

ARMINDA ABERASTURY'S THEORY AND TECHNIQUE OF CHILD ANALYSIS

Edited by

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and Lea Sofer de Setton*



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First published in 2025 by
Karnac Books Limited
62 Bucknell Road
Bicester
Oxfordshire OX26 2DS

The chapters by Arminda Aberastury were originally published in 1962 in *Teoría y técnica del psicoanálisis de niños* by Paidós, Buenos Aires

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British Library Cataloguing in Publication Data

A C.I.P. for this book is available from the British Library

ISBN: 978-1-80013-319-8 (paperback)

ISBN: 978-1-80013-367-9 (e-book)

ISBN: 978-1-80013-366-2 (PDF)

Typeset by Medlar Publishing Solutions Pvt Ltd, India



www.firingthemind.com



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Editors' note and acknowledgments

Arminda Aberastury was a pioneering child analyst, developing the field in Latin America in the mid-to-late twentieth century, and she is a profound inspiration to this day. Her work is outstanding, seminal, and admired, but little known in English-speaking analytic communities. We want to change that.

We knew of Arminda as the wife of Enrique Pichon-Rivière whose life and work on link theory (*el vínculo*) was the subject of a book by Roberto Losso, Lea Sofer de Setton, and David Scharff, through which Lea came to know Joaquín Pichon-Rivière, a social psychologist and one of the brothers who owned the rights to the work of their late parents. Joaquín shared beautiful photos and reminiscences of his parents and particularly his beloved mother, Arminda. That caught Jill's attention because she had heard of Arminda's work from Yolanda Varela in Panama, but she struggled to comprehend the chapter Yolanda sent. Then when visiting Virginia Ungar's traditional child analytic playroom in Argentina she heard of Arminda again. Of the four books by Arminda Aberastury, Virginia recommended *Teoría y técnica del psicoanálisis de niños* [*Theory and Technique of Psychoanalysis of Children*] (1962), which is, however, out of print, but Virginia introduced Jill to a bookseller who

found her a battered pink copy of the fourth edition by Paidós, 1974, a copy formerly owned by Ángel Garma (Arminda's analyst), no less.

Already owning a copy, Lea began the work of translation and engaged Rafael Mendez to provide a professionally competent version for Jill to edit. We decided on a slightly abridged version, removing chapters by coauthors, and yet giving credit, as the author scrupulously did, to the work of collaborators who wrote chapters, shared in the research, and contributed clinical material. We made this decision to privilege Arminda's writing and thinking and to leave room for commentary by contemporary child analysts to show the global relevance today of Arminda's mid-century work in Argentina. We are grateful to these commentators for joining our project and to her son Joaquín, a dear friend, for arranging for his nephew Pedro Aberastury to review the contract, and for giving us permission to publish the English translation. We are grateful for Joaquín's support and friendship, for his generous and loving reminiscence of Arminda, his amazing mother, and his permission to reprint photographs from his photo essay about Enrique and Arminda presented in a gorgeous coffee-table book edited and designed with his daughter, Clara. With great appreciation we acknowledge the encouragement we received from Kate Pearce of Karnac Books who accepted our book proposal, believing that Arminda is another woman whose voice needs to be heard. We value the expertise of our production editor, Anita Mason and her team that shepherded this volume to publication. We want to express our gratitude and affection for all of them as they brought our book to life.

And so to the work of editing. We agreed to follow the author's arrangement of the sections, but included only Chapters 1–9, 11, and 14 (excluding those by coauthors). We wanted our volume to be accessible to the child analyst and child therapist, and so we rearranged some sentences and cut others to improve the flow and sense in English. We removed all the footnotes, especially those referring to articles available only in Spanish or without adequate citation, and integrated the essential ones into the text. It was not always possible to track down quotes in Spanish translation of English originals. Jill had one amazing success with a Freud quote Arminda gave in Spanish but had not cited: She took the quote in its Spanish-to-English translation, and fed it to artificial intelligence software. Even though the translated English

she provided was obviously not a replica of the original, Chatbot GPT4 dated the quote 1897, then located it in a letter to “a colleague,” narrowed it to “Letter to Fliess,” and lastly gave the month and day of its writing!

As for other footnotes, the author’s bibliography refers mainly to her sources in Spanish, and we could not provide access to English translations, so we left those in Spanish in her list of sources she consulted. She made a separate list of those sources she actually cited. We combined those lists and added corresponding English citations of major references, but in the end our bibliography could not be perfect. For any omissions, we take responsibility and apologize to the scholarly reader in advance. To orient readers, we might mention that prior to the divorce in 1958, Arminda authored her publications as Arminda A. de Pichon-Rivière. So her book *El juego de construir casas* (*The House Building Game*), written in 1950 by Arminda A. de Pichon-Rivière and published by Nova, appears in 1961 written by Arminda Aberastury and published by Paidós. We decided always to list the name that Arminda used in the original publication.

As for illustrations, in the 1962 book these were bunched together in sections, one on each side of a page. Nowadays, in 2024, it is technically possible to insert each illustration near the text to which it applies. So, we set about photocopying the children’s drawings, but sadly the images were not clear because images on the other side of the page bled through. They were unusable, and we no longer had access to the originals. So, Jill traced each drawing faithfully and scanned it, and added typed translations of comments Arminda had written on two pages of drawings.

The progression of chapters in the opening section on theory shows how over time Arminda moved from a Freudian perspective closer to the Kleinian view of the stages of infant development, developed her own research into the mother–infant relationship, and refined her evolving signature clinical technique of child analysis (Bloj, 2014). The second section is highly practical, detailing the nuts and bolts of clinical practice, with numerous vignettes to illustrate her clinical technique—from parent work, to setting the frame, to play interpretation. This section lays the groundwork for the third section, surely the heart of the book. Arminda provides an immersive experience of two child analyses with detailed histories and narratives of their play and three vignettes of

birth trauma revealed in symptoms and in play. We can feel Arminda's sensitivity and compassion, and learn from her brilliant capacity for following the child's play as a road to the unconscious. We see clearly the incorporation of Kleinian ideas and their development by Arminda's fertile mind and attentive clinical presence. The final section on infant development and the mothers who are learning to understand it, demonstrates her trust in the mothers' capacity, her fostering of fulfillment in motherhood, her belief in the power of psychoanalysis for treatment and prevention, and her commitment to the mental health and growth of children.

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Foreword

Virginia Ungar

Even though every time a book is published it brings forth a celebration, similar to the birth of a child, this volume calls for special recognition. Its editors, Jill Scharff and Lea Sofer de Setton, have enabled a broad English-speaking audience to access the legacy of the Argentine pioneer of child psychoanalysis, Arminda Aberastury. The *Merriam-Webster Dictionary* defines a *pioneer* as “a person or group that originates or helps open up a new line of thought or activity or a new method or technical development.” *Theory and Technique of Child Psychoanalysis* introduces such a true pioneer.

In the sphere of child psychoanalysis, certain figures stand tall as impressive lighthouses, shedding light on the path of future generations of professionals. Aberastury looked to the first giants of child analysis in Europe, like Hermine Hug-Hellmuth, Sophie Morgenstern, Anna Freud, and Melanie Klein. Klein and Anna Freud especially left a profound impression and opened a path that was later pursued by numerous analysts who have considered them their inspiration. Among these European giants, Arminda Aberastury has a place of enormous importance. Her pioneer work expanded way beyond the borders of her native Argentina, to all of Latin America.

Melanie Klein had the greatest impact on Aberastury. Klein entered the psychoanalytic scene in Europe in the 1920s, and first presented the findings she had obtained from observation and then from her psychoanalytic work with children. By going into her own children's room to find some toys to offer to a patient, Klein took the first steps towards her revolutionary method and laid the foundations for what she eventually called "the play technique." In her paper titled "The psychoanalytic play technique: Its history and significance" (1955) Klein stated that her entire contribution to psychoanalytic theory resulted from the play technique for young children. She further clarified that her analytic work with adults did not entail implementing this technique. It was her work with children that had provided her with a deep understanding of early development, unconscious processes, and the nature of psychoanalytic interpretations, and the same can be said of Arminda herself.

The editors of this book, inspired by Aberastury's transforming contributions, embarked on the mission to take her works to a broader audience, overcoming linguistic barriers to make her teachings available to English-speaking analysts. They have tailored a selection of chapters to show the essence of Aberastury's theoretical framework and her clinical practice, enriched and elucidated by insightful, respectful commentary by renowned contemporary analysts. By means of this structure, not only has a close reading of the nodes of her theoretical contributions become possible, but also a close testing of their validity, endurance, and applicability to current clinical practice with children. As we browse the pages of the book, we embark on a journey into the rich fabric of the theoretical ideas and techniques of Aberastury. The abundant clinical materials presented allow us to see how the challenges of clinical practice provided the evidence of the value of therapeutic relationship and analytic interpretation and led her to make major contributions to the theoretical corpus of psychoanalysis.

Aberastury's pioneer work was carried out with a strong conviction in the possibility of healing through the psychoanalytic treatment of children. In this endeavor, she had the collaboration of colleagues who drew inspiration from her passion in working with young selves in development. Together they had great impact on the dissemination of this practice in Argentina. This is something that still astonishes scholars in social sciences. In this regard, one of the factors that draws

our attention is the great geographical distance of Argentina from the European hub of culture at the time when child psychoanalysis was being born. Argentina was far from the sophisticated thoughts and practices (surprisingly so, considering the times in which they took place) being developed at the end of the 1940s. But Aberastury found them. By reading the psychoanalytic literature and corresponding with Melanie Klein she extended the psychoanalytic culture to the world of childhood.

If we focus on child analysis and its penetration of the culture in Argentina today, it is safe to say that, if a survey were to be conducted in any primary or secondary school in a large city in the country, over half of the children and young people in the class would know the answer to the question, “What is a psychotherapist?” Either they themselves or a sibling, cousin, or friend will certainly have engaged—or will engage—in some kind of psychoanalytic treatment. Surely there are many reasons for this, but the main one is the social context.

Without meddling in the field of expertise of social sciences professionals, I, as a psychoanalyst, believe it is important to take into consideration the historical and sociocultural context in which the practice and teaching of psychoanalysis was born in Argentina by the late 1930s, when migrant pioneers arrived from Europe fleeing the threat of a thriving National Socialism. At that time, the population of Buenos Aires amounted to six million people, most of whom were immigrants. Their descendants—the majority being Spaniards and Italians—have maintained family traditions that have, to this day, always entailed sharing life with children at all times. The presence of children in shows, restaurants, family gatherings, and public spaces—not only during daytime, but also at night—has always been clearly observed as a feature of family life here.

Most immigrants came from a Europe that had been decimated by wars. As is understandable—taking into account the theory of narcissism—they naturally projected their ideal of the self onto their children. Parents sacrificed any immediate personal fulfillment by devoting their personal and economic efforts to the “good education” of their children, who were predestined to eventually carry the baton of progress forward. The place of the child as the center of the family structure, and the projection of the ideals of immigrant parents onto their children, allowed analytical treatment to take hold in these latitudes with unprecedented force.

It is in this context that Arminda Aberastury, the pioneer of child analysis in Argentina and throughout Latin America, stands out. “*La Negra*,” as she was affectionately called by her close friends, was born in Buenos Aires in 1910 and died in the same city in 1972. She was a member of an aristocratic family in a time when studying medicine was frowned upon and a psychology degree (more acceptable for a woman from such a family) did not exist yet; so, she studied pedagogy. In 1933, she met Enrique Pichon-Rivière, master of psychiatry and psychoanalysis in Argentina, and married him four years later.

If we refer to a pioneer as one who leads the way, we can certainly apply this term to Aberastury as we revisit the story of her encounter with psychoanalysis, in what I have called the “context of discovery” in my commentary to Chapter 4 of this book. When we look back to the beginnings, which we admit are always somewhat mythical, we can imagine standing with Arminda in Hospicio de las Mercedes, a psychiatric institution, to which she went with her husband Enrique Pichon-Rivière where he provided daily treatment to a patient who attended that facility while her little daughter waited for her mother in the waiting room. The child was eight years old and had been diagnosed with oligophrenia. Coming upon this little girl, and noting such intelligence and anxiety in her eyes, Aberastury chose to offer her a pedagogical approach. She related as a tutor to the child, helping with her letters and numbers. However, this teaching method evolved to a clinical one as she applied new learning from her immersion in the reading of Anna Freud’s discoveries on child analysis first expressed in German in 1927 and published in English as *Introduction to the Technic of Child Analysis* (1927a, 1928). This marked the beginning of Aberastury’s exploration of learning disorder and psychiatric illness from a psychoanalytic perspective. Through this research, she laid the foundations for a practice that provided children’s symptomatology with a human dimension. It was later known that this first girl she had treated developed normally and became a teacher as an adult.

Reading Melanie Klein, and maintaining a correspondence with her, Arminda became a follower and disseminator of Klein’s thinking in Argentina. She translated Klein’s work into Spanish and taught her theory in Argentina and several Latin American countries. Yet, she was able to follow her own theoretical path, without being bound to a dogmatic adherence to British ideas, for one important reason: Aberastury

made personal developments according to her own unique interests, derived from her clinical work with her patients. She had a brilliant career as an analyst. We cannot fail to mention some of her most valuable contributions, such as her paper as associate member of the Argentine Psychoanalytic Association, including “Fobia a los globos en una niña de 11 meses” [Balloon phobia in an 11-month-old girl] (A. Pichon-Rivière, 1950b). Moreover, as full member, she published *El juego de construir casas. Su interpretación y valor diagnóstico* [*The House Building Game: Its Interpretation and Diagnostic Value*] (A. Pichon-Rivière, 1950a).

Following the Kleinian tradition, Aberastury built her theory on an empirical basis, on her analytic work with child and adult patients, her observation of infants, and her work with parents who provided her with detailed accounts of their children’s sexual activities and who attended her parenting groups. In fact, she modified the scheme of development of infantile sexuality, already posited by Freud, by locating *la fase previa* (1964), a genital stage, which is prior to the anal stage. Always following her clinical observations, she took a step further on two issues: the assessment of genitality at the onset of the Oedipus complex, and the importance of dentition in the origin of the early genital stage.

In her original contribution on dentition, Aberastury (A. Pichon-Rivière, 1958b) postulates that the emergence of the teeth contributes to the creation of cannibalistic fantasies that appear regularly in the second half of the first year of life. She set forth her theory that the concrete appearance of teeth modifies anxiety, since what was, up to that point, a fantasy of possible destruction of the object and the self becomes the daily verification of having an instrument capable of destruction. Infants can bite the breast and make their mother cry or bleed; they can destroy inanimate objects, swallow them, and spit them out. This reality test of the capacity of teeth to cause an effect brings depressive anxiety to its peak, sets in motion the mechanisms of mourning, and drives the subsequent search for another form of unity. It thus takes the person from the oral stage to the early genital stage (prior to the anal stage), since their genital organs are the only means to recover the lost bond. In other words, when genital impulses emerge in the second half of the first year, the child fantasizes about an organ capable of satisfying them—girls will fantasize about something that will penetrate and fill up their vagina, and boys will fantasize about something that they

can penetrate. According to Aberastury, the experience of teeth cutting through the gum to emerge also contributes to the construction of the image of genitalia, given that there is a cavity—the alveolus—and something that emerges and is penetrating—the tooth.

In Chapter 7 of this book, Aberastury offers an in-depth analysis of the “first playtime,” a central tool in child psychoanalysis, later renamed “diagnostic playtime,” a method still used today in the evaluation of a child’s emotional state. The diagnostic playtime findings guide the analyst in assessing the possibility of initiating a treatment and in giving the parents evidence to back up the eventual recommendation. She placed great emphasis on the first meeting with a patient’s parents, providing an excellent model for analysts who are starting their practice with children. Aberastury suggests that during the first meeting with the child, by offering them items to play and draw it is possible to detect both the unconscious fantasy of illness and that of healing. This idea deserves special consideration. It arises from the fact that, since children are always brought to the practice by adults, one may think that they are not conscious of being ill. The author argues very strongly that children know they are ill, and they have the will to heal. She elaborates extensively on transference and insists that young child patients are afraid when facing a new relationship with an analyst, because when they arrive at the analyst’s practice, they relive the anxiety of separation that they have experienced at birth. That is why Aberastury also suggests that the therapist should interpret this anxiety from the outset.

Aberastury firmly follows Melanie Klein’s method, equating play to free association and dreams in adult patients, and she recommends interpretation of play following the technique of dream analysis that Freud devised for reaching the unconscious. She goes on to share lengthy reflections on the relationship between the child analyst and the patient’s parents. She describes the parent counseling groups she created as a way of working with parents of children undergoing analytic treatment. These groups help analysts to decompress the transference–countertransference field and break away from the projections that parents inevitably make when they entrust their children to us.

Each reader on their own journey as a child therapist can dive into child psychoanalysis in the voice of this author, who is so passionate about her work and about sharing her clinical practice. In her approach,

there is a deep respect for the complex dynamics of the inner world of children. Her observational skills and empathic course of action allowed her to create a methodology to go beyond behavior and discover the latent meanings in children's play and symptoms. As we go through the chapters of this volume, we witness Aberastury's evolution from taking in Freud and Klein to arriving at her unique synthesis of Kleinian ideas, as she traces a path where theoretical rigor and engagement with developing minds intertwine. Similarly, the book adopts an evolutionary perspective that recognizes the formative influence of early experiences on the psychic structure as it invites us to reconsider traditional psychoanalytic paradigms. In this volume, readers will be both introduced to and guided through Arminda Aberastury's thinking by the insightful commentary of experienced child analysts.

It is in the realm of clinical practice that Aberastury's genius really shines, as she guides us through the complexities of child analysis and illustrates the therapeutic process with vivid narratives and evocative case studies. Each vignette serves as a testament to Aberastury's unwavering dedication to her young patients, and her profound insight into the dynamics of transference, countertransference, and symbolic communication. She so deftly conveyed her passion for psychoanalytic work with children to her disciples (whose collaboration and influence she generously acknowledges throughout this volume) that they took the baton and continued to develop child analysis in an impressive way, transcending the frontiers of Argentina. It is worth noting that in the original book in Spanish *Teoría y técnica del psicoanálisis de niños* (1962), Aberastury includes chapters by Susana L. de Ferrer, Elizabeth G. de Garma, and Pola I. de Tomás. In the English translation, the editors privilege only those chapters written by Arminda Aberastury herself.

Child psychoanalysis has had a great impact on other disciplines, such as pediatrics, pediatric dentistry, law, and education. Arminda was able to shape the interdisciplinary approach at a very early stage, and therefore, managed to push psychoanalytic thinking beyond child analysis, so as to help professionals in other disciplines related to child care to think analytically about the problems they face in their daily work with children.

By bringing Aberastury's work to a new audience, Scharff and Sofer de Setton have done a profound service to the field of child

psychoanalysis. Thanks to their efforts, Aberastury's voice resonates across time and space, encouraging us to engage with her ideas, fight for them, and carry her legacy forward into the future. As we embark on this intellectual odyssey, may we be inspired by Aberastury's innovative spirit, her commitment to healing and her enduring belief in the transformative power of the human bond.

Arminda Aberastury, my mother: A personal reminiscence

Joaquín Pichon-Rivière

My mother Arminda Aberastury and my father Enrique Pichon-Rivière had three sons: Enrique Alfonso (1940) named after his father; Joaquín Pedro (1942) because Arminda liked the name Joaquín; Pedro from her older brother; and Marcelo Esteban (1944) named for her younger brother. Here¹ she is as a lively young mother responding with delight to her baby (Photo 1). Here I am Joaquín (Photo 2), the middle child, two years younger than Enrique and two years older than Marcelo. We all of us attended a state school that was only four blocks away on foot. It was our father's job to wake us in the morning before he went to work at the hospital or the Instituto Pichon-Rivière. Our mother managed the household and our food, in addition to being a tutor and then a psychoanalyst. We always returned from school at midday and ate lunch together in our dining room as a family. But in the evening, our hard-working mother and father stayed in their consulting rooms—sometimes until 9 pm—and so the children ate earlier in the television room.

¹ Photos in this chapter are from *A & E, Enrique and Arminda*, ed. Joaquín Pichon-Rivière. Buenos Aires: Capital Intellectual.



Photo 1. Arminda with firstborn, Enrique.



Photo 2. Joaquín at play.

Between the ages of eight and twelve, we boys loved building structures using the House Building Game. The game consisted of fitting together the necessary elements for construction of a house—doors, windows, railings, and vertical struts for fitting into a perforated horizontal base. She bought the game for use in her diagnostic and therapeutic work with child patients, but she let us play with it too. We built lots of different houses. In Photo 3, you can see Arminda playing with us (in the light-colored sweaters) and two of our cousins (in the dark sweaters) in her typical pose on the floor with her lower legs flexibly tucked underneath her thighs. Marcelo is on her lap, Enrique with his back to us in



Photo 3. Playing the House Building Game, Marcelo next to her.

the foreground is working on his house with Arminda, and I am fixing the railing on mine. Arminda developed this game as a psychological diagnostic tool for use in child assessment. I don't remember if she ever did an interpretive reading of the houses that we built! No doubt she got some information about us from what we were doing, but it was a group activity: at any moment my brother Enrique would put a roof on my house; so, she could not have made an individual interpretation.

Some of the houses we built were used as bases in a game of war with toy lead soldiers which Arminda had purchased for us at La Tour d'Argent when she was in Paris attending an international psychoanalytic congress with our father. We played with the soldiers on the floor, arranging them among the houses, pitting the Americans against the German army to reproduce the Second World War. After we saw the movie *The Day the Earth Stood Still* (1951) in which an alien lands in Washington, DC, and tells the people of Earth they must live peacefully by avoiding experimenting with the atomic bomb or they will be destroyed and be a danger to other planets, we added extra-terrestrials to the enemy forces and used our soldiers to fight off invasion and destruction. Arminda enjoyed our war games and approvingly called us boys "The Three Musketeers." One day she decided to show the lead soldiers she had found in Paris to the owner of a toy store she frequented in Buenos Aires, a few blocks from where we lived. He asked us to set up some of our scenes of soldiers shooting, being on the radio, marching, in hand-to-hand combat with the enemy, and so on. Thanks to Arminda's enthusiasm, he was inspired to make molds and put the toy soldiers into production locally. Probably not legal today, but back then there was no problem with that. To thank us, he gave us a set of boats to take home, and we then extended our battle fronts to include Normandy landing scenes.

On the first floor of our house on Copérnico Street in Buenos Aires, Arminda had a consulting room for adult patients and a playroom where she saw her child patients. The playroom had a low table and a floor to play on. It was characteristic of Arminda to attend to her younger patients sitting on the floor, drawing and putting together the houses, just as we did with her at home. Below the coffee table there were drawers, each one with different games and toys for each individual child patient undergoing treatment. For each patient she put together a box with the toys they usually used, and another with new toys. She was meticulous

in choosing toys with an ordinary, everyday appearance, no characters from popular magazines or television, nothing overstimulating to the children. Those toys were the protagonists of the play.

On the ground floor of the house we had a dining room and kitchen, a room for the receptionist and a hallway for the patients to wait. Arminda let us play football (soccer) with a tennis ball in that hall. We had forty minutes to play while the patient was in. Then we'd go in the kitchen to eat something while the patient left or the next one arrived, and then we would continue for the next forty minutes. We managed our play around our mother's schedule. She used to play with us sometimes but she was bad at kicking the ball—she preferred tennis, and she excelled at swimming, completing one kilometer every Saturday and Sunday in the Olympic pool at the club she took us to.

When hearing these stories, perhaps you are wondering, as my children and nephews and nieces do, what kind of parents we had that we were allowed so much play and freedom without punishments. True, Arminda rarely got upset, and when she did, she did not yell. For instance, there was one time that one of her receptions ended late, and our parents slept in. My father didn't do his job of waking us up, and so we boys stayed asleep like them, and didn't go to school. Arminda was very upset with him and with us, but as usual more upset than angry. She spoke in a soft voice telling us what she was annoyed about. There were no harsh punishments but we did have consequences. If we were misbehaving, we got less pocket money. If we boys were playing at passing gas at the table or making scatological comments, we lost our weekly allowance altogether. Apart from that we enjoyed life with little parental control, but I also recognize beneath all the fun, a deep sorrow about the remoteness of our busy parents.

Sometimes during lunch, our mother would ask us about what we saw on TV or had read about in Mexican magazines and comics. She wanted to know all about the characters, what they were like, and their identifying characteristics and roles. As an adult, I'd say it was as if she were doing market research on media consumption and its content, but really she was always focused on the characters. She explained to us that sometimes the kids who came for treatment spoke or impersonated characters that appeared in magazines and especially on TV. She rarely had time to watch television herself, and so she had us tell her about them so that she would be able to understand who the characters were that

her patients were talking to her about or personifying in their sessions. One of her patients had lost his mother, and in his sessions he referred to Bambi, the baby deer who lost his mother suddenly. (According to the story, the hunter's shot killed her, but the boy must have thought he lost her in the forest fire.) He skillfully and systematically drew all the scenes of the fire, one image per page. He was such a good artist, it made me feel envious, and there were thirty pages of the drawings!

Arminda was well known for her emphasis on working with the parents of the children who came to her for treatment. For those parents, she ran orientation groups (we might call them parent counseling groups today) where they could learn from her, share their stories of parenting, and find support from one another in realizing that they were not the only ones with problems. Trained in pedagogy, she gave well-attended talks on parenting in the anatomy room of the Buenos Aires University Faculty of Medicine. The anatomy room had a large blackboard on which Arminda wrote with white chalk in general and with colors when she wanted to highlight something in particular. Her handwriting was very clear and her graphics orderly and explanatory (Photo 4). As a teenager, I participated in many of my mother's activities, preparing transparencies of selected drawings from her child patients, installing sound equipment, or arranging a projector and screen for her slides.

Of great importance to Arminda were her receptions in our house where she brought together an interesting mix of movie directors, writers, and psychoanalytic colleagues whereby famous artists became part of the enriching field of psychoanalysis. Arminda was in her element as the hostess of these cultural events in which psychoanalysis was a valued element. She was much more than a psychoanalyst. She read many non-technical books, much of them in French. She read poetry and was herself a poet. She did not speak English fluently but she read psychoanalytic texts in English without a problem. Her English teacher was of German origin so he could help her with psychoanalytic terminology in German as well. With permission, she translated the complete works of Melanie Klein. She wrote three books of her own, two of which I designed for her, and I selected the photos and did the layout of photographs and copy for *El niño y sus juegos*.

Arminda was educated and cultured. She read poetry and novels in French, and loved Proust. She was not political (unlike our father). During the Cuban Revolution we had an Argentine and a Chilean writer at

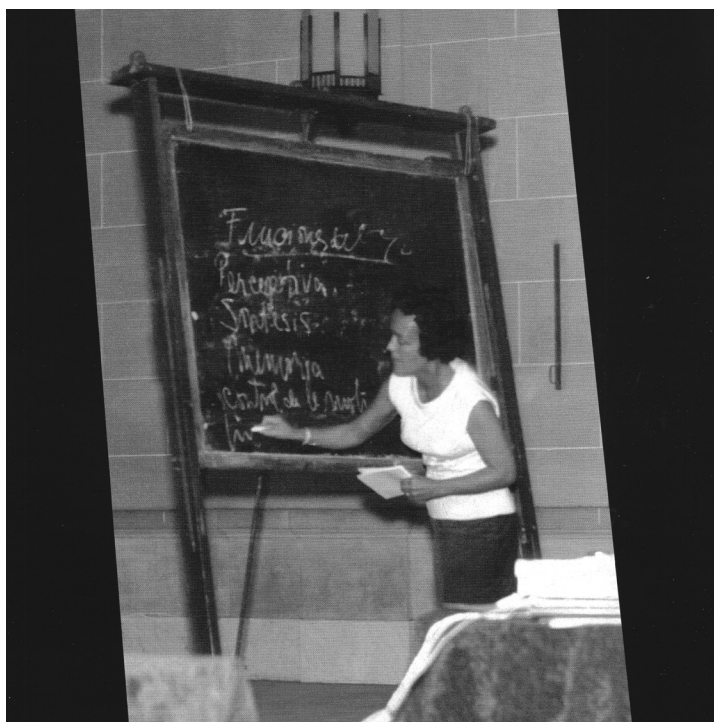


Photo 4. Teaching at the university.

our table. They were talking about Castro, and my mother asked who this Mr. Castro was. She was not aware of the Cuban revolution because she did not read the newspapers daily or watch the news on television. That's why she had to ask us about the characters on television so she could understand what her child patients were talking about. She worked in a skirt and blouse appropriate to the setting with kids, but when there was a reception at the house she dressed in her elegant clothes. She was very well-dressed in the French fashion, and was an attractive woman with beautiful skin. From student to film director, they admired her and affectionately called her "*La Negra Aberastury*." Her skin was not black: it was deeply tanned. Arminda was genuine and good-hearted. Open and innocent. Artistic. When a patient did not show up, she would go into her little piano room and play her favorite classical pieces (not popular music or Christmas carols for family singing) but we liked her playing piano because it made her happy—and then we could go off and have our fun.

We were teenagers when Arminda and Enrique were divorced in 1958, and he did not stay close to us. He wasn't the kind of person who would take the initiative to see us but his house was open to us and his new wife was kind and friendly. In a curious repetition of her childhood where she was the only girl with three brothers, Arminda found herself living as a woman alone with three adolescent males. It was hard for us to talk about guy stuff with her, especially sex, and we were left to deal with that the best we could by ourselves or with help from our friends, our older cousins, and our uncle who was like a father for me. On weekends she took us to a bookstore and to visit art galleries; in summer we went to the club. My older brother left at twenty to get married; I lived with Arminda after the divorce for only two years before I left to get married; and then she moved with Marcelo to an apartment. She kept her schedule, working a lot with patients and writing three books on her own and with her valued colleagues. When my brother and I began to have children, our mother was still fully engaged in her profession, so she was not in daily contact as a grandmother but she had the grandchildren to lunch now and then or came over to visit.

In those years, Arminda developed vitiligo, a patchy whitening of skin which destroyed the beloved evenly dark skin tone that was part of her identity as "*La Negra*". We all knew how upset she was, and how desperately she went from one doctor to another, in a futile search for treatment to reverse it. We did not realize how depressed she had become. In 1972, Arminda chose to end her life prematurely at the age of sixty, seventeen years before our father died.

Arminda Aberastury had been born on September 24, 1910, began reading Freud in 1937, and Melanie Klein in 1942 (the year I was born) and by 1948 she was a member of the Argentine Psychoanalytic Association of which she was made director in 1958, the same year she was divorced from Enrique. Arminda lived to participate in the First Congress of Childhood Psychopathology in Argentina. Throughout Latin America, our mother is recognized as a pioneer of child analysis and its application in pediatrics and dentistry. Her work has recently been published in French. Thanks to this volume, Arminda Aberastury will also be appreciated in the English-speaking world. My brothers and I are grateful and proud to join in honoring her legacy and spreading her word for the benefit of children and their parents everywhere.

Author's preliminary note

Arminda Aberastury

This book, which begins with Freud's first attempt to cure a child's neurosis by applying psychoanalytic technique and concludes by providing new perspectives for therapy, brings together my experience and that of many analysts who worked with me.

It is testimony to my gratitude to Freud, who gave us the theoretical foundations of psychoanalytic technique; to Melanie Klein, whose ideas were my most valuable guides; to all those who contributed their efforts to the progress of child psychoanalysis and to those who collaborated in this book by generously offering me their clinical material.

The Argentine Psychoanalytic Association was recognized in 1944 by the International Psychoanalytical Association, the result of the tireless work that Ángel Garma had carried out in favor of the dissemination of the psychoanalytic method—with the group that initially accompanied him—since 1939. His interest in analysis was in children. The unconditional support that I received from both him and Enrique Pichon-Rivière—with whom I had worked since 1938 at the Hospicio de las Mercedes—allowed me to undertake the arduous task of taking the initial steps and creating the foundations of what we can call our technique of child psychoanalysis. In this same sense, I want to acknowledge here

with deep gratitude what the frequent correspondence with Melanie Klein meant to me: I received valuable technical advice from her.

Although Flora Scolni also began her work as a child psychoanalyst at that time, I worked alone at first. My first collaborator was Elizabeth G. de Garma, who with great dedication and genuine talent for the analysis of children participated since 1947 in the training tasks, which even then were intense.

Interest in child psychoanalysis quickly grew, which made it possible and necessary for us to give technical and theoretical seminars at the Argentine Psychoanalytic Association since 1948. This progressive development began in 1948 and culminated in the holding of the First Symposium on Child Psychoanalysis in 1957.

From the beginning, I formed a group especially interested in these problems. As the years went by some abandoned the specialty, while others, once trained, continued their activities independently and created new groups.

Writing this book, in which I intend to convey my experience and that of my collaborators, was far from easy, and I would surely have abandoned the task without the unconditional help that Lidia Forti and Susana L. de Ferrer gave me. Luciana B. de Matte, Julio Aray, and Juan F. Rodriguez were valuable collaborators and their careful and intelligent revisions provided undeniable improvements in the text. José Alonso did not limit himself to copying the originals but sometimes interpreted them, suggesting subtle modifications.

Finally, I thank Decio de Souza for his dedication in discussing some aspects of this book with me, which gave me great encouragement.

Author's prologue

Arminda Aberastury

Freud's original works arose from the analysis of adults, but the nature of his discovery led him to investigate the years of childhood, as he discovered that the first causes of mental disorder had their source in factors active during the first phases of development. His conclusions about infantile sexuality were confirmed the first time psychoanalysis was applied to the treatment of a neurotic child. His ideas about development were enriched by subsequent findings in the treatment of neurotic adults, by direct observation of children, and by data communicated to him by psychoanalysts who worked with children. Their investigation into the mechanisms that drive children to play was fundamental to understanding child development.

Play had been studied by psychologists, philosophers, and pedagogues, many of whose findings maintain their validity today, but they pointed out only partial aspects of the problem or described the phenomenon without considering its unconscious meaning. In Freud's trauma theory of play, he does not exclude what had already been described in part, but goes further to explain the phenomenon in its entirety and in its essence. Already in his narrative of the five-year-old Little Hans Freud had interpreted games, dreams, and fantasies, but it was by

observing and analyzing the play of an eighteen-month-old child that he discovered the psychological mechanisms of playful activity. Freud understood that the toddler not only replayed what was pleasurable but also repeated painful situations when playing, thus elaborating what had been overwhelming for his ego. The trauma theory of play developed by Freud has not been modified in its bases, and has been used for the creation of new techniques for approaching the child's unconscious in the treatment and diagnosis of childhood neuroses, which we will deal with throughout this prologue and the book.

In many of Freud's works I have found notes that were fundamental for the creation of the technique of child psychoanalysis. In the section "Symptomatic and chance actions" in *The Psychopathology of Everyday Life* (1901b), he recounts a symptomatic act in a thirteen-year-old boy and its interpretation, which could today be an example of the way in which a child can be analyzed; and in a small article "Association of ideas in a four-year-old girl," he points out the possibility of using early verbal expression for interpretation. In "Psychology of the schoolboy" he studied the reactions of children to teachers, as a repetition of the relationships with their parents—ideas that were later developed, allowing us to understand the reasons for learning difficulties, school maladjustment, and refusal instead of thirst for knowledge. In "Children's dreams" he analyzes children's dreams, highlighting that—as in those of adults—we must consider a manifest content and a latent one, which is reached through interpretation.

Based on Freud's findings, Hermine Hug-Hellmuth, Anna Freud, Sophie Morgenstern, and Melanie Klein sought a way to apply psychoanalysis to the treatment of children. Although they all contributed to my current technique, it was Melanie Klein's thinking that set the fundamental direction of my work.

Freud's discoveries about the dynamics of the unconscious, infantile sexuality, and the configuration and destiny of the Oedipus complex forced us to reconsider what a child was supposed to be.

Having pointed out that the death instinct acts together with the life instinct from the first moment, Freud showed that destructive tendencies exist together with the capacity for love, that the death instinct needs to destroy, and that this need must be respected—within certain limits. Above all, given that the conflicts caused by these competing

tendencies are a continuous source of pain, we have been forced to modify our belief in the happiness of childhood.

When Freud described birth anxiety as the archetype of future anxiety situations—an idea that Rank would later develop brilliantly—he opened the way for all those psychoanalysts who dealt especially with intrauterine life, with the trauma of birth, and the early stages of development. All of them, by developing Freud's original ideas, contributed to the understanding of the infant's mind, laying the foundations for a proactive way to prevent childhood neuroses.

All of these findings provoked rejection and aroused resistance—especially those concerning infantile sexuality and the Oedipus complex. The adult's repudiation of the child's sexuality was expressed in the need to ignore it, in the desire to prohibit its flourishing by inventing legends that replaced the truth, and the wish to deny the child any clarification. Freud already showed in the history of Little Hans that when the adult lies in answer to the child's questions it drives the child to lie and creates serious conflicts in him.

When in 1900 Freud discovered the importance of the early relationship with parents for the development of future object relationships, he laid the foundations for a new technical discovery—decisive for the effectiveness of his method: the use of transference for healing in psychoanalysis. In "Delusions and dreams in Jensen's *Gradiva*" (1907a), Freud describes this discovery with special clarity:

The process of cure is accomplished in a relapse into love, if we combine all the many components of the sexual instinct under the term "love"; and such a relapse is indispensable, for the symptoms on account of which the treatment has been undertaken are nothing other than precipitates of earlier struggles connected with repression or the return of the repressed, and they can only be resolved and washed away by a fresh high tide of the same passions. Every psycho-analytic treatment is an attempt at liberating repressed love which has found a meagre outlet in the compromise of a symptom. (p. 90)

Freud came to the discovery of the Oedipus complex through his self-analysis and then through the transference. He says in his

Autobiographical Study: “I had in fact stumbled for the first time upon the *Oedipus complex*, which was later to assume such an overwhelming importance” (Freud, 1925d, p. 34). He pointed out that this was the central issue of his self-analysis: “I have found, in my own case too, [the phenomenon of] being in love with my mother and jealous of my father, and I now consider it a universal event in early childhood” (Freud, 1897).

Appreciating the fundamental importance of Freud’s findings for the creation of child psychoanalysis was what prompted me to begin this book with the story of the first history of a neurotic child treated by Freud, move on to present his clinical technique and how it evolved, and how I arrived at my current technique. I have tried—not without difficulty—to ensure that it was the clinical material that led to the theory and to transmit my conviction about the importance of child psychoanalysis for psychoanalytic research and methodology.

Part I

History of psychoanalytic technique

CHAPTER 1

Analysis of the phobia of a five-year-old boy

With the publication of the story of Little Hans, Freud (1909b) laid the foundation for the understanding of preverbal language and the use of interpretation in the analysis of children. His approach, however, did not account for the management of transference as a technical instrument. This was partly due to the epistolary way the treatment was carried out, and partly because, in regards to adult treatment, he had yet to appreciate the technical importance of the link with the therapist. In order to understand how child psychoanalysis was born, I would like us to travel back to Freud's first discoveries concerning the healing of adult neurosis.

Freud's invention of free association with adults

The first time he spoke of psychoanalysis as a therapeutic method of his own was in 1896 when, due to his discovery of the value of free association, he was able to become independent of hypnosis and suggestion, techniques that he had used for the exploration and healing of hysteria until that moment (Jones, 1959, p. 296). The fact that many of his patients continued to speak freely, without hypnosis or suggestion, and could,

through associative chains, access the memory of childhood traumas, showed him the key role of free association, a technique he later used methodically in the exploration and healing of his patients.

When it comes to understanding this evolution of Freud's technique, there is no more illustrative example than his first histories. His great, new discovery was the evaluation and understanding of the bond between patient and therapist as a technical instrument. This, he called transference. He discovered that transference had its roots in the earliest stages of childhood and that in the therapeutic relationship the patients relived their first object relationships. Attending to these, the analyst could interpret the positive and negative transference reactions as repetitions of those past situations. Freud understood the therapeutic value of interpretation early on, when he found that, by communicating his discoveries to his patients at the right moment, he could make them aware of what had been repressed until then. Free association, transference, and interpretation were the three pillars of Freud's technique for making the unconscious conscious.

Freud's indirect treatment of Little Hans

In 1906 Freud attempted, for the first time, to apply this method to the cure of an infantile neurosis: the zoophobia of a five-year-old boy called Little Hans. Freud did not directly observe little Hans, except once, but collected material from Little Hans' father who presented Freud with his observations of his barely three-year-old child, sharing any manifestations of curiosity and sexual activities pertaining to his son that could confirm Freud's discoveries about infantile sexuality, and authorizing their later publication.

The history of this child, in effect, corroborated what Freud had affirmed until then about infantile sexuality and about the importance of the Oedipus complex. In addition, it paved the way for the interpretation of preverbal language and made a fundamental contribution to the understanding of phobias. Neither Freud nor his immediate successors could foresee the scope of his discovery, until the experiences of child psychoanalysts confirmed the impact that traumatic situations had on the child's development, how the child expressed himself during treatment, and how treatment evolved until he was cured.

Until the emergence of the phobia, Little Hans seems to have been a child who developed normally. His parents described him as a happy child, with good relationships with his environment, who often enjoyed playing. They did not refer to illnesses or difficulties during his development that would suggest an unresolved conflict.

The data that Freud gives us about the patient is incomplete today. We know nothing about the pregnancy, his birth, breastfeeding, and achievements of early language and walking. We can but deduce from the mother's subsequent attitude, in light of our current knowledge, that the toilet training must have been severe, because the child suffered from persistent constipation that was treated with the violent emptying of enemas and laxatives to which he objected by kicking. He was curious about animals urinating, and pointed out their "thingy." His interest is not exclusively theoretical but incites him to touching himself in masturbatory ways that distress his mother, who threatens that the doctor will cut off his genitals if he continues to touch them. This threat will be one of the triggering traumas of the infantile neurosis.

Freud considers that the birth of the sister was also traumatic for Little Hans. Rereading the history and studying it in the light of current knowledge, we understand that it was not so much the fact itself that disturbed Little Hans, but the obfuscations of the truth that surrounded this event and everything related to sexual life; the lies that contradicted everything he observed. Little Hans both notices and denies that his newborn sister is different from him, by stating that she has a very small thing.

The history indicates abundant genital trauma: 1) the patient's mother prohibited him from masturbation, and since this prohibition was useless, she threatened to take him to a doctor who would cut off his genitals; 2) she gave him an inaccurate description of the difference between the sexes, assuring him that female genitalia are identical to male genitalia; 3) when his mother conceived and bore a daughter, the parents supplied the patient with the well-known story of the stork, while simultaneously exposing him to his mother's room, where he saw the doctor's bag and a basin with blood, which he linked with delivery; and 4) the child was no longer allowed to sleep with his parents after his sister was born.