this impasse, the mother is tested in her ability to presume a possible attack perpetrated against the infant. This measure of supposition given by the maternal reverie capacity is openly a copying resource to prevent the abuse continuation and begin immediately with the therapeutic intervention. Little by little, the crying will cease and the tiny infant will encounter with his mother, her tender voice, her warm gaze and body.

Thus, maternal recovery work should reestablish the monomial relationship of those initial days after childbirth, where the baby, was placed on her mother's chest, promoting the recognition of the mother's skin, smell and voice that modulate the overflow of tears and its psychological content. The Airo Pai call "imayé" to that kind of demon present in the emotions such as rage, fear and desperation which, in my reading, is linked to the chaotic world that must be reorganized by the power of somatopsychic hallucinatory fusion mother-infant. Then, the mother-child symbiosis [24] aims to recover the sensory, perceptive, proprioceptive catechization (in that order) in both mother and infant where thanks to the body and love of the mother it is possible to rebuild what Mahler calls "invisible umbilical cord" [24], that fosters child confidence in his own body, his esteem and his magical omnipotence when he is in his mom's arms .

III. CONCLUSION

Child sexual abuse is one of the most deleterious social events in human life that permanently challenges psychological, medical, legal and assistance interveners, especially when the victim is a little child or infant who has not yet developed the language sufficiently to verbalize and elaborate what has happened to him. Regarding early childhood psychotherapy, the attention to the symptoms and somatic manifestations of children under three years of age is particularly important since this fact challenges the participation and development of maternal reverie and rebuild the symbiosis bond. In this vein, intuitive hermeneutics on trauma recovery is highly valued when is coming mainly from the mother whose feelings and understandings are recommended to be orientated to recreate, as a way of healing, the first days immediately after victims' childbirth, when baby's body remains on his mother's body, unifying in a psychic monomial the invulnerability against what sexual abuse tried to destroy. Particularly, attention is channeled to baby's crying, because through this manifestation the infant tells the world sonorously about his body, his psyche, his fear, his rage and his pain. In any case, having victims and their loved ones bounded by the power of love and if it is the case the presumption of the victims' pain and needs, when verbal language is not enough, offers many possibilities to intervene promptly to overcome significantly sexual abuse consequences.

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