

Female Sexuality In Clinical Psychoanalysis And Psychotherapy

Edgar Alfonso Acuña Bermúdez^{1*}

Abstract

Objective: The purpose of this review theoretical was to examine female sexuality in the context of clinical psychoanalysis and psychotherapy. **Method:** This is a qualitative and hermeneutic review of research that describes the transformation of a woman's psyche from childhood to adulthood using clinical components of psychotherapy. **Results:** The first sexual object in childhood, regardless of sex, is the mother's breast. Compared to boys, girls experienced the Oedipus conflict at a different time, in relation to the maternal object, since they initially rejected castration. After accepting the sexual anatomical differences later, the girls accept the castration considering the father as the object of desire or Oedipus positive, healthy and normal in most women. They find suitable ways to liberate themselves by positively identifying with their mother, reducing incestuous desires for their father, and acquiring feminine sexual characteristics. The erogenous zone eventually moves to the vagina, allowing women to have partner genital intercourse in the future. The second sexual awakening during puberty, adolescence and adulthood highlights the intensity or failures of the Oedipus conflict and its resolution, with a healthy or pathological male-female relationship. Contemporary analysis describes the havoc- a phenomenon present during the daughter's adolescence that distances her from her mother- erotic encounters, marriages and pregnancies persist. **Conclusion:** The woman's psyche, in addition to the Oedipus conflict, includes unconscious and conscious components, a complex functional capacity related to femininity, desire and love.

Keywords: Female Sexuality, Clinical Psychoanalysis, Oedipus, Ravage, Psychotherapy.

Introduction

Studies on female sexuality on how men and women connect with each other and to society as a group analyze the rise of women in their sexual condition (Freud, 1931).

It is no exaggeration that Freud (1925) first listened to the voices of women who expressed themselves through their bodies and repressed sexuality. An analysis method was necessary to enable women to speak up. Psychoanalysis was developed because of women who presented with symptoms of hysteria to Freud and Breuer.

Since early childhood, humans undergo different stages of personality development. For women, these stages transition from the psychosexual pregenital stage, wherein they structure their personality to the oral passive and aggressive, anal retentive and expulsive, and phallic or Oedipal stages; furthermore, they continue their psychic and sexual development as their psychological and anatomical maturation progresses. Women develop psychic, sexual, and genital characteristics in new stages of

puberty and adolescence and later during adulthood. The Oedipus complex is prominent in women's childhood: the mother figure "object of protection, nurturing, and care," followed by "object of desire" (negative Oedipus), turns into an envy of the penis and "rival or hostile object," thereby resulting in the acceptance of castration and desire for the father, positive Oedipus, by women in their childhood. They think of their mother as a positive "identification object" and reduce their desire for their father, one of the main releases of Oedipus. The other trigger is the repression of their hate and love impulses for their mother and father, respectively (Wolfenstein, 1966).

Freud stated that the Oedipus complex is a nuclear complex occurring during an individual's psychological development. He discovered a new reality that becomes more obvious the more it approaches its destiny depending on the possibility of developing a triangular situation, which implies both tolerating frustration and accepting the differences of sex and generations that imply renouncing bisexuality and the inclusion of temporality (Tubert, 2003).

This clinical association between women's sexuality and development in different moments, along with the Oedipus conflict, can be integrated with psychoanalysis and psychotherapy. Review of different studies on the matter revealed that female patients undergo clinical treatments involving psychoanalysis and psychotherapy. In these studies, the patients and the

*Corresponding Author: Edgar Alfonso Acuña Bermúdez

¹Doctor in Clinical Psychology University of Salamanca- Spain. University of San Buenaventura of Cartagena Full Time. Teacher and Researcher, Director of the GIPSI Psychology Research Group, Address: Calle Real de Ternera No. 30-969, Postal Code 130010. Cartagena Colombia. eacuna@usbctg.edu.co

psychotherapists focused on the examination of the patient's transference relationships with their underlying etiologies, that is, the emotional bond between the patient's father and mother figures as well as their future bonding relationships. Accordingly, incursion via psychoanalysis can clarify, face, and interpret unconscious links and the search for awareness and insight (Coderch, 2011).

Therefore, this review described various psychoanalytical components of female sexuality, from its development in early childhood to its evolution through various relationships experienced in adulthood, and its implications for healthy or pathological psychic development. Furthermore, this review aimed to address the components of female sexuality from the perspective of psychoanalysis and psychotherapy in the transference relationship (Parish, 1987).

Methods

A qualitative method was used based on the detailed literature review on the chronological process of the psyche of female sexuality and clinical studies. The findings reported herein were acquired through the use of hermeneutic and psychoanalytical dynamics by gathering significant articles, works, books, and book chapters. Furthermore, the findings showed how female patients underwent psychoanalysis and psychotherapy processes and how the authors and documents had considered ethics and the corresponding professional secrecy. This highlighted the process through which the current research enables clinicians to address female sexuality since early childhood to puberty, adolescence, and adulthood. In addition, according to the paradigms of psychoanalysis and psychotherapy, all the observations related to his psyche and the psychic and clinical structure in most women is integrated into the transference relationship, vital in psychotherapy. Furthermore, this review identifies how psychotherapists use clinical methods to establish and deepen the root causes currently affecting women's lives and their primary and current relationships in terms of sexuality. Through this analysis, women can acknowledge their unconscious mental processes and generate awareness to improve their psychic conflicts.

Among the research articles and papers reviewed, an average of 35 documents came from important studies and experiences dating from 1905 to the present. The documents used valid clinical approaches that can be implemented, owing to their efficiency, by practitioners of classical, contemporary, and current psychoanalysis and psychotherapy.

Results

The methodology used in this research is an empirical review through which deep concepts of the psyche are unified along with human subjectivity related to the sexual function of healthy women and women with psychic illnesses. Furthermore, these women were revealed to develop bonds with significant transference relationships and the use of clinical psychoanalysis and psychotherapy ensures that a deep approach is implemented when discussing each of the elements found.

Discussion

The lack of a penis is interpreted as castration, which causes castration anxiety in boys for desiring their mother, similar to what they believe is experienced by girls for desiring their father. Freud (1905) stated that a girl's clitoris initially behaves exactly like a penis. However, when girls compare it to the penis of a real boy, they find theirs to be small, thereby considering it a disadvantage and a reason for inferiority.

However, girls accept castration as an accomplished fact. Thus, the authority of the parents or father is introjected in the ego and experiences and represented in the node of the super-ego to build values, principles, and ideals.

Subsequently, the Oedipus complex is gradually abandoned because the girl's loving desires toward her father and hostility toward her mother are never accomplished; these desires remain in the unconscious mind and help prepare the female subject for her subsequent sexual role (Gallano, 2000).

The controversies existing in 1905–1929 related to female sexuality, contextual background, and critics of Freud's notions regarding the envy of the phallus and castration suggest inherent female attributes and biological tendencies in girls before the development of the Oedipus conflict. Although critics highlighted the importance of the pre-Oedipus relationship of girls with their mothers, some studies criticizing Freud represented an astonishing growth in this biological field. Jones (1979) described primary femininity in girls by quoting biblical texts. Horney (1982), despite his cultural criticism, suggested a "biological principle of heterosexual attraction." It was given to the meanings and psychic representations, of female sexuality in the biological keys of some of its disciples (Mitchell, 1974). In studies of some female authors, castration and its implications associated with the perceptions of absence, limitations, and nonidentity help in forming correlations with others and are considered a symbolic order; the concept has consequently been assigned a new meaning with other names (De Lauretis, 2000; Butler, 1997). Likewise, the controversy generated by considering the sexual difference as real or, on the

contrary, as symbolic has resulted in interesting theoretical debates (Butler et al., 2000; Copjec, 2006). Castration equally affects both sexes, showing the break of narcissism, which can be found at the origin of object construction; for this reason, Lacan mentioned the absence of a subject. Furthermore, some female authors highlighted the operational activity of the social order as their identifications are given with signifiers that appoint the subject to some cultural ideals (Tubert, 1988).

Sexes do not complement each other, which indicates that there is no way of writing the sexual difference unless it is done with signifiers (Carbonell and Segarra, 2002).

In female sexuality, femininity is highlighted to emphasize the pre-Oedipal linking stage with the mother. It states that girls, apart from changing the object or their father for a different man, also change the perception of their genital area from the clitoris to the vagina in the genital stage (puberty, adolescence, and adulthood), wherein their sexual libido is shifted (Molina, Luengo, and Toledo, 1998).

Notably, the minimal characteristics of Oedipus remain, wherein the first object is the father. In the second sexual awakening of puberty and adolescence, they shift to relationships with future partners or loving objects of the opposite sex, which is maintained during adulthood and their stable life with a partner.

Psychic and conflict pathologies arise when girls remain fixated on Oedipus and look for a father figure in men. Contemporary psychoanalysis research continued with the contributions of Lacan (1976); he continued Freud's work and went a step further in the field of femininity. For Freud, addressing Oedipus was about the dialectic of having or not having the phallus. However, according to Lacan, the dialectic is being the phallus or having one.

Unlike Freud, Lacan claimed that something in women does not go through the phallic. Women can experience enjoyment, which he called the other's (her unconscious) or supplementary enjoyment. This enjoyment unfolds in women; it appears sporadically, and little can be said about it, except that it can be experienced. Such enjoyment is not defined by language and, therefore, out of the unconscious. It cannot be named, only experienced. It is an enjoyment that surpasses the subject. When women allow phallic enjoyment, they can find the supplement of that something that surpasses intercourse (Amigo, 1994).

When women have access to the phallus signifier, it means that she went through the castration experience, where she learned that there is a missing object and that desire arises from there. For this reason, the phallus is the signifier of what is missing.

According to contemporary psychoanalysis (Lacan, 1976), men and women relate to the phallus differently.

The man, along with his phallus, encounters a woman, whereas the woman divides herself, wherein one part of her is drawn to the phallus, and the other is drawn to the signifier of what is missing in the other (unconscious). Thus, men define themselves by their phallic enjoyment, and women define themselves by their supplementary enjoyment.

Difference between femininity and hysteria

According to Lacan (1972), real women do not detract from the encounter with the phallus nor pretend to have it or be it. In female hysteria, women want to have or be the phallus. For this reason, they always lack something or feel unsatisfied because they want to be objects of desire, not subjects.

However, women can occupy the place of the object to arouse their partner's desire and enjoy that encounter. Although a part of her seeks the phallus, the other part tries to find "something" that guides her in her woman's being (Amigot, 2007).

Fathers play their role by allowing women to desire but not satisfy it owing to the incestuous nature of the desire.

Girls require and ambitiously seek to be told, a signifier of femininity. They want to be told because they want to understand what being a woman means. If they are fixated on the father, they ask him; however, because such a signifier does not exist among fathers and cannot be explained via language, fathers cannot tell girls. Therefore, the father figure shifts to men with whom they will relate (Zizek, 2003).

Hysteria emerges when fathers are fixated on girls, who become an object of love and desire of their fathers. Thus, girls cannot ask themselves about their desire, and that is where the neurotic structure characterized by dissatisfaction arises (Gallano, 2001).

Women's real desire goes through neither the father nor the mother. If women fixate on the father, hysteria develops; if they fixate on the mother, ravage develops (Buritica, 1993).

Ravage

Lacan addressed ravage by considering the woman's role in every mother and her relationship with her daughter, that is, a woman-woman relationship (Soler, 2006).

Lessana (2000) stated that the ravage between mother and daughter arises when the daughter expects female identification that is impossible to find in her mother. Ravage is the direct experience of an absence of sexual identity. Ravage usually occurs during the daughter's adolescence and during certain events that distance her from her mother, such as erotic encounters, marriage, and pregnancies (Chatel, 1993).

During this experience, the mother and daughter insist on finding common ground, but hate and aggression

emerge instead. It is their experience of what they cannot agree upon or the confluence of enjoyments; both are unique. Ravage is released after the mother gives up the erotic maternal pleasures of early childhood; that is, she gives up the pleasure of feeding, monitoring, and sheltering and introduces her daughter to give rise to the erotic so that the daughter can fulfill her sexual desire with other partners. Both mother and daughter will experience that harmony is impossible and they must separate from each other. It is a separation for nothing in return. Ravage proves that sex cannot be transmitted (Peller, 2016).

Each one will have her body where she can accommodate her unique and nontransferable enjoyment.

Transfer of women as patients in psychotherapy

Analytical treatment inevitably considers how one falls in love and its authentic character. It seems uncommon mainly because the usual manner of falling in love, which has nothing to do with analytical healing, is more related to abnormal states of mental phenomena than normal ones.

This process is characterized by some features that ensure a special position to this transference love: (1) It is caused by the analytical situation itself; (2) it remains intensified by the dominant resistance of such a situation; and (3) it is less cautious, more indifferent, and blinded to consequences when caring for the loved person than any other manner of falling in love (Lacan, 1960).

Uncommon characteristics build the essential node when it comes to falling in love. The first characteristic is critical for the clinical work of a psychoanalyst or psychotherapist in psychotherapy. Knowing that the patient fell in love as a result of the analytical treatment of neurosis should be considered an inevitable result of the clinical situation, similar to the patient's nudity during the acknowledgment or confession of an important secret.

Consequently, it is ethically and professionally forbidden for the therapist to take advantage of the patient. The good attitude of the patient does not invalidate this impediment. It holds the psychotherapist entirely responsible because they are perfectly aware that, for the sick person, there is no other way to heal. Once all difficulties are overcome, patients normally admit that, during the healing process, they had the following fantasy: "If I behave well, I will obtain the analyst's affection as a reward." Therefore, ethical and technical reasons match to dissuade the psychoanalyst or psychotherapist from reciprocating the patient's love (Menassa, 1994).

The aim is to return the sick person's free will of her power to love, which is currently restricted by childish fixation. However, the aim of returning it is not so that

she can use it in the healing process but that she can later use it in real life once the treatment is complete (Moreno, 2001).

The analysis of Kristeva (1986) started with a moment that can be compared to faith. That is transference love: the "I trust you, and I expect reciprocity." The analyst responds with their love, giving up their passions and guiding the analytical process through research and discovery. According to Lacan, love is giving what we do not have to someone; however, the transference already exists at the beginning of the analysis, and the patient's thoughts—i.e., way of perceiving—and existence are fixated on an absurd idea that motivates them to provide the analyst with an assumed knowledge. The analyst offers their affection but does not occupy that place, installing a new symptom, which is called transference neurosis.

In transference, the refractory drive of the remembrance can be treated, allowing the analyst to take over the unconscious to be able to operate, developing a change in the set of drives. However, years later, author will notice the transference of the repetition once it develops the transference in the present until the concept of the superimposed subject can be seen as a possibility of analysis (Alvarez, 2012).

Resistance development is paradoxical because it is characterized as an obstacle that opposes the analytical work's pursuit; it also points out the direction in which this work must be developed (Leibson, 2012).

Miller (1984) stated that, in the clinical process, Lacan mentioned that the Other or the unconsciousness of truth and the Other is a third party in every dialogue. This is because, in the dialogue between one and the other, something is always functioning as a reference, either by agreement or disagreement. Moreover, it is the Other whose unconscious is the discourse—the Other of desire.

There are three types of objects: the total object as a person, the forbidden objects of Oedipus, and the partial object in the drive context (Delgado, 2005). Drive needs the object because it satisfies itself in the process; therefore, the partial object fixates, which is why it generates the repetition conditions for the subject. Furthermore, this is why the analyst, being at the center of transference neurosis, occupies the place of the object of love with a series of total objects. The analyst will also occupy the place of one of the partial objects—oral, anal, phallic, voice, or sight—whichever is fixated on the childhood story.

Similarly, the fact that transference is not repetition indicates that it is more than that points the way to the cure. However, something of the order of repetition from the patient's perspective is needed so that when the patient repeats some circumstance with the analyst, the analyst can force the patient to take another path (Castro and Katz, 2004).

Introducing other intersubjective relationship models that consider interaction is hard to assimilate as it threatens the traditional concepts defended dozens of years ago. The controlled behavior of therapists, their interpretations, and silence also express a personal attitude that implies intervention (Friedman, 1995). The analytical situation is the intrapsychic experience of the interaction between two people in the patient's or psychoanalyst's mind.

Transfer and power of healing in psychoanalytic works

According to Freud, Lacan, and Klein, transfer is a resistance and an obstacle in classical and contemporary psychoanalysis. The present update of past passions prevents the analyst from having a free association, creating difficulties when making the unconscious emerge. However, they added to their work on transfer dynamics that the transfer can become a driver for healing.

In the transfer, the ego seeks to attract the libido oriented toward objects and dominate the "it" as an object of love. This means that objects are characterized or vested, and what the ego does is regress the libido on objects. Now the ego is libidinally vested. Thus, the ego becomes the object of love; that is, how the ego's narcissism becomes a secondary narcissism apart from objects (Klein and Riviere, 1952). It is possible to agree with why the transfer becomes a two-edged sword for the analyst in terms of resistance and a fundamental tool for healing. The libido has undertaken (totally or partially) regression, which is how it has reactivated childish images. This path is followed by analytical healing, which aims to discover the libido and make it accessible again for the consciousness to be used in reality (Freud, 1915).

A conflict must emerge when analytical research clashes against the libido, which is fortified in its hideouts. All forces that have motivated the regression will rise as resistance against analytical work to maintain the new situation because, without the libido's introversion or regression, the situation would be unjustified by a specific relationship with the outer world.

The analyst must overcome these unconscious forces that motivate the patient into regression because it represents the most insurmountable obstacle to healing and the reason that causes the disease. It can be concluded that the intensity of the transfer fundamentally depends on the level of resistance, which is why the analyst must pay close attention to this clinical phenomenon.

Transference love represents a difficulty in the analysis; it is a subject of interest due to its frequency, real importance, and theoretical and practical interest.

There is a dilemma between corresponding to their love or attracting the hostility of rejected women. None of

these two attitudes favors healing; thus, no result is obtained, and the problem of how the ability can be compatible with neurosis with such a wild need for love is considered (Obstfeld, 1976).

According to generally accepted morals, analysts should not accept the love offered to them or should not correspond to that love. However, once they face a woman in love, they can represent morals, motivate women to give up their intentions of love, and continue with the analytical work, dominating the animal part of their personality.

Finishing with didactic analysis implies two possibilities: one involves childhood conflicts corresponding to the Oedipus complex and the personal history of the relationship with the real parents, and the other one involves ideal and powerful aspects associated with the previous history of the patient (the last one could be the content of what is known as negative therapy reaction). By describing these two moments in different temporary times, the separation of these conflicts and the history of each patient can be understood as a noticeable predominance. These two possibilities exist and can be confused with each other, as the father of personal history is also representative of the content of the previous history. In an analytical relationship, both aspects of the therapists are also transferred (Cesio, 1967).

The limitations of this study are related to the controversies and new concepts regarding a range of studies that directly or indirectly relate to the transference relationship and the processes of intervention or psychotherapy with women in clinical psychoanalysis.

Conclusion

In the medical field, it is advisable to have a broader knowledge of women's psychic functioning, which, besides a wide Oedipal process, includes unconscious and conscious components, such as the continuity of their sexuality with ravage release, complex functional capacity regarding femininity, and everything related to desire and love.

The idea of well-organized and structured women emerges. Conversely, the idea of women with conflicts and shortcomings, who are centered on delivering pleasure in an egocentric manner and frustrated with their personal and intimate functioning because they deliver or demand it, also emerges. Love in a man-woman couple means that two people must share and enjoy from a place of object and subject of love, desire, pleasure, fulfillment, and mutual progress.

Desire is a human essence; it lacks an object. Everybody desires the same. We differentiate ourselves by how we manage desire by giving it up, postponing, substituting, and elaborating on it differently in each case. Heterosexuality is a complex, theoretical construct that

has nothing to do with the chosen object but the adopted position against language law. Love is an effect of desire. The culmination of women's development is their access to the chain of signifiers to become a subject of language (Miller, 1993).

Due to the psychic complexity of women, there are limited studies on women's sexual life and their relationship with dreams and contents, defenses of the ego, and other specific elements of psychoanalysis. Therefore, further research is being conducted regarding this.

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