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The paternal function: conceptual and therapeutic relevance

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THE PATERNAL FUNCTION: CONCEPTUAL AND THERAPEUTIC RELEVANCE

BY

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Supervised by Prof Gillian Eagle

2015

A thesis submitted in fulfilment of the requirements for the degree of Doctor of Philosophy in Psychology at the University of the Witwatersrand

DECLARATION

I declare that this is my own unaided work. It is being submitted for the degree of PhD in Psychology at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at another university.

Signed: _____

DATE: ---------- of ---------- 2015

To my son, Timothy

ABSTRACT

The construct of the ‘pre-oedipal’ paternal function, as distinct from the traditional ‘oedipal’ paternal function, is an important yet under-developed focus of study in both the field of infant development and psychoanalytic clinical practice. This thesis contributes towards the development of an integrated concept of the paternal function as well as to a deeper understanding of the different aspects of the construct and its application. A critical literature review of psychoanalytic literature on the ‘paternal function’ highlights an absence of recognition of the importance of the construct, as it is salient in the earliest period of infancy, and characterises it as fragmented and diversely understood when it is mentioned. Four aspects of the paternal function which appear to be the dominant aspects in the literature are identified and elaborated in some detail. Also noted is the tendency for the non-gendered nature of several aspects of the paternal function to be overlooked because of the regular conflation of the role of the father and the paternal function. Extending this theoretically based observation into the domain of therapeutic practice, the conceptualisations of the pre-oedipal paternal function and the extent to which it is employed as a clinical tool was garnered from a sample of self-identified psychoanalytic psychotherapists based in Johannesburg, South Africa. Interviews of the topic were conducted with eight experienced practitioners and subject to thematic analysis guided by existing theory. The findings articulated closely with the international literature which points to a nebulous understanding of the concept and a general absence of reference to it as relevant in clinical formulations. In addition, based on the interview data, some proposals as to why the paternal function poses such a definitional difficulty and why, furthermore, the paternal functionary is apparently *persona non grata* in the clinical setting, are discussed. Finally, the case for the usefulness of the pre-oedipal paternal function in clinical practice is elucidated through the discussion of four clinical cases, each addressing a particular aspect of the pre-oedipal paternal function. Based on both a critical review of the literature and empirical data in the form of interviews of psychotherapists, and case material, the thesis makes a cogent case for foregrounding and refining conceptual and applied understandings of the construct of the ‘pre-oedipal’ paternal

function, highlighting the gendered and non gendered attributes associated with performance of a set of functions associated with the construct.

Keywords: paternal function, paternal functionary, role of the father, thirdness, masculinity, pre-oedipal.

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CHAPTER ONE

Introduction

It is now approximately a hundred years since Freud expressed his seminal views on the role of fathers. The time is ripe for a revisiting of the topic.

(Obholzer, 2002)

The time is indeed ripe for a revisiting of this topic, and there are at least two fronts on which this might be done. In the first instance, in the century that has passed, and to which Obholzer (2002) refers, much has changed that is germane to the role of the father. This thesis will discuss the crucial elements of such change in due course. Suffice it to say at this early point, that, in particular, fathers no longer hold the same position – structural or status - in families that they did a hundred years ago, and moreover, what it means to be a man, to be masculine, is of a different order now to what it was then.

In the second instance, while there is a growing questioning of what is to be understood by the term 'the paternal function' (Perelberg, 2014), the terms 'the role of the father' and 'the paternal function' have regularly been conflated in the past. The changing social landscape in which gender stereotypes and gender role assignment are increasingly being undermined demands a new precision in conceptual language to capture the gender nuances that are becoming increasingly apparent. 'Gender nuances' relates to the idea that masculinity and femininity are increasingly viewed as no longer binary positions that an individual is biologically assigned but rather as two psychic ingredients that are present in an individual and

generally available for identificatory processes by the individual. Revisiting the role of the father then, as the opening quote encourages, must also by implication involve a teasing out of these two concepts from one another.

The focus of this thesis is psychoanalytic psychotherapy practice. It goes without saying that in the same way that Freud's theories of the father impacted clinical work, the revisiting of this topic must inevitably be relevant for contemporary psychoanalytic psychotherapy clinical work. To elaborate on this point, in this modern age in which contemporary family models differ significantly from the traditional nuclear family model, biotechnologies render traditional views of maternity and paternity defunct, and contemporary sexual and gender presentations contest the idea of sexual difference, psychoanalytic based clinical work is faced with two options: "either we consider these changes fashions of our era that do not change the essence of psychoanalysis or we wonder whether psychoanalysis might re-think some categories that are being interpellated" (Fiorini, 2014, p. 2). I stand with those who believe that psychoanalysis needs to rethink the categories (as Fiorini terms it) of the 'role of the father' and the 'paternal function'. While this concept has not been that directly "interpellated" (questioned), the 'revisiting' of the concept of the role of the father does bring the paternal function up for 're-thinking'. The nettle that psychoanalysis and psychotherapy have to grasp if both treatment modalities are to remain relevant in contemporary society, which is significantly different in many ways from the societies in which psychoanalysis was born and developed, is the de-conflation and teasing apart of the notion of the paternal function, and the role of the father. As previously noted, these two terms have long been used interchangeably with the paternal function not being accorded the same metaphorical meaning as the maternal function. In the same way that an individual brought up by a male caregiver does not necessarily suffer from those pathologies arising from lack of containment and nurturing (traditionally maternal functions, but able to be provided by a male/father), a child brought up by two women does not necessarily have to suffer from oedipally related psychic distress arising from the lack of a male father. There is practical evidence to support this.

Given the salience of gender in contemporary society, the revisiting of the role of the father might focus not so much on what the role of the father is, but more pertinently on the question of whether what has come to be known as 'the role of the father' is the exclusive domain of the male father figure? In other words, is the role of the father gender dependent or are there aspects of it that might ably be performed by a woman? If it is shown, as this thesis endeavours to do, that there are indeed aspects of the 'role of the father' which are gender neutral and do not rely on maleness for their provision, then the term 'the role of the father' is up not only for revisiting but also for replacement (as appropriate) with a more accurate, less gendered term such as the role of the second parent, the function of the third or the paternal function. Precedent has been set for the non gendered nature of the 'paternal function'. Indeed, the complementary behaviour, the maternal function, has long been recognised as not being the exclusive domain of the mother or female caregiver, with fathers and men equally able to nurture, and provide holding and containing, among other traditionally maternal functions (Davids, 2002).

Already, at this early stage of this thesis it has been hard to avoid the trap of referring to 'the paternal function' as if it is a well defined, universally accepted construct. I am aware that so far I have used this term as if it is well known and has common currency. Its disparate use in the literature, which will be discussed in a later chapter, indicates that it is not. Thinking about what might pass as a psychoanalytically agreeable contemporary definition of 'the paternal function' is fraught with seductions to once again become entangled with the role of the father and restrict the definition to the oedipal stage, sexuality and gender identity. As this thesis will highlight, there is growing evidence and awareness that much happens in the early period of the infant's and baby's life, prior to the oedipal stage, and which is dependent on the presence of a second parent or caregiver and must thus be included in any definition of 'the paternal function'.

The impetus for this research arose from my work as a psychoanalytically oriented clinical psychologist as well as my own position as a son and a father-to-be. At the personal level a long term therapy drew attention to the influence on my

development of my relationship with my own father, and provoked an interest in how early this paternal influence began and what form and significance it took for me. It was hard to believe that my father's presence or absence pre-oedipally did not touch me in one way or another. My mind was also strongly focussed on how I might optimize the psychic development of my own children to be, particularly in the early part of their lives through my involvement with them and their mother. At the time of thinking in this area I had not yet become aware of the distinction between the role of the father and the paternal function, and what I was really questioning was the influence of my second parent rather than the influence of my male parent.

Simultaneously my work as a clinician has exposed me to large volumes of maternally oriented theory. Attendance at conferences and engagement in ongoing training, professional reading/discussion groups and peer supervision, has also highlighted an inordinate, almost exclusive focus on either maternally focussed theory or Freudian oedipal theory. The place of the paternal function has been conspicuous only by virtue of its absence. Conversations with colleagues confirmed the existence of other clinicians interested in the importance of the second parent in the very early months and years of the infant's life and their struggle to locate a cohesive body of knowledge or literature tackling this topic.

My professional experience of grappling at times, often unsuccessfully, to find a suitable, theoretically sound formulation for a particular patient left me confounded. Certainly the theory available to me accounted for some of the patient's struggle, but there was a loss of parsimony and precision as different theories were massaged and blended into an ungainly chimerical formulation to try and fully account for the patient's symptoms. I felt an enduring sense that there was a scotoma in psychoanalytic theory. My counter-transferentially informed assumption was that a theory which included the pre-oedipal paternal function might shed light on the dynamics related to understanding and working with such patients and allow a more fitting formulation as well as enhanced interpretations. Within an object relations oriented training framework, the psychoanalytically oriented psychotherapist learns early in training the importance

of the traditionally (pre-oedipal) maternal functions of holding, containment and reverie. Such functions, performed by the therapist, are viewed as being as critical for a successful therapy as they are for an infant's successful psychic formation. The possibility of a parallel process for the (pre-oedipal) paternal function, whatever this might entail, is important to investigate, for if the paternal function offers an enhanced therapeutic outcome for patients it is incumbent upon clinicians to then become familiar with and include these functions in their repertoire where appropriate.

Although I have referred to the term 'the paternal function' in the paragraph above, at the time of my clinical grappling for something to fill the gap that I perceived, my thinking was still gendered in the sense that I didn't conceptualise the paternal function as being what was missing but rather that the influence of the father was somehow implicated and needed elucidation.

It was only as I began reading the literature in the area and considering how various authors invoked 'the paternal function', often under the guise of the father, that I found myself asking the question "but what is it about that function that requires it be performed by the father, or a male?". I was also intrigued by literature which suggested that children raised by single mothers were not necessarily less well off emotionally than their peers growing up in a traditional family. Failure to find cogent evidence to tie the paternal function and the father together (a matter which will be elucidated in later chapters) led my thoughts to the feasibility that the paternal function was possibly not as gendered as I had previously thought, and, as it appears, is often assumed.

As alluded to earlier, contemporary gender studies introduce the possibility that the maternal and paternal roles are far less dependent on biological sex than once promoted. The question of whether the father is useful because he is the father then becomes less salient and what rises to the surface is the question of what functions need to be performed by parents of whatever sex in order to ensure the healthy psychic development of the infant, toddler and child.

Authors such as Samuels (2001) and Harris (2000) have interrogated the concept of the father in light of more contemporary gender theory, a fundamental tenet of which is that gender is performative and fluid (Butler, 1990). Harris (2000) notes that current psychoanalytic thinking is at a point where maternal and paternal functions have jumped the well worn boundaries demarcated by biological sex while Samuels (2001) has introduced the idea of "the good enough father of whatever sex". It seems that the suggestion is that in the recent past the father or fatherhood has been valorised as providing a necessary moral presence, as well as being idealised as the potential panacea for all that is wrong with current western society: if only fathers became more prominent in children's upbringing the world would be a batter place. Samuels argues that the father is more than just the harbinger of a super-ego and, in addition, that the gender of the parent performing the functions traditionally performed by the father may be more fluid than historically believed. Women can perform many of the functions and roles once the sole preserve of the father and as an example he notes that: "Many women who raise children alone or with other women, are certainly already doing a lot of being a 'good enough father of whatever sex' without naming it as such" (Samuels, 2001, p. 106). Additionally, the importance of the paternal functionary or 'the father of whatever sex' in the early months of development is being increasingly highlighted (see, for example, Freeman, 2008). In most readings of classical psychoanalytic theory the father appears as a threatening, prohibitive and castrating figure when the baby is around three years of age, instilling fear into the little boy (Etchegoyen, 2002b). Literature emerging over the last several decades introduces an alternative father figure (or perhaps paternal functionary) who is present and involved with the infant in a non-threatening, non fear instilling manner. Contemporary gender research points to men eschewing traditional forms of patriarchal masculinity with men's thoughts around fathering changing to include desires to be emotionally responsive and nurturing parents (Dick, 2011). Thus not only may women potentially perform conventional paternal roles but men as fathers may also perform more maternal functions.

The literature on gender and parenthood is increasingly underlining the construction of the father as both time and culture dependent (see for example

Marks, 2002) and as such open to the vagaries of prevailing mores. If the psychological benefits on the developing psyche that are brought to the fore by a second parent are to be fully understood (as will be elaborated in this thesis) the functions of the second caregiver cannot be subsumed under the rubric of 'the role of the father' for fathering is not a constant. In the 21st century the traditional Freudian oedipal father is no longer the sole template for fatherhood. Indeed, for many reasons the conventional family of female mother and male father is no longer the norm. Single mother families are trending upwards as a result of women's empowerment, more liberal views of gender roles, resistance to male domination and increasingly successful methods of artificial insemination. Gay liberation has resulted in family structures where children are raised by parents of the same sex.

In the light of the above, a more gender neutral and culturally unbiased nomenclature pertaining to the role of the second parent in an infant's development is necessary. To this end terms such as 'the function of the second parent', 'the function of the third' or 'the paternal function' are, I suggest, more apposite. Likewise the provider of these functions, historically the father, is better referred to as 'the second parent', 'the third', or 'the paternal functionary' to ensure contemporary developments in parenting and family structure are included in theorisation and formulation. In this thesis the nomenclature generally used will be the paternal function and the paternal functionary to respectively refer to those provisions in development that may be provided by a parent, caretaker or being other than the mother or primary caretaker.

At this juncture the relevance to psychoanalytic theory and practice of this finely discriminating attention to what could be seen as social psychology and semantics, might be questioned. The relevance is a function of the dependence of psychoanalytic theory (and consequently practice) on the understanding of child development, in particular on how maternal and paternal influences are perceived and internalised in one way or another. If psychoanalytic rigour and efficacy is to be maintained, it is imperative to tease out the paternal function from the role of the father, the latter being the socially constructed, gender aligned role assigned to

a male parent; the former being the largely gender independent functions performed by a second parent or caregiver, and necessary for the healthy psychic development of the baby, if this is indeed possible.

In the case of non-conventional family structure, for example what becomes of the paternal function and what, if anything, are children deprived of in the absence of a traditional father? This will be more easily answered, and any necessary ameliorating steps more clear, if the paternal function is more precisely defined and more deeply understood. To this end, and for the purpose of clarity in the thesis, some clarification around the use of the terms 'oedipal' and 'pre-oedipal' in respect of the paternal function is necessary.

Of particular interest in this thesis is the clinical relevance of the paternal function in the period prior to what would traditionally be understood in classical theory as the oedipal period. This 'pre-oedipal' period is a period which psychoanalysis historically tended to treat as bereft of a paternal figure of any substance in his own right (Freeman, 2008), but which is now slowly being recognised as a developmental period during which paternal functioning is critical (Etchegoyen, 2002b; Freeman, 2008). This period in the infant's development is generally termed the pre-oedipal period, and the paternal functionary of the pre-oedipal infant might be termed the pre-oedipal paternal functionary, and those functions provided by this parent, the pre-oedipal paternal function or functions.

The argument might well be raised that the 'Oedipus Complex' refers not only to the oedipal conflict arising during a particular psychosexual stage of development and leading to gender identity development, but also refers to a more extensive 'oedipal process' that has its origin much earlier than the classical oedipal conflict (Etchegoyen, 2002b; Freeman, 2008). To then speak of 'pre-oedipal' would be referring to a period of only a matter of days or weeks given that recognition of the second parent (a component of the oedipal process) is now believed to occur very early in the infant's life. This argument is noted, but for the sake of simplicity, and because in my reading of the literature, in keeping with that of Freeman (2008), it appears that the tendency is to loosely equate the oedipal process with the oedipal conflict, and thus the term pre-oedipal will be retained to

describe the infant's early life, prior to what would classically be understood as the Oedipus Complex.

Having clarified this developmental and terminological distinction, because the focus of this thesis is the pre-oedipal paternal function, for the sake of simplicity and easier reading, the prefix 'pre-oedipal' will be dropped and the term '*the paternal function'* will represent those functions pre-oedipally related to the development of the infant. In the case that Freud's oedipal father-figure is being referred to specifically, the term the *oedipal paternal function* will be employed.

Classical psychoanalytic theory has tended to privilege the father-son relationship, overlooking the detail of the development of little girls and the importance of paternal functioning particularly in their early lives. Spieler makes the very pertinent observation that "pre-oedipal girls need fathers" (1984, p. 63). With recognition that female babies' early development is as important as male babies' early development, it is necessary that any general developmental theory is non gender specific. This research around the paternal function endeavoured to describe and explicate the pre-oedipal paternal function in a manner which did not differentiate in any significant way as a function of the baby's sex.

Rationale

This thesis came about as an endeavour to fill the perceived gaps in the literature dealing with the paternal function during the pre-oedipal period. There is a plethora of maternal function oriented literature and discussion elucidating the pre-oedipal mother, her relationship with her infant. The theories of Klein (1997), Winnicott (1945,1990) and Bion (1962) add to a cohesive body of knowledge in this area. It goes without saying that there is a comprehensive body of literature addressing the oedipal father and the little boy's consequent development of super ego and gender identity. There is also a substantial literary corpus which explicates the father son relationship post oedipally. There is, however, scarce theorising in the area of the paternal function in general. Moreover, what has been written is very fragmented with different authors and different paradigms

using the term ‘paternal function’ in quite varied ways (Perelberg, 2014). Thus it seemed that firstly there was a pressing need for clarity around the concept of the paternal function, and indeed this appears to be one of the driving motivators behind the 2014 IPA online debate entitled *The Paternal Function in Psychoanalytic Technique* (See Perelberg, 2014). While the focus of this debate was psychoanalytic technique several important questions were raised at a theoretical level. One of the questions raised was for how much longer the symbolic connection between the father as a means to access culture will hold, given that in the contemporary context the mother often practices in some professional field. The conflation of the role of the father and the paternal function, an example of which is provided by the question just mentioned, also requires examination so that a less narrowly gendered presentation of the paternal function is possible. Finally, it appeared that an integration of what had been written about the paternal function, an integration lacking at this point, could be helpful at the level of theory development and clinical practice.

Aims

The aim of this research was to contribute to contemporary psychoanalytic theory and practice in the area of the paternal function.

This was to be accomplished firstly by providing a contemporary definition and description of the paternal function through the integration of, and extrapolation from, the disparate literature on the topic. A second objective was to ascertain how the paternal function was thought about and employed clinically. (This empirical part of the research was limited to exploring the experiences of practitioners in the city of Johannesburg, South Africa. Finally, it was also intended to demonstrate the clinical utility of the paternal function through discussion of personal case material.

Research questions

1) How is the concept of the 'paternal function' presented within psychoanalytic literature?
2) How do psychoanalytic psychotherapists conceptualise the paternal function?
3) How do psychoanalytic psychotherapists employ the paternal function in clinical practice?
4) How might a considered appreciation of the paternal function aid clinical work?

Theoretical orientation

The theoretical orientation of this research is broadly psychoanalytic while privileging the object relations approach within psychoanalysis. Thus the theory and ideas engaged within this research are not restricted to object relations theory but emanate from various schools of psychoanalytic thought. Such an approach is necessary because the problem being addressed, namely a lack of precision in conceptualisation and application of the paternal function occurs across psychoanalytic theories and is not limited to one or the other. Consequently ideas and theory from the Freudian and Jungian paradigms, self-psychology, attachment theory and intersubjective theory are all engaged with, in order to complement the object relations theory which forms the primary substrate for the discussion. Several theorists writing in the Lacanian tradition such as Andre Green and Rosinne Perelberg are cited but it is the general applicability of their ideas across paradigms that is referenced rather than a purist Lacanian understanding.

By virtue of the research aims and the attaching questions to be addressed, this research is both conceptually and data driven. To be clear, conceptually driven research refers to the examination and interrogation of pre-existing knowledge that is salient to a particular theoretical concept or construct. It might be thought of as deductive. Data driven research on the other hand is more inductive and may be thought of as the gathering of information from which 'a theory' or hypothesis

might be promulgated. However, these distinctions are clearly not absolute as will be discussed further in chapter three.

Structure of the thesis

This thesis has been compiled in accordance with the University of the Witwatersrand's standing orders for a PhD including publications. This form of PhD requires the publication of four related journal articles which centre around a core research focus and which comprise the main body of the thesis. Thus chapters four through seven of this thesis consist of the four papers published in compliance with the requirements of this degree, while the remaining chapters provide information to contextualise the project and method as well as describe the meta-discussion in the conclusion. While it is acknowledged that this structuring of material in the monograph or thesis as a synthesized body of work is somewhat unusual, the format of this particular kind of doctorate (PhD 'including publication') perforce means that the narrative structure is not entirely smooth. Since each journal article requires inclusion of aspects of theory, review of related literature and description of method, there is inevitably some overlap between material in the chapters. However, the expectation is that the journal articles in large measure represent the conventional findings and discussion sections of a monograph thesis. Over and above this is the necessity to orient the reader to the overall purpose of the thesis, its grounding in a particular body of theoretical and applied literature, the over arching method employed to address the central research question(s), and the conclusions drawn from the study as a whole. Thus the material is presented in the form of a conventional thesis with some necessary departures from common practice. The substance of each chapter is outlined as follows.

Chapter One, the current chapter, provides an introduction and background context for the research.

Chapter Two comprises a partial, selective literature review. It is a partial literature review because the first research question, which was addressed in paper one, (and which is reproduced in chapter four) is essentially a critical literature review and covered the majority of the salient literature. The material which appears in chapter two is effectively an update with the inclusion of some relevant material published after chapter four was published (in 2013), as well as some additional supporting literature on ideas already included in paper one. The recommendation is that for a full appreciation of the literature reviewed for the purpose of this PhD thesis, chapters two and four be read in conjunction.

Chapter Three discusses the method of research employed, the data collection process and methods of analysis. Pertinent ethical considerations that were relevant for the project are discussed as well as measures taken to address these.

The next four chapters of the thesis are made up of the four journal articles that were required in order for the degree to be conferred. All four of these papers were submitted to peer-reviewed psychoanalytic journals. At the time of writing three of the manuscripts have been published while the fourth is scheduled to be published in July of 2015.

Each of the four articles was written to conform to the specific requirements of the journal to which it was submitted. In order to contextualise the papers and to make explicit the relationships between the individual papers and the overall research project, each of these chapters includes a brief introductory section. Such introductions highlight the argument being presented by the thesis as a whole and identify the research questions being addressed by each paper.

Chapter Four is the first paper of the thesis, a joint paper with Gillian Eagle, of which I am the primary author, entitled *Conceptualising the Paternal Function: Maleness, Masculinity, or Thirdness?* and published in *Contemporary Psychoanalysis* (2013). In the context of changing constructions of gender and family structure this article addresses two related aims. First, it develops a focused

and integrated sense of the construct 'the paternal function' as understood within object relations theory. While the term 'paternal function' is frequently employed in the psychoanalytic literature, a common understanding of what it constitutes cannot be assumed. The construct appears to encompass several different dimensions, four of which are explored in the article. Second, it offers a critique of existing theory, arguing that the literature reflects some conflation between function and functionary, or between maleness and/or masculinity and the performance of this function or set of functions. This paper proposes that the paternal function should be understood as distinct from the role of the father in the life of the infant. This opens a space to consider alternative sources of parental functioning and the related importance of the position of third persons or objects in infant development. It is argued that critical engagement with the construct of the paternal function not only has relevance for rethinking developmental theory and child-rearing practices, but that it may also prove potentially valuable to case formulations and understanding interactional dynamics within the therapeutic relationship.

Chapter Five is the second paper and carries the title *The elusive paternal function: Clinicians' perspectives*, published in *Psychoanalytic Psychotherapy in South Africa* (2014). This paper seeks to ascertain how South African psychoanalytically oriented therapists conceptualise and think about the construct of the paternal function. Drawing on material from individual interviews with a sample of Johannesburg based clinicians, areas of concurrence are highlighted as well as areas of tension as therapists grapple with this elusive concept. Comparisons are also made with existing literature in the area. Finally the relationship between gender and the paternal function, as articulated by participants, is explored.

Chapter Six – *Missing in action: Reflections on the employment of the paternal function in therapeutic practice* has been accepted for publication in *Psychoanalytic Psychotherapy in South Africa* and will appear in mid 2015. This article explores and comments on how South African psychoanalytically oriented

therapists think about the paternal function in terms of their clinical interventions and patient formulations. Drawing on material from the same sample of individual interviews, an apparently ambivalent and disrupted relationship with the paternal functionary is suggested and possible reasons for this proposed.

Chapter Seven contains the last paper of the thesis which is entitled *Reporting for duty: The paternal function in clinical formulations.* This article appeared in *Psychoanalytic Review (2015)* and takes further the suggestion made in paper one, namely that the theory pertaining to the pre-oedipal paternal function may be valuable to case formulations and the understanding of interactional dynamics within the therapeutic relationship. The psychodynamics of four clinical cases emanating from my clinical practice are discussed and formulated through a lens which privileges the pre-oedipal paternal function. The advantage of this aspect of formulation is discussed.

Chapter Eight draws the thesis to an end, bringing together the arguments presented in the papers in the Discussion and Conclusion section. The novel contributions to knowledge made by the research project are discussed in relation to the literature review. Additionally, important areas for possible further research are highlighted and potential shortcomings of the research are acknowledged.

CHAPTER TWO

Literature Review

Introduction

In line with the first research question indicated in the previous chapter, the first paper (Davies & Eagle, 2013) that was written for this thesis incorporated a critical literature review of a specific portion of the theory and writing pertaining to the paternal function. The literature that was considered in that review was broadly object relational and Freudian, with some reference to self psychology and Jungian thinking. As noted in that review of the paternal function, there is a body of literature on the paternal function developed by Lacan and his followers, and that use of the construct the 'paternal function' is often assumed to refer to this body of theory (Carveth, 1993; Boczar et al., 2001). Lacanian theory has a particular semiotic and symbolic set of connotations intrinsic to this theoretical tradition which is quite different from the tradition of writing in which the idea of a paternal function or functions is viewed as being performed by significant 'objects' in a child's world, during early development. It is within this latter tradition of writing that this thesis is located.

There are several reasons for the inclusion of this supplementary literature review which makes up this chapter First, some additional thoughts and theorising has appeared in the public domain subsequent to the submission of the Davies and Eagle (2013) paper noted above, and articulate well with the ideas and arguments raised in this theses. Second, I have come across several pieces of literature which I had initially overlooked and which I believe are useful in further contextualising the discussion. Finally I have been able to make some clearer links for myself

between different ideas in the literature as I have continued to engage with the topic.

While the literature pertaining to the paternal function might not be described as vast in comparison to other psychoanalytic concepts, it is certainly a scattered literature, with different paradigms touching on it in different and restricted ways. Broadly speaking, classical Freudian theory emphasised the oedipal father, analytic or Jungian theory incorporates the father archetype, while Lacanian theory takes up the paternal function with a very particular abstraction and semiotic approach through its highlighting of 'the name of the father'. Contemporary object relations theorists have more recently grappled with the father of the pre-oedipal period, and by implication with the paternal function. Even within the latter paradigm in which this research is predominantly situated there is no overarching, comprehensive body of literature that fully elucidates the paternal function either in terms of the developmental trajectory of the infant or in the clinical setting.

A useful core around which the supplementary literature of this chapter can perhaps cohere is a brief summary of what is highlighted in the article which appears in this work as chapter four (Davies & Eagle, 2013). There are four main ideas taken up in that article, namely the absence of a pre-oedipal father; the conflation of the role of the father and the paternal function; the elucidation of the paternal function through the explication of four commonly referenced aspects in the areas of 1) separation, 2) psychic structure formation, 3) affect regulation and 4) provision of psychic safety); and finally, the potential gender neutrality of the paternal function.

Turning first to the paternal function, examination of relevant literature suggests that the writing pertaining to the paternal function has, historically, invariably been related to the actual father, and in particular to the oedipal father. Moreover exploration of his influence has largely been limited to the development of his son. In fact Freud's Oedipus complex is premised in specific ways on the absence of a pre-oedipal father (Freeman, 2008). Understandably, since Freud's Oedipus complex has been the core of orthodox psychoanalytic theory for so long (Nasio,

2010), the pre-oedipal father has not been a central focus of psychoanalytic interest; it has been the "symbolic presence and substantive absence" of the oedipal father that has informed much of psychoanalytic thinking (Freeman, 2008, p113).

This absence of the father, and in particular the pre-oedipal father, from depth psychology (Samuels, 1989), has led to references to the father along the lines of "the forgotten parent" (Ross, 1979, p317) and fathers as "forgotten contributors to child development" (Lamb, 1975, p245). This absence can be ascribed both to cultural factors as well as to the emergence of the pioneering work of Melanie Klein in the 1930s, which triggered the 'maternal turn' in the psychoanalytic tradition, and the emphasis on the mother-infant dyad. This limited focus lasted for almost half a century and it was only in the mid 1970's that ideas of a benign, caring and involved positive paternal presence in early child development began to slowly infiltrate prevailing thinking (Trowell, 2002).

With this swing towards interest in the pre-oedipal father, interrogation of historically unquestioned, patriarchal assumptions followed. In particular the emphasis on the father-son relationship was queried along with the relative absence of attention to the father-daughter relationship, specifically during the pre-oedipal phase.

One of the problems in engaging with the concept of the father is that it is hostage to both temporal and cultural factors (Goldberg, Tan, & Thorsen, 2009), as is the construct of masculinity which is so inexorably mixed up with fathering (Yarwood, 2011). Because of the dialectical construction of masculinity as being in opposition to femininity (Large, 1997), there has been a deep seated reluctance to conceptualise parenting, particularly pre-oedipal parenting for so long the domain of the mother and feminine, as a significant dimension of the male experience (Freeman, 2008).

Garfield (2004, p. 37) talks about the need "to lay the groundwork for the notion that the relationship with the father is not hardwired and that it develops because of ensuing psychological and cultural factors with the growing boy and girl".

Years earlier Chodorow (1978) highlighted the same problem, suggesting that psychoanalytic thought has been contaminated by the infiltration of cultural assumptions pertinent to gender, resulting in the said cultural assumptions not being interrogated as to their potentially problematic characteristics. Samuels (1993, p. 134) echoes this, expressing dismay at what he construes as "the tendency of therapists and analysts to convert prejudices they share with the non-psychological world into authoritative theory" (p. 134). One such prejudice might be that the paternal function can only be located only in male persons.

Dick (2011) is very clear on what might be termed the transitory nature of fatherhood, as well as the cultural specificity of fatherhood: "...the determinants of fathering behaviours are culturally influenced and socially constructed, and they change over time..." (p108). This contention is no longer up for debate and is supported by many authors such as Pleck and Pleck (1997) and more latterly Day and Lamb (2004). Samuels (1993) rails against the lazy appeal to outdated tradition as the benchmark for what is psychologically useful for a child developmentally, noting how patriarchy has warped the natural roles of men and women as parents. He cites his clinical experience with lesbian parents who bring up a child, either fostered or one of their own, where the maternal and paternal function both find adequate expression despite prevailing discourse suggesting inevitable parenting problems because of the absence of a male parental figure. There are others since then who also support this contention (see for example APA, 2005).

This assumptive thinking around parenting and gender is also often insufficiently interrogated in the case of single mothers and their children. Jones (2007), for example, highlights the many problems that arise as a result of father absence, insinuating that the paternal function can only be lodged in the father, or a man. However the link between absent fathers and the psychological struggles of the child is not as clear cut as might appear. Indeed, as many authors (for example Padi, Nduna, Khunou & Kholopane, 2014; Samuels, 1993,) have pointed out, the absent father leaves in his wake obstacles of varying forms - political, economic and cultural - that serve to undermine attempts at successful single parenting.

Psychoanalytic writers have been noticeably silent on fathers and daughters. Lax (1977) discussed the cases of three women in whose life the father had played an important identificatory role while Layland (1981) touches more generally on the topic of the daughter's father hunger. Bernstein (1983) takes up the portrayal of fathers in the case of daughters as libidinal objects and separators from the mother, questioning why fathers are seldom seen to offer themselves as objects of identification to their daughters as they do for their sons. Tessman (1982) also highlights the father as separator and then touches on his oedipal characteristics as "erotic exciter" (p224) for his daughter. What has been said about fathers and their daughters has been almost entirely in the realm of oedipal development. It took Spieler (1984) to underline the omission of theory concerning fathers and infant girls through her paper 'Preoedipal girls need fathers'. Benjamin (1988,1991) alludes to the need of the pre-oedipal girl for identification with the exciting father of separation who ideally stands ready to introduce her to a world outside the mother-infant dyad. While this is important work because it underscores the importance of fathers for little girls, it falls short in that it overlooks the inherently assumed gendered nature of the paternal function in so far as it is commixed with the role of the father.

It is "the delusion of gender certainty", Samuels (1989, p. 91) argues, that traps the unsuspecting mind in the stereotypes which limit appreciation of the importance of the paternal functionary to the son. He underlines the importance of embracing Freud's ideas of innate bisexuality (Freud, 1905) if we are to open ourselves to the possibility that the erotic playback of the father, so necessary for the little girl's healthy psychic development, is also required by the little boy; and further, that the father as transformer of aggression (Herzog, 2004) is also needed by the daughter (Samuels, 1989).

What is the paternal function?

Chapter four will provide a thorough contextualisation and review of the paternal function literature from which the four paternal 'sub-functions' are extracted and elaborated. In this section the four aspects of the paternal function identified in

Davies & Eagle (2013) will be somewhat prematurely identified along with some points of discussion which do not appear in the more complete coverage in chapter four. Although this is not an exhaustive explication of the paternal function, based on an extensive reading of existing literature on the paternal function, Davies and Eagle (2013) suggest that there are four distinct developmental functions associated with the tern, each of which are briefly elaborated as follows:

Separating third: This paternal function refers to the intentional interference with the symbiotic mother-infant relationship in order to separate the infant from the mother and promote independence and participation in the wider world (Etychegoyen, 2002b; Loewald, 1951). While historically linked to the oedipal father, this function has also been identified as significant pre-oedipally. Indeed several authors refer to the relationship the infant develops with the paternal functionary prior to the traditional oedipal negotiation (see for example Blos, 1984; Freeman, 2008; Liebman & Abell, 2000). Freud himself conceded the existence of a pre-oedipal father-son relationship (Freud, 1913) but probably underplayed it because it undermined his oedipal thesis which was premised on an absent paternal functionary in early development (Freeman, 2008). Another area of Freud's theory that seemed to be at odds with his own oedipal theory, and which more contemporary theorists (such as Samuels, 1996; Rottman, 1980) are picking up on, is that which might be thought of as maternal ambivalence to the symbiotic relationship with her infant. Freud suggests that the little girl has to reject her mother at some point and redirect her love towards her father. Where does the reason for this rejection lie? Freud, by his own admission (Freud, 1931) locates the tension pre-oedipally although failing to elaborate on it in any detail. Freeman (2008) attributes this failure once again to a realisation that it would undermine his (Freud's) oedipal model. Indeed, if the mother and child are negotiating hostility in some way, the chances are there is not the same need for the Freudian oedipal father to step in to separate them; they are on their own road to separation already. Samuels (1996) and others put forward several reasons, in addition to this one, why mother and infant are self invested in dissolving the symbiotic union and why the phallic oedipal father is unnecessary. This might be

thought of as the mother performing the paternal function. Chapter four elaborates.

It is also suggested that this function is generally gender neutral in so far as it could be performed by a paternal third of either sex (Davies & Eagle, 2013). An alternative view might be implicit in Layland's (1984) discussion of two male patients who had been subjected, from infancy, to mothers who used them to satisfy their own unconscious sexual wishes and fantasies. In discussing the associated problematic consequences for these two patients in later life, Layland (1984) refers to the need for a father to be a "good-enough husband to his wife, particularly with regard to her sexual needs" (p.329). In the case of the two patients discussed, the implication is that the father who is sexually good enough with or for his wife provides an important separating/protecting function for the infant. In particular, because he satisfactorily meets the sexual longings of the infant's mother, he protects the infant from being used as an object of (unconscious) sexual satisfaction by the mother. The maleness of the father, in an assumed heterosexual union, appears necessary in Layland's (1984) argument.

The underlying question that is brought to the surface by Layland's case analysis and aspects of the preceding discussion concerns the issue of what might be the characteristics of the relationship between the mother and the paternal functionary. It is insufficient in this instance for the separating paternal functionary to simply be a third. It is required that the paternal functionary and the mother necessarily have a sexual – read emotionally satisfying – relationship. It is the allure of continuing such a relationship with the paternal functionary that lures the mother out of the symbiotic relationship with her infant. The absence of this alluring relationship risks prolonging the symbiosis between mother and infant, and worse, risks having the infant's psyche potentially damaged by a mother seeking inappropriate erotic gratification from her infant.

Returning to what appeared to be the necessity of the maleness of the third party in Layland's (1985) argument, it is clear that what is required is an emotionally charged relationship between mother and paternal functionary. Whether such a relationship is a hetero- or homosexual relationship is arguably irrelevant.

Facilitator of psychic structure: The paternal functionary, along with his/her relationship with the mother, serves as the necessary third point to facilitate triadic relating in reality and in the infant's psyche. The writings of Britton (1989) and Birksted-Breen (1996), (among others), are core and discuss how the paternal third provides an opportunity for the infant to be in an observed relationship (the mother-infant dyad, observed by the paternal third) as well as reflect on a relationship (mother-paternal third) that he/she is not part of. As will be explicated in chapter four, this triadic relating is linked to the development of the capacity to self reflect, be objective and mentalize. Suffice it at this point to note Britton's (1989) understanding of the importance of this function. He suggests the function of the third is to provide the baby with "….a prototype for an object relationship of a third kind in which he (sic) is a witness and not a participant. A third position then comes into existence from which object relationships can then be observed. Given this we can also envisage *being* observed. This provides us with a capacity for seeing ourselves in interaction with others ... for reflecting on ourselves whilst being ourselves" (Britton, 1989, p. 87).

Bearing in mind the cases raised by Layland (1984) which were discussed earlier, it is highly likely that the paternal functionary who fails to separate mother and infant also fails to facilitate triadic relating. Indeed the absence or weakness of the erotic parental relationship potentially leaves the symbiosis undiluted and does not provide an adequate foundation for the infant to view the relationship as sufficiently significant for it to matter that he/she is not part of and the consequence for such patients is profound in the sense of their potentially remaining psychically attached to their primary caregiver, and struggling to attain the triadic proficiencies of self and other reflecting.

Facilitator of affect regulation: This aspect of the paternal function relates to the development of the ability to tolerate frustration and modulate aggression. The work of Herzog (1980, 1982, 1988, 2002, 2004) and Yogman (1982) are seminal here. At the core, it is argued, is the paternal functionary's (or father's as they explained it) different mode of play and physical interaction with the infant in comparison with the mother's mode of play. The latter's style is to return the

infant or toddler to a state of homeostatic rest as quickly as possible (Herzog, 1988). In contradistinction, the paternal functionary is said to engage and play in a manner which elevates affect, particularly frustration, and pushes the infant or toddler slightly beyond their limit, only to then indirectly assist with containment and management of the frustration. This task of facilitating the management of aggression is seen to reside in the paternal functionary, generally portrayed as the father in the literature but, as will be discussed in the chapter four, there is good reason to challenge the latter assumption.

Provider of port of psychic safety: Although not restricted to Klein's paranoid schizoid position, the paranoid schizoid period may well be one in which the paternal functionary is called upon to provide a port of psychic safety for the infant. In those moments when the mother-infant relationship feels dangerous and malignant to the infant, whether through fantasy or as a result of reality, the paternal functionary can be of assistance in one of two ways. The infant can temporarily decathect from the maternal figure and cathect the paternal functionary and by so doing once again locate him or herself in a safe relationship (Marks, 2002). Alternatively, the paternal functionary, by acting as a receptacle into which the infant can project the malignancies experienced in the mother-infant relationship, can allow this important and necessary relationship to be kept safe while the paternal functionary is now experienced as malignant (Marks, 2002). Bion (1992) highlights this function in his discussion on the malignant container. de Rementeria (2011) understands Bion's malignant container term as suggesting that "[i]nstead of receiving and processing difficult feelings, the parent projects their own difficult feelings into the infant" (p.47). Hadley (in press) interprets Bion as suggesting that the mother's impermeability is experienced as a malignant destructive attack" (p. in press) and he goes on to suggest that how the baby responds is to project this impermeability "into the oedipal father to protect the good link with the mother" [1] (p. In press). This is only possible, of course, if the paternal functionary (the father in this case) is present and available to be used in this way by the baby. de Rementeria's understanding is included here because in her referring to 'the parent' the point is made that the containing function is not

[1] By oedipal father we can understand Hadley (in press) to mean the father of triadic relating.

necessarily gendered and could be performed by the father or a male caregiver. The important consequence of this, in the context of the paternal function of provision of a port of psychic safety, is that the parent into which the split of impermeability is projected, that is the parent acting as the port of psychic safety, is thus also non-gendered providing a useful example of the non gendered nature of aspects of both maternal and paternal functions.

Greenspan (1982, p. 135) draws attention to the importance of the paternal functionary (father in the original) in so far as he (sic) "from his balanced position in an empathic response to the child's need does ally himself with the youngster temporarily when the mother seems too overwhelming or frightening". While Greenspan (1982) is in fact referring to the early phallic phase, he does emphasize such a situation as occurring "prior to the more libidinized oedipal relationship" (p.135). Given the increasing consensus that triadic relating occurs pre-oedipally (Freeman, 2008; Liebman , Steven & Abell, 2000) and Greenspan's emphasis of the non-libidinized nature of this paternal assistance, Greenspan's (1982) reflections on this provision of psychic safety may be taken as germane to the "dyadic dramas" (p.135) of the pre-oedipal period. This supports the identification of this function as one aspect of the pre-oedipal paternal function. Greenspan (1982) characterises such a relationship between father and child as one marked by availability, involvement, warmth and thoughtfulness. By referring to it as a port of psychic safety the psychic importance of it is emphasised.

As highlighted earlier, and more fully discussed in chapter four, there is no cohesive psychoanalytic theory of the paternal function. The identifying, description and elaboration of the four functions just discussed, and more deeply engaged with in chapter four, is a step in pulling together the fragmented psychoanalytic theory into a more unified one. It is important to note, however, that this notwithstanding, several writers have endeavoured to bring a coherence to the subject and to highlight the importance of the paternal function in one coherent academic piece of writing. While these attempts are constructive they generally fall prey to conflating the paternal entity with the father and so any discussion tends to become limited to the real father and the possibility of

application in a more abstract, non gendered sense goes unaddressed. Samuels (2001) is one of the few exceptions who has engaged with the possibility that aspects of the paternal function are non gendered. Importantly, one of the main thrusts of this current research is the continued extension of theorisation in relation to the potentially non gendered aspects of the paternal function.

Despite the shortcoming of conflating the paternal function and the role of the father noted above, it is useful to highlight how the paternal function, as a more unified construct, is described and elaborated, albeit through the lens of the role of the father. In his book *Father need: Why father care is as essential as mother care for young children* Pruett (2000) highlights nine behaviours which he suggests may be thought of as being performed primarily by the father. These include 1) activating children prior to interacting with them, especially when young and pre-verbal; 2) rough-housing; 3) encouraging novelty seeking and risk taking behaviours; 4) elevation of frustration during problem solving; 5) disrupted interaction (as opposed to maintenance of homeostasis); 6) emphasis on the real world rather than emotion and relationships; 7) encouraging independence and autonomy; 8) availing their bodies as a play space; 9) employing more gender specific language in interactions with their children.

These characterisations of the paternal function might be subsumed under two of the four aspects highlighted earlier in this chapter, with Pruett's (2000) first five falling broadly under affect regulation, and the remaining four representing different dimensions of the separating function. The title of Pruett's paper is mentioned above because it represents a pervasive and perhaps unrecognised premise in the literature, specifically the gendered nature of parenting. This research makes no argument as to whether there are gendered aspects to pre-oedipal parenting or not, but rather asserts that there are aspects of parenting which have been restricted, through cultural pressures, to biological sex, when indeed they may well be gender neutral.

A more psychoanalytic approach to the paternal function, although still restricted by its concretisation in the role of the father as it relates to his son, is evidenced in the work of Diamond (1998). In this paper the focus is broad, identifying the

father's role in his son's development across the life cycle. Restricting the focus to pre-oedipal development of the baby of either sex, Diamond's (1998) ideas might be interpreted as suggesting that the paternal function, in the early years of development includes the protector of the mother infant-dyad, the separator of the mother-infant dyad, and as someone to love "when the mother is hated" (p. 269). This is one of the scarce references to an aspect of the paternal function of what I have termed 'the provider of a port of psychic safety' in the psychoanalytic literature. While Diamond (1998) alludes to a possible triangulating role of the paternal figure (which he calls the father), the idea is not extended to the notion of what Davies & Eagle (2013) elucidate as the facilitation of psychic structure.

One might understand the development of psychic structure from a self psychology perspective which focuses on the internalisation of self objects. Dick (2011) suggests that the contemporary father, strong in empathy and nurturance, is an ideal candidate to provide the important self object functions of mirroring, idealising and twinship, essential for the development of self esteem and confidence (Kohut, 1984). While the argument may be sound at the level of self object functions there are several aspects which need to be addressed. Firstly, by suggesting the 'contemporary father' is well suited to providing self object functions, Dick (2011) highlights the temporal instability of the role of the father. Moreover, he falls into the trap of excluding little girls from admiring and twinning with their fathers and restricts his discussion to fathers and sons. Finally, it is unclear how the three self object functions articulate with the four paternal functions identified earlier, or whether this is an alternative/complementary definition of the paternal function. Regardless, in suggesting that "when the father is emotionally unavailable, needs for mirroring, idealising and twinship create a state of paternal deprivation which is characterise by a longing for the admired, beloved and longed-for idealised father" (Dick, 2011, p. 114) Dick overlooks the possibility that the mother, or a non gendered third might well be admired and beloved in the developing psyche of the toddler, and could potentially be able to provide the self object functions. This is not to say that the absence of the father might not be painfully experienced, but it is important to separate out an absent father and the absence of the paternal function.

This engagement with Dick's (2011) argument has as its purpose firstly the suggestion that self object theory might be understood as falling under one of the four functions identified by Davies and Eagle (2013). Second, it is useful to note the conflation of the paternal function and the role of the father, the commixing of the paternal function and maleness, is not restricted to the object relations and Freudian theoretical canon but extends beyond, in this case, into the arena of self psychology.

Critique of depth psychology and the paternal function

The main criticisms of depth psychology and the paternal function might well be the foundation for this thesis, namely the psychoanalytic profession's failure to date to develop a comprehensive and unified theory of the paternal function, as well as the tendency to conflate the paternal function and the role of the father. Above and beyond these two fundamental criticisms, several other criticisms have been levelled at how psychoanalytic theorists and practitioners have understood the concept of the paternal function. In particular, Samuels (1993) has taken issue with four ways in which post Freudian depth psychology has tended to understand the pre-oedipal paternal function (expressed as "the father's role in infancy" (p. 137)).

Samuels (1993) suggests that the "insertion metaphor" (p. 137) which characterises the paternal function as the phallic prising apart of mother and infant is flawed. It fails, Samuels (1993) contends, to question the fundamental assumption of a mother-infant fusion, as well as a failure to recognise the inherent desire in both mother and infant to ultimately be separate individuals, if such a fusion does exist in the first instance (see for example Pine, 1992). This criticism was also raised by Rottman (1980) and discussed in a later chapter.

This 'insertion metaphor' understanding of the paternal function is out of kilter with empirical research such as Stern's (1985) and Pines (1992) which challenge the idea of an initial state of fusion. Moreover, the isolation that such a model forces on the paternal functionary is at odds with contemporary literature which

positions the father more intimately and nurturantly involved with his baby (Marks, 2002). Samuels (1993) suggests that this insertion metaphor is the predominant model of the paternal function held by depth psychologists. The discussion in the literature review in chapter four supports this contention.

Paying particular attention to Jung's theory of the father archetype, Samuels' (1993) criticizes depth psychology for its general belief in the essential and universal nature of the father-child relationship without taking sufficient account of the cultural influences on this relationship. This was elaborated on earlier where, for example, it was recognised that families (and fathering) may be differently constituted at different historical junctures. It is important to note here that the same dependency on time and culture might not be applicable in the case of the paternal function. There is little in the existing literature in this regard and engaging with this matter is then best left to the final discussion chapter.

Samuels'(1993) third characterisation of depth psychology's understanding of the father and the paternal function is as a metaphor, and he exemplifies this through an appeal to the strictly metaphorical paternal function outlined in the writings of Lacan. Samuels' (1993) grievance with this approach is that it "lacks a sustained recognition of the interplay between father's concrete, literal presence and his metaphorical function" (p138). In raising this grievance it appears that Samuels is underscoring that, while aspects of the paternal and maternal functions may be sex invariant, there is something unique and distinct about how the function is instantiated by the different sexes. To clarify further, this resonates with other literature (see, for example, Davids, 2002) in which it is acknowledged that the functions traditionally carried out by the father can be carried out by the mother, but that the manner in which the function is carried out maybe influenced by the sex of the provider.

The final model of the paternal function in depth psychology that Samuels (1993) identifies and takes issue with, is that of paternal 'holding'. This conceptualisation is derived from Winnicott's (1960, p. 589) understanding of the paternal function as holding the mother-infant dyad through "dealing with the environment". The

role of the father (paternal functionary, more abstractly) is that of supporting the mother-infant dyad and protecting it from impingements from the external environment. The Winnicottian father is a distant third, literally second in line, to a relationship with the baby. This contrasts with attachment research which suggests the father and infant have their own relationship alongside that of the mother infant relationship (Hopkins, 1990) as well as with contemporary depictions of fatherhood as directly involved and present in the lives of their infants (Marks, 2002).

What is of importance is Winnicott's statement that in the early stages of pre-oedipal development, the father has not yet become significant as a male figure to the developing baby (Winnicott, 1965) and that any relationship the infant has with the father is as "another mother" (Winnicott, 1965, p. 142). Winnicott's unfortunate failure to elaborate more on this point leaves the reader with little choice but to assume that the importance of the pre-oedipal paternal function as distinct from the maternal function, other than as protector of the dyad, was not apparent to Winnicott at this period in his writing.

Because Winnicott's writing has been so influential in object relational psychoanalytic writing about parental provision in early infancy, it is his idea of the father as providing the space for maternal holding and reverie that has dominated clinical understanding to a point where it has perhaps been difficult to entertain potentialities beyond this.

The paternal function in psychoanalytic practice

In moving away from developmentally related aspects of the paternal function to a discussion of more clinical application of the construct, it is interesting to note, that Winnicott himself did see beyond the father as only providing a holding space for the mother-infant dyad. Indeed, there is evidence in Winnicott's clinical work of the introduction of some paternal function related material. Faimberg (2013, p. 850), suggests that Winnicott, as early as 1955, did "give increasing importance in his interpretations to the function played by the father in his patients' psychic

functioning". Faimberg (2013) suggests Winnicott was aware of the pre-oedipal paternal separating function in the case of a particular patient who he described in "Fragment of an Analysis" (Winnicott, 1986). Faimberg (2014), in a subsequent article, adds that there is evidence of a clinical dimension to this work noting Winnicott's implicit understanding of the calling of time at the end of the session as the paternal function consummate with the symbolic separation of mother and infant. Thus it seems that Winnicott may have had some appreciation of a role to be filled by the father in early development that went beyond support of the maternal relationship with the baby, even if they remained largely unelaborated. Importantly, Winnicott used this insight regarding the paternal function in both his formulation of this patient who is the subject of Fragment of an Analysis (Winnicott, 1986), and in informing his concomitant interventions.

Regarding more recent literature (germane to the broadly object relations tradition) discussing the clinical application of the paternal function, it appears that the expansion of the literature in the area of the paternal function is predominantly in the area of infant development with very few contributions in the area of clinical formulation and practice. Chapters six and seven address clinical issues pertaining to the application of the paternal function and coverage of the pertinent literature is contained in these two papers. For the sake of this current chapter's completeness, a very brief summary of the main concepts now follows.

The approach in the literature to the clinical paternal function, that is, the application of the paternal function in the clinical setting, is predominantly around the stance that the therapist takes up, and the activities the therapist carries out, although there is some commentary aimed at clinical formulation of patients.

Regarding the former, Seinfeld (1993) for example, suggests that the act of interpreting is paternal functioning because it introduces reality to the patient, and ideally provokes thought and symbolisation in the patient. This latter function of encouraging thought and symbolisation also falls in the realm of paternal functioning according to Wright (1991). The need for the therapist to maintain a

distant, observing ego (while also engaging in empathic responsiveness to the patient) is taken up by several authors including Akhtar (2000), Maiello (2007) and Sarnat (2008) as indicative of paternal functioning. The latter writer elaborates this point by suggesting that how the therapist manages the transference indicates whether a paternal or maternal stance is being adopted, standing back and interpreting the transference being in keeping with a more paternal stance (Sarnat, 2008).

Both Bollas (1996) and Sarnat (2008) emphasize the importance of the maternal and paternal functions co-existing in the therapist, and the therapist being willing and able to move between both stances in order to be of most use to patients.

The above arguments will be more fully elaborated in chapter six. In chapter seven some literature pertaining to clinical formulation is reviewed, perhaps most succinctly summed up by Layland's (1981) encouragement to pay attention to the pre-oedipal paternal function (although Layland uses the term father) in our patient's history since the pre-oedipal paternal experience allows for a richer understanding of our patients and facilitates a deeper understanding of transference phenomena. Britton(1989) and O'Shaughnessy (1989) both give clinical illustrations which incorporate the early paternal functions of separation, and triangulation (facilitating the development of psychic structure), while Feldman (1989) provides clinical material which seems to describe psychic struggles arising from a disturbed early oedipal period in which the paternal function of providing a port of psychic safety is implicated. Earlier in the 1980s, Seligman (1982) and Burgner (1985) also provide clinical material, this time referring to the importance of understanding patients' struggles through the failure of the separating aspect of paternal function.

Herzog (2004) considers clinical material emphasizing the importance of the paternal function of affect regulation and aggression modulation. Herzog (2005) discusses a case in which triadic relating was impaired, and the failure to develop an internal triangular psychic structure saw his patient struggled to integrate self-with-mother, self-with-father, and self-with-mother-and-father-together

representations. The resulting struggle for the patient in this particular case was impairment in the capacity to choose (an object of desire) and fall in love.

One recent contribution in the field of clinical application of the paternal function is the work of Naziri & Feld-Elzon (2012) who, using data from clinical psychoanalytic research on lesbian couples undertaking artificial insemination by a donor, explore the negotiation of the position of the third amidst the unique structure of such families and the absence of a father who traditionally acted as the paternal third.

It seems that since a fertile period of writing in the area of clinical work and the paternal function during the 1980s, there has been little written since illustrating the application of the various aspects of the paternal function in the clinical setting. While there are undoubtedly other more recent contributions to this field which I have missed during my literature searches, it does seem that the state of the (broadly object relations) literature pertaining to the clinical application of the paternal function in clinical practice is as discussed above and augmented in chapters four, six and seven of this thesis.

In this chapter some of the literature relating to the paternal function has been highlighted. For a comprehensive review of the literature relating to the paternal function, this chapter should be read in conjunction with the substantial literature review which appears in chapter four, as well as with the discussion of the literature in chapters five through seven. This chapter has highlighted some of the major areas of discussion concerning the concept of the paternal function. Importantly it discusses the tendency to conflate the paternal function and the role of the father, and then goes on to highlight the debate around the gendered nature of the paternal function, as well as providing a description of the four main functions aiding psychic development which the literature highlights as being paternal functions. Finally, some literary contributions relating to the usage of the construct of the paternal function in the clinical setting are discussed.

The theoretical methodology underpinning this research study is discussed in the following chapter.

CHAPTER THREE

Research Design and Ethical Considerations

Introduction

The purpose of this study was to explore, from a psychoanalytic perspective, the concept of the paternal function in the context of infant development, from a theoretical perspective, and psychotherapeutic practice, from a largely data driven perspective. The relatively small body of research in this area motivated the pursuit of a deeper theoretical elucidation of this concept and its application in clinical practice with the aim of benefitting psychotherapists (and other related clinicians) and their patients in terms of providing an enhanced set of therapeutic tools and ideas from which to draw.

This research was multi-pronged in that it reviewed the status of this concept in the relevant psychoanalytic literature, sought the ideas and thoughts of clinicians on the topic through individual interviews, and appealed to case studies to explicate how the paternal function might aid in patient formulation and associated interventions in the clinical setting.

Although the research questions framing the study were outlined in the introductory chapter, they are re-presented here to provide a background orientation for the ensuing elaboration and discussion of the research approach taken and methods employed in this study to explore these questions. For the sake of easy reading the four research questions which were more fully elaborated in chapter one, are repeated here.

1. How is the concept of the 'paternal function' presented within psychoanalytic literature?
2. How do psychoanalytic psychotherapists conceptualise the paternal function?
3. To what degree do psychoanalytic psychotherapists employ the paternal function in clinical practice?
4. How might a considered appreciation of the paternal function aid clinical work?

The first research question has been tackled through a conceptually driven process. The construct is the paternal function and the pre-existing corpus of literature related to this topic was examined and interrogated. The second and third research questions pertain to the clinical application of the paternal function and as such were tackled as data driven. The data to address these questions is comprised of the ideas collected from a sample of psychotherapists who were interviewed on the topic of interest. The fourth question also addressed the clinical relevance of the paternal function via a data driven process involving discussion of the application of the function to four particular clinical cases. This chapter describes the study's research methodology.

Holloway (2005) underlines the importance of supporting one's method and research design with appropriate theory and principles. Consequently this chapter will provide a discussion of, and motivation for, the choices made in designing and carrying out this study. In terms of definitions, Mouton and Marais (1998, p. 193) characterize research design as "an exposition or plan of how the researcher decided to execute the formulated research problem" while according to Polit and Hungler (2004, p. 233) "methodology refers to ways of obtaining, organising and analysing data". The selection of the research approach needs to be aligned with the research question and how the researcher feels this can best be answered or addressed (Bloomberg & Volpe, 2008).

The exposition in this chapter includes discussions around the following areas: (a) rationale for the research approach, (b) description of the research data sources and the description of the participants in the case of the interviews conducted, (c) overview of the research design, (d) methods of collecting data, (e) form of analysis and synthesis of data, (f) ethical considerations, and (g) issues of trustworthiness. A brief summary concludes the chapter.

To be clear, this research is premised on a psychoanalytic understanding of human development and behaviour, and is located within a qualitative research paradigm, subscribing to a predominantly naturalistic ontology with the attaching epistemology of prioritisation of subjective interpretation and meaning making.

Qualitative research design approach

Conflicting sets of assumptions, namely those located within positivist and interpretivist paradigms, underpin social research (Bryman, 2001). The conflict between different stances to exploring the world and human 'subjects' has a long history and centres on matters of epistemology and ontology. The positivist paradigm adopts methods from the natural sciences where impartiality, objectivity and detached observation are privileged, and where a supposedly unique reality can be apprehended through the senses (Denzin & Lincoln, 2005). Interpretivists, on the other hand, argue that humans differ from the material world and consequently different methods should be employed to study human beings (Schwandt, 2000). In particular, subjectivity, meaning making/interpretation and empathic inter-subjective engagement are favoured in interpretivist approaches (Terre Blanche & Durrheim, 2002).

Quantitative methods have their roots in positivism, prioritising universal laws, objectivity, generalisability and neutrality (Thompson, 1995). This method of research influenced the social sciences through the nineteenth century and the first half of the twentieth century (Willig & Stainton-Rogers, 2008)). Lincoln and Guba (1990) state that a 'paradigm shift' occurred in the early 1960's when both natural and social scientists began to question traditional research methods. This

paradigm shift was prompted by Kuhn's (1962) reflection that the 'scientific view' of the world was itself evolving as a function of time, with one set of assumptions being replaced by another (Lincoln and Guba, 1990). This undermined the credibility of the belief that there could be a single objective view of the world, highlighting the changing nature of perceived reality as a function of time. Consequently the interpretive/descriptive approach, with its roots in philosophy and anthropology, increased in popularity. The interpretive approach, which largely characterizes contemporary qualitative research methods, centres on the way human beings subjectively experience and explain the world around them (Schwandt, 2000)

Denzin and Lincoln (2005) note that qualitative research emphasizes discovery and description with a focus on extracting and interpreting meaning. This is in contrast to quantitative methods which prioritise hypothesis testing to establish facts, causality, and relationships between variables (Bloomberg & Volpe, 2008). In other words, while quantitative researchers seek to establish causal determination, prediction, and generalisability of findings, qualitative researchers aim for illumination, understanding, and extrapolation to similar situations (Hoepfl, 1997). Broadly defined, qualitative research is understood as "any kind of research that produces findings not arrived at by means of statistical procedures or other means of quantification" (Strauss & Corbin, 1990, p. 17), rather producing findings arrived at from real-world settings where the "phenomena of interest unfold naturally" (Patton, 2002, p. 39).

Qualitative research involves the detailed analysis of material enabling the researcher to capture depth, detail and nuance (Patton, 2002). It is a form of social inquiry that prioritizes the way people interpret and make sense of their experiences and the world in which they live. This research tradition is committed to an emic, ideographic position, valuing rich descriptions of the social world and privileging the search for meaning and understanding (Denzin & Lincoln, 2005; Elliot, Fisher & Rennie, 1999; Stevenson & Cooper, 1997). Qualitative research is particularly interested in how individuals make meaning in various situations and

life circumstances (Denzin & Lincoln, 2005) (Bloomberg & Volpe, 2008) and as such uses a naturalistic approach that seeks to understand phenomena in context-specific settings where "the researcher does not attempt to manipulate the phenomenon of interest" (Patton, 2002, p. 39. The intent of qualitative research is to examine a social concept, experience or interaction through the researcher entering the world of others and achieving a holistic understanding rather than a reductionist one (Patton, 2002).

A qualitative research approach was chosen for this research because it was best suited both to the conceptual exploration required as well as eliciting rich data which was arguably a prerequisite if a deep understanding of the thoughts and ideas of clinicians on the paternal function was to be achieved. In addition there was asymmetry in the philosophy of this methodology and the basic tenet underpinning psychoanalytic psychotherapy, namely an emphasis on the importance of subjective experience, recognition of the existence of multiple realities and possibilities for meaning making. In summary, qualitative research of this nature provides an avenue to appreciate complex processes that have many different layers of meaning and understandings that are sometimes contradictory, which is precisely what is necessary in the psychoanalytic setting.

In their definition of qualitative research, Denzin & Lincoln (2005, p. 3) place an emphasis on making visible that which is invisible:

> "It [qualitative research] consists of a set of interpretive, material practices that makes the world visible They turn the world into a series of representations, including field notes, interviews, conversations, photographs, recordings, and memos to the self ... qualitative research involves an interpretive, naturalistic [methods of interviewing and observation and analysis of existing texts] approach to the world ... qualitative researchers study things in their natural settings, attempting to make sense of, or to interpret, phenomena in terms of the meanings people bring to them".

This emphasis in qualitative research of making the invisible, visible, so to speak – an unconscious assumption becomes visible as it is spoken in the interview; an unconscious action is made visible through interpretation in the clinical case study – fits well with two of the central aims the aim of this research which are to apprehend the meaning psychotherapists attach to the concept of the paternal function as well as to describe the meanings patients in psychotherapy have unconsciously ascribed to their early experiences.

Kasinath (2013) lists three possible reasons for selecting qualitative methods for one's research. These are: (a) a researcher's view of the world, (b) nature of the research questions, and (c) practical reasons associated with the nature of qualitative methods. Guba and Lincoln (1994) state that a person's view of the world (that is, their ontological and epistemological assumptions) invariably influences his or her choice of methods. As previously noted, this research is embedded in the psychoanalytic paradigm because I, as both researcher and clinician, subscribe to this understanding and seek to privilege the kinds of ontological assumptions associated with an interpretivist approach to research analysis.

Denzin and Lincoln (2005) observe that the word 'qualitative' implies an emphasis on "the qualities of entities and on processes and meanings" (p. 13). The nature of the research questions is such that the study was aimed to deal precisely with the qualities of an entity, namely the paternal function, and on allied processes and meanings as they were elaborated in the clinical encounter.

In order to answer the research questions posed, the research design involved a three pillared approach. The first question pertaining to the understanding of the paternal function in the international literature was answered via a critical review of existing literature, including an interrogation of some of the implicit and explicit gendered associations to the construct. The methodological assumptions and philosophy of this approach are briefly discussed primarily in chapter four. At this point, suffice it to note that there are two main types of literature review, namely the narrative review and the systematic review. The former, which was

employed in this research study, aims to give an account of the origins and development of understanding of a research topic or area and is said to be more suitable for the social sciences and humanities in particular (Bastow, Dunleavy, & Tinkler, 2014). In contrast, systematic reviews aim to find consensus within a diversity of reports in or on a particular area, and employ what might be called step-wise logic to determine which results from a pre-identified corpus of literature are relevant and to be included and which are not (Bastow et al., 2014).

Questions pertaining to how clinicians understand and employ the concept of the paternal function (chapters five and six) are addressed via data collected through individual semi-structured interviews with clinicians, and analysed using critical thematic content analysis. The final research question, relating to how increased and more detailed inclusion of the paternal function literature in case formulations might assist therapeutic work (chapter seven) is approached through the clinical case study method, and more specifically, the psychoanalytic research method known as the psychotherapy case study (Dreher, 2000). In this method the data to be analysed is comprised of case material generated from patient psychotherapies and associated supervision (Spence, 1993).

Discussion of the latter two aspects of the data collection and analysis for the study now follows.

Individual semi-structured interviews

Interviews are one of the key tools available to the social researcher (Willig & Stainton-Rogers, 2008). How people have organized the world and the meanings they have attached to what goes on in the world are not generally directly accessible to researchers (Patton, 2002). The individual interview is one method of finding out from people those things that cannot be directly observed. Because individual interviewing allows the researcher to enter the world of the other (Patton, 2002), (albeit with some limitations), it is an ideal research tool for gathering information, in particular in this instance, on clinicians' thoughts on and understandings of the paternal function.

The decision to interview clinicians was driven by the aim of the research which was to gain insight and understanding rather than facts and statistics (Gillman, 2000; Guest, MacQueen & Namey, 2012). Conducting exploratory interviews fitted this heuristic purpose (Oppenheim, 2004). Indeed, Midgley (2004) suggests that face to face interviewing can elicit 'thick' data, rich in depth of meaning which is eminently suitable for thematic analysis. This description of producing 'thick' and rich data, differentiates semi-structured interviews from, for example, closed questionnaires which may not allow for sufficient elaboration of objects of interest to the researcher.

Since the literature search had identified several themes relating to the paternal function that were of interest and on which interviewees' own ideas were sought through open ended questions, semi structured interviewing was the data collection tool of choice (Drever, 1995). Asking open ended questions in interviews allows participants to share their ideas in "their own words and native cognitive constructs" (Guest et al., 2012, p. 13). This was important for the purpose of the research which was to determine clinicians' own understanding of the concept. Because the concept of the paternal function is complex and not always well articulated in international literature (Davies & Eagle, 2013), it was anticipated that probing of the interviewees' responses would be necessary. One of the strengths of the semi or un-structured interview is that it facilitates inductive probing which allows the researcher to clarify expressions or meanings and further permits participants to elaborate their thoughts (Guest et al., 2012).

Fontana and Frey (2000) highlight the increasing appreciation of the fact that interviews are not neutral data gathering tools but that they are rather active dyadic interactions leading to "negotiated, contextually based results" (p. 646). Holstein and Gubrium (1995) echo this sentiment in their characterisation of the interview as "part of a broader claim that reality is an ongoing, interpretive accomplishment" (p. 16). The interview is a practical production, the meaning emerging at the intersection of interviewer and interviewee (Denzin & Lincoln, 2005), or "a linguistic event in which the meanings of questions and responses are contextually grounded and jointly constructed by interviewer and respondent"

(Schwandt, 1997, p. 79). This understanding of the interview process is not in and of itself problematic given the psychoanalytic and qualitative paradigms in which the research was conducted and does not *ipso facto* render such interviews flawed. Where problems may arise, however, is in the event that the reported results fail to combine both *process and product*. By this is meant that the process by which the data analyst arrives at interpretations is an essential part of reporting the interpretation, the absence of which suggests that what is reported, the product, emerged as an uncontested objective fact.

While the research interview was once understood in the light of being a search-and-discovery mission with the interviewer as prospector, intent on detecting what already lay there inside the respondents, contemporary theories underline the role the interviewer plays in the co-construction of knowledge (Holstein & Gubrium, Active interviewing, 1997). So long as this is held in mind, with the interviewer/interpreter remaining alert to the 'how' (answers are arrived at) as much as the 'what' (the answers themselves) (Denzin and Lincoln, 2005; Gubrium and Holstein, 1998), the semi-structured research interview continues to be a useful data gathering tool within this particular research study. I attempted to remain alert to the interactive nature of the interviews, particularly because interviews were conducted with peers, fellow clinicians within the community of psychoanalytic psychotherapists in Johannesburg, South Africa. This appreciation of interview context is hopefully apparent in the presentation of the interview data and is elaborated to some extent in the discussion of reflexivity.

The case study method

In case based research, one or more cases demonstrating a point of particular interest is or are systematically examined with the aim of arriving at an understanding and developing or extending a theoretical framework pertaining to the point of interest (Edwards, 1998). In particular, a *case study* is a case-based research project which examines a single case, usually in considerable depth (Edwards, 1998). A *psychological case study* (under which falls the

psychoanalytic case study) is an account of a person in a situation, there being something of interest or concern about the person, the situation or the relationship between them (Bromley, 1986).

It is well known that there can be considerable problems with case study research (see Kazdin, 2002, and Runyan, 1982, for reviews of these problems), and such problems often relate to the question of the degree to which the case study meets the requirements of so called scientific methods, in particular the matter of subjectivity versus objectivity (Runyan, 1982). Recently, however, several authors have argued for wider recognition of the case based research method arguing that it is at the core of the development of practically relevant theory (Edwards, Datillio & Bromley, 2004; Flyvbjerg, 2006; Yin, 2002).

Edwards (2007), for example, argues that clinical case studies act as source of evidence relevant for the development and evaluation of practice in psychotherapy. Midgley (2006) holds that case studies can provide evidence or clarification of certain concepts, and indeed, clarifying and providing evidence for the usefulness of an appreciation of the paternal function in clinical practice is why use is made of case studies in this research. Mertens (2005) and Edwards (1998) also argue that case studies can lead to the emergence of new ideas, promoting theory development and deeper understanding. Again, this is in line with the research aim of the project which is to promote the entertainment of the paternal function as significant yet underappreciated conceptual tool in clinical practice and to add to the body of theory on the application of the construct.

The psychoanalytic case study

The psychoanalytic case study, which has been the primary research method of psychodynamic therapies and has served as the methodological foundation for the field of psychoanalysis, is likely to remain the primary method of psychodynamic treatment research (Gottdiener & Suh, 2012).

While it has been argued that case studies are "the granite blocks of data on which to build a science of human nature" (Murray, 1955 in Spence 1993, p37), as mentioned, somewhat more negative views of this research genre have emerged

over the last several decades, with critics targeting it both on the basis of a positivist motivated rejection of introspection, as well as on methodological grounds (Fonagy & Moran, 1993). As Dugmore (2014) has noted, psychoanalysis has, at times, been portrayed as being more of a craft (Bateman & Holmes, 1995; Milton, Polmear & Fabricius, 2004; Rustin, 2003) or set of opinions (Greenwood & Loewenthal, 2005) rather than a scientific approach. This has led some to suggest that psychoanalytic practice is inherently un-researchable (Steiner cited in Bateman & Holmes, 1995) while others propose that it should be viewed as a hermeneutic discipline (Ricoeur, 1970 cited in Bateman & Holmes, 1995; Briggs, 2005; Emde & Fonagy, 1997).

Several perceived shortfalls in the psychoanalytic case study method and approach have been discussed at length (Spence, 1993; Tuckett, 1993; Klumpner & Frank, 1991; Midgley, 2004). The work of the Committee on Scientific Activities which met to address methodological issues around the reporting of psychoanalytic cases was reported on by Klumpner & Galatzer-Levy (1991). At the core of the recommendations aimed at improving such case studies were guidelines addressing the perceived shortcomings elaborated below.

Typical case reports have what is referred to as a 'closed texture', that is to say "[t]hey communicate a unitary story through sketchy anecdotes, narrative persuasion, and singular explanations" Klumpner & Galatzer-Levy (1991, p. 729). Tuckett (1993) alludes to a seduction of the reader into accepting the veracity of a presented case. Another issue identified was that clinical reality is ambiguous and multipley determined and yet case studies tend to be presented as being based on objective facts "unambiguous bits of external reality independent of the therapist" (Klumpner & Galatzer-Levy, 1991, p729). The therapist's counter-transference, it has been argued, was noticeable by its absence in much case material (Klumpner & Galatzer-Levy, 1991). This became increasingly problematic, however in the opposite respect, as the pendulum swung towards the acceptance of counter-transference accounts as central in the construction of therapeutic material (Tuckett, 1993). This led to the accusation that the psychoanalytic case study

method is flawed in so far as internal validity could not be confirmed (Cooke & Campbell, 1979).

A further major finding against case studies was that they use something termed "argument by authority" (Klumpner & Galatzer-Levy, 1991, p. 730). There is often insufficient material for a reader to make up his or her own mind as to the validity of an interpretation or formulation. Moreover, material is often so sketchy that the reader has to take the word of the 'authority', namely the author who holds privileged information and includes aspects in the case solely at his or her discretion. What is missing is adequate data … "Then the reader can see through the therapist's eyes *or* in other ways." (Klumpner & Galatzer-Levy, 1991, p. 730). Deference to the author's view is the only option and the reader is consequently deprived of the opportunity to form an opinion. The idea of learning and knowledge development through dialogue, questioning and appropriate disagreement is voided (Spence, 1993).

Midgley (2006) has also highlighted problems arising from the collection and analysis of case study data, essentially related to issues of reliability and validity, as well as generalizability of results, the fundamental aspirations of sound scientific research.

The ongoing struggle appears to be where to position psychotherapy research, and more particularly psychoanalytic research, on the continuum from narrowly positivist on the one hand, and nothing more than anecdotal on the other. This bifurcation of research approach possibilities has been discussed at length (see for example Widlocher, 1994; Rustin, 2003; Elliot, Fischer & Rennie, 1999). On the one hand is the appeal of 'objective certainty' and 'absolute truths' which however allows for a very narrow range of evidence. On the other hand there is what Edwards (2007) (quoting Miller and Miller, 2005, p70) terms "the reality of everyday practice" within which "[s]ubjective opinions and consensus among scientists often supersede the stricture of irrefutability" and "scientific standards of proof are not uniform and well-defined."(p.6). This, according to Edwards (2007, p. 7), reflects Kuhn's (1962) assertion that "the development of scientific knowledge and understanding is not only a rational but also a social process" .

Midgley (2004), suggests that the challenge to qualitative researchers is to navigate the thin line between the metaphorical monsters of Scylla and Charybdis representing the two poles alluded to above, by seeking research methods that reflect the specificity and complexity of the therapeutic process, while at the same time providing a systematic research approach that avoids the methodological pitfalls identified as inherent to many forms of the single case study. This lack of confidence in the methodology has threatened to leave the psychoanalytic arena bereft of meaningful principles on which to base everyday practice (Edwards et al., 2004) and applied theory building. Fonagy & Moran (1993, p. 63) argue that if case study methods are to be generally accepted as valid research, then attention needs to be paid to "the internal validity of the data gathered in the clinical setting" and by this they mean that criticisms raised by supporters of the objective scientific method need to be adequately addressed, or the repudiation of the criticism justified as far as possible.

In a paper entitled "Issues in Psychoanalytic Research", Killingmo (1992) clearly articulates the areas of dispute. It appears that one of the areas of psychoanalytic research that garners significant criticism is that of demonstrating the efficacy of psychoanalytic clinical methods, or in the words of Killingmo (1992), "the testability of psychoanalytic theory in general" (p39). While this is an important matter to be tackled (Emde & Fonagy, 1997) and this is perhaps the fulcrum around which these arguments pivot, this doctoral research has a different objective in that it aims not to confirm or prove efficacy of theory but rather to potentially build theory through the elucidation and discussion of an arguably underappreciated dimension of clinical thinking. The single-case study remains a widely used and useful approach for enabling the majority of psychodynamically oriented clinicians to contribute to the discovery of new knowledge and the development of new theories (Gottdiener & Suh, 2012). In line with this, the case study material is offered as a demonstration of one understanding of application of the construct of the paternal function in practice, including how it appears to enhance formulation of the development of pathology, based on my own clinical experience. While there is a suggestion that such formulations based on paternal

functioning may have assisted patients had they been applied at the time of consultation, such arguments are recognised as inductive as opposed to deductive

Psychoanalytic understandings of the existence of multiple meanings, perspectives and realities rather than a single objective truth in relation to theory, individuals and clinical practice dovetails neatly with the suggestion that a useful lens through which to view the findings of interpretivist research is via the idea that such findings should be viewed as evidence based *probabilities* rather than absolute truths (Denzin & Lincoln, 2005). The end goal is to generate reasonable *approximations* of reality that are tied closely to what is observed (e.g., participants' responses, observations) (Denzin & Lincoln, 2005). This is the intention in the journal article presented in chapter seven.

This idea of probabilistic findings rather than objective findings is congruent with the phenomenological-hermeneutic case study approach of Greenwood & Loewenthal (2005) aspects of which are employed in this research. The philosophy underpinning Greenwood & Loewenthal's (2005, p. 36) innovative method is that there is a place for knowledge to be seen in terms of "describing possibilities rather than in the pursuit of a definitive truth". This method to case analysis and presentation might be seen as providing adequate repudiation of criticisms of the psychoanalytic case method and buffering the argument for why it may be a valid research option, certainly in contexts similar to that of this research where the objective is theory development rather than proof.

Greenwood & Loewenthal's phenomenological-hermeneutic approach to case study

Greenwood & Loewenthal (2005) argue that the phenomenological-hermeneutic psychotherapy case study method is essentially no different to the method employed and made prominent by Freud and subsequent psychoanalytic writers. In addressing criticisms levelled against psychoanalytic case methods, Greenwood & Loewenthal (2005) make a case for the problem being not so much the method itself, but rather the idea that the epistemological location of case methodology is within scientific discourse. (This was indeed Freud's contention, namely that

psychoanalysis and the data arising from his observations constituted scientific evidence (Greenberg, 1994)).

The scientific method, which proposes that an observer's perception can be objective, and that what is reported can correspond with what in reality took place or was present, falls within the philosophical realm of realism (Stroud, 1984). The assumption of an objective, observable reality suggests that any psychoanalyst who interviews a given patient would report the same observations (Greenberg, 1994). Clearly the increasing contemporary recognition of the intersubjective processes underlying psychotherapy would suggest this assumption to be obviously fallacious (Dreher, 2000; Swartz, 2013; Talley, Strupp & Butler, 1994) (which has interesting parallels with the earlier discussion of increasing recognition of interview generated data as co-constructed). It is for this reason that Greenwood & Loewenthal (2005) suggest that the psychotherapy case study method is better positioned within the philosophical paradigm of 'idealism', and should be understood as phenomenological in the sense of the work of Husserl (as elucidated in Friedman, (1993)) and Heidegger (1927) (see also Willig & Stainton-Rogers, (2008) for further elucidation of interpretive phenomenology as developed by Heidegger based on the work of his teacher, Husserl). In the tradition of idealism, "an object that is seen by a person produces images and thoughts that can be spoken about and discussed, however the immediacy of the thoughts provides no verification that the original object existed" (Greenwood & Loewenthal, 2005, p. 37). Greenwood & Loewenthal's (2005) methodology verges on a phenomenological approach (Donmoyer, 2000) that is focussed on the *description* of possibilities arising as a function of circumstances and observer characteristics, rather than on identifying truth. This tradition emphasises the presentation of interpretations and findings as no more than an illustration of the therapist/researcher's account of the therapeutic process or moment (Greenwood & Loewenthal, 2005), offering what Kadish (2012) calls a 'generative heuristic' or trigger for ongoing debate. 'Findings' produced in this phenomenological-hermeneutic approach are more concerned with provoking the reader to think

about the material and conclusions drawn than in persuading the reader “that knowledge has been posited” (Greenwood & Loewenthal, 2005, p. 44).

Contemporary hermeneutics acknowledges that objectivity is impossible due to the socio-cultural forces brought to bear on the unconscious (Dreher, 2000). In elucidating their methodology Greenwood & Loewenthal (2005) openly recognise the individual’s influence in the process of meaning making or attribution. The emphasis is not on eliminating this influence but on reflecting on the subjectivity of the researcher and acknowledging as far as possible those aspects of the researcher’s subjective world which influence their research observations (Greenwood & Loewenthal, 2005). It is thus incumbent on the researcher to ensure that rigourous self reflexivity is ongoing during the research. This was indeed the stance adopted by the researcher in this particular PhD project.

Data source

Qualitative sampling is concerned with information richness (Kuzel, 1992) and as such participants need to be what Morse and Field (1995) refer to as appropriate and adequate. The former characteristic refers to the ability of the participant to be of value to the study, that is, to be able to help meet the aims of the research question. The second refers to sample size and diversity which in specific types of research ensures as wide a coverage of dimensions of the phenomenon being studied as possible (Morse & Field, 1995). The population from which participants for the interview based part of the research were drawn consisted of Johannesburg based, self identified psychoanalytic psychotherapists. This selection of participants could be described as purposive (Fossey, Harvey, McDermott, & Davidson, 2002). The cases for the case study research were selected from my private clinical practice and selection was theoretically motivated (Fossey et al., 2002).

Selection of both interviewees and psychotherapy cases is discussed in more detail below.

Selection of Interviewees

The researcher drew up a list of potential candidates to approach to take part in the research study. This list was discussed with the research supervisor and doctoral programme team of experienced clinicians. A mutually agreed upon list of candidates was identified. Selection of this pool of potential candidates was made on the grounds of experience – participants were required to have at least five years post qualification experience - as well as diversity in relation to biological sex, and theoretical allegiance within the psychodynamic tradition (Kleinian, self psychology, general object relations theory). On the matter of racial diversity, it was initially intended that the group of participants would be racially diverse but in the practical identification of potential candidates it became apparent that there were far fewer experienced psychoanalytically oriented black clinicians than there were white clinicians. The final list of twelve potential candidates had nine white psychotherapists and three black psychotherapists. This was, however, roughly in line with the Health Professionals Council of South Africa database statistics (HPCSA, 2015).

All potential candidates were known to either one or both of researcher and supervisor as fellow professionals and as such were easily contactable. Initial contact inviting psychotherapists to consider taking part in the study was either telephonic or via e-mail. One prospective interviewee failed to respond to the email invitation and another one declined to participate during the initial telephone contact. Ten of the psychotherapists initially listed agreed to consider participation and a formal email describing the research project was sent to them. This email contained information about the nature of the research, measures to ensure confidentiality and anonymity, what participation would entail and consent forms for recording (see Appendices A and C respectively). Of these nine potential participants, one failed to keep the appointment for the interview while another withdrew a few days before the interview citing anxieties around the interview process. This left a final pool of eight participants to be interviewed which was considered sufficient for interesting and valid data generation once the eight interviews had been conducted and transcribed.

The following characteristics of the participants (at the time of interview) were noted:

- 4 men and 4 women
- 7 Whites and 1 Black-African
- 6 were in private practice and 2 worked in the public sector (that is in a government hospital or clinic)
- Experience ranged from 9 to 25 years with an average of 15 years.

These characteristics suggest that diversity was achieved in terms of the male:female ratio, although male participants were over represented in comparison to the ratio of male clinical psychologists to female clinical psychologists on the HPSCA database which stood at 1 : 2.7 (HPCSA, 2015). The racial diversity was less balanced. The HPCSA database statistics that one third of registered clinical psychologists are non-white (HPCSA, 2015). The research sample had only one eighth of participants being non-white. Possible implications of this will be discussed in chapter nine.

Participants were interviewed at their practice or hospital/clinic setting at a time that was convenient for them.

The analysed material from these interviews informed the second and third journal articles (chapters five and six respectively).

Selection of Psychotherapy Cases

Four case studies are discussed in the fourth journal article (chapter seven). Two of the cases, Megan and Baxter, are based on individuals who I saw in my private practice and the remaining two, Carla and Billy, are composite cases generated out of relevant material brought into the room by past patients from my clinical practice. The two individual patients, Megan and Baxter, had terminated therapy more than a year prior to publication of the paper. Both of these patients were forwarded the ‘Participant Information Sheet – Case Study’ (Appendix B), as well

as the vignette based on their therapy and each gave fully informed consent, via email, for their case material to be used in published form with the assurance of disguise of identity as far as was feasible. Because the cases of Billy and Carla were composites, consent from any one patient was not mandatory. The material to be discussed in these four cases was derived from my own case notes as well as notes taken in supervision of these cases. Further elucidation of what constitutes case notes, process notes and supervision notes is found in the section on data collection.

The decision as to whether to use single cases or to use composites pivoted around the question of obtaining informed consent with the attaching ramifications (Gabbard, 2000), together with the degree to which the case exemplified the point under discussion within the article. In the two instances where a non-composite case was used, the psychodynamics of the case were such that the aspect of the paternal function being discussed was richly exemplified, and to change the case into some form of composite would, it was felt, have detracted, from the illustratory power of the material. Because of what was felt to be excellent illustrative material, informed consent was sought from the patients involved, the decision being made that if informed consent was acquired without complication, the risk of problems could be mitigated and the overall good emerging from the case presentation was sufficient to justify that route. In the remaining two cases where composites were used, actual cases were not as ‘pure’ and lucid as the previous two and so it was felt that creating a composite would not attenuate the reality of the patients who made up the composite, and at the same time any risks involved in seeking informed consent from patients was mitigated. Considerations behind seeking informed consent or not for publication of case material is discussed in the ethics section which follows later in this chapter as this clearly remains a thorny issue for psychotherapists, particularly those working with transference dynamics.

Cases were selected on a theoretical or operationally constructed basis (Mertens, 2005), that is they exemplified a theoretical or operational construct that was relevant to the research question, namely the paternal function. Indeed, patients

were selected very specifically based on the potential for my retrospective psychodynamic formulation of them, plus their therapy and supervision case notes, to convincingly illustrate one of the four aspects of the paternal function that had been identified in paper one (Davies & Eagle, 2013). This selection process was congruent with Yin's (1994) approach which talks of selecting exemplary cases which reflect strong and positive examples of the phenomenon of interest.

Data collection

Data arising from qualitative research in the psychotherapy arena is likely to take one of three forms: notes based on observation; semi-structured interviews; and transcripts of therapy interactions (Midgley, 2004)**.** Interview-based research is probably the most common form of data collection within qualitative research (Kvale, 1996) and two of the three non literature review chapters representing published articles were founded on this method. The third chapter arose through the analysis of data captured in transcripts and notes arising from therapeutic interaction. Each of these two methods is discussed separately.

Data-gathering in the case of the semi-structured interview

Semi-structured interviews were used to collect data addressing that aspect of the research question pertaining to the way the concept of the paternal function is understood, conceptualised and employed by clinical practitioners. Oppenheim (2004) suggests that the value of semi-structured interviews lies in their ability to facilitate dialogue around sensitive or complex topics, as well as in allowing the interviewer to listen with a 'third ear', paying attention to what is not being said, as well as how things are said. This leads to a data set that is richly open to interpretation as well as to a complexity of ideas and thoughts.

Eight participants were interviewed at a time and place determined to be convenient by the participants. All interviewees requested that they be interviewed at their place of work. As noted by Dugmore (2013) this potentially

aided in the development of a discussion around work-related experiences because interviewees literally responded from a professional context. Interviews ranged in duration from 45 minutes to 90 minutes.

Several concerns relating to individual interviews have been raised. McLeod (2003) warns that participants might be strongly influenced by the presence of the 'authoritative expert other', that is, the interviewer. While the effect of this was mitigated to some extent in the current research by the fact that interviewees were all experts in the field of psychoanalytic psychotherapy, the withdrawal of one potential participant explicitly due to anxiety meant that this concern still needed to be borne in mind. In the section on data collection some points will focus on how this matter was addressed during the interviews.

An interview schedule was designed to include key questions based on material appearing in the literature on the paternal function and formulated around the aims of the research, namely to explore how clinicians understand and conceptualise the paternal function as well as their employment of the concept and understanding in their clinical work (or not). Questions were grouped thematically, but as is standard in semi-structured interviews, the order of asking the questions was flexible and the themes and related topics were addressed in line with the 'flow' of the interview (Drever, 1995).

Each interview followed the same initial format: the participant was thanked for their participation and asked to complete the research participation consent form and the audio-recording consent form (see Appendix C). In the initial explanatory email, participants had been briefed regarding the topic of the interview, namely exploring the construct of the paternal function in clinical practice. However they had not been given sight of any of the questions that would be asked in the interview. There is no certainty as to whether participants prepared in any way for the interview or not.

The interview schedule (see Appendix E) consisted of important ideas, phrased as questions pertaining to the research topic designed to encourage the discussion rather than direct it. These questions were largely based on themes that emerged

in the literature review as well as the researcher's personal experiences with patients in the therapeutic setting.

While all participants were asked the same first question in the interview, the order in which the remaining questions were included in the discussion was a function of the reply to the first open ended question and the flow of the ensuing conversation. In some cases a question was not asked directly because the participant broached related material of his or her own accord. Because this aspect of the research was largely exploratory, participants were regularly encouraged to elaborate further on ideas and to bring their own novel ideas on the topic. There were instances when the interviewer, perhaps overly enthusiastically, offered some interpretation of the form "Are you saying that the paternal function is this or that?" Such instances were noted in order to avoid the error of attributing this characterisation of the paternal function to the participant's spontaneous idea. There were also occasions when the interviewer was aware, either at the time or retrospectively in reading the transcript, of perhaps probing in a slightly leading way. Cognisance was taken of these instances and it will be evident in the discussion that some care was taken to note when the interviewer perhaps played an overly active role in the co-construction of ideas.

The eight interviews were digitally audio recorded and manually transcribed by the researcher. They were then checked against the recording for accuracy.

Data gathering in the case of the psychotherapy case studies

The data for the case study portion of the research had its origin in the therapeutic setting, relationship and process. In the course of my psychotherapy work I have endeavoured to adhere to the following practices: to always write up case notes after a session, usually within 24 hours; to write more detailed process notes as often as possible; to attend supervision regularly, such supervision including both individual input from a senior psychotherapist as well as peer supervision with colleagues; and to include full memory transcripts in supervisory discussions as regularly as possible.

Case notes generally refer to the facts of the therapy encounter, what the patient conveyed, what the therapist said and any noteworthy interactions. Process notes are more detailed and focus more on the unspoken aspects of the therapy. These include reference to transference and counter-transference dynamics, the therapist's associations to the patient and the material of the day as well as possible ongoing dynamic formulations. Full memory transcripts, in the absence of recorded, verbatim transcripts, are based on the therapist's memory and capture as far as possible and as accurately as possible, in sequence, the exact words, tone and nuances present during the course of the therapeutic exchange. Non verbal behaviours that were understood to be significant are also recorded. The therapist's own recollections and reflections (reverie and counter-transference) both during the session and in the process of writing it up are also often noted.

Supervision notes generally serve as an addendum to process and case notes and facilitate an additional processing, metabolising and understanding of the material provided from a third position outside the patient-therapist dyad.

Case study data was gathered both prior to and during the active research phase of this project. In addition, case material for the purpose of presentation in this report was gathered and collated after termination of therapy with all patients concerned.

Criticism may be levelled at this methodology, particularly in the area of the limitations of memory transcripts. While the potential value of a verbatim transcript, based on either audio or video taped sessions, is acknowledged, the intrusiveness of such a method of data collection in the context of a psychotherapy setting, and attaching problematics, has been documented and described (Fossey, et al., 2002; Midgley, 2004; Tuckett, 1993). There are also compelling reasons to view memory transcripts as being 'good enough'. What enhances the value of memory transcripts is that what and how the therapists records the session evidences what the therapist's unconscious retains as the most salient. The assumption is that what is brought to supervision in such transcripts is ultimately a mostly accurate apprehension of what is going on unconsciously in the session, within the patient's mind and between patient and therapist. Moreover, having to apply one's mind to the session appears to put the therapist

more in touch with his or her counter-transference, as well as illuminating possible insights that may have gone unnoticed with a mechanical verbatim transcription.

Data analysis

Data analysis is a process of resolving data into its constituent components, to reveal its characteristic elements and structure (Dey, 2005). Such a process allows for an understanding and engagement with the data at a level beyond just impressions and intuitions (Dey, 2005) and opens the way for an informed interpretation of the findings (Burns & Grove, 2003).

In commenting on data analysis Miles and Huberman (1994) note that a well-told story (of participants) can still be wrong. The essence of this remark is that the quality of the analysis of qualitative data is the lynch pin around which the usefulness of a piece of research hinges. Miles and Huberman (1994, p. 8) go on to say that "[a]pplied researchers can't afford to get the story wrong" (because policies and decisions are based on such research stories). However, it is not just applied researchers that cannot get the story wrong for fear of the consequences. In the area of psychoanalytic qualitative research where research adds to the body of theory upon which work with patients is understood, and therapies are conducted, "data analysis needs to be conducted with rigour and care" (Coffey & Atkinson, 1996, p. 189).

The analysis was based on the heuristic principle of discovery rather than verification and corroboration (Tesch, 1990). The research questions that this project undertook to address required both a descriptive and interpretive approach. The descriptive aspect addresses the question of what therapists understand by the paternal function and how they do or don't use it in their therapies with patients. The interpretive aspect relates to the discursive aspects of the material generated in these interviews as well as to the case studies. The interpretive lens adopted

was that of psychoanalytic understanding and theory (broadly understood but with an object relations emphasis).

As noted earlier, but pertinent at this point, many authors argue that interviewers are ineluctably implicated in creating meanings that seemingly reside within respondents (see for example Mishler, 1991; Silverman, 1997). As such, the interviewer cannot be seen as neutral, unbiased and invisible and self reflexivity needs to be incorporated in analysis of data arising from the interview process (Denzin & Lincoln, 2005) to ensure as accurate a conveyance of participant's thoughts and ideas as possible.

Both the interview data and the case studies were analysed using the hermeneutic principle of discovery and bearing reflexive considerations in mind.

Analysis of Interview Data

Thematic analysis, defined as a method for "identifying, analysing and reporting patterns (themes) within data" is a widely used tool within psychological research (Braun & Clarke, 2006, p.79) and has been widely documented as suitable for the analysis of qualitative data (Boyatzis, 1998: Willig & Stainton-Rogers, 2008). Thematic analysis is still the most useful tool for capturing the complexities of meaning within a textual data set (Guest et al., 2012). Braun & Clarke (2006) echo this, suggesting that this method of analysis can provide a rich and detailed extrapolation of findings from data without the loss of complexity and thus meaning.

The analysis of the interview data went further than the standard thematic analysis which focuses on identifying themes and patterns. It also employed a critical interpretation of aspects of what might be understood to lie behind the themes and patterns identified. Thematic analysis (as opposed to content analysis which looks primarily at words and phrases used) is understood to have an interpretive aspect, in so far as it looks carefully at the language used by participants, to decide whether verbal contributions belong to one theme or another, and to draw inferential conclusions in this regard. Interpretive reading of data will "involve

you in constructing or documenting a version of what you think the data mean or represent, or what you think you can infer from them" (Mason, 2002, p. 149). Two levels of interpretation are being referred to here. In the first instance there is an interpretation of what the researcher thinks the participant is saying or meaning. It is the first level of interpretation that is routinely a part of thematic analysis. There is then a second level of interpretation, namely what can reasonably be inferred as the (unconscious) motivation for the what has been understood as the thoughts of the participant. It is the second level of interpretation that renders the thematic analysis an interpretive thematic analysis. An interpretive thematic analysis has firstly to produce a standard thematic analysis upon which second level interpretation is carried out, as is the case in this research. The two levels of interpretation are often written up in conjunction rather than being treated as discrete aspects of interpretation.

In order to arrive at the thematic analysis the methodology and spirit of research analyses espoused by Braun & Clarke (2006) was employed.

Since the research focus was in an area in which it is argued that there has been limited investigation and theorisation, a more detailed and nuanced account of specific paternal function related themes was sought within the data. Thus the analysis was partially theory led. Paternal function related themes were both inductively and deductively identified. Because of my interest in the area and reading of the pertinent literature, several themes of importance and interest had been identified prior to the interviews (as is apparent in journal article one/chapter four). Data was analysed, in part deductively, with these particular themes in mind. Tuckett (2005) suggests that one of the positive by-products of deductive analytic reading is that the researcher is sensitised to more subtle features of the data. There is, of course, the opposing view that such reading can narrow the analytic field of vision (Braun & Clarke, 2006). In this particular research, the latter criticism was not highly pertinent, because what was of interest was to what degree interviewees' thoughts and ideas articulated with what was present in the literature, and so themes derived from the broad body of literature on the paternal

function provided a sufficiently wide analytic field for analysis. Having noted that, however, there was also an interest in engaging with any additional ideas that interviewees' might have. To this end an inductive approach (Boyatzis, 1998) was employed in parallel fashion to apprehend any paternal function related themes, strongly embedded in the data (Patton,2002), that went beyond pre-existing ideas. In summary the analysis was both theory and data driven.

What I have referred to above as level one interpretation addresses the issue of whether the themes identified in the data were semantic or latent. The former refers to themes which are explicitly articulated by participants while the latter refers to themes which the researcher believes are apparent in the data but which have not found conscious voice by the participant(s) for a variety of possible reasons. An example of such a latent theme would be therapists' apprehension in relation to more fully embracing the paternal function in the clinical setting. No therapist explicitly verbalised this apprehension but the researcher was of the opinion that there was sufficient allusion to this material to identify it as a theme. Braun and Clarke (2006, p. 85) note that "thematic analysis that focuses on 'latent' themes tends to be more constructionist, and it also tends to start to overlap with thematic DA [discourse analysis] at this point". This is indeed true of this research and there were points at which a more discursive form of analysis was usefully introduced in recognition of the fact that aspects of the interviewees' experiences were understood to be socially located rather than inhering in the individual (Burr, 1995).

There are several approaches to conducting thematic analysis (see for example Leininger, 1985; Taylor & Bogdan, 1984), but it seems that the method proposed by Braun & Clarke (2006) is rigorous and enjoys a significant body of support and respect, certainly within the field of social science. For this reason it was the method of choice for this analysis.

Braun and Clarke (2006) highlight six steps or phases in their process as necessary for an adequate thematic analysis. Phase one involves familiarising

oneself with the data to be analysed. Immersion in the data commenced at the outset of the research process. Indeed a thorough reading of the theory addressing the paternal function formed the bedrock of the research process. Conducting of all interviews and transcribing all the recorded interviews was done by the researcher himself, giving a first hand and intimate experience of both interviewees and the data. Riessman (1993) has commented on the usefulness of transcribing one's own data and the enhanced level of data engagement that this can lead to. Several authors argue that within interpretive qualitative research researcher-transcription is a vital part of immersion in the data for it facilitates meaning making and interpretation and is not simply a mechanistic committing of the verbal to the visual (Bird, 2005), (Lapadat & Lindsay, 1999). It might well be suggested that there are gains to be had relating to immersion in the data, from personal interviewing of participants, especially in the case where unconscious material is of importance and reverie, transference and counter-transference play a role. Active, repeated reading of transcripts is synonymous with immersion in the data (Braun & Clarke, 2006) and was part of the research protocol adopted by this researcher.

The process of 'coding' is the second step in Braun & Clarke's (2006) model and is one which is referred to in most explications of qualitative research (Miles & Huberman, 1994). It is concerned with the organisation of the data into meaningful groups (Tuckett, 2005). Codes identify a feature of the data that is of potential interest to the researcher and are the most basic snippets of the data that can be apprehended as meaningful in relation to the research question (Braun & Clarke, 2006).

The third phase of the model is the search for themes. Essentially a theme represents a group of various codes which reflect a similar essence. In this particular research project phases one and two of Braun and Clarke's (2006) model took place more or less simultaneously. The pre-data collection study of the literature highlighted at least four distinct themes in which the researcher was interested in. In addition, due to the extensive early reading, the researcher was

sensitive to possible coding categories. Consequently, a lot of coding and theme organising took place during reading of the data. There were codes and themes which arose inductively and these too were arranged simultaneously.

The supervisor of this research, Professor Gill Eagle, acted as a co-researcher in terms of coding and theme identification. Both researchers read the transcripts independently and the final codes and themes which were identified were those upon which there was agreement so far as it represented a point of interest substantiated within the data.

At the end of this phase the collection of potential themes comes under review as step four is invoked. The main idea driving step four is to ensure that data within themes coheres meaningfully, that themes are clearly distinguishable from one another and that the themes account for the data, certainly those aspects of the data pertinent to the research (Braun & Clarke, 2006). Again, because of pre-knowledge of the subject and identified themes, coherence and independence of four themes happened as a matter of course. Remaining themes were examined for coherence, adequate support in the data, distinguishing characteristics and relevance to the research question.

Phase five, defining and naming themes and sub-themes, was carried out in parallel with step four. Once again, knowledge of the literature meant that themes and sub-themes were mostly pre-determined or easily defined, and that themes and sub themes were often self naming.

The final step in the thematic analysis process is the production of the report, the aim of which is to "tell the complicated story of [the] data in a way which convinces the reader of the merit and validity of the analysis" (Braun & Clarke, 2006, p. 93). The validity of qualitative analysis, and this particular research, will be discussed in a later section. In order for the report to be seen to have merit, the reader needs to be convinced that the researcher's argument is sound and

sufficient evidence to substantiate claims, often in the form of direct quotations, needs to be included.

The thematic analysis of the interview data was carried out with a twofold purpose. Firstly themes related to how therapists *conceptualise* and *understand* the paternal function were sought, and secondly material addressing how these therapists *employed* the paternal function in the clinical setting was also of interest. The two distinct but related foci of the analysis conducted are reflected in the separation of material in papers two and three (chapters five and six respectively).

Case Study Method

The psychoanalytic case study method applies concepts and perspectives informed by psychoanalytic theory in order to translate surface level manifestations into underlying, deeper meanings in order to arrive at a meaningful account of the patient's psychological dynamic, including his or her developmental history, unconscious motivations and defences (Willig, 2014). Dreher (2000) characterises the case study as an analysis of multiple layers of subjective meaning, such meanings being under the influence of the patient's unconscious processes, and such meanings finding expression in the therapeutic relationship. The psychoanalytic tools viewed as applicable to the psychoanalytic case study method include: interpretation and responses to therapist-given interpretations; transference and counter-transference responses; observations concerning affect and levels of arousal and shifts in these, paying attention to silences and gaps and narrative shifts and careful observation of non-verbal behaviour (Dugmore, 2013). As a psychoanalytically trained therapist, such skills are a part of my daily clinical practice and as such were implicit in the first phase of analysis of the cases.

A second stage of analysis generally occurs during the writing up of session notes and compiling memory transcripts. Distance from the heat of the psychoanalytic encounter allows the mind of the therapist to make sense of and understand events

of the session including transference and counter transference dynamics, verbal exchanges and non verbal communications, which, in the moment, may have eluded understanding.

A third level of analysis would involve input from an objective third. In the case of the material used in this research, a senior psychotherapist, Dr Ella Brent, was consulted on some of the case material as a matter of course during the patient's therapy as it has been my practice to seek supervision over an extended period of time in my practice. Not every session taken to supervision was written up as a memory transcript, and not every session was presented to the supervisor. However, those cases or sessions that were written up or presented less formally and discussed in the supervisory context stimulated new insight into patient dynamics and confirmed previously identified understandings.

A final level of analysis occurred during the writing up of the cases for the purpose of this research. Because my knowledge and understanding of the paternal function had deepened substantially over the period of research, the case material could be analysed more deeply through the lens of the paternal function and the dimension of transference and counter-transference noted in the process notes, could be more usefully appreciated. It is germane to note here that the psychotherapist draws on both inductive and deductive thinking. In the former, the therapist slowly and carefully builds up a psychodynamic formulation of the patient based on what the patient brings, both consciously and unconsciously. On the other hand, theory is always inherent in the therapist's attempts to make meaning of the patient's material and behaviour and so inform his or her formulation (Dreher, 2000). While the inductive process was very much a part of therapy sessions, the deductive process was strongly present during the analysis of the cases for research purposes.

The case material analysed appears in chapter seven, which comprises the fourth paper submitted for publication.

Quality of research – validity and reliability

In the quantitative sciences there appears to be a broad consensus concerning how best to ensure the quality of research and how to interpret the validity (internal and external), reliability and objectivity of study results (McLeod, 2003). In qualitative research, the terrain of quality control is less clear than in the quantitative arena with numerous different measurement approaches put forward as to how quality of research might be measured and ensured (McLeod, 2003). In fact there is substantial disagreement on how to assess qualitative research quality (Morse, Barrett, Mayan, Olson, & Spiers, 2002). As an example, there is the notion that reliability and validity are terms that pertain strictly to the quantitative paradigm and are not apposite in qualitative inquiry (Altheide & Johnson, 1998; Leininger, 1994). In the case of the idealist paradigm in which the phenomenological-hermeneutic case study method falls, the very characteristics that validity, reliability and objectivity represent are seen as anathema since such research is seen to offer ideas and arguments rather than objectivity and proof (Dreher, 2000; Greenwood & Loewenthal, 2005). Conversely, there are other parties who argue quite the opposite. Indeed Morse et al., (2002) are of the belief that the concepts of reliability and validity *are* applicable to qualitative research and can be commented on by paying attention to important strategies that ensure rigor *inherent in the research process itself.* Proponents of this thinking, including Morse et al. (2002), Stiles (1993) and Elliott, Fischer & Rennie (1999), suggest certain technical verification strategies that ensure research rigor should be built in to the research process "so that reliability and validity are actively attained, rather than proclaimed by external reviewers on the completion of the project" (Morse et al., 2002, p. 17). An explication of such technical verification strategies is beyond the scope of this discussion, but suffice it to say that the tension between the two schools of thought might be countered by the adoption of new criteria, the equivalent of reliability and validity, for ensuring rigor in qualitative inquiry (Lincoln & Guba, 1985; Leininger, 1994; Rubin & Rubin, 1995).

In what has been described as seminal work, in the 1980s Guba and Lincoln substituted the concept of 'trustworthiness' for reliability and validity, with trustworthiness being broken down into four aspects, namely credibility, transferability, dependability, and confirmability. If an isomorphism is to be offered between these four measures and those regularly used for the evaluation of quantitative research, Lincoln and Guba (1985) suggest that they are mapped, respectively, onto internal validity, external validity, reliability and objectivity. Given the widespread acknowledgement of Lincoln and Guba's (1985) contribution in this area of research (Morse et al., 2002), the quality of this PhD research will be discussed in terms of these four criteria.

The concept of *credibility*, as put forward by Lincoln and Guba (1985) is the naturalist equivalent of internal validity, the extent to which the intervention can be credited with accounting for the results rather than another extraneous influence. The authors list five techniques by which credibility can be enhanced. The first consists of three activities namely, *prolonged engagement*, *persistent observation* and *triangulation*. The remaining four are external checks (peer debriefing or review), ongoing refinement of hypothesis (negative case analysis), referential adequacy (preliminary findings checked against raw data), and member checks (participant checking of findings and interpretations).

Prolonged engagement refers to the question of whether the researcher has spent adequate time in the research context with research subjects or matter. So far as the case based aspect of this research is concerned, engagement might be measured in terms of both engagement with the psychotherapeutic process in general as well as engagement with the particular cases discussed. On the first point, the researcher is a clinician who has been in psychotherapeutic practice for close to a decade. On the second, the four cases were therapies that ranged in duration from eight months to three years.

Regarding adequate engagement in the context of the interview based research, again, since participants would be conversing in the context of psychoanalytic therapy and theory, the researcher's clinical experience and extensive engagement

with the literature prior to the interviews would account for engagement with the context of the interview.

Persistent observation refers to the process of identifying "those characteristics and elements in the situation that are most relevant to the problem or issue being pursued and focussing on them in detail" (Lincoln & Guba, 1985, p. 304). Arguably this was achieved through the very process of interviewing and examining case material with a very particular focus in mind, namely the paternal function. The characteristic of asking open ended questions, and keeping an open mind to what and how participants might respond also heighted the level of persistent observation.

Triangulation, the third activity listed by Lincoln and Guba (1985) is held in high regard as a qualitative tool for it encourages the highlighting of both corroborating and dissenting perspectives (Fossey et al., 2002). The presentation and discussion of case material with a clinical supervisor, which I did for both the non-composite cases as well as the majority of the cases that went into making the two composite cases, provides an opportunity for a third, objective person, to confirm or disconfirm clinical hypotheses. In the case of the individual interviews, joint theme identification and ensuing discussion between myself and my research supervisor usefully highlighted the concurrence and divergence in our understanding of interview transcripts. Themes which were identified independently by both myself and my research supervisor were included, as were interpretations of material upon which we both agreed. Two chapters (five and six) were presented in articles appearing in peer-reviewed journals and accepted for publication after input from the reviewers aimed at enhancing the credibility of the paper was incorporated. This peer revision might also be considered a form of triangulation.

The other four measures suggested by Lincoln and Guba (1985), namely *external checks*, *ongoing refinement of hypothesis*, *referential adequacy*, and *member checks* are now considered in relation to the current research. In the case of the case based material, the interaction and interplay characteristic of therapeutic engagement between therapist and patient allows for multiple opportunities for the

checking and rechecking by 'members'/participants of meaning making and interpretation. The individual interview process offers the opportunity for a similar process in which interviewer and interviewees can jointly arrive at confirmed understandings. Having noted that, however, I am aware that in the interview process I clarified and checked meanings significantly less than I do in my clinical work and this '*member check*' aspect of ensuring credibility in the sense of Lincoln and Guba (1985), was less evident in this part of the research process.

With respect to the interview based research, the *ongoing refinement of hypotheses* was a function of me allowing the increasing amounts of data being gathered and analysed to direct the conclusions and interpretations arrived at. *Referential adequacy,* which requires a constant checking of developing hypothesis against the raw data, while not formally carried out, was always present in my mind in the analysis of the interview transcripts. Concerning the case studies, because all therapies had concluded and all data was present at the time of analysis, the ongoing refinement of hypothesis was redundant at the time of writing up the cases for this research. It had, however, been a process that had generally been engaged in during supervision over the course of the particular patients' therapies. Because the interpretation of the case material was based on the raw data contained in process and supervision notes, *referential adequacy* was achieved *de facto*.

The remaining techniques, namely *external checks* (peer debriefing or review), were not employed in a manner distinct from that which was discussed in the process of clinical and research supervision when discussing triangulation of data.

Lincoln and Guba's (1985) concepts of *transferability*, *dependability* and *confirmability* can also be brought to bear in reflections upon the quality of this research.

Transferability, the naturalist's equivalent of external validity or generalisability (Kazdin, 2003), is established in a manner very different from how positivists would gauge external validity. Indeed, the best the naturalist can do is make clear,

via thick description, the context in which the hypothesis held or the proposed ideas put forward were found to be useful. It is then incumbent on an interested other to reach his or her own conclusion as to whether the environment or context from which the conclusions reached were derived, are sufficiently similar to the original context described by the researcher. In the instance of the case based research, the transferability of the ideas of this research would depend on the degree to which another patient's presenting problems, family relationship dynamics, patient-therapist dynamics, clinical setting and therapeutic modality were aligned with what was described in these case studies. Regarding the interview based material, the population from which the analyses were derived was that of a group of experienced Johannesburg (South Africa) based psychoanalytically oriented psychotherapists and this context for the findings is made explicit. As both Mertens (2005) and Lincoln and Guba (1985) note, the burden of transferability does not lie with the naturalist researcher; it lies with the reader who wishes to import these ideas into another context.

Dependability has as its positivist counterpart the notion of replicability (Lincoln and Guba, 1985) or reliability (Kazdin, 2003), a challenging endeavour for the naturalist on two fronts (Guba, 1981). Because those working with qualitative research traditions tend to entertain the idea of multiple realities, and because of the emergent nature of the design, it is quite possible for two independent research teams, tasked with the same project, to diverge in different lines of inquiry, even in respect of the same phenomenon (Lincoln and Guba, 1985). The second issue that arises is that of the researcher as instrument and the potential attaching issue of an ever improving 'instrument' as a result of evolving insights and sensitivities. (Guba, 1981). Thus, for the naturalistic researcher, consistency (or in the language of Lincoln and Guba (1985), dependability) is not so much about invariance in subsequent findings but rather about being able to attribute any differences in such findings to either actual error, or to differing interpretations of reality and/or to increasing instrument proficiency (Guba, 1981).

Finally *confirmability*, or neutrality, differs markedly from objectivity, its counterpart in the positivistic paradigm. Indeed, in the social sciences, cultural,

ethnic and personal biases inherent to human experience and perspective taking are well recognised (Guba, 1981). Those practising in the naturalist paradigm, where multiple realities prevail, the researcher's own predispositions are recognised to influence the 'calibration of the research instrument', the researcher him- or herself, is exhorted to pay particular attention to this source of vulnerability in research design and to make known those personal biases which may impact upon the research findings. Self reflexivity on the part of the researcher (which, as it applies to this research study, will be discussed more fully in the final chapter) also goes some way to promoting the confirmability of data by making researcher bias more apparent (to the researcher) and transparent (to the reader). In conducting this research and presenting the findings, self reflexivity was employed as a method in attempting to reduce possible biases in findings arising from ignorance of my own blind spots in the research process.

Finally, it is noted again that there are alternative views on what constitutes good research methodology. Indeed, in the specific instance of the case study method Widlöcher (1994) suggested that the research be adjudicated on the dimensions of economy of data, adequacy to the proposed thesis and degree of persuasiveness while Tuckett (1998) proposes evaluation based on relevance, transparency, credibility and plausibility. Tracy (2013) suggests that validity and reliability in qualitative research can be dealt with more flexibly than in the past with different methods requiring different kinds of practice to achieve these. Whichever approach is chosen it might be argued that there is a common thread running through them all, namely that personal preferences, biases and blind spots must be acknowledged and addressed. An important process in minimising the unconscious influence of the researcher's biases is that of reflexivity.

Reflexivity

As discussed earlier in this chapter, qualitative researchers, and interviewers in particular, are interested in how meanings are produced and reproduced within particular social, cultural and relational contexts, the interview itself being one such context of interactive meaning-making (Hsiung, 2010), and the clinical setting another. Indeed, Tuckett (1993, p. 1184) notes that "psychoanalytic

investigation takes place within an interpersonal interaction, which creates all kinds of difficulties both for the work and, because the analyst is a participant observer caught up in a process in which his perspective will necessarily be occasionally skewed". Several authors advise that reflexivity can serve as a powerful tool in understanding the effects of interviewer subjectivity on the production of knowledge (for example, Bolam, Gleeson & Murphy, 2003; Mruck & Breur, 2003). It may be argued that this is also true in the case of what might be analogously termed 'psychotherapist subjectivity' in the clinical setting from which case based material arises.

Reflexivity can be understood as the process of examining both oneself as researcher, and the research relationship (Hsiung, 2010). To this end, the area for reflexive examination in my research concerns the extent to which my personal biases impacted on my collection and interpretation of the data arising from the individual interviews, as well as my collection and interpretation of data supporting my case studies. This matter is discussed more fully in the final chapter, but for the sake of transparency, suffice it to say the following for now. Regarding my theoretical approach, my alignment with psychoanalytic understandings of human development and behaviour, particularly (but not exclusively) through the lens of object relations theory, as well as my intention to read material through a critical feminist lens, is made apparent in the introductory chapter to this research. Also discussed in the introductory chapter is my personal, non theoretical motivations for pursuing this line of research, namely my interest in my relationship with the provider of my paternal function as I grew up, and the provision of paternal functioning to my own children to be.

Ethical considerations

Miller & Brewer (2003, p. 95) suggest that "[t]he ethics of social research is about creating a mutually respectful, win-win relationship in which participants are pleased to respond candidly, valid results are obtained, and the community considers the conclusions constructive". The above ethical principals might arguably all be promoted if the imperatives of informed consent and

confidentiality, ongoing respect for the participants, and accurate reporting on the part of the researcher are ensured.

The fulfilment of these ethical principles is not a foregone conclusion in research, and the researcher needs to give thought to the steps that will be taken to ensure these principles are not compromised.

In the current research, both the individual case method and individual interviews were used to gather data. While the ethical principles mentioned above are relevant to both methods, there are nuanced differences in some of the steps taken to meet these ethical principles, and in the thinking behind the steps taken. Consequently a separate discussion of ethical considerations for each method will follow.

Individual Interviews

The participants who were interviewed were all experienced clinical psychologists, and the subject of research was of a theoretical and clinical nature as opposed to a personal nature. The sample of participants was thus not considered to be a vulnerable population sample and no extraordinary steps were deemed necessary in acquiring informed consent. In addition, by virtue of their qualification all had conducted their own research before and would be familiar with what the research process entailed.

The steps taken in securing informed consent have been discussed earlier in this chapter, but from an ethical perspective I confirm, at this point, my understanding of informed consent, namely that "the human subjects of research should be allowed to agree or refuse to participate in the light of comprehensive information concerning the nature and purpose of the research" (Homan, 1991, p. 69)

Whilst confidentiality, which refers to the non-disclosure of the identities of participants, is generic to research ethics, it has a particular manifestation in this research because of the nature of the sample of participants. Indeed, whilst participants may not be identifiable to the general public, they may well be

identifiable to their peers also involved in the study. Two characteristics of the Johannesburg community of (experienced) psychoanalytic psychotherapists added to the need to pay special attention to confidentially. First, the community is a relatively small one – certainly of the more active psychotherapists - with a relatively high degree of interaction amongst members. In particular for male participants, their number in the community is relatively small. Several authors have identified the use of quotations in research reports as a prime threat to the confidentiality of participants (Richards & Schwartz, 2002; Sandelowski, 1994; Shaw, 2003). Allmark et al. (2009) have suggested this is particularly so when it is your peers who are the participants. In the current research, in choosing quotations to support hypotheses, care was taken to exclude any personal details that may have been used by the participant to illustrate a point, as well as to excise any personal speech mannerisms that may serve to identify them. The participants' data may be seen as represented somewhat decontextualised. If this is true, it is in the service of anonymity.

A second aspect of confidentiality arose as a result of participants being invited to discuss their own relevant case material if it felt pertinent to the discussion. The confidentiality of the participants' patients, a highly vulnerable population, was non-negotiable and this was one of several ethical matters at the forefront of my mind during the conceptualisation of the research. It so transpired however, that when participants used case vignettes from their personal experience, identifying details were largely absent and no additional disguise was needed from myself in the cases where I alluded to this case material in my journal articles.

This concludes the discussion of the pertinent ethical issues arising in the individual interview process and attention now turns to ethical matters arising in the individual case method which I also made use of.

Case based research

In qualitative research the principles of respect, win-win relationships and constructive outcomes which were mentioned at the start of this section on ethical

considerations, are potentially undermined by the ethical problems that arise as a result of the complexities of "researching private lives and placing accounts of these private lives in the public arena" (Willig & Stainton-Rogers, 2008, p. 263). Such ethical dilemmas might be avoided if the facts and information emanating from clinical encounters with patients were not scientifically researched and made available to a broad public. However, such an omission would run counter to what Mouton (2005, p. 138) terms the "epistemic imperative", the moral commitment of all scientists to search for truth and knowledge. In psychoanalytic psychotherapy research, the ethical dilemma presents as the need for research and the continuing publication of clinical material, while upholding the duty of the clinician/researcher to protect the patient (Furlong, 2006; Gabbard, 2000; Patterson, 1999; Stajner-Popovic, 2001).

Freud himself spoke strongly on the matter of clinical research and the making available of material arising from therapy or analysis:

> "[T]he physician has taken upon himself duties not only towards the individual patient but toward science as well; and his duties towards science mean ultimately nothing else than his duties towards many other patients who are suffering or will someday suffer from the same disorder. Thus, it becomes the physician's duty to publish what he believes he knows of the causes ...and it becomes a disgraceful piece of cowardice ... to neglect doing so…" (Freud, 1905, quoted in Levine & Stagno, 2001).

Contemporary voices support Freud's call to publish and disseminate what is known or understood about patients and the application of theory in practice. Indeed Gabbard & Williams (2001), emphasising the importance of training, teaching and improvement asserts that "[w]riting about patients is essential for the advancement of psychoanalytic knowledge" (p. 1067). Tuckett (2000, p. 1067) identifies published material as a core pillar upon which scientific advancement of the profession is based:

> "The advance of our knowledge of psychoanalysis and psychotherapy (and our capacity to become aware of any current weaknesses) is ultimately dependent on the communication of such information to the appropriate

> professional community and the establishment of critical peer debate thereafter"

If one accepts the obligation to publish and disseminate one's findings arising in the clinical arena, the focus must then turn to how to comply with this epistemic imperative while at the same time ensuring the highest order of ethical integrity so far as the subjects of our research, our patients, are concerned. It is this question that I now address, highlighting relevant ethical dilemmas and how I have managed them in my research.

An important ethical dilemma in psychoanalytic case studies which focus on a patient currently in psychotherapy or analysis is how does the psychotherapist manage the dual researcher-clinician role, protecting the patient's therapy or analysis from becoming contaminated by the research process? (Patterson, 1999). Several writers argue that to request patient consent may be seen as a boundary violation imperilling the therapeutic process in that it prioritises the clinician's need or desire to publish above the well being of the patient (Furlong, 1998; Gabbard, 2000; Levine & Stagno, 2001; Stanjer-Popovic, 2001). Fortunately, in all the cases used in my research, the therapy had terminated at least two years ago and consequently this important ethical dilemma did not arise.

An ethical issue that did arise, and one which has seen protracted debate in the psychoanalytic literature (and which I will refer to during the following discussion) is that relating to patient confidentiality. The debate centres around whether informed consent should always be sought regardless of whether the therapy has terminated or not, or whether disguise/'compositing' is a sound research tool for ensuring that both patient confidentiality and accurate representation of case material are achieved (Gabbard, 2000). Gabbard & Williams (2001) believe that the ethical need to protect the patient can be adequately met alongside the scientific need to maintain clinical integrity of reports, although conceding that there is no perfect solution. Gabbard (2000) and others (Levine & Stagno, 2001) advocate the adoption of several time honoured approaches to achieving the balance between scientific need and clinical integrity. Such approaches include thick disguise, patient consent, focus on clinical process

rather than external facts (the process approach), the use of composites and the use of colleagues as authors (Gabbard, 2000). As noted, there is no perfect solution and each of these approaches carries the obligation on the part of the researcher to weigh up the pros and cons of the selected method in light of the particular case under discussion. I now discuss the process employed in my research.

For the case based aspect of my research I obtained the informed consent in two instances and used composite cases in two others. Regarding the informed consent, the material I wished to use to illustrate two aspects of the paternal function, namely the provision of a port of psychic safety, and the facilitator of the development of psychic structure, came from two therapies that had terminated. Baxter, whose case discussed the port of psychic safety, terminated his therapy about two years previously and Megan (development of psychic structure) had terminated her therapy about a year earlier. Because I felt no other patients I had worked with, or was working with at the time, had sufficiently clearly demonstrated these dynamics which I wished to discuss, a composite case study was not an option. After discussion with my clinical supervisor I felt that neither patient was at risk of being distressed by my contacting them to get consent, nor by reading through their own case material. I contacted both ex-patients telephonically and informed them of my wish to use material from their therapy sessions for publication in an article. I noted that I had used a pseudonym and had not included any identifying information in the vignettes. In fact I had held in mind that a generally agreed rule in this regard is that a case should be disguised sufficiently so that only the analyst and the patient would recognise who it is (Gabbard , 2000). I offered the opportunity to read through the respective articles and let me know whether they felt it accurately reflected the aspects of their therapy that I was concentrating on, and whether my formulations felt appropriate. Both accepted the offer. I also offered to make arrangements (at my own expense) to debrief in any way if they so desired. Baxter agreed willingly to the use of his material, neither requesting any changes, nor asking for further conversation. Megan responded positively asking only to replace one descriptive word. I agreed to her request, and together we found a word that felt comfortable for us both.

Megan did request the opportunity to talk through some thoughts and feelings that reading through her case material had elicited and we made arrangements for this debriefing, which was remarkable only in the sense that Megan reported finding this post termination revisiting of her therapy a positive experience which had enhanced her self- understanding because of some new ideas introduced in my formulation of her struggles. This is an instance in which Gabbard's (2000, p. 1083) contention that one of the advantages to waiting till post termination before writing about a patient is that "the patient's analysis may have been reflected on for a good deal of time so that the analyst has a more comprehensive understanding of what transpired in the analytic process". The different response from these two patients might be explained as follows. The formulation sent to Megan for her perusal was more sophisticated and detailed than had emerged in the actual therapy and was thus had a degree of novelty to it. It was this novelty of the formulation that she had found useful and she wished to discuss. In the case of Baxter, what appeared in the formulation forwarded to him was very close to what had been discussed in his therapy sessions. His easy agreement to my use of his therapy was thus not surprising.

The remaining two cases were composite cases and the decision to use this method of ensuring confidentiality was selected because of "a pervasive psychodynamic theme is present in a variety of individuals with the same diagnosis or same behaviour pattern" (Gabbard, 2000, p. 1081). This was particularly true in the case for which Billy is the composite patient struggling with separation from his primary caregiver. Although not as many as for Billy, there were several cases from which to compose Carla, the identified patient in discussing paternal functioning in affect arousal and regulation. Because no single individual is represented by the composite cases, informed consent was not mandatory in terms of the Health Professions Act of South Africa (DOH, 2006) and was not sought.

While holding in mind the importance of protecting the confidentiality of the patient, thought also needs to be directed towards ensuring that whatever steps are taken to protect the patient's confidentiality do not cloak the profession and it's work in the unknown and in secret intrigue (Stanjer-Popovic, 2001; Tuckett, 2000), potentially damaging the canon of scientific knowledge through

inadequately supported research findings. The onus remains on the psychoanalytic researcher to always interrogate whether disguising the patient, be it thick disguise or by means of using composite cases, substantively alters the future psychoanalytic understanding of a particular pathology or condition in a way that misleads the field. The scientific coherence in the composite cases used was bolstered by holding in mind the overarching dynamic of the case in order to filter out extraneous information from the individual cases, but also to ensure that all information pertinent to the accurate presentation of the overarching dynamic was included. Because the composite cases rely significantly on shared aspects of personal histories and personal dynamics of several patients, I believe that, in both instances, they accurately represent the dynamics of the individual cases underlying them.

In conclusion, "Ethical case analysis involves weighing conflicting principles, understanding the facts of the case and values at stake and developing a reasoned argument to arrive at an ethical conclusion" (Levine & Stagno, 2001, p. 200). At times clinicians may arrive at disparate approaches to a particular dilemma but that does not make either party necessarily unethical. Each weighs their obligations differently. In ethical controversies "it is well recorded that reasonable people reach opposite conclusions" (Levine & Stagno, 2001, p. 200). Consultation with more senior clinicians, or with peers or superiors is certainly helpful if not in arriving at concurrence, at least in highlighting all the aspects of the case to be thought through.

All use of case material complied with the Professional Code of Ethics of the professional Board for Psychology of the Health Professions Council of South Africa (HPCSA, 2008), the ethics code of the South African Psychoanalytic Confederation (Silove, Schon, Berg, Green, & Levy, 2011), and the Health Professions Act, 1974 (DOH, 2006). Finally this research was conducted within the guidelines of the Human Research ethics Committee (HREC – non-medical) of the University of the Witwatersrand and was granted ethical clearance by the HREC. The clearance certificate is attached as Appendix F.

CHAPTER FOUR

Introduction

This chapter and the subsequent three, are structured in two parts. Each chapter has a brief preliminary section which introduces and contextualises the stand-alone manuscript that constitutes the remainder of the chapter. In order to locate the journal article in the broader thesis, the research question(s) the paper intends to address is also noted.

Dreher (2000) distinguishes between two types of research methodologies, namely, empirical and conceptual. It is the latter which is pertinent to this chapter to a large extent and the following two chapters, for the papers which make up the bodies of these three chapters, are largely conceptual in focus. Dreher (2000, p. 12) defines conceptual as relating to "all systematic attempts to clarify the explicit and implicit use of a concept", the concept, is in this case being the paternal function.

This chapter pivots around a discussion of the literature dealing with the paternal function as captured in the paper Conceptualizing *the Paternal Function: Maleness, Masculinity or Thirdness?* (Davies & Eagle, 2013). The aim of this paper was to understand "the use of a concept [the paternal function] within a defined conceptual field" (Dreher, 2000, p. 14), namely within psychoanalytic practice. The paper addressed the first research question which was: *How is the concept of the 'pre-oedipal paternal function' understood within psychoanalytic literature?*

In the context of changing gender constructions and a proliferation of alternative family constellations alongside the traditional family structure, the long-standing assumption that the paternal function and the role of the father are necessarily one and the same is interrogated and challenged. In addition to offering some

commentary on both the relative over-emphasis in psychoanalytic literature on the oedipal father, and the disjointed and fragmented treatment of the paternal function in the literature, this chapter identifies and describes four functions which can be conceptualised as falling under the paternal function. This attempt to bring some coherence to a comprehensive understanding of what constitutes the paternal function within object relational theory, contributes to theory by stripping away some of the ambiguity around the construct, opening the way for it to be both further elaborated and better incorporated into clinical practice. This is in line with the aims of what Dreher (2000, p. 15) terms "conceptual research", namely the aim of "creating concepts that are unambiguous and as precisely defined as possible and of making suggestions as to their use or differentiation in as meaningful a way as possible" (Dreher, 2000, p. 15).

The manuscript that constitutes the bulk of this chapter - *Conceptualizing the Paternal Function: Maleness, Masculinity or Thirdness?* - was submitted to the journal "*Contemporary Psychoanalysis*", a quarterly international publication, and was accepted for publication in 2013. The paper is formatted in line with the remainder of the thesis. It is useful to note that all references are included in a full reference list at the end of the thesis rather than appearing at the end of each paper as they do in the journal publication form.

Conceptualizing the paternal function: Maleness, masculinity or thirdness?

Abstract

In the context of changing constructions of gender and family structure, this article addresses two related aims. First, it aims to develop a focused and comprehensive understanding of what is termed the 'paternal function' as understood within object relations theory. Second, it offers a critique of existing theory, arguing that the literature reflects some conflation between function and functionary, or between maleness and/or masculinity and the performance of this function or set of functions. Although the term 'paternal function' is frequently employed in the psychoanalytic literature, a common understanding of what it constitutes cannot be assumed. The construct appears to encompass several different dimensions, four of which are explored in the article. The authors contend that paternal function should be understood as distinct from the role of the father in the life of the infant: This opens a space to consider alternative sources of parental functioning and the related importance of the position of third persons or objects in infant development. It is argued that critical engagement with the construct of the paternal function not only has relevance for rethinking developmental theory and child rearing practices, but that it may also prove potentially valuable to case formulations and understanding interactional dynamics within the therapeutic relationship.

Introduction

Contemporary theorization around gender suggests that human beings should be understood as psychologically bisexual (Fogel, 2006; Harris, 1995), with gender

no longer considered to be biologically 'hard wired' but rather as 'softly assembled' in the context of the individual's conscious, unconscious, and social interactional properties and experiences (Harris, 1995). Correspondingly, it becomes important to rethink aspects of psychoanalytic theory that draw upon assumptions about, and associations to, gender binaries and relations. One area that has been powerfully affected by advances in the understanding and expression of gender is that of early parenting. Ideas about the sharp divisions between male and female parenting roles have been questioned, with ensuing debates as to what it is about parental gender that might or might not be important in influencing child development and personality formation. Such debate extends to interrogation of what is conventionally understood by the paternal or maternal functions within developmental and clinical theory. The 'paternal function' is the focus of interest in this article.

Largely as a consequence of the rise in feminism over the last quarter century, a significant shift has taken place in stereotypical gender role thinking. This shift, along with the decline of the traditional family structure (which has occurred for a host of reasons, including frequent divorce, single parenting, gay marriages, and household division due to migrant labour), has led to a loosening of gendered parental identities, with parents of both sexes compelled to take on more flexible and more encompassing roles. With something of a 'paternal turn' in analytic thinking and writing over the last decade or so, an awareness of the importance of the role of the father in early child development is being elaborated, as the image of a more present, involved, and gentle male parent is recognized (see, for example, Marks, 2002). This increasing acceptance, both within everyday families and within the psychoanalytic community (Davids, 2002), that 'mothering' activities, such as feeding, bathing, soothing, and comforting, are no longer the sole province of women, suggests the reciprocal question: Are properties associated with fathering the exclusive domain of men? If men can mother, can woman father, and can caretakers of either gender perform both maternal and paternal functions?

In modern society where children can grow up in families that depart from the traditional nuclear setup, including 'non-traditional' nuclear families (in which fathers stay at home and mothers are primary breadwinners), single parent families of either gender, gay parent families, and extended families of several generations, among others, it becomes important to understand the intersection of gender and parenting in more nuanced ways. This is not to say that such formations are necessarily lacking or problematic to development. One way to approach psychoanalytic debates about sex, gender roles, and infants' caretaking needs, is to take a step backwards and to consider parenting as initially consisting of a set of (at this point) ungendered functions to be performed in the service of the psychic and physical development of the infant, toddler, child, and adolescent. In order to conceptualize this set of overarching functions, one could imagine these functions as consisting primarily of the union of 'maternal functions'; those functions traditionally understood to be performed by the woman/mother, and 'paternal functions'; those functions traditionally attributed to the father or male partner of the mother. The terms maternal and paternal, as opposed to mothering and fathering, appear to have arisen, in part, to suggest that such functions may be performed by a range of caretakers who are not necessarily the biological or adoptive parents of the child; however, they still retain strongly gendered associations and support some sense of a gender binary in the providers of such functions. This poses potential difficulties for non-traditional family setups in which it cannot be assumed that there are complementary caregivers – one male, one female - involved in child rearing, each playing his or her requisite role in terms of maternal and paternal function provision. One of the aims of this article, then, is to interrogate the way in which the paternal function is constructed within object relational literature so as to examine the extent this function may or may not be tied to the sex or gender of the individual. Writing about the maternal function is much more developed in the psychoanalytic literature than writing about the paternal function; therefore, the authors also hope to contribute to the burgeoning psychoanalytic literature on the place of fathers in early and later child development.

Freud made a major contribution to thinking around the involvement of the father in psychic development, most influentially in his theorization of the Oedipus complex. This aspect of classical theory has been extensively written about, and continues to be revisited, with some contemporary thinkers stressing the implications of more androgynous understandings of sex and gender identity, including engaging with the feminine in men and the masculine in women. Less widely acknowledged and understood is the significance of the paternal function in the infant's development during the pre-Oedipal period. Indeed, a recent (July 2011) broad search of the electronic Psychoanalytic Electronic Publishing (PEP-Web, 2006) database yielded over 130 articles with the term 'maternal,' as opposed to fewer than 30 with the term 'paternal,' in the title. There were also close to 900 articles in which the phrase 'maternal function', and less than half that number in which the term 'paternal function', were employed. Moreover, theoretical elaboration of the paternal function in psychoanalytic literature is rather fragmented and lacking in clarity, despite the fact that in much of the writing that exists, there is an assumed common, consensual understanding of what 'paternal function' refers to. Different authors appear to define somewhat different dimensions. It is our argument that the paternal function consists of a set of related functions or dimensions rather than a single action or attribute. In distilling the fundamental components of the paternal function from this rather patchy literature, and identifying what appears to facilitate the performance of these functions (with a focus on maleness, masculinity and/or thirdness), we hope that a more refined theoretical understanding of the concept can be achieved. Such an understanding would have implications for both alternative parenting arrangements and for psychoanalytic practice, including formulation of dynamics related to the paternal function in the room. Although Winnicott likened analysis to a mothering relationship (Phillips, 1988), Ward (2004) suggests that more contemporary understandings of the analytic situation as triangular in nature have prompted a renewed interest in the place of fathers and fathering in analysis. By implication, the paternal function may also be understood to be increasingly important in thinking about the total therapeutic relationship. Despite this, Davids

(2002) posits that practitioners may tend to focus on the (internal) mother or maternal object/s to the detriment of the internal father or paternal object/s.

The aims of this paper are thus twofold. First, we seek to provide greater theoretical clarity to the inherent understanding of the paternal function as used by writers in the object relational psychoanalytic tradition, and, via the integration of existing theory, to provide greater theoretical clarity to this concept. To do so, we must distil it from what might be described as a rather fragmented and opaque body of writing. Second, we seek to explore the gendered or sexed attributions associated with this construct in order to carefully interrogate these assumptions in the light of more critical contemporary understandings of gender identity, parenting, and family constellations. We will argue that this carries significance for both child developmental practices and therapeutic engagement.

It is important to acknowledge that there is a body of literature on the paternal function developed by Lacan and his followers, and that use of the paternal function construct is often assumed to refer to this body of theory (Carveth, 1993; Boczar et al., 2001). Since the Lacanian school is premised on Freudian drive theory (e.g., "It is the repression of desire and, hence, the unconscious, that determines human behaviour" (Quigley, 2009, p. 4)), in this framework the paternal function is linked to drive theory and to Oedipal conflicts. In addition, the idea of the *nom-du-père,* or 'name of the father,' as an important impetus to psychic development in patriarchally structured societies has a particular semiotic and symbolic set of connotations intrinsic to this theoretical tradition. In contrast, there is a completely separate tradition of writing in which the idea of a paternal function or functions is viewed as being performed by significant 'objects' in a child's world, during what is referred to as the pre-Oedipal phase of development. It is within this tradition of writing that this article is located.

While the links between empirical research findings on developmental influences and the role/function of the father, and/or the paternal object, are necessarily largely hypothetical, research on the offspring of absent or unavailable fathers provides evidence for the likelihood that fathers perform some important, functional role in early development. Jones (2008), for example, cites empirical

studies demonstrating the deleterious effects of father absence on child development, including cognitive, moral and social development, peer relationships, self-concept and self-esteem; as well as on masculine identity (in the case of boys) and academic achievement. Jones (2008) also mentions research implicating the absence of fathers in early and later child development; in teenage delinquency, drug and alcohol abuse, an increased sense of entitlement, and vulnerability to a range of psychiatric problems. While such research links these adverse effects to the absence of the actual father, the proclivity in analytic writing to conflate function and functionary in relation to fathering, and provision of paternal functions in the child's life, has arguably served to confound the picture. With regard to Jones' (2008) and other related findings, it is worth posing the question as to whether it is the absence of the father per se that is problematic, or rather the absence of provision of the paternal function or set of functions. Without sharper distinction between the two, it becomes difficult to determine exactly what the causal mechanisms are in the development of mental health difficulties in fatherless children and youth.

In order to begin to do some of this necessary disentangling, we contend that the paternal function might be better conceptualized in terms of what is provided to the developing psyche by the functionary, rather than in terms of the sexed or gendered nature of the provider, i.e., the action needs to be separated from the actor. It is argued that in many, or even most instances, it is the thirdness/not-motherness of the functionary that is important, rather than masculinity or possession of male genitalia, as will be elaborated further within the article[2].

[2] Regarding terminology, infancy will refer to the period from birth until age four. Second, the term "the third" is not the (analytic) third that emerges in the clinical dyad, but rather the third person/object that allows for triadic relating. In the literature terms such as "the father," "the second other," and "the secondary caregiver" might easily be replaced with "the third" in the sense we will use it in this article.

2

Facets of the paternal function

Reading of pertinent psychoanalytic literature suggests that various facets of the paternal function may be identified. Careful examination of a range of journal articles and books making reference to the paternal function (although clearly not exhaustive) suggests at least four distinct, if interrelated, dimensions performed by the paternal functionary, each of which appears critical to the healthy development of the psyche. We identify these functions as follows: 1) Separating third; 2) Facilitator of mental structure and the capacity to think; 3) Facilitator of affect management (particularly of aggression); and 4) Provider of psychic safety.

A systematic examination of each of these facets is presented, together with some critical discussion of assumptions about the sexed or gendered nature of the functionary.

FUNCTION ONE: "SEPARATING THIRD"

Historically, one of the most widely accepted understandings of the paternal function was its place in facilitating separation of the infant from the early, fused, relationship with the mother[3] or primary caretaker. Winnicott's oft quoted "*there is no such thing as a baby. . . . A baby cannot exist alone, but is essentially part of a relationship*" (1987, p. 88), captures the essence of the symbiotic mother-infant relationship. In this statement, Winnicott suggests several important ideas about human development, one of which concerns the absence of an ego at birth and the reliance of the neonate on the mother as an auxiliary ego. This is a state of affairs that can be countenanced for a certain period of time but which must ultimately cease, for psychic arrest threatens the infant who cannot develop an existence independent of the mother.

[3] It is acknowledged that employment of the term 'mother' to signify the primary caregiver also reflects some gender stereotyping. It was beyond the scope of this paper to simultaneously address gendered constructions of mothering and maternal functions and fathering and paternal functions.

3

The importance of independent ego creation and the concomitant emergence of a separate individual (or what some theorists would call a 'self') is strongly emphasized by Seligman (1982), who documents her observations concerning clinical encounters with patients of both genders who experienced their fathers as emotionally unavailable, weak, and dominated by their mothers. She conceptualizes such patients as being 'half alive.' Without a person to support the child in negotiating the necessary attempts at separation from the mother, the child remains "in a state of permanent twilight, of non-differentiation, inexorably trapped" (Seligman, 1982, p. 1), "neither in nor out of the womb, but wedged, so to speak, half-way, half alive, half born" (Seligman, 1982, p. 10). In these rather evocative images, Seligman suggests the lack of vitality that may characterize patients who have not been encouraged or assisted to separate from their primary caretaking object. Burgner (1985, p. 319) concurs with Seligman's observations, reporting on her own work with several patients who were deprived of a father before age five. Her findings were that such individuals remain "adhesively and ambivalently tied to the remaining primary object and they seem to maintain a certain hopelessness about their adult capacities as partners and parents". This clinical evidence for the importance of a separation-assisting object reassuringly suggests '*there is such a thing as a baby,*' provided there is a paternal/separating object (or father in their accounts).

Much of the historical writing on the separating aspect of the paternal function might be characterized as incorporating symbolic anatomical connotations in a manner that portrays the father's phallic organ as the instrument piercing the bond between mother and infant, prying them apart (e.g., Buren, 2000). Intrusion into the early mother-infant space seems to be necessarily aligned with the active, penetrating qualities associated with maleness and masculinity. However, it is posited that there is little in the analytic writing that suggests the *necessity* of being male or masculine to perform this function, and it can be argued that associations between the presence of a father and the loosening of the early bond is premised on assumptions of a traditional family architecture.

Maiello (2007) appears cognizant of how conflation may obfuscate matters. In building on some of Winnicott's observations about the possible role of the father in both creating and disrupting the space within which mother-infant bonding and attachment can take place, she refers to the (Lacanian derived) adage: *There is no two without a three* (p. 4.). This captures her observation that the mother-infant dyad cannot be separated into a mother and a (separate) baby without the presence (real or intrapsychic) of a third object. In elucidating her thoughts on this adage, Maiello is careful in her word choice, referring to "otherness," "the third," and "paternal to the element" (p. 47), and careful to avoid conflating these concepts with that of 'the father,' a conflation we suggest others such as Seligman (1982) and Burgner (1985) fall prey to in their writing. Maiello alludes to the 'differentiating' paternal function as being about "finding the right emotional distance at every moment ... to acknowledge boundaries ... to differentiate between 'me' and 'not-me'" (2007, p. 42), rather than requiring that the separator is *anatomically* different from the mother. What Maeillo posits is that it is something about the separateness of the third party (from the primary caretaker and from the infant), rather than the individual's gender, that is important. Two earlier authors, Glasser (1985) and Greenson (1968), emphasize that it is the quality of 'alternativeness' (rather than the differently sexed nature of the object) that protects against a merging with the mother; they suggest that it is encouragement and enticement that aids separation, not forceful, phallic intrusion.

Loewald (1951) was among the first to describe the specific role of the father in early child development (restricting his discussion to male infants). He emphasized the importance of the father in the growing organization, differentiation, and integration of the infantile ego. He suggested that the healthy development of the infant requires access to a representative of the outside world, or reality. Writing at that time, he saw the father as the most obvious candidate to provide this necessary presence for the self-liberation of the infant from the 'clutches' of the mother. Moreover, he suggested that the consistent presence of this third person over time was vital in protecting against future threat of regression back to a position of primary narcissism, symbiosis and undifferentiation. Mahler and her followers, particularly Abelin (1971, 1975,

1980), wrote extensively about the father's positive role as facilitator of separation and individuation. This group of theorists also held that the father was important not only in encouraging exploration, thus enhancing the developing child's sense of agency and potency, but also in protecting the child against the regressive pull into a symbiotic orbit around the mother (Mahler & Gosliner, 1955). Thus the father is viewed as playing both an encouraging and more preventive or prohibitive role. Although it is possible that the encouragement of exploration might be viewed as a more masculine attribute, and the authority of a male figure in a patriarchally structured society might carry more weight in prohibiting regression, it is certainly not essential for these functions to be performed by the father or even a male person. The question is whether it is a relationship *'with a man'* or a relationship *'with a third'* that enables the child to separate. Is it the sexed/gendered nature of the third party that is important in freeing the child from over-investment in the primary attachment relationship, or is it the existence and awareness of a third vertex (that is, a non- gendered third person) in the triadic structure, in and of itself, that is crucial? From a close reading of what the separating function is intended to achieve, it seems that what is required is an engaging third with whom the infant can positively identify -- whether this be grandfather, aunt, mother's lover (of one or other sex), older sibling, or the father.

Target and Fonagy (2002, p. 51) comment that the development of a self-representation may be a function of access to (at least) two parents, each performing different roles, but "this does not assign a specific role to the father". This assertion is in line with a central argument of this article, namely that the paternal function and the role of the father should not be understood to be synonymous. In thinking about the function of separator, Rottman (1980) also disagreed with those who suggested that the 'royal route' out of mother-infant symbiosis was via the father. He introduced arguments centering on the mother's capacity for adult partnership with a third, rather than focusing on the identity of the third. The mother's intimate partner is understood to 'pull' the mother and 'push' the baby out of the maternal-infant dyad. The intimacy of the adult pair or couple requires that the infant recognize that his or her relationship with the mother is not exclusive, thus further impelling some degree of separation.

Before moving on to look at the second paternal function we identified, (i.e. Facilitator of mental functioning), it is important to acknowledge that contemporary thinking entertains the possibility that infants have a greater capability to engage with the world than was historically assumed to be the case. Based on empirical observations, it has been demonstrated that infants have greater sophistication of perception and cognition than was previously thought (Homer, 1985; Stern, 1985). Such findings challenge Mahler's theory of symbiosis, in which the infant is posited to be unaware of the boundary between self and other (Mahler, Pine & Bergman, 1975), suggesting that the infant may self-differentiate from the mother in some respects, rather than being wholly reliant on external intervention to achieve this. These findings might be read as suggesting that the concept of the separating function of the third is anachronistic.

Gergley (2000, p. 1026) reconciles these contrasting views by suggesting that: "Insofar as symbiosis refers to an inability to differentiate perceptually between the body boundaries of self and other, or to a lack of sensitivity to external and distal stimuli, the answer must be 'yes.' " That is, the infant is able to self differentiate. He continues:

> However, we come to a very different verdict if we approach the question using the classical biological meaning of symbiosis, which refers to a close coexistence between two organisms in which some of the vital life functions of one of the participants is fulfilled or facilitated by the activities of the other" (p. 1206).

In other words, with this understanding of symbiosis, self-differentiation by the infant is less likely.

Taking up this idea, we suggest that the ability of an infant to detect a slight time delay in either visual or auditory stimuli (the kind of experimental evidence used to establish the ability of neonates to 'recognize' self and not self) does not substantially call into question the importance of the infant's *psychological* state of symbiosis with the mother. Miller (2002, p. 37) contends that separation and individuation is not a matter of simply "being separate after birth, but of feeling

separate". The importance of the paternal separating function lies not so much in activating the infant's conception that there is a bodily distinction between self and mother, but rather in initiating some awareness that it is possible to have a level of psychological independence from the maternal object, that there are other 'systems' in which to participate, and that survival in the world is not exclusively dependent upon symbiotic contact. In contemporary language, the paternal function is not so much about physically and cognitively separating out the infant from the mother, but more about tempering the powerful and exclusive attachment between mother and infant, i.e., about diluting "the intense conversation or proto-conversation between mother and infant" (Samuels, 1996, p. 115).

Pine (1992), one of Mahler's co-researchers, suggests that while the conception of a permanent state of fusion may be contestable, there are certainly significant moments of fusion and lack of differentiation between mother and infant which, because of the highly positive affect associated with such moments, become an important substrate in the infant's unconscious. He thus argues that the theory around separation-individuation continues to be relevant, even within this kind of contemporary rejigging that takes the implications of observational research into account. While his attempts to save the original formulation of fusion have been questioned (see for example, Silverman (2005)), to the extent to which Pine's rejigging is valid, one might imagine that these 'moments' of fusion to which he refers, and which he describes as highly pleasurable, constitute what we discussed earlier in this section: the 'regressive pull' back into symbiotic merger. While such theorization has implications for the full spectrum of mother-infant dyads, the risks of such an undiluted pull are perhaps most starkly evident in thinking about more pathological situations. At its extremes, symbiosis may require dependence upon, and fusion with, depressed or highly narcissistic maternal objects, highlighting the considerable importance of the paternal function in promoting some separation.

On balance, even against the backdrop of contemporary research observations, it appears that the place of a (paternal) third to encourage and assist with psychological independence remains significant to optimal psychological

development. However, the promotion of separation does not have to be a bloody affair characterized by 'breaking up' (Samuels, 1996), but may rather be understood as a process of offering encouragement towards, and support of, the dyad's inherent investment in its own ultimate dissolution.

It appears that the facilitation of separation from the mother should continue to be understood as an important dimension of the paternal function. What is also apparent is that while the father has been a likely candidate to perform this function within traditionally constellated families, the sexed or gendered nature of the separator appears largely immaterial and there is room for the performance of this function by a range of actors in the world of the mother and infant.

Rottman's (1980) reference to the relationship between the mother and the third in aiding separation carries another significance, namely the cultivation of 'triangular space' in the infant's mind and the capacity for representation. This related but different dimension of the paternal function is explored in the next section.

FUNCTION 2: FACILITATOR OF MENTAL STRUCTURE AND THE CAPACITY TO THINK

In addition to facilitating separation from the primary caretaker, the paternal function is also understood to be vital in creating the conditions necessary for the development of thought and symbolization. Contemporary theorists suggest that the way in which the child comes to terms with the triangular relationship between him or herself and the parents (or caretaker and other significant objects) is central to the structuring of mental space, thinking, and creativity (Target & Fonagy, 2002; Rowley, 2008).

Abelin (1975) commented on the traumatic experience of awareness of 'early triangulation' when the child is first confronted with the reality of the existence of the parental couple. The trauma arises as a consequence of the baby feeling "'left out', with nobody to relate to, nobody to mirror [him]" (Abelin, 1975, p. 292), the mother's attention being on someone other than him or herself. Despite the trauma of the experience, the development of the infant's sense of self is facilitated

through this awareness. Abelin writes: "...suspended, as he is, between two patterns of interacting he can do nothing but 'recognize' his own frustrated wish..." (p. 292), as the baby experiences exclusion in the face of the mother's engagement with her partner or significant other. Abelin (1975) contends that it is the baby's recognition of having to tolerate his or her frustrated wish that assists in the organization of the psyche and the early formation of the ego. The baby can have no sense that the desire for the object is in fact his or her own until triangulation occurs and the child experiences the deprivation of desire. The infant's apprehension of him- or herself is a by-product of apprehension of a relationship from which the baby is excluded.

Britton (1989) suggests that the internalization of the Oedipal triangle creates a space, both mental and physical, within which the child is able to have differentiated relationships with *both* not-me objects, as a couple and as two individuals. The child is alerted to a place for mother in father's mind, a place for father in mother's mind, and a place for him or herself in the minds of both parents, as well as - simultaneously - a place for both parents, as separate and connected entities, in his or her own mind. Self-reflective space is achieved through the 'creation' of a vertex (i.e., a non-gendered other in the triad), which promotes the linking of disparate parts of the psyche as well as the opening up of psychic space to allow for a third dimension (Britton, 1989). This third dimension is conceptualized as the dimension containing the dyadic relationship that exists apart from the infant. It is a dimension observable to the infant, but one that he or she is unable to enter into. Observation of a relationship in which one is not a participant alerts the developing psyche to the fact that both the maternal object and the significant third object (paternal functionary) can also observe the relationship that the other has with the infant. The infant becomes aware that his or her relationships are observable, as are those of others. All of these aspects of relating, initiated by the presence of a significant other with whom the primary caretaker has a relationship, act to trigger the baby's early thinking about object relationships, allowing the baby to develop a rudimentary experience of entertaining the other's perspective while retaining his or her own and, as Britton (1989) says, for reflecting on self while being self, a critical prerequisite for the

capacity to mentalize. Fonagy and Target (1995) suggest that ego development is critically dependent on the existence of a third person who can reflect on the infant's relational experiences. Ideally, the infant ideally imagines, identifies with, and internalizes such reflections, creating psychic structure. In light of this observation and other recent literature highlighting the significance of mentalizing capabilities for optimal psychic health (Fonagy et al., 2002), the paternal function appears to be particularly salient with regard to theorizing about the generation of sound thinking capacities and internal mental models of self and others.

In writing about this linking dimension of the paternal function, Birksted-Breen (1996) refers to a creative or repairing function in helping to bringing disparate parts of the infant's psyche together. Drawing on Kleinian imagery, she suggests that the 'penis-as-link' can be conceptualized as providing an internal structure that allows for the recognition of different parts of oneself and one's internal objects, and also for the experience of them as both ordered and separate, yet connected. She further argues that the 'penis-as-link' encourages a linking or combining of the mother and father in the infant's mind, facilitating a less polarized experience of masculine and feminine.

While Birksted-Breen's reference to the 'penis-as-link' is perhaps best understood primarily as a metaphor, her reference to a male anatomical organ as performing the linking function suggests the fact that, for some theorists, this kind of function is understood to be performed necessarily by the father or his male substitute. However we would argue that what is important is not *the mind bearing the penis*, but rather *the paternal functionary bearing the mind.* It is the relationship between the mind of the mother and mind of the paternal functionary, rather than the relationship between their differing anatomical parts, that is necessary for the development of a space in which to think and to allow for separation and coming together. However, other authors have echoed Birksted-Breen's analogy, employing the imagery of male genitalia in modelling the psychic development of the infant. Resnick (1989), for example, suggests that the importance of the father lies in his facilitation of the internalization of the phallus as a psychological 'spine,' which provides a basis for structuring thinking and symbol formation.

While the equation of the shape and structure of the phallus with that of the spine, and then in turn with mental discipline, may be appealing, the employment of this kind of language seems to tacitly contribute to some conflation between the role of the father, performance of the paternal function, and - by implication - between maleness and provision of this function.

Bion (1962) refers to *a priori* knowledge of the breast and the penis in the human infant (symbolically representing different kinds of relationships). The breast is thought to refer to knowledge of the link between self and other, while the penis is understood to refer to the link between the parents thus introducing notions of triangularity and exclusion. For some theorists (perhaps Kleinians in particular), it may be the case that the paternal functionary or 'not mother' needs to be differently sexed and gendered from the mother in order for difference to be observed and appreciated This may be especially true with regard to thinking space, as with separating: it seems that it is the presence of *a third*, someone who is not as tied into the primary bond, that precipitates this kind of mental development. The idea that possession of a penis is a prerequisite for being able to assist in the structuring of the internal thinking space of the infant seems somewhat fallacious. Although images of penises and phalluses may aid description and seem compelling (drawing together the main threads of argument about the paternal function and facilitation of thinking capacity), it appears that the deep, emotional relationship between mother and third (irrespective of sex or gender) from which the baby feels excluded, is the necessary ingredient for the creation of the triangular space and gives impetus to and creates the parameters to develop thinking.

If one considers the arguments put forward thus far, together with the contentions of other psychoanalytic writers (for example, Davids, 2002) that aspects of the maternal function may also not be sex invariant, it seems that a model of the heterosexed, parental couple as providing the necessary basis for psychic structure, with the maternal functionary as container and the paternal functionary as constructor and organizer, is somewhat outdated. Indeed, Samuels (1996) also takes the view that while the maternal and paternal functions are different, they

are not necessarily gendered and can even be carried out by the same person. What seems important is exposure to complementary sets of forces or functions, largely based on the template of the parental couple, regardless of who provides these (Etchegoyen, 2002).

A further question of interest is whether the third object has to be physically present in order for the child's relationship with the mother to assume the necessary significance in the experience and mind of the infant. Target and Fonagy (2002, p. 57) note that "[t]he physical presence of the father may be neither sufficient nor necessary for triangulation to evolve". In terms of sufficiency, it appears that if a partner has a rather peripheral presence for mother and/or infant, it is likely to be more difficult for the developmental transitions discussed thus far to take place.

The necessity argument above is important at a time when single parent, female-headed families are a rapidly growing phenomenon (Kamerman & Kahn, 1989; Ahuja & Stinson 1993). With the absence of a physical paternal or alternative partner figure to the mother, what becomes of the paternal functions, particularly those of separating third and facilitator of mental capacity? In this kind of situation, it is possible to imagine that it may be the mother's relationship, in fantasy, with a deceased or no longer physically present partner that becomes apparent to the infant as some sort of excluding bond, setting up sufficient conditions for the elaboration of mental space. Several authors (e.g., Fain, 1981; McDougall, 1989) support the idea that this particular aspect of the paternal function may be possible even in the absence of a real, physical father; that is, the relationship the mother has in fantasy with the paternal functionary may be sufficient to excite the infant to the possibility of there being more to his or her world than just the mother/primary caregiver. The manner in which the mother talks about this person, the degree to which this person 'takes her away from' her child, may enliven a third vertex within the child's mind as a representation of the other with whom mother has or had a relationship, independent of him or her. This conceptualization emphasizes the importance of the mother's internal world to her baby or child. The internal relationship the mother has with the absent

father of her child(ren) is implicated in the strength of the paternal imago that becomes established in the mind of the child, and consequently in the firmness of the internal triangular structure (Target & Fonagy, 2002). Several authors have observed that a currently unpartnered mother can still encourage a vibrant and 'alive' internal, paternal imago in the mind of the baby, via her engaged relationship with the absent father in her own mind, and that this then allows for emergence of the idea of a 'parental couple,' (Atkins, 1984; McDougall, 1989; Sinkkonen & Keinänen, 2008). Izzard & Barden (2001) have proposed that the relationship the mother has with her internalized father may also serve to alert the young child to the presence of a relationship in the mother's life/mind from which he or she is excluded. Other authors concur that it may be the mother's relationship with her internal father or masculine parts that contributes to the infant's internalization of a paternal figure, particularly when a real paternal figure or third is lacking (Lansky, 1989; Davids, 2002). It is even possible to entertain the possibility that the mother's intense engagement with a non-human 'object,' such as her career or a particular recreational activity, might contribute similarly to some sort of observing or triadic relating capacity in the child. In such a case the mother has a relationship that excludes the infant, but her relationship is with 'some thing' rather than with 'someone.'

It appears, then, that while the idea of the creation of mental structure or space was originally tied very strongly to the assumption of a parental couple and a particular kind of triadic relationship, contemporary thinking on this issue suggests both the possibility of a non-heterosexed matrix of relationship and the possibility of a relational matrix that may be set up in fantasy and or in relation to non-human objects. While the implications of these kinds of alternative structuring contexts must be better understood, such alternative formulations about how triadic relating may be introduced into the mind of the child allow for the possibility that this can occur in non-traditional families.

FUNCTION 3: FACILITATOR OF AFFECT MANAGEMENT

The maternal role in assisting the infant with affect management is well documented, with Bion's (1962) container-contained model and the internalization of the mother's *alpha* functioning at the forefront of these discussions. Several authors have suggested, however, that the father also plays a significant role in facilitating a capacity for affect management. Lemche & Stockler (2002) and Herzog (1982, 1985) directly link the development of the capacity to tolerate frustration and to manage strong affect to the influence of the father. This again prompts the question: What is it about the father that might be helpful in this instance -- his maleness, his masculinity and/or his thirdness?

One contention is that it is the qualitative difference between the father's and mother's play that is important. Herzog (1985) suggests that while mothers automatically strive to return babies to a level of reduced tension as quickly as possible, fathers, in contrast, may intentionally create increased levels of tension and heightened affect, being more demanding of the child even if playfully so. The roughness of the father's style of play may lead to arousal of negative affects, such as increased anxiety, something unlikely to occur in relationship with the mother, who pays more attention to a "purely positive emotional reciprocity" (Lemche & Stockler, 2002, p. 127). Moreover, "rather than returning the child to a level of reduced tension directly, [the father] may instead introduce levels of heightened affectivity and tension and by so doing ... teach methods for the organization, modulation, control and utilization of these intense affects" (Herzog, 1985, p.490). Tabin (2004) notes that Herzog (2001) argues strongly for appreciation of the contrast between mothers' homeostatically-attuned and fathers' disruptively-attuned relating. It is this difference in relating that requires the child to mentally shift gears and encourages greater flexibility in relating to the world (Tabin, 2004).

The thesis that rougher play and the creation of a more demanding environment are implicated in the development of the capacity for frustration tolerance seems plausible. However, the suggestion that it is necessarily fathers who provide such experiences seems somewhat collusive with gender stereotyping. While the

embodiment of masculinity might be more closely associated with this element of the paternal function, the provision of this more 'stretching' environment is predicated to a large extent on the assumption that the primary caretaker is responsible for the complementary provision of soothing and anxiety reduction. Thus, again it is the 'not- mother' identity of the functionary that is as important as his or her gender. While the mother of the infant may be either unable or unwilling to make certain demands on her child, it is the third, because of his (or her) greater 'distance' from the infant, who can both imagine the infant's potential ability to tolerate frustration and can stimulate this. The mother's identification with her child, her constant apprehension of the baby's fragility, prematurity and dependence, her propensity for 'primary maternal preoccupation,' direct her toward creating a safe, non-impinging world in which her infant can 'go on being.' However, it could be hypothesized that this also paralyzes her and keeps her from having a more demanding 'everyday type of interaction' with the baby. The not-mother is not subject to the same paralysis because he or she does not share the same level of closeness to the infant.

The thoughts of Samuels (1996) seem particularly germane here. In his discussion of 'the good-enough father of whatever sex', he seeks to undermine the stereotypical thinking about the differences in the play of mothers and fathers with their children. He refers to the work of Raphael-Leff (1991), in which the play of fathers who have sole or primary care of their children, is shown to closely "resemble that of mothers" (Samuels, 1996, p. 111). The suggestion seems to be that the parental style of play with children might well be determined not by one's gender, but rather by whether one views oneself as the primary or secondary caregiver.

It is worth considering further, however, whether masculinity is important to the provision of this function. The construct of 'masculinity' has come to be understood as relating to behaviours, opinions, and attributes expected of males, but as distinct from biological sex in that it is largely socially constructed (Edley and Wetherell, 1997). It is possible to conceive that rougher play, more withholding, and more demanding behaviours, are more compatible with the

embodiment or enactment of masculinity as opposed to femininity, and in this respect it may well be that a male or more masculine-identified person might more naturally perform this function. However, it is possible to conceive of a female other or even the mother as potentially performing this function too. Winnicott (1987), for example, contends that as the mother becomes aware of the infant's increasing ego integration and capacity for more independent survival, her empathic attunement reduces and her interactions with the baby may become more robust and more frustrating at times. If the paternal function is conceptualized as the provision of a less protective, more stretching world of interaction, the mother herself may provide this as a complement to her more empathic, soothing way of relating. This might be envisioned in terms of drawing on both feminine and masculine attributes of the self and is compatible with contemporary gender theory that entertains androgyny in the expression of identity.

It is apparent that some theorists would take exception to the idea that the mother might be the paternal functionary in this matter of emotional regulation. In the case of a male infant, Herzog (1980) asserts that the father is indispensable in the early "modulation of libidinal and especially aggressive drives" (p. 230). The mother cannot perform this function because her involvement may confuse the infant in relation to libidinal and aggressive tendencies (Herzog, 1982). This argument might well be valid, but what it does not necessarily imply is that the paternal functionary could not be another woman – provided the little boy does not have the kind of Oedipal longing for both women that Herzog maintains gets in the way. In essence Herzog's argument might be construed as asserting that the paternal functionary needs to be an object with whom the libidinal investment of the infant is different from that of the maternal object cathexis.

Several elements, then, appear to be important in the provision of this function, including a willingness to depart from complete attunement to the baby, engagement in more physically robust forms of play, and the stimulation of frustration in the baby by an object in whom the baby is not primarily libidinally

invested. This creates some complexity in trying to think through the personhood of such a functionary.

In commenting on the relevance of the father, and his possible absence, to later affect regulation, Lemche & Stockler (2002, p. 116) remark that "this would imply that children with no possibilities of *compensatory triangulation experiences* are at risk for potential weaker impulse control and less mature defensive organisation" (italics added). Although not the main thrust of their argument, this point is central because it suggests that the process of triangulation is most important, not the anatomical sex of the third vertex. They write further that "the father, *particularly in his role as a significant other who is not the mother*, has central significance for the acquisition of competence in the regulation of emotions" (p. 144) (italics added). Herzog (1982) suggests a second source of aggression in children whose fathers are absent, arguing that the problem lies in the dissolution of the 'emotional shield,' which the structure of a parental couple provides. "Such a field of two psyches contains and even neutralizes much of what is potentially deleterious in the adult-child interaction" (p. 172). The absence or breakdown of such a shield raises the possibility that the primary parent inappropriately discharges libidinal and aggressive drives within the adult-child relationship (as opposed to within an adult–adult relationship), contributing to unmodulated libidinal and aggressive tensions in the child. This view echoes Britton's (1989) contention that it might be the joint mental presence of both parents that contributes to affect regulation, as part of the development of a more refined psychic apparatus.

In their research with violent patients, Fonagy and Target (1995) found a compromised capacity to mentalize, arising, they argue, from the lack of an internalized, benevolent paternal object to facilitate the development of a theory of mind. In keeping with Fonagy and Target (1995), Sugarman (2003) suggests that it is the role of the father, in aiding the development of a capacity to mentalize, that "is important in helping the child move from action to symbolisation as a means of experiencing, modulating and expressing emotion" (p. 777). For these theorists, it is enablement of symbolization (the second

function) that is significant, rather than the direct modulation of aggression, as suggested by Herzog (1980, 1982). In either case, it is the presence of a paternal or third (not necessarily gendered) object that is implicated.

FUNCTION 4: PROVISION OF PSYCHIC SAFETY

Several authors have referred to the paternal object as the one who is potentially helpful in keeping the infant's world stable and safe by acting as a receptacle for the child's negative affect dispositions towards the mother (Lebevici and Diatkine, 1954; Greenspan, 1982; Davids, 2002; Lemche & Stockler, 2002). This displacement protects the mother-infant relationship from the infant's hostility, allowing for maintenance and consolidation of the infant's relationship with a dependable, benign object.

Winnicott (1987, p. 114) suggested that it is the mother, with whom the infant associates "softness, sweetness," that he or she comes to know initially. On the other hand, the "stern" qualities of the mother - often evidenced in breastfeeding punctuality - accumulate in the infant's mind as "not essentially part of her" (p. 114), only to be associated with the father when he makes his appearance in the infant's psyche. Thus the father might be thought of as an ally who assists in protecting the mother from the infant's destructive phantasies, "which the father sometimes is able to carry instead of the mother" (Minsky, 1999, p. 138). Without the help of this projection figure, the infant is trapped in a dyad with a seemingly omnipotent, at times depriving, mother who risks becoming even more frightening in response to the child's hostile projections (Lebovici, 1982). A "fresh parent, with a fresh mind" (Davids, 2002, p. 77) can offer the infant sanctuary from the tumultuous mother-infant dyad, absorbing the most aggressive projective identifications that characterize early psychic life, facilitating the retention and rediscovery of a benign, need-meeting figure. Winnicott (1987) appeared to appreciate the importance of this function when he noted that with two parents "one parent can be left to remain loving while the other is being hated" and that this "has a stabilizing influence" (p. 114) for the infant.

Diamond (2009) makes specific reference to this phenomenon in the context of the little boy's gender identity discovery. He suggests that a father who can bear the little boy's projections around sexual desire for the mother and can metabolize his son's consequent hatred for him, allows for a non-defensive, non-hostile disengagement from the mother. This, Diamond (2009) suggests, leads to a healthy, fluid masculine gender identity, which may allow for greater incorporation of relationally oriented and nurturing qualities.

While Diamond (2009) suggests the paternal figure needs to be male in the context of Oedipality, the phrasing used by both Winnicott (1987) and Davids (2002) bears comment. Neither of these theorists refers to the sexed or gendered nature of the recipient of the infant's destructive impulses as being essential in protecting the psychic safety of the mother-infant dyad (although they may refer to the function being performed by 'the father'). It is a fresh parent - an 'other' who is of significance to the child - who is needed to enable such (paternal) functioning, not necessarily the father nor a male person. The apparent difference in emphasis may arise from the fact that Winnicott and Davids appear to be referring to an earlier period of development than Diamond, and also from the fact that Diamond is specifically theorizing the development of the male child. An interesting question then arises as to whether, in the *zeitgeist* of gender as 'soft assembly' (Harris, 1995), the paternal figure posited by Diamond (2009) has necessarily to be male. If one draws on Ogden's (1989) idea of the father-in-the mother, and extends this somewhat into entertaining the idea of the masculine in the female, it seems that it is some expression of masculinity rather than maleness per se that is required. Diamond himself (2009, p. 35) appears willing to entertain this view in his statement that, while he has framed these Oedipal issue in terms of heterosexual couples, "these triadic parenting issues also pertain to homosexual couples".

Conclusion

In conclusion the authors contend that what is often referred to in the psychoanalytic literature as the paternal function may be best understood as *a set*

of functions consisting of at least four identifiable, interrelated dimensions: a separating function in relation to the early symbiotic relationship between mother and infant; a thinking capacity stimulating function via the introduction of experiences of triangulation and linking; a facilitation of affect regulating and frustration tolerance function; and a safety-promoting function with regard to becoming the recipient of the infant's hostile feelings in place of the mother or 'good object.' All of these functions are arguably necessary to the formation of a healthy and mature psyche. It seems vital that understanding the constitutive nature of the paternal function, and how it may be operationalized in child development and in clinical practice, continues to be refined.

From the elaborated discussion of the four identified facets, it is apparent that different authors emphasize different properties of the paternal function/functionary to promote the kind of development we have elaborated. It is apparent that in almost every instance, it is the infant's apperception of a third party or not-mother that is most significant to psychic development. In addition, in relation to several of the functions, it is also important that the baby appreciates that there is some kind of bond or attachment relationship between the mother and this other, exclusive of the infant. These aspects of the paternal functionary do not appear to be necessarily gendered. However, there may well be nuanced, but non-essential differences in the performance of these functions by differently gendered persons.

The conflation of social and biological aspects of identity in much of the psychoanalytic literature has led to a situation in which roles and functions become conventionally assigned to persons of a particular sex and/or gender. Within the literature the pronoun 'he' is invariably used in referring to the paternal functionary, who is also most often viewed as synonymous with the father. In examining the paternal function through a more gender- critical lens, it is evident that the functions associated with this construct can be thought of more broadly than as those functions assumed to be performed by a father. If one entertains the possibility that in large measure the paternal function/s can be performed by a non-gendered third, then the problem of terminology becomes

evident and it could be argued that reference to ‘the triadic function’ or the ‘function of the not-mother’ might be more apt. However, given that the term ‘paternal function’ has a currency in psychoanalytic theory and is usefully distinguishable from ‘maternal function’ (recognized as encompassing a different set of attributes or tasks), it seems necessary to become reconciled to the employment of the adjective ‘paternal,’ even if with some caution. A further implication of the discussion is that the relationship between the literature on the paternal function, and the literature on what is known as the ‘third’ or thirdness, needs more careful elaboration as there appears to be considerable overlap in theorization of these two sets of constructs. Further interrogation of this link is beyond the scope of this paper, however.

Although the discussion has focused upon the pre-Oedipal period of development it is acknowledged that the provision of both paternal and maternal functions plays an important role in subsequent development across the lifespan, as do patterns of both fathering and mothering. It is possible that the gender of those performing paternal type functions becomes more germane in later development when gender and sexual identity become more firmly consolidated. In part, however, we consider it important that it is precisely the likelihood that the gendered and sexed identity of early caretaking figures is less significant to development than was previously assumed. The credibility of this thesis, along with a growing body of psychoanalytic literature, suggests that the redefinition of gender, and the emergence of alternative family structures, opens up increasing possibilities for (re)theorizing aspects of development and identity.

It is hoped that the critical discussion of the paternal function in this article will promote further debate and theoretical and clinical exploration. For example, it will be helpful to conduct more empirical studies into contexts of child development in which the paternal function may be provided by someone other than a father. Equally it will be important to think carefully about what a more refined awareness of the paternal function might contribute to clinical practice and to document case material that illustrates the potential benefits of a more sophisticated understanding. We intend to write a subsequent article that brings

alive, in the therapy space, the theoretical discussion touched on here, and its implications for formulating case material and observing transference/counter-transference dynamics. There has been some initial exploration of the importance of foregrounding paternal functions as part of therapeutic technique (Seinfeld, 1993); however it is evident that there is room for further study to emerge in this regard.

CHAPTER FIVE

Introduction

While philological methods of examining current understanding and use of concepts (such as that of the 'paternal function') are helpful, they are insufficient in so far as they may fail to capture current implicit uses and understandings of such concepts in clinical/psychoanalytic work (Dreher, 2000). One approach to addressing this lacuna is by recourse to what Dreher (2000, p16) calls 'expert interviews'; interviews of experts by experts. In the context of the current research this might be understood as the interviewing of seasoned psychotherapists by another experienced psychotherapist. The germane expertise of the interviewer lies in his or her familiarity with psychoanalytic theory in the area as well as experience as a psychotherapist and ability to potentially make explicit the implicit.

The journal article upon which this chapter is based (and the article underpinning the subsequent chapter) reports on just such a set of 'expert interviews'.

The paper forming the mainstay of this chapter - *The elusive paternal function: Clinicians' perspectives* - appeared in the accredited journal *"Psycho-Analytic Psychotherapy in South Africa"*, a bi-annual publication (http://ppsajournal.co.za/). It was accepted for publication in 2014 (Davies, 2014). The aim of this paper was to answer the research question: *How do South African psychoanalytic psychotherapists conceptualise the paternal function?* This was achieved in the context of Johannesburg[4] based psychoanalytically oriented therapists through the process of analysing a series of individual interviews conducted with such clinicians.

[4] Johannesburg and Cape Town are the major centres of psychoanalytic practice in South Africa

This paper explores participants' theorisations and ideas around the paternal function and compares and contrasts them with the existing literature. In particular this paper highlights the fact that, in keeping with observations made within the broader psychoanalytic literature, practitioners appear to grapple with what exactly the paternal function is and how the construct might be understood. The conflation of the paternal function (another phenomenon in keeping with international trends) is identified as ubiquitous in interviewees' contributions, although some challenges to this idea are evident.

Attention is also focussed on the degree to which participants separated out the 'pre-oedipal paternal function' from the 'oedipal paternal function'. Finally, a focus on more latent or implicit relationships to the paternal function was considered useful as this emerged both during the actual interview process as well as in the analysis of the interview transcripts.

The elusive paternal function: Clinicians' perspectives

Abstract

Although the term 'paternal function' is frequently employed in the psychoanalytic literature, a common understanding of what it constitutes cannot be assumed. In the context of changing constructions of gender and family structure, and in the relative absence of clarity around the concept of the paternal function, this article seeks to ascertain how South African psychoanalytically oriented therapists might conceptualize and think about this important function. Drawing on material from individual interviews the author highlights areas of concurrence as well as areas of tension in how therapists grapple with this elusive concept. Comparisons are also made with existing literature in the area. The relationship between gender and the paternal function, as articulated by participants, is explored.

Introduction

This paper seeks to elucidate the concept of the pre-oedipal[5] paternal function through an examination of how this construct is understood from a clinical perspective. To this end it reports on interviews with a sample of Johannesburg based psychoanalytically oriented psychotherapists, exploring how they grappled with defining this elusive construct. A pre-cursory discussion of the paternal function and its relation to the concept of the father sets the scene.

The mother-infant dyad and the salience of this relationship for intrapsychic development has been theorised at length within the broad psychoanalytic

[5] 'Pre-oedipal' refers to the early period of the baby's development (0 – 2 years) prior to the traditional Freudian oedipal period.

literature. So too has the child's relationship to the oedipal father, a cornerstone figure of Freudian theory. What has been missing until fairly recently is an account of the influence of the father in the early years of psychic development, an account that complements our understanding of the place of the primary maternal caretaker and recognizes that fathers (or their equivalents) may enter the developmental arena in important respects prior to the Oedipus complex (See for example, Mahler & Gosliner (1955); Stone (2008)) .

Why the use of the phrase 'or their equivalents' in the previous sentence? What has not been adequately addressed, and a lacuna this paper wishes to highlight, is the enduring blindness to the metaphorical nature of the father, both developmentally and socially. By this is meant that 'the father', because of his traditional historical role, has been used as an easily understood place-holder for something more abstract, namely the paternal function. The paternal function may be understood as a set of developmental functions rather than a person. This function may traditionally be performed by the father, but can also potentially be performed by a second parent [6] (of whatever sex) or possibly even the primary/maternal caregiver.

Regarding the latter, if the maternal and paternal functions are conceptualised as the relationship or dynamic between caregiver and infant – the former possibly about closeness and the latter distance, or the former about holding vulnerability and the latter about appealing to the child/infant's strengths – then it is conceivable that these dynamics might be created by the *same* caregiver through a shift in the caregiver's state of mind. A single caregiver can have both states of mind accessible at different times; two different persons might not always be necessary for both maternal and paternal functions to be available to the infant. An earlier paper (Davies & Eagle, 2013) sought to explicate the paternal function, and to differentiate it from the figure of the actual father.

Turning to the metaphorical nature of 'the father', Winnicott put a lot of emphasis on the person of the actual mother but over time his theory of the 'good enough

[6] The second parent may also be referred to as 'the third' (over and above the pair making up the mother-infant dyad).

mother' has come to be understood as metaphorical, referring not so much to a real mother but rather to an environment which is sufficiently consistent but also provides opportunity for development through manageable failures. In the same way 'the father' is also a metaphor for *other* aspects of the environment, in particular those aspects historically carried out by the father, different from the aspects encapsulated in the maternal metaphor, and which are necessary for psychic development. The paternal function might be thought of as the operationalization of the substance, the non-metaphorical, underlying the metaphor of 'the father'.

The concept of the 'paternal function' is relatively new (the term appearing regularly in the object relations literature only since the 1970's) and the literature relating to the construct is rather fragmented in the sense that no coherent holistic understanding appears to have emerged to date. A review of the literature on the paternal function highlights how different writers think about the concept in diverse ways. For example, some writers are unconcerned about the metaphorical nature of 'the father', ignoring any distinction between the paternal function and the role of the father (for example Abelin, 1975), while others emphasize this distinction suggesting the paternal function may be independent of the provider's sex (Samuels, 1996). In emphasizing this distinction, such authors are acknowledging the metaphorical nature of the concept of 'the father' and unhooking the paternal function from men and maleness, allowing it to be thought about as a set of functions that are independent of the sex of the provider. This development seems to slowly be gaining traction in the expanding body of theory, particularly in the object relations tradition in which this paper is located.

The importance of this latter separation of the father and the paternal function is underscored in light of the many varied family constellations that characterise contemporary society. Freeman (2008, p. 114) suggests it is partly 'the weight of therapeutic observation, feminist critique and cultural commentary' that has pushed for change in orthodox psychoanalytic thinking regarding the concept of fatherhood and the paternal function. Indeed, there is sufficient literature on the 'normality' of children raised by lesbian couples to support the separation of sex

and parental functions (Allen & Burrell, 1996; Drexler, 2006; Tasker, 2005). The same might be said of infants and children raised in single parent families (DePaulo, 2006).

Such data offer a challenge to the historical hetronormativity found in the psychoanalytic literature, which has privileged heterosexuality, focussing on the apparently pathological consequences of divergent family forms. This heteronormativity has encouraged the concretisation of the metaphor of the father and colluded with the idea that the sex of the parent determines what functions that parent performs. Fortunately more recent contributions to this body of literature offer a growing consensus that it is the quality of the parenting that is of primary importance and not the sex of the caregiver (Freeman, 2008). This ties in with recent theorization around gender suggesting that human beings should be understood as psychologically bisexual (Fogel, 2006) with diminishing support for the contention that we are biologically 'hard wired'. Being hard wired implies that anatomy is destiny: males are masculine (where masculinity refers to qualities and behaviours judged by western culture to be ideally associated with or especially appropriate to men and boys), and similarly females are feminine. Harris (2000) submits that gender should be thought of as 'softly assembled' (p.231) in the context of the individual's conscious, unconscious, and social interactional properties and experiences. Such soft assembly conceptually allows for a spectrum of gendering and sexuality independent of biological sex. Within this framework, the paternal function is better understood as a metaphor than as a sex-dependent role.

A comprehensive review and analysis of the psychoanalytic literature on the 'paternal function' conducted in 2011 using the search terms 'paternal' and 'paternal function' on the Pepweb database of journals and books highlighted four distinct sub-functions which might be considered to fall within the purview of the paternal function (Davies & Eagle, 2013). The four functions that were distilled from the examination of the existing literature are:

EPARATING THIRD

More traditional literature has tended to portray this function as a ‘phallic piercing’. Contemporary writing in this area conceptualises this function more as the enticing of the baby away from the symbiotic relationship through introducing the infant to a wider, ‘outside-the-dyad’ world. The lack of a separating paternal function ultimately keeps individuals inextricably, and unhealthily, tied to their primary caregivers (e.g. Burgner, 1985; Seligman, 1982).

FACILITATOR OF MENTAL STRUCTURE AND THE CAPACITY TO THINK

It is argued that exposure to an external triadic structure encourages the development of an internal three dimensional space, one of the foundations of the capacity for symbolisation and reflection (Britton, 2004; Fonagy et al., 2004). The paternal functionary provides the third vertex of a triangle which opens up internal space and stimulates complexity in thinking beyond that allowed for in the ‘flat’ mother-infant dyad.

FACILITATOR OF AFFECT MANAGEMENT

The reported distinction in types of play adopted by maternal and paternal figures in the infant’s life has been implicated in affect regulation. Non-maternal figures are thought to interact with infants in a manner which creates a level of arousal beyond that experienced in interactions with the maternal caretaker, who rather tends to prioritize decreasing anxiety and soothing (Herzog, 2002). It is suggested that the benign elevation of both positive and negative affect is more easily stirred and tolerated by the paternal functionary, and this encourages the development of increased affect regulation in the infant as s/he experiences and survives the more highly aroused encounter with the help of the paternal functionary.

PROVIDER OF PSYCHIC SAFETY

This function refers to the provision of a safe refuge for the infant during times of persecutory anxiety in the mother-infant relationship. This may occur either by serving as an alternative receptacle for the infant's hostile projections so that these projections are not directed towards the mother, or by acting as a benign and safe object for the infant when the maternal caregiver is the target of the infant's hostility.

Despite the unconscious tendency to conflate paternal functioning and the father (and thus paternal functioning and maleness), there is little to suggest that these sub-functions implicitly require the functionary to be particularly sexed for successful execution. What seems most important is that the functionary occupies the position of the third, or is 'not-mother' (which is not the same as 'is father'). Indeed 'not mother' could refer to a second caregiver (of whatever sex) or to a second state of mind in the primary caregiver.

In addition to the tendency in the literature to associate the paternal function with maleness, several other patterns relating to engagement with the paternal function are worth comment. In particular it can be observed that discussion is generally limited to a focus on the traditional oedipal period (Liebman, Steven, & Abell, 2000); an emphasis on the development of sexual identity and masculinity; and the development of male babies (e.g. Diamond, 1998; Herzog, 1982).

In the past what has failed to garner adequate attention is that paternal functionaries (be they male or female) are necessary pre-oedipally for optimal emotional and psychic development to occur in domains extending beyond sexual identity (Blos, 1984; Henderson, 1980a, 1980b), and that pre-oedipal girl children also need paternal functioning (Spieler, 1984).

Recently attention has turned to the influence of the pre-oedipal paternal function on psychic development (e.g. Stone, 2008; Trowell & Etchegoyen 2002). Stone (2008) not only addresses the importance of the pre-oedipal father in cognitive and emotional development but also tackles the clinical implications of the pre-oedipal paternal functionary, noting the importance of holding the pre-oedipal

paternal function in mind when thinking about patients. Several other authors have also underlined the necessity of this (e.g. Wright, 1991). Bollas (1996) argues that in order for the full extent of the patient's internal world to emerge, both maternal and paternal functioning needs to be present in the therapeutic process. Indeed, should either one predominate, 'then full knowing is not possible' (p. 5). As a consequence of this recognition, practitioners should feel obliged to seriously engage with the construct of the pre-oedipal paternal function in the areas of clinical formulation and intervention.

However this author's experience in the South African psychoanalytic environment is that in both written material and case presentations the maternal function and the mother-infant dyad are invariably privileged. The idea of the paternal function is seldom broached. This is quite astounding when fifty per cent of South African children have living but absent fathers (SAIRR, 2012). Certainly while other paternal functionaries may theoretically be available to such children (extended family for example), there is no guarantee that the paternal function will be adequately performed. The social implications of this are concerning and the implications for clinical work are significant. More broadly, the under-theorization and clinical absence of the pre-oedipal paternal function appears to not be limited to South Africa but to be a more global phenomenon, as the relative scarcity of associated literature confirms.

What and where, then, is the paternal function in the minds of clinicians? Do they consciously employ it clinically? Do they think about it and how do they think about it? Do they see past the metaphor of 'the father' or is there an investment in the maleness of the provider? In an endeavour to shed some light on these questions interviews were conducted with a small group of Johannesburg based psychoanalytically oriented therapists.

Method

Semi structured individual interviews were conducted with eight psychoanalytically oriented psychotherapists. This format provided an opportunity for respondents to share their thoughts in their own words and from their own perspective. Participants were asked the initial question ‘How do you understand the concept ‘the paternal function’?’ Several other open ended questions, based on concepts in the literature, were formulated in advance of interviews and posed to participants as the conversation developed. Other than the first question which was standard to all interviews, there was no specific order in which the remaining questions were introduced, and questions were not asked if an interviewee first spontaneously addressed the question.

The group of participants who consented to be interviewed consisted of four women and four men with experience ranging from 9 to 25 years, with an average of 15 years experience. The single individual interview took place at the practice of each interviewee. Interview length varied, averaging an hour.

The audio recorded interviews were transcribed verbatim by the interviewer for structured analysis. Since it is held by many that ‘a thematic analysis is still the most useful in capturing the complexities of meaning within a textual data set’ (Guest et al., 2012, p. 11), transcripts were analysed using an interpretative/critical thematic content analysis. At the outset key themes were identified by consecutive readings of the material . Coding of themes was deductive and inductive with both pre-identified theory-led themes and participant-generated themes identified within the data set. Themes were tracked both within individual transcripts and across the full set of transcripts. Analysis and coding of the data was carried out independently by the researcher and a co-interpreter. Themes that were identified by both were noted and elaborated further in collaborative discussion. Attention was also paid to themes present in the content of the (unrecorded) initial contact conversations.

In the analysis presented below participants are referred to as P1 through P8 in order to protect the identity of participants. Ethical permission to conduct the study was obtained from the relevant committee of the University of the Witwatersrand.

The next four sections considers the interview data from several perspectives. First, the way in which clinicians grappled with the elusiveness and uncertainty of the concept is explored. Second, an examination of the extent to which participants' ideas resonate with the four aspects of the paternal function identified by Davies & Eagle (2013) is then elaborated. Third, the paternal function is situated within the South African context. Clinicians' struggle with both the conceptualisation and the gendered nature of the function is commented on throughout the paper, and the fourth section focuses specifically on the beleaguered distinction between the father and the paternal function.

WHAT IS THE PATERNAL FUNCTION? GRAPPLING WITH ELUSIVENESS

Participants' uncertainty and lack of confidence in broaching the topic of the paternal function was evident in many of the initial responses to the invitation to be interviewed. Their trepidation at the prospect of talking about something they did not feel confident about found expression in excerpts similar to the following:

I don't have any in-depth theoretical knowledge of the paternal function (P2).

I haven't thought about this much (P3).

I must say that it wasn't something I was thinking about or paying attention to in

It seems extraordinary that the contribution of the father (to concretise the metaphor for the sake of discussion), is overlooked and is not a regular component

of the practitioner's thinking. I have no doubt that were interviewees to be asked 'so are you saying that the actions, the input, the contribution to the baby's very early environment by the father is negligible?', the answer would be firmly negative. Yet it seems that this is the stance practitioners are unconsciously taking up in their therapeutic work.

The concluding words to the interview of P8 reveal what should be an uncomfortable truth: The paternal function may be hidden, lost, for many psychotherapists:

Well [pause] they are only ideas, I mean spontaneous things. I don't know how much it is going to help you find the paternal function (P8).

On a reflexive note, this sense of inadequate knowledge and lack of certainty around the paternal function resonated strongly with the feelings experienced by the interviewer when initially confronted with thoughts about what the father might bring to the pre-oedipal environment, and more abstractly, what exactly the paternal function entailed.

Participants acknowledged their struggle to both articulate their thoughts and to arrive at a clear definition or conceptualisation of the paternal function. Comments such as the following were common:

We're trying to define something which is so slippery, so undefined (P1).

The need to remedy this was also expressed:

The whole area seems so confusing and textured. And there hasn't been enough research (P2).

It's interesting that you're studying it because there is a real gap where I think the paternal function can be [pause] where it needs to be explicated (P6).

The latter two quotes might be understood as criticism of South African training of psychoanalytically oriented psychotherapists. Indeed P6 suggested that in the training provided to Johannesburg psychotherapists:

Everything's about the mother[pause]and I agree everything is about [pause] well a lot is about the mother, but I think not enough about the father and the first time you meet the father in the analytic theory that I have done is through the Oedipus Complex (P6).

Another quote is germane at this point:

The theory that I have read doesn't mention what the father's supposed to do, except Winnicott (P4).

The above two quotes are important in two respects. Firstly they underline the tendency to conflate the paternal function with the father (and the maternal function with the mother). It is clear here and elsewhere that participants were not talking metaphorically when they referred to the father; most often there was no differentiation between the real and the metaphorical fathers. Only when pushed by the interviewer was the possibility of a difference engaged with. Secondly, participants highlight the inordinate focus on maternal functioning and oedipal

material at the expense of early paternal functioning in current theory and practice.

As P4 noted there is a Winnicottian father – the protector and supporter of the mother-infant dyad (Winnicott, 1964) – and his version of paternal functioning was a corner stone in participants' conceptualisations:

Very much the paternal function was the function of Winnicott's, being the holding space for the mother – that and providing the income (P1).

... the other that makes space for the primary caregiver so that they have energy and focus(P3).

P5 commented on an important nuance in the Winnicottian father's influence on the infant:

… which is to be supportive towards the mother and making sure he provides for whatever needs the mother is having. Then in turn the mother can be available for the baby because her own needs are taken care of by the father (P5).

The above extract highlights the Winnicottian father's function as ensuring maternal functioning is not interrupted rather than the provision of a paternal function in and of its own right. Of course protecting the mother-infant is an important function, but conceptualising it as *the* paternal function limits the paternal function to having a direct influence on only the external world of the infant, the internal world being impacted only by maternal functioning. There is ample evidence in the literature emphasizing the influence of paternal functioning on the development of the internal world of the infant.

ASPECTS OF THE PATERNAL FUNCTION

Separating function

Historically the separating function is the function most regularly associated with the paternal function in the literature, albeit often with reference to the oedipus complex. Of the four functions identified by Davies & Eagle (2013) it was this aspect of the paternal function most easily engaged with by participants. In contrast to past reliance on the metaphors of the phallic penetration of the mother-infant dyad, and the separating father as castrating lawmaker, interviewees tended to conceptualise the separating paternal function in terms of a gentler, more subtle and life enriching paternal functionary. There was no mention of phallic aggression and power:

... the father comes between the mother and the baby (P1).

There was only a single mention of the paternal functionary as 'lawmaker' and the lack of this aspect of paternal functioning in the interviews perhaps indicates that it is not strongly resonant, at least when talking about pre-oedipal matters.

Rather, what participants commented on was the importance of the separating function for psychic development. P3, for example, commented on how the separating function allows for the expansion of the infant's world:

… and it [separating function] also allows children to explore, to be curious about the world, I suppose it's a kind of interesting learning experience (P3).

In the same vein, P6, drawing on his experience of an infant observation he conducted, suggested that the father aids an important 'turning outwards' from the

mother to a new world, introducing the infant to an array of as yet unexplored activities and experiences:

The attention the infant was getting from dad was very different to the attention he gets from mom. Mom, it's the breast feeding, the nappy changing, the bathing, um… and dad would seem much more outwardly focussed, you know in the garden and they would sit together by the pool, or […] he would dip baby's feet in the water, he would sort of swing in the garden with baby in his arms (P6).

As in the above extract, several interviewees mentioned the importance that the baby's '*experience of difference'* (P3) plays in the paternal function.

… different experience and reactions from a different kind of caregiver, smells different, who feels different, who has different muscle tone and a different voice sound and a different heart beat and there's a sense that the child learns that they can survive, that they can survive without their primary caregiver (P3).

Further illuminating the experience of difference and its impact, P6 noted seeing the father of the infant he observed create a different experience for the baby by virtue of the way he carried the baby:

… he carried the baby differently to mom. He would have the infant splayed across his forearm, lying [pause] so the baby would be lying on his stomach with both legs on either side of his arm and he's cradling the baby with one arm [pause] Mom would cradle it in her arms differently (P6).

The consequence of this less gentle, more robust, even risky experience, according to P6 was that there was something else that the baby introjected, namely *'a strong, solid, secure presence'.*

All of the above demonstrates a move away from the arguably stern and intimidating fathers of Freud and Lacan. This departure may represent a denial of paternal aggression but may also reflect a welcome acknowledgement of a different kind of separator. What no-one spontaneously reflected on, however, was the implicit assumption that the baby's different experiences required the provider to be a male. In other words the metaphorical father was unquestioningly taken to be synonymous with the real father, an oversight encouraged by the historically heteronormative stance of psychoanalytic literature which has perpetuated binary sex role assignment.

When prompted to interrogate the necessity of maleness, interviewees were willing to consider the possibility that what was important in this (and some of the other paternal functions) was the characteristic of thirdness, rather than the sex of the second caregiver.

For example, P7 suggested of the separating paternal functionary:

... it doesn't necessarily have to be a father but anything which interrupts that very intimate relationship between the mother and the child, or the primary caregiver and the child (P7).

P2 similarly noted that extended family members or even close friends could provide this facet of the paternal function, but also took it a step further:

I think it's partly about the third [pause], the third point and I've often wondered in fact whether that can even be symbolically a third point in the mother's life, so that if the mother works, the child cannot have all of her and the mother does go

off to something that's important to her. I'm not even sure it has to be a person (P2).

This important insight emphasizes that it is the personal experience that the baby lives through ('something/one is taking mother away from me') that is developmentally enhancing, and the issue is not who or what performs the function creating the experience.

However, while participants might have been able to theoretically entertain the metaphorical nature of 'the father', there was often a strong residual pull, when all was said and done, to revert back to the position asserting that the maleness of the father was important, even if this importance could not be explained. In the extract above, for example, P2 embraced the symbolism of the paternal metaphor seriously with the suggestion that the mother's work might act as the paternal third. Yet this same participant, towards the end of the interview, stated:

But then I also can't believe that, for example, work or a family can replicate what an actual father might do as a person (P2).

This mirrors the same grappling evident in the literature in attempts to discern whether (and if so under what circumstances) there is something important that the male father brings, or whether the father-of-whatever-sex can also provide the same function with the same effect, albeit possibly in a different manner.

Facilitator of affect regulation

This function received significantly less coverage in the interviews than the separating function. This might be accounted for by noting the dominance of the maternal figure in theories of affect regulation. The association between affect

regulation and the mother perhaps makes it more difficult to associate affect regulation with paternal functioning. What this overlooks, however, is that soothing is only one aspect of affect regulation, as noted by P3:

... the [caregiver's] attunement is not just to soothe the infant, because soothing is just one part of affect regulation. The other part of affect regulation is excitement and curiosity and learning [pause] and I'm not saying the primary caregiver can't excite and alert, but there's something about when there's a difference, when there's a change in temperament, a change of stimulation (P3).

P3 may be paraphrased as saying that the maternal function is that of soothing while the paternal is that of elevating and managing positive affect while these functions may be sex-independent, they are dependent on difference. P5 takes up the importance of this 'difference' in aiding psychic development, in particular introducing the infant to the reality of the world and the unreality of 'smoothness and niceness':

And their [father's] play is more alive, is more like…is more realist, is more real. Like for example a father can come and pick up a six month old baby and pick up and you know, like…(imitates throwing a baby up in the air) but maternal [pause] where do you find them really [pause] they kind of like will hold it and go like that (mimics cradling it) when life is not really like smooth and nice..(P5).

This function, which conceptually might also include the instilling of tolerance for negative affect, such as fear or frustration, was assigned to the father by P6, who drew on infant observation material:

He wasn't necessarily as attuned or as, um, gratifying of some needs maybe (P6).

P6 also notes it was the father who dipped the baby's feet in the cold pool water, and who swung the baby round, both activities undoubtedly elevating affect in the baby.

While P6 chose not to interrogate the role of the paternal functionary's sex, P3 (in the extract above) took up a more contemporary position, suggesting that it is the 'difference' or distance from the primary caregiver position (the 'not-motherness') that defines paternal functioning. In contrast P1, reflecting on his own experience of fathering, takes up a more traditionally aligned stance and implicates his maleness rather than his thirdness in thinking about how the 'bearing' of elevated emotion is instilled:

... when I'm with my child I catch myself doing those masculine things. He falls down – I'm a little less indulgent about wallowing in it. I encourage him to get over it. I do macho things about him 'bearing it', so if he falls down we'll get into the pain of it but 'tough it out' a bit (P1).

If P1 is indeed conflating maleness and masculinity in this instance, he overlooks the contemporary idea that gender is 'soft assembled' rather than hard wired as a result of biological sex. If this idea of the soft assembly of gender is considered then we are free to engage with a far more fluidly gendered parent. This in turn supports the single parent family – of which there are many healthy ones – for then the parent of whatever sex can oscillate, as appropriate, between maternally aligning with vulnerability (in this case responding to the child along the lines of 'Ow. That looks so sore. Show me where it hurts') and at other times paternally aligning with the strength of the child ('Tough it out, kid'). In other words, the 'difference' that participants so often underlined as important in facilitating the

paternal function could conceivably be an internal difference in state of mind, in the fluid gender mix, of the single parent.

However, if we look at P1's words again, although he chides himself for doing '*those masculine things*', he shortly thereafter says '*if he falls down we'll get into the pain of it'*, which suggests a component of maternal empathic functioning in the midst of 'the masculinity'. In those moments, P1 may well be inhabiting both maternal and paternal states of mind. It is this possibility, namely that of one parent and two different parental states of mind, that participants stopped short of considering, not only in relation to affect regulation but also in relation to other paternal functions.

Facilitator of mental structure

A third paternal function identified by Davies & Eagle (2013), prevalent in more recent literature, was that of facilitating the capacity to think. None of the practitioners interviewed directly broached this important facet of the paternal function. Certainly references were made to the paternal functionary promoting the development a 'new perspective' or 'new view':

... you're offering the child another experience, another vantage, another point of view, another in to the world, another something (P1).

So from the beginning the father is on the outside in a way that the mother is not [pause] which I think then is partly what his function is – he helps the baby have an outside point of view, helps the toddler move outside (P2).

The development of a new perspective is an important aspect of the function of facilitator of mental structure. Britton (2004) and Fonagy et al. (2004), however,

specify three quite specific new views. They are the self reflective view of ‘I am excluded from a relationship’, the perspective that ‘I am in a relationship which excludes someone else’ and ‘I am in a relationship that someone else is observing’. These three perspectives help unite the disparate relational spaces in the very premature but developing psyche and assist with the development of triangulating capabilities, symbolic thought and the capacity to mentalize. These aspects of the paternal function were not explored by interviewees.

Port of psychic safety

The last of the four dimensions of the paternal function identified as salient in the literature (Davies & Eagle, 2013) is that of providing a refuge for the infant during periods when the safety of the relationship with the primary caregiver is threatened. Two of the eight participants made indirect references to this aspect of the paternal function.

In recalling clinical material, P8 alluded to the operation of this function, but in an older child:

I’ve heard it from a female patient [pause]I can’t bear it, my daughter runs up to her father, throws her arms around him when he comes home from work, ‘love you daddy.'[pause]. She never does that for me and that’s because I have to reprimand her(P8).

This father provides a safe, loving haven away from the reprimanding mother. This example seems helpful in that the relief this child gets ‘escaping’ the troublesome mother-child dyad of the moment is easily imaginable, and thus in turn provides a glimpse of the relief the far less agentic infant may experience when a paternal functionary to whom it can retreat is at hand.

P5 comments on how a tired, overwhelmed mother might inadvertently render the mother-infant dyad unsafe and how important 'relief' would be in such a situation:

*So the early years are very, very important, are crucial. That's why I'm thinking [pause] if the paternal figure is absent [pause] then maybe that person that can really just give some relief [pause] because if there is no relief everything the mother goes through is then projected to the baby(P5)***.**

It was unclear whether the relief P5 referred to was to be provided to the mother or to the baby. In the former case, the reference would then really be to Winnicott's version of paternal functioning formulated as protecting the mother-infant dyad by relieving the mother. In the latter case, the paternal functionary would offer relief to the infant, thereby offering a relationship the infant can rely on to be safe when the relationship with the maternal caregiver feels hostile. The ambiguity may be telling of the complexity of the paternal function as positioned between the maternal and the infant.

Other than these allusions, this aspect of paternal functioning as a port of psychic safety was not at the forefront of interviewees' minds. Reasons for the absence, in the interviews, of contemporary thought relating to the paternal caregiver's attenuation of such experiences may be varied, but one reason may be that admitting such theoretical additions (namely the father as more than a body part in the mother's insides) threatens the loyalty that some practitioners may have to an unadulterated Kleinian theory.

THE PATERNAL FUNCTION IN THE SOUTH AFRICAN CONTEXT

A few of the interviewees raised observations about the paternal function and fathering in relation to the local context. In South Africa fatherless children have

existed for decades, partly as a consequence of historical legislation and migrant labour systems in particular (Holborn & Eddy, 2011). Several interviewees expressed concerns about the absence of provision of significant paternal functions in the absence of fathers. One interviewee reflected on how this absence of fathers has been managed in families, with female family members stepping into the breach.

I think, especially in South Africa, it [the paternal function] is performed by grannies, rather than fathers (P3).

This idea was broached again later when this same interviewee appeared to suggest that in a certain socio-economic class the paternal function might be performed by a domestic worker or child minder:

... and I think it is the domestic worker who is often the other[pause] for South African middle class babies and I think when it works well is when the mother and domestic worker also form a kind of space and the domestic worker performs something of the 'other' function (P3).

The possible role of domestic workers or childminders in providing aspects of the paternal function, while normative in some pockets of society, is not the norm generally speaking. However the example alerts us to a wider array of potential paternal functionaries, including older siblings or extended family members.

There was some questioning of whether, despite the usefulness of alternative paternal functionaries, there is something unique to the father that the infant requires. Referring to a particular case P2 noted it's not just about 'a third':

He doesn't need a third. He has a third with [the] housekeeper [pause] in fact he has a fourth [with X][pause] he had four adults and they have been part of his life every single day [pause].they were quite profoundly separated out relationships [pause] so it's not the third. He needs a father, a male; he needs a different energy (P2).

What remained elusive through all interviews was what exactly this 'energy' is that P2, and others, refer to.

THE FATHER AND THE PATERNAL FUNCTION

Interview participants were invited to explore, and also challenge, their position regarding the metaphor of the father. As such participants struggled to find a balance between their rational minds which could hold the metaphor, and their emotional minds which left them rejecting the metaphor, feeling at a gut level that there was something important about the real father.

This struggle is no doubt unsurprising: thinking about the father as metaphor inevitably means confronting a long societal tradition of stereotypical sex bifurcation and associated sex-roles. The extended historical portrayal of heteronormative sexuality, along with the concomitant discrimination, tends to quickly suck the symbolic marrow from any metaphor which uses sexed or gendered terms, rendering it an unquestioned concretised object. In the particular case of the paternal metaphor, the result is the conflation of the real father and the paternal function, something participants struggled to untangle.

It might be argued that in the quote –

… And maybe it's politically correct, but it's what I really believe, it's the quality of the 'good enough'-ness [pause] I don't think you need to have a woman and a man (P3).

– the reference to political correctness alerts us to the pressure to conform to stereotypes and hegemonic models of parental sex-composition. It also alerts us to the conscious desire by the participants to avoid falling prey to stereotypes. Several interviewees expressed this directly:

I'm trying to detach paternal from its kind of stereotypical position (P8).

And I get nervous about assuming it's gendered [pause] or maybe it is gendered because it's socialised, but I get afraid of continuing [pause] of lapsing into stereotypes without challenging it a little bit (P3).

In countering stereotypical thinking, P4 echoed the view that more attention than is useful has been placed on the sex of parents:

…if [children have] a couple that are happy together [pause] that's more important than having a male and a female [pause] that's how I'd view it [pause] so I think there are more important things than the actual gender of the parents (P4).

However, as reported earlier, there were other interviewees, both male and female, who after initially expressing sentiments acknowledging that the paternal function could be performed by a grandmother, for example, then retracted the assertion. It appeared that reflecting on the initial thought of possibly being able to replace the real father with a father-of-whatever-sex aroused an anxiety in participants. Reframing the grandmother (or the female paternal functionary) performing the paternal function as no longer a paternal functionary but instead as performing

'*just an extended maternal function*' (P1) was one way of managing the anxiety. Generally, when pushed to think about what specifically the male figure might bring, participants would mention traditional oedipal dimensions, such as traditional sex-role identification. Arguments for why they believed male fathers were necessary pre-oedipally remained elusive. P5's words, quoted below, suggest a quiet desperation to find a reason why the male father is important:

... because I want to believe that they are different somewhere, that's why we are different (P5).

P5's words might be summarised as 'I want to believe men bring something different (because the thought of them not is in some way menacing) but I have no evidence other than their physical difference from women'.

P1 expressed the belief that, at the level of the male unconscious, there is an awareness of the dispensability of the father, but this knowledge is too unbearable to be made conscious. Men have managed this, P1 suggested, by concretising the metaphor of the father and making the real father the bearer of something that only the male could possibly provide. Moreover men have used whatever power they have over women to ensure their continued importance:

... we're bigger so we've asserted ourselves over women and we've got control over the system and we've made the paternal, the patriarchal into an edifice, into a thing so that we could not be forgotten, could not be marginal [pause] We had to create a role. We had to create a function for ourselves (P1).

In reflecting on what has emanated from the interviews, the state of affairs is quite remarkable. There is clearly a high level of uncertainty, unease and ambivalence in defining the paternal function. This is accompanied by a strong investment in

keeping the male father relevant in the face of uncertainty regarding his relevance to pre-oedipal psychic development. This is juxtaposed with a maternal function which seems second nature in both the psychoanalytic community and the group of therapists interviewed, as evidenced by the regular reference to mother-focused understandings of the infant's developmental trajectory in interviews.

How might this neglected theory and knowledge of the paternal function be understood? One possibility may be that parenting is one area where there is unconscious fear around interfering with the sex role bifurcation that society has been comfortable with for so long. Alongside this is the fact that conventional language has its origins in binary opposites (i.e. mother/father, male/female, masculine/feminine) which are inadequate for describing the nuances of many psychological processes, forcing a default description as one or the other.

The implications are serious. A failure to interrogate the metaphors we use, the language we are comfortable with, keeps subtleties and nuances hidden and keeps our thinking and our theories tied to potentially incomplete or unrefined hypotheses.

CONCLUSION

This article has drawn attention to the nuances of the paternal function through exploring the theoretical concept of the paternal function as articulated by a group of experienced Johannesburg based psychoanalytically oriented psychotherapists.

It was clear that these research interviews offered one of the first opportunities participants had had to engage in a focused discussion dealing with the paternal function. Participants generally did not locate their ideas in formal theory, drawing predominantly on their own experiences of parenting, associations, observations and personal constructions developed over time. The thoughts of the interviewees overlap somewhat with aspects of the existing literature on the topic. In particular the idea of the paternal functionary as enabling dissolution of the symbiotic mother-infant dyad was mentioned often. In addition, at least two of the

interviewees picked up on the idea that the paternal function included the facilitating of a non-soothing form of affect regulation.

Nevertheless, it seemed that there was a relatively better knowledge of the paternal function in so far as it influenced the baby's external world (primarily with reference to Winnicott's theory pertaining to fathers) as compared with the influence of the paternal function on the developing internal world of the infant.

At times participants found it difficult to separate out oedipal and pre-oedipal dynamics. The idea that the paternal function provided a figure around which sex-role identity could be negotiated was introduced on several occasions by several participants. While this may in fact be a valid aspect of the paternal function, it relates to a later stage of development.

Clearly some work remains to be done in progressing from the real father to an understanding of the metaphorical father. Training might also draw attention to the metaphorical nature of many psychoanalytic concepts (Wallerstein, 2011), rather than treating them as actual realities.

Interview material provided clear evidence that a gentler, more present and more benign father than Freud's and Lacan's is entertained by clinicians and that there was a conscious desire to move away from gender stereotypes.

However, there was evidence of unconscious gender biases and attachment to heterenormative models. If we are to talk usefully about concepts such as maternal and paternal functioning and apply them to early psychic development, we need to address our socialised gender biases. We are in the process of negotiating a way past gender bifurcation and discrimination and it seems we have to complete this before we can talk about the paternal function freely and in a way which is useful to clinicians and parents. The damage that has been brought to bear as a result of gender bias and discrimination has to be undone and only then can we move into elucidating developmental theory and further operationalising the paternal function.

In conclusion, it seems that knowledge and awareness concerning the construct of the pre-oedipal paternal function could be further enhanced by bringing to awareness both the full gamut of functions potentially associated with the construct, as well as the possibility that it is the position of the third rather than maleness or masculinity that is of the essence in pre-oedipal paternal functioning. This enriched understanding may allow for more comprehensive clinical formulations and consequent enhanced work with patients. Additionally, given transformations in family and parenting constellations, an increased thoughtfulness as well as research exploring whether and where maleness, masculinity and thirdness are significant in psychic development, is clearly warranted.

CHAPTER SIX

Introduction

Following on from developing an insight into how clinicians understand the concept of the paternal function, of interest was to what extent, and in what way, clinicians actually use the concept of the paternal function in both patient formulations and clinical interventions. The journal article presented in this chapter – *Missing in action: reflections on the employment of the paternal function in therapeutic practice* – discusses and reflects on what the analysis of interviewees' transcripts revealed apropos clinical application of the paternal function.

The aim of this paper was to address the research question: *To what degree do psychoanalytic psychotherapists employ the paternal function in clinical practice?* The novelty of this paper, and perhaps one of the main areas for future research, is that it highlights the paradox that while there is a reasonably well developed body of literature on the paternal function there is a relative absence of reference to this construct in clinical application. This chapter suggests that, based on interview material and international literature, there appears to be some ambivalence characterising clinicians' employment of the paternal function in clinical practice. Some suggestions are made as to why this relationship might be so uneasy.

Samuels has written about the ambivalent view of the paternal functionary in the form of the father. Indeed, he notes society's long standing tendency to home in on certain negative aspects associated with this figure, aspects such as patriarchal dominance, the predominance of a phallocentric culture, male violence, chauvinism and abuse of children (Samuels, 1989, 1993). However, he and others (for example Dick, 2011; Wall & Arnold, 2007) also suggests that there is a turn towards entertaining the possibility of an "increasingly positive father" (Samuels,

1989, p.67), a father who facilitates development, who is empathic and nurturing, encouraging imagination, creativity and psychic health in general. He suggests that this more optimistic view of fathering or the paternal functionary is finding expression in the possibility that depth psychologists are perhaps actively involved in trying to hold more of a balanced view of the paternal function in the form of the father (for example Samuels, 1989).

Nevertheless, having established the existence of an uncomfortable relationship regarding the application of the 'paternal function' in clinical practice as manifest in the interviews, an endeavour was made to uncover the reasons for this apparent discomfort using material from the interviews with the psychotherapists. Two main points are identified, firstly that the paternal function, unlike the maternal function, is one which has to be more consciously constructed or self-referenced as opposed to being implicitly known. Secondly, the reluctance to embrace the paternal function may arise from a dis-identification from masculinity, men and fathering because of unconscious antipathy towards qualities associated with masculinity and patriarchy.

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Missing in action: Reflections on the employment of the paternal function in therapeutic practice

Abstract

There is reasonable sized body of international literature addressing the paternal function in the clinical setting. Nevertheless there appears to be a relative absence of this function in clinical practice locally as well as globally. This article seeks to explore how South African psychoanalytically oriented therapists think about the paternal function in terms of their clinical interventions and patient formulations. Drawing on material from individual interviews with clinicians the author highlights six themes. Based on these themes an apparently ambivalent and disrupted relationship with the paternal functionary is suggested and possible reasons for this proposed.

Introduction

There do not appear to be any formal studies contrasting the relative frequency of employment of the paternal and maternal functions in clinical practice. Informal evidence seems to suggest that outside of Freudian related practice it is more often deficits in the early maternal function which are at the core of patient formulations with clinical interventions shaped predominantly by understandings of the provision of functions of a largely maternal nature. Seldom is there mention of the paternal function, and in particular the pre-oedipal paternal function, in either patient formulations or in thinking about clinical dynamics.

By way of definition, the *pre-oedipal paternal function* refers to that set of functions, performed by the non-gendered second parent (but traditionally performed by the father), which are necessary for the healthy psychic development of the infant in the period prior to the inception of the traditional Freudian oedipal period. The *paternal function* refers to those functions performed by the second parent which aid healthy psychic development. (This class of function includes but is not necessarily limited to the pre-oedipal paternal function as well as the traditional oedipal paternal functions.)

In the past the father and the paternal functionary (that is, the person performing the paternal function) were taken to be one and the same. However research is increasingly pointing to a tendency to think of the second pre-oedipal parent as not necessarily sex invariant in the sense of having to always be male (Harris, 1995; Samuels, 1996). The father might then best be seen as a metaphor for the paternal functionary.

Increasingly over the last three decades research has pointed to the importance of the pre-oedipal second parent/caregiver/or 'third' in aiding the full psychic development of the infant (see for example Bollas, 1996; Britton, 2004; Maiello, 2007; Rather, 2008). Important and positive aspects of the pre-oedipal paternal function highlighted in the literature include the promotion of separation, affect regulation (particularly frustration tolerance and aggression modulation), facilitation of development of psychic structure and an alternative attachment figure to provide a port of psychic safety during times of hostility in the primary dyad (Davies & Eagle, 2013).

There is a paradox, however, namely that despite an increasing body of theory, this important aspect of work is not finding its way into clinical practice in a way that parallels its theoretical explication.

It seems that practically there is a continued reliance on the well-known analogy between the developmental provision of the maternal function and the nature of the therapeutic relationship. Indeed Klein's mother-infant dyad is regularly taken as the model for thinking about therapeutic relational dynamics, strongly

reinforced by Winnicott's emphasis on the material contingencies of mothering (Sayers, 1995). It is significantly more challenging to access clinical material discussing and describing pre-oedipal paternal function related dynamics in the therapeutic context. This is concerning for as Stone (2008) notes, the crucial pre-oedipal father relationship with the infant is one that is easily overlooked, and then at peril, for 'a psychoanalytic understanding of the pre-oedipal father's role will significantly contribute to a clinically useful understanding of pre-oedipal father/child dynamics and how these may manifest in the therapeutic relationship' (p. 8).

Encouraging therapists to self-reflect and interrogate their therapeutic allegiances Sandler, Dreher and Drews (1999, p. 113) note that it is important to ' … develop an awareness of the impact of our theoretical loyalties on our ways of thinking about the patient and about technique.' Similarly Swartz (1999) warns against an injudicious alliance with one particular approach: 'Different theories address different kinds of psychological problems, and cultish reliance on a single theory can lead to unnecessarily rigid and constrained understanding' (p. 46).

The words of the father of the theory of general relativity, Albert Einstein, are germane here: 'Whether you can observe a thing or not depends on the theory which you use. It is the theory which decides what can be observed' (Fullbrook, 2012, p. 20).

By attaching to only maternally focused therapeutic models (or equally to paternally focused models only) what are we not able to observe in our patients? In what way is our understanding of our patients restricted?

With this in mind, this article sets out to highlight aspects of current theoretical writing on aspects of the pre-oedipal paternal function, and in the clinical context, discusses some possible reasons for its relative absence. It then compares and contrasts these ideas with thoughts on this topic shared by a group of Johannesburg based clinical practitioners. Based on this empirical material some thoughts are then offered on how the paradoxical disjoint between availability of

pre-oedipal theory and clinical implementation of such theory might be understood.

The paternal function in clinical practice

Object relations formulations have, in general, tended to foreground early developmental relational dynamics between mother and infant as the basis for formulating patients' psychic struggles and attaching therapeutic interventions. Historically what has been written about the clinical application of the paternal function has, in the main, been restricted to interpretive interventions (see for example Seinfeld, 1993; Wright 1991) but there is an increasing sense that the clinical paternal function is more widely present than just interpretations.

WHAT CONSTITUTES THE THERAPEUTIC PATERNAL FUNCTION?

In what might be considered the traditional understanding of the maternal and paternal functions, Seinfeld (1993) delimits these functions as holding and interpreting, respectively. Wright (1991) suggests that these two functions might best be represented by schools rather than stand alone actions. Such an approach would have the therapeutic maternal function reside with the Winnicottian school with its emphasis on holding and 'uninterpretation', and the paternal function with those paradigms advocating 'penetrating' interpretations, such as the Freudians and Kleinians[7] (Bollas, 1996; Seinfeld, 1993; Wright, 1991). Wright (1991) unpacks the Freudian and Winnicottian school type distinction and links Freud's concern with knowledge and representation, knowing oneself and symbolizing the unconscious with the paternal function. Winnicott on the other hand is concerned with something more 'intuitive and gestational' (Wright, 1991, p. 292) that takes place in the presence of holding and containing, and that requires the felt closeness of the therapist, and is thus of the maternal order.

[7] Interestingly, while Kleinian theory is generally taken as a maternally focussed theory, Kleinian *practice* with its direct interpretations is often construed as being more aligned to paternal functioning.

Wright (1991) also positions the paternal function as that which draws the boundary between gratification and frustration tolerance, acting out and thinking about. He emphasizes the importance of the symbolizing of that which has never been put into words, noting that the patient needs to stand off from what he wants to do, and reflect on it. In order for such capacities to develop, it is necessary for the therapist to also stand off from the two-person maternal matrix, and to take up a more distant, paternal or third position.

The allusion to distance between patient and clinician is taken up more overtly by Sarnat (2008, p. 110) in writing on finding the "optimal psychological distance" between patient and therapist. She conceptualizes the paternal and maternal functions in terms of the distance the therapist maintains between self and patient. For Sarnat (2008) the question of when the paternal or maternal function is being employed boils down to the question: 'When does one live *in* the transference/counter-transference with the patient, and speak from *inside* it, and when does one try to live *outside* and speak *about* it? When does one lend oneself to the patient to help him to bear the unbearable and think the unthinkable; and when does one [stand back and] allow the patient to struggle on his own' (p. 112).

Maiello (2007) echoes this in the context of infant observation. She refers to the necessity of the observer's (therapist's) search for the correct 'emotional distance' (p. 42) from the infant (patient) if the useful and necessary observing position of the paternal third is to be achieved. Akhtar (2000, p. 266) also comments on this, viewing the paternal function as one of scepticism, experience distant listening, and "a search for hidden meanings in the patient's communications". The clinical maternal function he typifies as one of empathic affirmation and an experience near, unquestioning acceptance or "credulousness" (p. 266) of patient communication.

Akhtar's (2000) word associations are interesting – 'scrutinising' for paternal and 'unquestioning accepting' for maternal – for scrutinizing seems to fall in the realm of 'doing' while accepting potentially elicits an association of something less

active, less perturbing and might be more in the realm of 'going on being'. This doesn't seem coincidental for Rather (2008) has conceptualized the paternal-maternal dialect as one of 'doing versus being'. This characterization seems to be premised on Winnicott's concept of the maternal provision of an environment that stimulates a sense of 'going on being' (1956, p. 303) while the paternal *doing* depends on the Freudian concept of clinical *work* which entails the therapeutic task, the establishment of the working alliance, interpreting, acquiring insight and working-through, struggling against resistance and encouraging renunciation of infantile strivings. To these ends 'we are acknowledging the need for analyst and analyzed to *do something*' (Rather, 2008, p. 101).

One function which encapsulates at once all of boundary setting, standing at a distance, and doing, is that of establishing the analytic frame. Not surprisingly then Conrotto (2010) places the enunciation of the rules of the analytic contract and the associated structuring aspect of the analytic frame in the ambit of the paternal.

A final characterization of the therapeutic paternal and maternal functions might be aided by what seems to be an enduring propensity to split therapeutic interventions in some way. Akhtar (2000) for example points out the tendency to conceptualize therapy in terms of models which are either oedipal-preoedipal, conflict-deficit, three person-two person, or classic-romantic. Steiner (1994) speaks of *client-centred* interpretations versus *therapist-centered* interpretations, while Mitrani (2001) distinguishes *projective interpretations* from *introjective interpretations*. Potentially all of these different framings of distinctions in therapeutic stance or focus might be subsumed under the *paternal-maternal* dichotomy, the first mentioned pole being related to paternal functioning and the latter to maternal functioning.

Having usefully split the maternal and paternal functions to aid theoretical understanding, at the level of clinical practice this split needs to be healed. Bollas (1996) calls for *the uniting of the oedipal couple* in the therapist. He suggests that the marrying of the paternal and maternal orders or functions in the therapeutic space is necessary to allow for the full complexity of the therapeutic process and

for the patient's internal world to emerge (Bollas, 1996). Sarnat (2008) also supports the necessity of the paternal and maternal as aspects of a single gestalt and suggests the ideal is ' ... at any given moment in the analytic process, either holding or interpretation is foreground, while the other is present as background' (p. 115).

The call to therapists to embrace both maternal and paternal theory and practice is loud and compelling, yet the paternal function, particularly pre-oedipally, has largely gone missing in action.

MISSING IN ACTION: THE PATERNAL FUNCTION. WHY?

Freud said of mothering and fathering ' ... the turning from the mother to the father points in addition to a victory of intellectuality over sensuality – that is an advance in civilization, since maternity is proved by the evidence of the senses while paternity is a hypothesis, based on an inference and a premise' (1939, p. 114). Here Freud may be saying several things, one of which is highlighting the stark contrast between the epistemological bases of the maternal function and the paternal function. Taylor (2009) elucidates this: 'Because his relationship with his children is more distant, less physical than is that between mother and children, a living father must be learned about in other ways, a narrative being a vital one' (p. 10). The reference to 'other ways' appears to relate to 'other than embodied'. Taylor is commenting on the natural or instinctive knowing of the maternal function in contra distinction to the constructed knowing of the paternal function. Green (2009, p. 44) asserts something similar: 'The love of the mother, or for the mother, has an unmistakable, evident quality, while in the case of the father, he always stands as an enigmatic third whose function is not evident'. In fact Julia Kristeva suggests that the maternal function is 'not a function but more precisely, a *passion'* (as cited in Balsam, 2014, p. 90). The baby, through pregnancy, birth and early nurturing has an experience of the mother's passion even before s/he knows the mother. The father is always a later representation.

These ideas support the argument that the relative imbalance in referencing the maternal and paternal functions in clinical work locally (and perhaps internationally) might be understood as a direct reflection of the degree to which the maternal and paternal functions are apprehended, known and understood, the former function having been more easily conceptualized and enacted.

That is not to say that ambivalence and contradiction do not often accompany motherhood, but rather that maternal functioning may be more viscerally known, in the bones, in the body of the mother. The paternal function, on the other hand, needs to be learned, constructed, thought out, and defined in the mind of the father. Green (2009) refers to 'the lost father, one that escapes our understanding because its construction seems artificial, without internal resonance' (p. 36) .

This argument suggests that whether one is a male or female therapist, the exposure to maternal functioning, either directly or indirectly, is significantly greater and more naturally occurring than to the paternal function. As a result the maternal function is more easily and readily introjected than is paternal functioning, and more easily finds its way into clinical encounters.

Another possibility: Reluctance?

There is another line of thinking, however, which tends to suggest that the relative absence of the paternal function relates more to reluctance than to a lack of knowledge or familiarity.

This hypothesis might be rooted in Green's (2009, p. 43) assertion that 'fathers are not pals' (p. 43). The father has the relatively hard task of laying down the law and the paternal function is seen to include those functions which require rules to be made and enforced, boundaries to be drawn, limits to be set, reality to be imposed, pleasure to be curtailed. The therapeutic frame comes to mind when such concepts are applied to the clinical space and the plethora of literature on analytic boundary violations, for example Anonymous (2005), Gabbard and Lester (1995) and Ivey (2008), highlight the therapeutic struggle to be a 'not pal'.

While these authors refer to more extreme boundary violations and enactments, the everyday struggle to consistently and rigorously impose the analytic frame – end timeously, confront non-payment, bill for missed sessions – is a demonstration of the reluctance to perform the paternal function.

Green (2009) takes a more grave tone in further noting that '[t]he relationship with the father may have been marked in the past by sexual violence, transgression, rape, sodomy' (p. 29). This potentially suggests that any reluctance to take up the paternal function may be more than just an unwillingness to be firm, strict and a 'not pal' but may possibly be an unconscious antipathy towards and rejection of a figure associated with destruction, cruelty and malignancy.

The reference to 'in the past' in Green's quote may not necessarily be salient for such actions are still a feature of some masculinities, fathers and patriarchies across the world and certainly in South Africa. News media regularly carry accounts of men violating, raping, killing and mutilating babies, toddlers, adolescents, women and fellow men. Fathers and men in South Africa receive more negative publicity than positive. Absent fathers, abusive fathers, bullying and violence prone men, especially enacting violence against women – these are not characterizations we are unfamiliar with. In this country we are exposed to them on a daily basis. Men, fathers and masculinity might thus well be concepts which evoke hostile emotion in the unconscious. The implication is then that the therapist might unconsciously eschew the idea of the paternal function because of its association with these repulsive aspects of some men, masculinities and fathers. While the anxiety around the maternal object is that her 'voraciousness' (Green, 2009) will engulf the infant, the anxiety around the paternal functionary (because of its conflation with men and the father) may be that he will injure and damage the infant. Unconsciously we may feel it is our duty to protect our patients from the father, and by conflation, from the paternal functionary.

It is important to note that this argument should not be construed as suggesting that all fathers are demons and all mothers are Madonna's (see Jordan, 2009). On the contrary there is wide acknowledgement in contemporary literature that mothers can and do hurt, tyrannize and damage the minds of their children (see

for example Hendrika Freud, 2013). Winnicott maintained that mothers hate their babies from the word go, that is, before they love them (Winnicott, 1949). Likewise there is much evidence of there being much more to contemporary masculinities than the well worn stereotypical non-feeling, action oriented, violence prone and emotionally absent man. Men's thoughts around fathering are changing and include desires to be emotionally responsive and nurturing parents (Dick, 2011). Men are not, generally, superficial, lacking nuance, complexity, diversity and empathy (Hansell, 2010), with literature such as Reis and Grossmark's (2009) highlighting 'the range, depth, fluidity and mystery of male subjectivities' (Hansell, 2010, p. 239). Rather, the argument is one which suggests that there is a possible *association* of the paternal with the more dangerous, hurtful and malignant parts of fathers, men and masculinity. Such associations leave the associator reluctant to embrace the paternal. This association initially rests on the father as a 'not pal' but quickly amplifies into the father, the paternal, as potentially monstrous at a meta-level because of the exposure we have to certain men, fathers and masculinities who, or which, are monstrous.

The point might be made that since we interpret frame deviations as and when they occur, that because we make client-centred interpretations (Steiner, 1994) and projective interpretations (Mitrani, 2001) from time to time, the paternal function is not as absent as is being suggested. However, it is the conscious employment of the paternal function that is under discussion. When we do intervene in a manner which might be construed as related to paternal functioning, is it a thoughtful, chosen action, with an understanding of how this paternal functioning ties in with our formulation and thus might be useful for the patient, or is it an enactment, or a counter-transferential response? It is not that either of these is necessarily wrong, rather it is more a case of if we are enacting or responding counter-transferentially as a paternal functionary, should we not, at such a point in time, be consciously formulating these patients through the lens of the paternal function?

Against the backdrop of this theoretical context and associated thoughts we turn now to exploring the ideas relating to the paternal function in clinical work as expressed by a group of Johannesburg psychoanalytic therapists.

Methodology

The qualitative method of thematic analysis (Boyatzis, 1998; Braun & Clarke, 2006) was selected because it is viewed as 'still the most useful in capturing the complexities of meaning within a textual data set' (Guest et al., 2012), p. 11). Thematic analysis allows for both description of the data as well as interpretation (Boyatzis, 1998) which makes this approach eminently suitable for use in a research environment in which psychodynamic principles are privileged (see for example Nicolson & Burr, 2003). Interpretation of the data in this report is from a psychodynamic perspective.

Potential participants were identified from the pool of experienced Johannesburg based therapists who align themselves with psychoanalytic principles of psychotherapy. Telephonic contact was made and if agreement to interview was reached, further information was sent via email. The group of participants consisted of four women (three white and one black African) and four (white) men with experience ranging from nine to twenty-five years, with an average of fifteen years experience.

Interviews ranged in duration from 45 to 105 minutes. Open ended, semi-structured format questions were used. Depending on the demands of the individual interview, questions were either omitted if they were answered spontaneously, or adapted or elaborated in order to encourage participants to engage with them. Questions were focused around how clinicians understood the concept 'the paternal function', and to what extent they consciously employed it in patient formulations and in therapeutic interventions. Interviewees were further invited to recall counter-transference experiences in which they felt pulled to respond to a patient in a manner which might be thought of as paternal

functioning? Similarly they were asked to elucidate (with due regard to patient confidentiality) any experiences they had had where the patient's transference appeared to be related to or best understood in terms of the paternal function.

The data collected comprised eight individual recorded audio interviews which were then transcribed verbatim by the interviewer. Participants were labeled P1 through P8. Analysis and coding of the data was carried out independently by the researcher and a research supervisor. On the point of reflexivity, it is acknowledged that the researcher cannot help but bring to bear his or her own thought paradigm and unconscious biases in identifying themes present in the data and links between them (Anzul, Downing, Ely & Vinz, 1997). However, regarding the themes that have been identified and interpreted in this article, a broad consensus on both identification and interpretation was reached.

The thematic analysis followed both a deductive and inductive approach (Patton, 2002). The researcher brought some theoretical familiarity of the research area to interviews and analysis. On the other hand there were themes that seemed to be brought by participants and which had not been consciously available to the researcher prior to the interviews. In particular the themes of the paternal function as not embodied and that of reluctance to embrace the paternal function were novel to the researcher. In contrast, the absence of the paternal function due to lack of academic familiarity was a pre-conceived notion in the researcher's mind.

Having described the basis on which the material discussed in the paper was generated the main findings are now elaborated.

Key findings

This section outlines how participants spoke about their employment of the paternal function in formulation and intervention in the clinical setting. Included in this outline is some interpretative and meta-analytic discussion of what participants' interview material appeared to reveal about their relationship with the paternal function in the therapy room. As might be expected, such analysis

and interpretation depends, in part, on material which was covertly or even inadvertently, rather than overtly communicated.

A persistent tendency to conflate the paternal function and the father was evident in all interviews. Clinicians spoke automatically of the father when questioned about the paternal function and there was no meaningful acknowledgement of the paternal function as not necessarily gendered. This is evident in many of the quotations that follow where reference is made repeatedly to the father in illustrating the paternal function.

The material from the interviews which relates to the presence or absence of the paternal function in the clinical setting and the form it might take is arranged in eight broad themes.

***Theme 1: Absence of a conscious paternal function in the clinical setting*:**

Participants' responses to the invitation to share thoughts on their clinical application of the paternal function were mixed. Five of the eight participants responded by noting that they do not consciously apply the paternal function, at least not sufficiently:

I've never thought of it like that, ever (P3).

I don't know that I do think about it enough (P6).

Several said their default position in the therapeutic setting is maternal:

I guess it's not something I'm aware I'm directly .... You know I suppose the formulating is more around, you know, not being mirrored or not being contained in certain ways (P7).

When I listen I often ... and I hear a description of a relationship, I wonder what's its origin is, I think in terms of the maternal relationship, not the paternal one. And that seems to come quite automatically to me (P8).

Participant P4 reflected on the possibility that paternal functioning might be present in work with patients but that (referring to a particular case):

I hadn't been conscious of it (P4).

This is in line with what was noted earlier in the theory section, namely that while there is evidence that interventions that might be understood as of a paternal nature are regularly employed in practice, for example client centred (Steiner, 1994) and projective interpretations (Mitrani, 2001), conscious and purposeful utilization of paternal functions in formulating and practicing is less regular.

Two participants said that the paternal function was an important part of their work commenting that they employed the construct 'all the time' (P2) and 'A lot, yes, a lot' (P5). In elaborating both participants took up the familiar theme of the absent father. Participant P5 indicated that many of her patients struggled as a result of having absent fathers and how a lot of her work was centred on helping these patients mourn this loss. At the forefront of P2's mind seemed to be an awareness of the potentially adverse effects of an absent father and how she would work hard to impress upon certain male patients the importance of his presence in his children's lives. Apropos P5's comment, while mourning the loss of the father is undoubtedly important, as important is an understanding of what functions promoting psychological development the patient might have missed out on as a consequence of an absent father, and how this might be addressed in therapy. A similar point might be noted in the case of P2: while the importance of the father

is recognized, what is it that he brings to his developing child, particularly pre-oedipally?

Parallel to this theme of absence of the paternal function in therapy was the perception of several participants of the absence of the real life father.

P1 and P4 noted the historical absence of fathers:

[F]atherhood is a constructed relationship and is constructed in a big part by one's own history, in relation to one's father who stereotypically or traditionally ... has been more absent or more removed, at least in the last two centuries (P1).

Dads were often very absent, they saw their role as provider and didn't feel they needed to do much else (P4).

The current situation was portrayed similarly by P5:

[M]ost of the time men are absent and men, they deny paternity in my work most of the time they come, paternity is denied. ... you take a history and you find 'you know when I told him I was pregnant then he vanished and I've never seen him again'. They don't want to have contact with the kid.

One might surmise that if the father has been so absent we, as clinicians, would be aware of the importance of working more with paternal focused transference and paternal function formulations, yet the respondents suggests the opposite. This paradoxical situation might be explained by examining unconscious forces and to this end more will be said in due course.

While more than half a dozen paternal functions are described in the literature (see for example, Davies & Eagle (2013) or Trowel & Etchegoyen (2007)), only two emerged as themes in the interviews, namely that of facilitating separation from the maternal caregiver, and that of protector.

Theme 2: Paternal function as facilitator of separation

P7, relying on a contemporary understandings of oedipality (see for example Britton (2004)) noted difficulties regarding both separation as well as impaired ability to think about, and tolerate triadic relationships as a result of deficient paternal functioning:

I suppose there is, there is the kind of thinking about 'well this person is caught up in a, in a kind of,... that their relationships are sort of very dyadic and they do struggle with thirdness, or triangularity in a sense where they either set up instances in which there is always triangularity, or if they are in a kind of dyadic, ...you know, they can't cope with ... so there'll often be some jealousy or, ... if there's another if there's a third, they struggle with that (P7).

Still with more contemporary interpretations of the paternal function, the separating of the mother-infant dyad can be construed as one of inviting the infant to explore a new, not-mother world, one of introducing the infant to another, wider reality. P3 drew on clinical experience to illustrate this construction of the function. The patient referred to had lost her father when she was around two years old and she was left lamenting:

… .I have a very small world. I'm afraid of going out. ... The world isn't very inviting; there has been no invitation into the world (P3).

Along similar lines P5 noted how often her patients who had physically absent fathers appeared to struggle with '*moving on*'. In discussing her counter-transference to these patients, P5 reflected, that she was often left feeling as if they were saying to her:

I cannot move, I can't move without that. I want that part that will make me to really face the world the way it is (P6).

The phrase 'I want that part' readily fits with a longing for the internalized paternal function which represents safety in a real world separate from the maternal functionary. Continuing with P5's counter-transference, she further reflected that with such patients she generally felt pulled to respond to them in a certain way:

Once they mention this is missing I say 'yes that has happened and let's go on. What else is there? (P5)

This firm response might be interpreted as encouraging the patient to 'separate' him or herself from their oedipal disappointment and to head out and discover what else life may hold for them beyond the borders of the oedipal couple. This case seems to provide a good example of a projective identification related to an absent paternal separating functionary, namely that of introducing the infant to the outside world and, when recognized, could helpfully inform the direction of therapeutic intervention.

Theme 3: Paternal functionary as protector ... and more

While on the matter of counter-transference, three of the four male participants expressed similar responses when asked about this phenomenon, all referring to feelings of protectiveness in the case of female patients.

The first thing that comes to mind is with female patients, a sort of protective something that comes to mind that feels like I'm being fatherly. Again I don't know whether I'm being fatherly or masculine, I don't know. And then it gets quite stereotypical – helpless female, damsel in distress, on that sort of a level (P1).

And I'm feeling quite drawn to protect them in a way, look after them ... So I suppose there's that, both of those were woman patients [pause] I don't know [pause] I'm not saying that might not happen in the case of male patients (P7).

I'm thinking of one female patient who has had such a traumatic experience of her father. I do feel like I provide a benign [pause] almost, um, opportunity to experience males very differently (P6).

In addition to the conflation of the paternal function and maleness, the influence of stereotypes and gender roles is strongly present in these three extracts which tend to portray women as helpless and vulnerable, needing protection. Indeed the first extract talks of 'helpless women' and 'damsels in distress' while the incorporation of the phrase 'look after them', appearing in the second, is arguably more often used in the context of children rather than adults. While the power politics of gender might well be at play here, the last extract above hints more overtly at another dynamic, namely that of the malignant, damaging father. The

reflections of Andre Green (2009) discussed earlier appear to be echoed in this particular extract and the existence of a consequent unconscious disavowal of the clinical paternal might be inferred.

Theme 4: The paternal function as un-empathic

Some interviewees made remarks similar to the following:

> ... *but I do find myself [being the paternal functionary]* (P4).

> ... *and I feel quite drawn to [perform the paternal function]* (P7)

Such exclamations were offered in the form of apologetic disclaimers with the inference that 'Despite my best efforts' or 'It wasn't my conscious decision' or 'despite myself' ... 'I do land up providing the paternal function'.

This idea of reluctance is illuminated by P5's candid acknowledgment of her discomfort related to intervening in a paternal functionary way. When invited to reflect on the presence of the paternal function in her clinical mind and whether this might influence work with patients, she replied:

It does ... to the extent where I sometimes don't like it (P5).

When asked to clarify further P5 alluded to an uncomfortable counter-transference that often goes with her associations to the paternal function:

It's kind of like then I'm not being empathic ... (P5).

This telling framing of the paternal functioning as un-empathic was also voiced by P4:

... and is paternal then in my head more directive, telling him what to do, less empathic, more stern? (P4)

This telling framing of the paternal function as un-empathic may give us the first clue as to why there might be reluctance to embrace it in clinical work: what separates violence from un-empathy?

Theme 5: The paternal functionary as violent

In what might be interpreted as an unconscious identification with the un-empathic paternal functionary, P2 grappled with a suitable explanation of the paternal function thus:

I don't know whether this is paternal but it's the position of 'You have certain roles and responsibilities, I have certain roles and responsibilities. You have to put your bum on the couch. Make sure you do it. You have to feel your own pain. There's nothing to be said about that' (P2).

The above quote appears to communicate more than just a potential 'un-empathy'. The use of the slang 'bum' was incongruous with the general tenor of the interview and may arguably be thought of as being in the realm of dysphemisms, a derogatory or unpleasant term used instead of a pleasant or neutral one.

Dysphemisms are used by people as tools of humiliation, degradation, and minimization of people of whom they disapprove (Allan & Burridge, 2006). As such they are a form of violence. Now while there is no suggestion that this participant views patients in such a manner, the characterization of the paternal function in this way is one which subtly contains a flavour of violence.

The reference to violence was more overt in the response of P1 to the interviewer's request to identify any operation of the paternal function in the clinical setting:

In relation to men, it comes into the picture around, [pause] with boys it comes into the picture with boys around bullying. So when I used to see kids and a kid was being bullied it was hard for me not to say 'listen, get in really close, punch upwards at the nose, we want blood – blood will stop a fight and he won't bother you again' (P1).

This participant's associations draw on issues of dominance, power, violence and brutality. The associations of P4 were not dissimilar. Referring to case material P4 noted:

[A]nd he's got a shocking father, and he was ripped away from mother at 7 because his father sent his family to come and get him (P4).

This pattern of a default association of the paternal function (through its conflation with negative aspects of traditional masculinity) with violence, underlines the importance of educating clinicians to the non-gendered nature of the paternal function, but is also indicative of a form of splitting which ignores more benign and helpful aspects of men, masculinity and fathers. If in the minds of clinicians the paternal function is equivalent to men and masculinity, any

reluctance to embrace the paternal function might be understood in the context of this association to violence.

Alongside this possible explanation for lack of clinical paternal functioning there are two others. The first, which is of little interest in this article, is what participants suggested was the absence of paternally focused theories in initial and ongoing training. This is easily remedied through syllabus modification. More interesting is the idea that the relative difference in maternal and paternal function occurrence in clinical work lies in the degree to which each function is an embodied one.

Theme 6: The paternal function as un-embodied

Interviewees raised this lack of embodiment regularly, alluding to the maternal function as one flowing from and related to the mother's body and the paternal function as being one that is undefined and requires construction and determination. This was amply demonstrated in the interviews where, whenever the maternal function was mentioned, participants were able to articulate their thoughts with ideas easily accessible and quickly shared, as if the maternal function were in their bones so to speak. In contrast, interviewees had to work actively to theoretically construct and define the paternal function in the interviews, almost as if for the first time. The paternal function was not one that was easily and comfortably known from within.

P8 highlighted the internal nature of the maternal function versus the external constructed, socially determined nature of the paternal function:

I think there is something about being a mother and carrying the child that must be an internal phenomenon that a man can never appreciate, [...,]that makes me think that our paternal function ... that it must be, might also be culturally determined (P8).

This was backed up P1 who asserted that

...fatherhood [the paternal function] is a constructed relationship (P1).

In fact this participant went further, maintaining that the paternal function is one so unclear, so tenuous in definition that men's resulting anxiety has led to an exaggerated construction in an endeavour to create a certainty, in the same sense that maternal functioning is inherently certain

...we've made the paternal, the patriarchal into an edifice, into a thing so that we could not be forgotten, could not be marginal, we would actually define terms which I don't think the feminine woman needed to do as much just because they're too in it. We had to create a role. We had to create a function for ourselves (P1).

In the extract below participant P3 clearly and quickly articulates her understanding of the maternal function – and highlights how closely linked with the physical body and physical contact it is:

...when I want to protect, to reassure, when I want to hug, I think that's maternal for me (P3).

In contradistinction it takes almost twice the number of words to explicate what the paternal function might look like:

But there are times when I feel a need to enliven or maybe make suggestions or advise, or challenge even, challenge something or... I think those feel to me like the paternal function, that would be the invitation to the world out there [pause] and a call to the client's resilience. I think when I'm trying to work at building robustness and resilience, for me that feels different from reassuring or soothing, and maybe that's the other [paternal] function (P3).

This relatively lengthy formulation, together with the use of phrases such as 'maybe', 'or' and 'for me that feels ... ' might be understood as the participant having to create the paternal function in her head as she spoke. This process echoed many of the other interviews where participants searched for definitions, descriptions and understandings of the paternal function rather than being able to draw on a well understood and conceptualized model similar to the ingrained model in the case of the maternal function.

Discussion

The universal paradox that is the discrepancy between the relatively rich body of paternal function literature and the relative absence of this construct in clinical application has been highlighted. The empirical evidence forming the basis of this article confirms the relative absence of the paternal function from local clinical settings with respondents openly acknowledging this function is generally absent from their clinical thinking and practice.

Although the literature has suggested the analytic frame as an example of the paternal function, this was taken up by only two of the eight participants. The analytic attitude of neutrality and abstinence, which leans so heavily on the issue of closeness and distance, of enmeshment and thirdness, were not broached in interviews. Now while it might be understood that these are encompassed by the frame, the context of the interviews left the impression that it was more that they had not been equated with the paternal function consciously. Equally

underrepresented in interviews was the therapeutic technique of interpretation. Interpretation has been strongly linked to the paternal function in the literature and, given that it is the gold standard of analytic therapeutic technique, its relative absence in the interviews is noteworthy.

The conflation of the paternal functionary and the father was present in many of the interviews, and it was often the Freudian oedipal father who was caught up in the conflation. No overt mention was made by any of the clinicians interviewed of pre-oedipal paternal functions. On many occasions stereotypical traits of masculinity were invoked to characterize the paternal function and these included 'tough', 'stern', 'un-empathic' and 'challenging'. Clinicians' confessions that they sometimes found themselves intervening in a way which felt paternal conveyed a possible internal distress at taking up a paternal stance. There were also instances where participants unconsciously communicated an understanding of the paternal function as being linked to coarseness, roughness and violence. Participants provided little evidence of a belief in the presence of an empathic, gentle, understanding and benign paternal figure.

What was clear from the analysis of data was that the paternal function is largely absent from the conscious minds of clinicians and it seems that there might be three possible explanations for this. In the first instance an academic unfamiliarity with and lack of knowledge about the pre-oedipal paternal function seems implicated. While not reported on in this article, interviewees regularly noted that their training had emphasized maternally focused models of psychotherapy and highlighted their experience of a *zeitgeist* of maternally focused thinking in analytic training programs in Johannesburg. While this might partially explain the local context, it may not necessarily be applicable internationally. It is here that two other reasons for the absence of the paternal function may be more relevant.

The first of these two reasons relates to the question of the paternal function being one that requires construction rather than being more instinctually known as the maternal function might be. Such instinctual knowing would be a result of both men and women's pre-verbal experience of the maternal function through their mothers. This was articulated in interviews where participants noted the

‘slipperiness’ or ‘confusion’ in trying to tie down the paternal function and spoke of it needing to be constructed. It was also demonstrated in laboured and uncertain descriptions of the clinical form of this function.

In the second instance the reluctance to embrace the paternal function may arise due to a dis-identification with masculinity, men and the father because of unconscious antipathy towards this persona. Of course this is also indicative of the conflation of two distinct entities, the father and the paternal functionary. The father has the relatively hard task of laying down and enforcing the law. While in itself this function is critically important, it might well be argued that the manner in which it has been implemented in the past, both at the social and individual level, autocratically, patriarchally, by means of bullying and force, has set up the male, the father, and consequently, the paternal function, as more of a villain than a helping figure. Moreover, aspects of the content of themes three, four and five might be understood as diluted derivatives of Green’s (2009) thoughts on fathers as not pals and fathers and men as perpetrators of violence. In these sections the paternal function elicits associations to the ‘un-empathic’ and violence and a need to protect women from men. This is not incongruous with reality. Indeed, in South Africa (and across the world) fatherhood and maleness are regularly associated with misdemeanour. South Africa has one of the highest rates of intimate partner violence with close to one in three men admitting to perpetrating violence against their partner (Gass, Stein, Williams & Seedat, 2011). Under theme one, participants’ commentary on the absence of the real father were noted. South Africa also has an exceptionally high number of absent fathers with approximately half of the children in the country living without daily contact with their fathers. Morrell (2006) notes that most South African men do not seem especially interested in their children, seldom attending their birth, often not acknowledging their children and frequently absent from their everyday lives.

Generally speaking, it appeared that respondents’ default relationship with the paternal function is, at best, uncomfortable. This appears to result in little intentional inclusion of paternal function theory in the clinical setting. It might be

said that the paternal function has been thrown out with the father, men and masculinity.

When it is terms such as the abandoning father, the absent father, the abusive father/husband/partner, the murderous father, that come to mind in describing fathers and men in South Africa, it might not be surprising that an unconscious reluctance to try and square him with clinical usefulness may prevail. The issues of absent fathers and violent men and fathers were present in the data arising from the research interviews. While participants did not overtly proffer these as reasons for consciously eschewing the paternal function in practice, it is the author's suggestion that it is the negative unconscious associations that we as psychotherapists have around men, fathers and masculinity, that leads us to leave the paternal function out of our conscious work in the clinical setting. As alluded to earlier in the paper when the thoughts of Green (2009) were discussed, these associations potentially arise in our minds because of a history of both social and individual failures of the paternal functionary to love, protect and nurture.

Conclusion

The body of knowledge around the paternal function is slowly growing and deepening. Given the cogent reasoning in the literature supporting the necessity to think about and operate from stances associated with both maternal and paternal functioning if we are to assist our patients, the apparent reluctance to embrace the paternal mantle is an area for ongoing concern and discussion.

Because of the important functions performed by the paternal the relative absence of paternal functioning both in formulating and intervening needs to be addressed. This might be done in two ways. A move to recognize that there are various masculinities, not all of them violent, and that there are fathers who are present, dedicated and interested in their children, may go some way to addressing any antipathy towards men, fathers and masculinity. Secondly, the promotion of the non-gendered nature of the paternal function, along with a constant vigilance

against gender stereotypes in our clinical theorizing, may allow the paternal function to be more easily thought about.

While perhaps not fully reflected in the interviews upon which this article is based, theory does indicate that the paternal function is a positive and necessary force for healthy psychic development. It is a concept which offers us the exciting opportunity to think about our work in a different (non-maternally focused) but complimentary way, to think about the transferential and counter-transferential dynamics of our therapies through a wider lens, and to deepen our understanding of the impact of our therapeutic stance.

Regarding future research, while this article has among other aims sought to highlight the clinical paternal function and present some ideas around how it might manifest in clinical work, there is still much scope to investigate the clinical application of the paternal function in the clinical setting.

CHAPTER SEVEN

Introduction

The first paper in this quartet (chapter four) highlighted what appears to be a universal and profession wide uncertainty as to how best to understand and conceptualise the (pre-oedipal) paternal function, while the second and third papers came closer to home, exploring the relationship that local (that is to say Johannesburg based) psychotherapists have with the paternal function. This final paper provides examples of the utility of thinking about and applying the paternal function concept in clinical practice.

Entitled *Reporting for duty: The paternal function and clinical implications,* and appearing in *Psychoanalytic Review*, (Davies, 2015), this paper completes the circle by linking up with paper one in so far as it illustrates the clinical application of the four aspects of the paternal function identified in chapter four.

This paper was written to address the fourth and final research question namely *How might the employing of the paternal function aid clinical work?* For each of the four aspects of the paternal function identified in chapter four, a clinical case sourced from my own clinical practice is presented and discussed. This discussion privileges the pre-oedipal paternal function and the patient's struggle is seen through this lens. Argument is also presented as to why this pre-oedipal paternal function lens might be the optimal lens for appreciating aspects of experience of these particular patients.

It is argued that a deeper, more complex understanding of the pre-oedipal function brings with it a more nuanced understanding of both transference and counter-transference dynamics in many therapeutic encounters. The cases discussed in this chapter highlight the importance of apprehending such nuances if the patients and

their struggles are to be fully understood. As is discussed in this chapter, ‘Billy’s’ therapy terminated prematurely, potentially because of a misunderstood transference, while it might be argued that the ongoing provision of a ‘port of psychic safety’ for ‘Baxter’, arising from an understanding (albeit unconscious) that this paternal function was what he needed at the time, contributed to a committed therapy and his being able to ultimately venture beyond this protective relational structure.

Within this paper I suggest that it is incumbent on clinicians to be open to the widest set of clinical theoretical ideas and understandings (within their practising paradigm) to ensure maximally effective formulations, interventions and techniques are available to patients.

Reporting for duty: The paternal function and clinical formulations

Abstract

The author highlights some developments in the theory of the pre-oedipal paternal function and paternal functionary and incorporates these ideas in developing clinical formulations for four clinical cases which privilege the pre-oedipal paternal function. In particular four aspects of the pre-oedipal paternal function are identified and for each a clinical case is discussed. Emphasis is placed on the necessity of widening clinical formulations to ensure clinicians have the widest possible set of clinical ideas and hence interventions and techniques at their fingertips.

Introduction

Concluding a paper dealing with the pre-oedipal[8] father and the infant's psychic development Layland (1981) gives three cogent reasons why the subject of the pre-oedipal father is important from the point of view of clinical practice. First, failure to examine this early relationship denies an important area of the patient's early psychic development. Secondly, scrutiny of this relationship allows for a different understanding of transference phenomena, which in turn affects interpretations. Thirdly, latter life difficulties can be better understood. Clinicians are here being encouraged to widen their patient formulations to include the pre-oedipal father.

This article aims to provide additional exemplary case material which supports the exhortations of Layland (1981) through demonstrating how patients' struggles can be usefully understood from a perspective which strongly acknowledges the pre-

[8] 'Pre-oedipal' refers to the early period of the baby's development (0 – 2 years) prior to the traditional Freudian oedipal period.

oedipal father rather than over relying on traditional models which restrict the understanding of psychic development to the relationship between mother and baby, with the oedipal father influencing super ego development and sexual identity only at some later point (Minsky 1998).

Fathers have found their way into psychoanalytic understandings of patients in recent decades and the empirical literature is replete with evidence for the diminished wellbeing of children growing up with inadequate paternal functioning (for example Seligman, 1982; Bishop & Lane, 2000; Fitzgerald & Lane, 2000). With little variation such papers limit discussion to the Oedipal father. While pre-oedipal paternal functioning might have been sporadically included in patient formulation over the years (for example Demby, 1990, Kramer & Prall, 1978; Wisdom, 1976), it has arguably been more the exception than the rule with articles in this domain generally highlighting the Oedipal and post Oedipal father. This is changing however with a growing number of voices echoing Layland's (1981) plea, and a rich theory beginning to develop around the pre-oedipal father. Birksted-Breen (1996) and Britton (2004) explicate the importance of the pre-oedipal father in aiding the development of psychic structure . Davids (2002) and Minsky (1998) both discuss the important pre-oedipal function of the father as an emotional buffer protecting the mother-infant dyad.

On a related note, increasingly calls are being made for therapists to adopt a therapeutic stance which embraces both maternal and paternal aspects. Indeed, several authors, notably Stone (2008), Wright (1991) and Bollas (1996) have underlined the importance of holding the pre-oedipal paternal function in mind when formulating and intervening. Bollas (1996) contends that in order for the full extent of the patient's internal world to be understood, paternal as well as maternal functioning need to be present in the therapeutic process. Should either one predominate, 'then full knowing is not possible' (Bollas, 1996, p. 5). The message is clear: there must be a move away from traditional formulations based purely on the mother infant dyad, and the later oedipal father, to formulations including pre-oedipal fathers if we are to align ourselves with what West (1978)

terms “the idea of establishing the best possible approach for treating each individual patient” (p156).

Despite the works referred to above and the calls to embrace the pre-oedipal paternal function in the more than three decades since Layland advanced his compelling reasons for the usefulness of the pre-oedipal paternal father, the paternal function seems to be still relatively absent than present in the clinical literature and in initial training courses and workshops and there appears still to be a lot of ground to be covered before the paternal function is at our clinical finger tips in the same way the maternal function is.

Alongside theoretical developments implicating the pre-oedipal father in psychic development there has been growing discussion of the possible non-gendered nature of the role and functions traditionally attributed to the pre-oedipal father (Davids, 2002; Jones, 2008). These ideas are supported empirically with Pruett (1998, p 1257), a leading researcher in this area, asserting that “the majority of the developmetal-enhancing intimate transactions that grow healthy, loving infants evenbtually will turn out to be gender-neutral”. Lamb (1997, p. 10), after examing research on mothers and fathers during the newborn period noted that “very little about the gender of the parent seems to be distinctly important”. Samuels (1996) takes an extreme view in that he believes the role of the father and the mother can be carried out by the same parent. These theorists support the contention that there is a difference between the role of the father and the paternal function, at least pre-oedipally. It is beyond the scope of this paper to elucidate what exactly the role of the father is compared to the paternal function but what is important is that in order to align with contemporary thinking this article will embrace the concepts of the paternal function and paternal functionary (rather than the role of the father, and the physical father). Thus, while the case material is alive with the presence or absence of actual fathers, it is the presence or absence of a paternal functionary (rather than a male father) that is under discussion.

So far as defining the paternal function is concerned Davies & Eagle (2013) have outlined in detail four pre-oedipal paternal functions, based on themes in the relevant literature. These are the separating third, a facilitator of the development of psychic structure, a facilitator of affect management and a port of psychic safety. This work also advanced the argument that all of these functions may be gender invariant.

The four clinical cases which now follow, while possibly having alternative formulations, appear to be well described through a formulation employing one of the above paternal functions. It might also be noted that while the failure of the paternal function is often associated with cases of eating disorders (for example, Fitzgerald & Lane, 2000, Huline-Dickens, 2005; Mollon, 1985; Washington, 2004), the following cases implicate the paternal function in psychic struggles of a quite different nature.

Clinical Material

For each of the four paternal functions mentioned above a clinical case is now discussed in which the patient's struggles might be usefully formulated in terms of paternal functioning. In two of the cases (first and third) the paternal function in the form of the father is absent, while in the other two cases, the father is physically and emotionally present but the required paternal functioning failed to take place. These two latter cases in particular highlight the gender neutrality of that aspect of the paternal function discussed.

Before engaging the first paternal function it is noted that the emphasis in this paper is on developing a clinical relevant and useful formulation. The matter of concomitant interventions and clinical technique is clearly important and while at times alluded to in the discussion, it is one which is beyond the scope of this paper.

Function 1: Separating function

Much of the literature in the area of paternal functioning refers the assistance provided to the infant in separating from the maternal caregiver (Loewald, 1951, Mahler & Gosliner, 1955, Greenacre, 1957). More traditional literature has tended to frame this function as a phallic piercing (eg Buren, 2000) with more contemporary conceptualisations portraying this function as a more gentle and supportive enticing of the baby away from the symbiotic relationship through introducing the infant to a wider, exciting, 'outside-the-dyad' world (Greenacre, 1957).

Several authors have written on the malignant results of a failure of this aspect of the paternal function. In particular Seligman (1982, p. 1), suggest that the lack of a separating paternal function ultimately results in the "half-alive ones", inextricably, and unhealthily, tied to their primary caregivers. Burgner (1985, p. 319) echoed this finding noting her observation that patients who were deprived of a father prior to age five were "adhesively and ambivalently tied to the remaining primary object and they seem to maintain a certain hopelessness about their adult capacities as partners ".

In the following case we arguably see further evidence of the developmental arrest that follows in the wake of an absent paternal functionary.

Billy, in his early twenties, was 'sent' to therapy by his mother. In her initial call to me she said her son was stalling on getting a driver's licence and could I help motivate him. I requested that Billy phone himself to make the appointment, something which he did shortly thereafter. In the first assessment session I tried to explore the extent to which Billy really wanted to be in therapy and the extent to which his presence in the room was at his mother's behest. "How do you feel about being here, Billy – I'm aware that your mother made the first call to set up an appointment for you?" To which he replied "No, it's all good, my mom knows". "Your mom knows?", I queried. "Yes, if she thinks I should be here then that's fine". "So you don't have any strong feelings of your own about being here?" He answered nonchalantly "No. I'll give it a try". This exchange was the first indicator that Billy might not have separated adequately from his mother and

lacked a sense of himself as separate from her, with needs, desires and wishes of his own.

This patient's father committed suicide when Billy was in pre-school and his sister a year and a bit younger. Billy's mother never remarried and no mention was ever made of any significant other in her life. In therapy Billy struggled to recall any relationship with his father prior to losing him, while he could recall aspects of his relationship with his mother when directly questioned. While this could be interpreted as a defence against acknowledging the relationship he lost when his father died, it might also be interpreted as evidence of a rather absent, ineffective paternal figure in Billy's early development. The circumstances of the death might also be seen to support this hypothesis.

Billy's mother's call to me indicates her conscious awareness that her son was too dependent on her for transport, but perhaps also flags her unconscious awareness that their relationship was too enmeshed, that she and Billy needed to be separated and she was looking for someone to perform the paternal function of providing him with the means to drive away. Billy's symptom is rich with meaning in relation to the separating function. Endowed with symbolic meaning too is Billy's mother's choice of a male therapist.

Billy's attendance at therapy was somewhat erratic as he, his mother (the only driver in the family) and his younger sister coordinated transport arrangements amongst themselves. He was strongly averse to creating a situation where he felt he may be putting his mother out, and was quite distressed on occasion when his mother did cancel one of her own appointments to ensure he got to his therapy. He would cancel sessions at short notice because he didn't wish to inconvenience his mother.

In the course of therapy to became clear that Billy's lived a very parochial life with few forays into the world outside of home, work and therapy. There had never been a romantic interest in his life although he had several cyber relationships with people he had met online on various social sites. He talked of dating one of these people, although he had never actually met her face to face.

Spare time for Billy was with filled drawing and designing comic book characters and writing an accompanying story (one of which was published). In therapy Billy would give lengthy and detailed feedback regarding the development of the character from week to week. Based on his descriptions these characters seemed to be predominantly male, mostly benign and somewhat larger than life. It might be argued that Billy inhabited two worlds, one of symbiotic dependence with his mother and another world of fantastical, potent male characters. Billy's fantasy comic world might be understood to be the unconsciously longed for external-to-mother world, and the comic characters the hoped for paternal functionary who would rescue him from the symbiotic relationship with his mother. While the fantasy world was ripe for interpretations, such interventions generally fell on deaf ears, Billy unwavering from his descriptive narratives.

I worked hard to find a point of connection, a contact point where a 'lifeline' could be attached to reel Billy into the wider world but none could be located. Instead I found myself fighting a stream of lifeless, monotonous words describing the mundane in Billy's external world, or in depth descriptions of comic character design, with detail that left me bored and exasperated. I felt despondent, wondering whether I could ever 'free' Billy.

This strong counter-transference coincides with that mentioned by Seligman (1982, p. 18) in her therapy with one of the unseparated patients she worked with: "He was flooding me with words", "He spoke compulsively into an empty space", and "I felt as isolated and useless as he". This concurrence of experience, with very similar patients, suggests that such counter-transference might be generally useful diagnostically in so far as it may be seen as a red flag alerting the clinician to potential of paternal functionary failure. During sessions I often felt that my presence was unacknowledged by Billy. Such feelings were confirmed when, at the end of a session Billy would exit with nary a glance nor a word in my direction. Seligman (1982) explains this counter-transference and patient behaviour by noting that patients deprived of the separating paternal function cannot bear the thought that there are two people in the therapy room, for that would disturb the much needed fantasy of oneness.

My counter-transference vacillated between one of irritation and wanting to firmly and sternly disrupt Billy's dependency on his mother, and a gentler more benign desire to help Billy have his own life where he was free to come and go as he pleased. These two positions reflect what was noted above, namely that the separating function can be conceptualised as a phallic piercing on the one hand or an encouraging enticing to separate on the other. In retrospective reflection it was predominantly the former which informed my therapeutic interventions and I was firm and unyielding in Billy's requests for more flexibility around missed sessions.

The therapy terminated some eight months in, Billy claiming that transport arrangements were just too hard to coordinate. I was initially torn: was this diagnostically good or not? Was Billy developing a capacity to function alone, without my help, separating from me of his own accord? A more traditional look at transference might see the therapist as the mother he is wanting to leave, and his leaving therapy a practice run for the harder separation to follow. Or was he returning to his mother's bosom because he could not bear the anxiety my phallic paternal separating actions aroused in him?

Upon reflection, it seems that his leaving therapy was not an act of separating, for he had never really developed an attachment to me on the one hand. On the contrary he had not acknowledged my presence in the room and his reasons for terminating seemed aimed at regulating his mother's affect.

Unbeknownst to Billy I had given much thought to the matter of flexibility being was aware that over rigidity would lose the patient but over flexibility seemed like an unhealthy collusion with Billy's mother-infant dyadic world. If I allowed Billy to cancel and attend sessions as a function of his relationship with his mother, then I was being asked to be a caricature of the Winnicottian father protecting a symbiotic dyad, when in fact I should be piercing it.

Billy was offered an alternative time but he turned it down, ostensibly worried it wasn't suitable for his mother, but perhaps it was more that the struggle to find a time put in sharp relief his and my separateness.

In retrospectively thinking though the case I wondered whether I had adopted the most useful approach as a paternal functionary. Was my rigidity regarding rescheduling too penetrating for Billy? Would he have benefitted from a paternal function which aimed at *gently* encouraging him away from the mother, enticing him or her in to an exciting world outside the dyad, patiently tolerating the immature psyche's fear, ambivalence and constant returning to mother for refuelling, as Mahler (1975) noted? The therapy may have survived if the harshness of the real world was initially absorbed by myself (this would have been absorbing the sessions cancelled at short notice and being more flexible) rather than exposing the infant, Billy in this case, to the harshness ("Billy, if you miss a session at short notice you still need to settle the bill") of the real world. Who would want to live in that world having had no experience of the gentleness it also offers?

While there might be alternative ways to understand and conceptualise the case, this particular view through the lens of the paternal separating function appears to capture the essence of the case parsimoniously and provides a clear focus for therapeutic intervention.

In Billy's case the apparent absence of his father resulted in the absence of the (separating) paternal function. The case of Megan which now follows exemplifies the situation where a father may present but an aspect of the paternal function stills fails to be performed.

Function 2: Facilitator of development of psychic structure

This aspect of the paternal function relates to the development of the psychic capacity to relate triadically and symbolise, a prerequisite for healthy psychic development (Britton, 2004; Fonagy et al., 2004; Herzog, 2005, Wright, 1991).

Britton (1990) suggests that the internalization of the Oedipal triangle creates a mental space within which the baby is able to have differentiated relationships with *both* not-me objects, as a couple

and as two individuals. All of these aspects of relating, initiated by the presence of a significant other, the paternal functionary, act to trigger the baby's early thinking about object relationships, allowing the baby to develop a rudimentary experience of entertaining the other's perspective while retaining his or her own and, as Britton (1989) says, for reflecting on self while being self.

In writing about this linking dimension of the paternal function, Birksted-Breen (1996) refers to the bringing together of disparate parts of the infant's psyche together. Drawing on Kleinian imagery, she suggests that this aspect of the paternal function can be conceptualized as providing an internal structure that allows for the recognition of different parts of oneself and one's internal objects, and also for the experience of them as both ordered and separate, yet connected. She further argues that the presence of the paternal functionary encourages a linking or combining of the mother (primary caregiver) and father (paternal functionary) in the infant's mind, facilitating a less polarized experience of masculine and feminine. This linking can also be thought of in non-gendered terms and construed as facilitating a less polarized view of oneself as seen by two separate but linked others. It is the apparent failure to satisfactorily internalise the link between her mother and father (paternal functionary) that results in the difficulties encountered by Megan as elucidated in the case that now follows.

Megan (27), a female honours graduate and the only child of parents who divorced when she was around six years old, came to therapy because she could not decide what career she wanted to follow. She felt she had several mutually exclusive possibilities, but felt unable to decide which career she should pursue, the opportunity cost of each possible choice paralyzing her. She also reported ambitions which she acknowledged were generally unattainable. Indeed she nurtured a dream of being the discoverer of a cure for AIDS, of taking a Pulitzer prize winning photograph, writing a Man-Booker prize winning book, and fantasized about following in the footsteps of Celine Dion. She basked in the fantasy of the interviews she would give at press conferences, telling her audience of her journey to her accomplishments. While she lost herself in such fantasies she was fully aware that they were just that, fantasies, and that she wasn’t in the

medical profession, couldn't sing, wrote little more than a few diary entries and that her camera was no more than a 'point and click'.

Juxtaposed alongside her fantasies of fame and adoration was her real life which was, she reported, 'ordinary and boring'. Megan was employed as an accounts manager in a small advertising company. She referred to this position as being of little value to anyone, the adverts she helped compile nothing more than 'clichés strung together' which one or two people may read. She battled to rouse herself each morning, preferring to lie in bed daydreaming rather than facing the 'mundane' activities of the work day.

My patient had had some romantic relationships, the last one for some years, but by her own admission these along with several relationships she recalled from school days, were important to her for the sense of belonging to a family (that of her boyfriend) that she experienced with them, as much as for the feelings of affection she felt for the friend or boyfriend.

While Megan initially reported unremarkable relationships with both her parents, she came to understand her father as unwilling to acknowledge her limitations. Megan reported her father's enduring mantra "you can do anything you like if you just put your mind to it" and the subtle pressure she felt to achieve the impossible lest she disappointed her father. He created the impression that she would be no more than a shoe-in at Oxford University. She reported that this pressure combined with the fantasy of invincibility led her to the goal of playing football for the English football club Manchester United (MUFC), and that her father unashamedly encouraged her, telling her that if she practised hard enough she could. Megan practiced her ball skills daily, adamant that she would play for MUFC. The mocking and rejection that embarking on such an unrealistic trajectory would inevitably yield occurred when she tried to sign up for the MUFC junior side and was laughed off the pitch. Her ball skills were insufficient, but more importantly she was the wrong sex. She was furious that her father's fantasies had put her through such pain.

In contradistinction, Megan's mother's feedback was cruelly rooted in reality. "You're not as clever as you're father thinks you are", she would warn Megan. As an adolescent, when Megan sought confirmation from her mother regarding her physical looks her mother would respond "Yes, you are pretty, but so are lots of the other girls too".

The feedback Megan took in from her two parents was strikingly contradictory: her experience of her parents was that her father viewed her as fantastic, out of the ordinary, capable of anything and everything, and her mother viewed her as profoundly ordinary.

In one session when I said to her "you cannot bear to be thought of as ordinary" she confirmed this with visible physical and emotional distress. This appeared to be as a result of the pain she experienced when she heard her mother say "you are ordinary". And yet there was something equally painful about being 'fantastic' and being capable of anything if she just put her mind to it, as her father saw her; it was incumbent upon her to achieve the unachievable.

While pathology related to the link between the parental couple is often associated with the baby's refusal or inability to tolerate this relationship (see for example Smith, 2004), Megan's case might be understood quite differently. She seemed desperate to unite the disparate parts of her internalized parental relationship, her internal world and thinking painfully rented as her two contrasting identities grappled to unite. It was not her inability to tolerate the parental relationship but the parental couple's inability to tolerate the view of the other – father holding the fantastical, mother holding the mundane - that left the paternal function incomplete and Megan unable to limit her world to one shared with two internally united parents. Megan was deprived of a joint parental relationship where fantasy and reality came together to create a healthy environment in which reality and potential and opportunity coexisted.

The malignant results of this paternal function failure were her disparate worlds of fantasy and reality, her seeking 'happy families' (read 'united families') in the family of friends and boyfriends, and her paralysis in choosing a career. This

latter symptom, while not immediately obvious, is more apparent if one understands Megan's world as predicated on her choice of identification with mother or father, but never both. Choice for her always involved a loss, always an either/or, never a both/and.

Her desire to write a prize winning book was understood as the manifestation of her unconscious wish to create a coherent narrative and excise the alien self that accompanied her un-unified psychic structure. Her internal struggle to unite raises the question of could her choice of football club, namely Manchester United, have been informed by her unconscious desire for a united psychic structure?

In therapy Megan struggled to talk about her internal world directly (although her fantasy world was clearly alive with reflections of it). She filled the space with her fantasies and her longings for acknowledgement and the desire to be known. She loathed talking about anything that I drew her attention to regarding the relationship between us. She would grimace and turn her head when I reflected on any personal interaction in the room. She struggled to listen to me reflect back my experience of her in her sessions. She would shake her hands and then put them up as if to say "Stop. No more". As much as she longed to be seen, her story to be known, there was something incredibly distressing about being seen, by me at least. This behaviour ceased after I noted "You resist thinking about how I might experience you because what if it coincides neither with your father's view nor your mother's, and is yet another different reflection you have to tolerate".

Regarding the transference, Megan vacillated between the paternal and maternal. At times she worked hard to demonstrate her intelligence and her non-ordinariness (as her father would have her believe), acknowledging her wish to be my "special patient" because of her intelligence. But that was quickly followed by her worry that I would be her mother and cut her down . At such times she reflected before I could "but I know I am just one of many". In other words, 'I am ordinary'. While this may be construed as her ability to reflect on both parts of herself in such moments there was a clear sense of her inhabiting two different relationships.

It was clear that Megan struggled to hold a *self-with-mother-and-father-together* representation, (Herzog, 2010), which is a crucial part of self-structure, alongside the *self-with-mother* and *self-with-father* representations. The latter two were clear – ordinary and exceptional respectively - but the view of herself in the eye of the couple was a painful contradiction.

The words of Britton (2004, p. 47) are germane:

The acknowledgement by the child of the parents' relationship with each other unites his [sic] psychic world, limiting it to one world shared with his[sic] two parents.

The work of therapy was to create the paternal function of psychic triangulation, psychic bridge building between the two separate worlds represented by her 'unbridged parents'. It was necessary to unite the internal oedipal couple so as to link the world of enlivening fantasy and the world of crushing reality.

In Megan's case the work was incomplete for she left for another city to read for a higher degree. Evidence for some measure of internalised bridging came in Megan's eventual acknowledgement of her wish to marry and have children rather than sing in Carnegie Hall or receive a Pulitzer, for it suggests an acceptance of her ordinariness in the world while acknowledging her specialness to her future husband and children.

Megan's struggles might be formulated in a more traditional oedipal fashion, and there are perhaps other formulations, for example involving the disavowal by her father of gender differences. What is useful in thinking around this case using the paternal function of psychic bridging is that it highlights the important paternal bridging work required of the therapist – it is arguably more structural work on the psyche that is required in this case rather than the processing of oedipal loss and traditional identification formation.

In Megan's case it was the failure of the paternal functionary to link with the maternal caregiver allowing the formation of the internal triangular space that led to her struggles. In the case we now discuss it is the failure of the paternal

functionary to interact with the patient in a certain required manner (which we shall discuss) that leads to her fear of elevated feelings although seeking them out.

Function 3: Affect arousal and regulation

As early as 1966, Greenacre (1966) noted qualitative differences between maternal and paternal interactional quality. Many studies since then have confirmed this finding and further inferred the father's more robust style of play is implicated in affect management (for example Yogman, 1982; Lamb, 1977, Herzog, 2010). Such research suggests that non-maternal figures interact with infants in a manner which creates a level of arousal beyond that experienced in interactions with the maternal caretaker (Herzog J. M., 2002). The latter tends to prioritize decreasing anxiety and soothing while the former engages in more physically robust, affect elevating interactions (Herzog J. M., 2002). It is suggested that the benign elevation of both positive and negative affect is more easily stirred and tolerated by the paternal functionary and this encourages the development of the ability to modulate increased levels of anxiety, frustration and aggression in the infant as s/he experiences and survives the encounter (with the help of the paternal functionary) with such arousal (Herzog J. M., 2002).

In her initial call Carla (early 30's) explained that she was particularly interested in starting what she termed 'psychodynamic therapy'. In her assessment interview she expanded on this saying that she had been in therapy for the past year with a therapist who she was fond of but that the therapy was no longer productive. Carla noted that "I was told that she was not psychodynamic, and I felt that I was missing out on something. She was a very supportive therapist, make no mistake, and full of empathy; we liked each other, but something was missing." Her statement "we liked each other" slowly unwrapped over the first few sessions and it became clear that this patient's experience of that therapeutic relationship was one in which neither therapist nor patient wished to 'upset' the other in any way. "We both wanted to be liked", she reported. I reflected to Carla that , despite her wish for something different, she had stayed with this therapist for a year, to which the patient replied to the effect that "well, it was what I needed then, ...for a while at least".

As therapy progressed Carla shared the dilemma she was currently facing. She was engaged to a doting partner who went to extraordinary lengths to ensure her every need was met but she was having an emotional affair with another man simultaneously. Carla found herself straddling long time feelings of appreciation for her fiancé as well as feelings of frustration towards him. She said she loved that she could ask him to run a bath for her but was continually frustrated by his over attentiveness manifesting in this case as employing a thermometer to ensure the water temperature was just right. The man she was having an affair with was elusive, didn't appear to love her as much as she loved him (Carla's sense), came and went with less thought for Carla than she would like and provided a far more challenging relationship than her marital one. She enjoyed the perturbations this affair provided yet she seemed to genuinely not want to leave her fiancé

The parallel that can be drawn here with maternal and paternal play is striking. The maternal play ensures uninterrupted going-on-being, homeostasis, friendly/easy therapeutic relationship, perfect bath water temperature; paternal play is perturbing, provocative, affect arousing.

The pattern seemed clear. As in her previous therapeutic relationship she was not being challenged, stimulated, asked to put up with imperfections, made to work. She left her previous therapist and had, in a manner, left her fiancé. These enactments were not just a repetition of the past or a form of remembering, but also the only path towards a reworking of some failed or absent paternal play.

Carla needed her intimate, nurturing relationships to embrace more paternal functioning in this area of affect arousal and regulation. This was what she was asking of me in her request for 'psychodynamic' therapy. Indeed it seemed that what this patient might have been craving was not so much a 'psychodynamic' therapist but a therapist who was less maternal (supportive) and more paternal (challenging). Her approaching a male therapist further suggested she was in search of a more paternal experience. (I was aware of the conflation of paternal and maleness at play, but that seemed a secondary matter).

Carla also spoke regularly about an ongoing struggle with her line manager at work. Interactions in which the manager was experienced by Carla as being overly firm or challenging left Carla frightened and uncertain of both the manager's intentions as well as her own feelings and possible reaction. Initially this may seem unrelated to Carla's other struggles, but herein lies the usefulness of the particular paternal function formulation proposed: If one holds in mind the importance of an early experience with an appropriately challenging, frustrating and robust paternal functionary which facilitates the development of a knowledge of feelings arising in such interactions, as well as the capacity to regulate the concomitant affect, the link with Carla's other material is immediate. Indeed, both struggles potentially originate in the absence of this aspect of the early paternal function. What she hasn't had early in life Carla was now seeking out in different ways as she sought to learn to manage situations in which she was actively but benignly provoked, stirred up, stretched. Moreover, the lack of a robust paternal functionary who would at once frustrate/challenge/provoke and provide affect regulation, left her vulnerable and emotional in encounters where her aggression was provoked in a manner which she experienced as non-benign, such as those with her line manager.

There is evidence to support this hypothesis in Carla's history. While her father was physically present my patient reported "my father was open in not liking his children. He didn't have much time for us and couldn't wait for us to grow up so that he could have a relationship with us".

Psychic difficulties of a different nature can also manifest when the paternal functionary (father) is unable or unwilling to be available to the developing infant. We discuss one such possible outcome in the case that follows.

Function 4: Port of psychic safety

Several authors (see for example, Minsky, 1998, Lebovici & Diatkine, 1954) have discussed this paternal function which refers to the provision of a safe refuge for the infant during times of persecutory anxiety in the mother-infant

relationship. There are times when an infant, caught up in a hostile relationship with mother, can't bear disruption in this relationship and consequently s/he needs to rely on the paternal functionary in one way or another. Indeed, in such instances the baby may imagine the father to be an ally who helps protect the mother from its destructive phantasies which the father is able to hold instead of the mother (Minsky, 1998). Davids (2002) notes that since splitting and projective identification are the only mechanisms the infant has at its disposal, the paternal function regardless of the sex of the functionary, is as a receptacle for projective identification and the lodging of the unsafe/bad parts of the maternal caregiver (as experienced by the infant). The paternal functionary comes to embody all the hated aspects of the maternal caregiver and by so doing protects the baby's good inner experience (in relation to the maternal). The infant's annihilation anxiety is thus managed.

In the following case the absence of a port of psychic safety in early development and the concomitant absence of an internalised refuge results in the patient unconsciously continuing to seek an external provider.

Baxter,24, a recently qualified professional man sought therapy to address his troubled relationship with his father. Baxter's parents divorced when he was five years old and in the aftermath Baxter spent the majority of his adolescent years residing with his father. During the first months of therapy Baxter painted his father as an immature, selfish and irresponsible man who demanded an inordinate amount of affirmation, and who struggled to think about what might be going on in the minds of those around him.

Baxter felt pressured by his father to adopt the latter's thoughts on many matters including a hostility towards Baxter's mother, and Baxter felt his father bullied him into complying. Despite the projections that colour our patients' versions of their experiences, there did appear to be objective evidence supporting my patient's experience of his father.

While Baxter's mother was discussed less the general picture of her was at times a rather bland, disinterested woman but who also had the capacity to be intrusive and overly critical.

My observation was that at different times in the therapy Baxter would idealise one parent for a period (several months) and then the other, while the relationship with the remaining parent was construed as hostile and problematic. It seemed he had to keep one of them good. This pattern was replicated at a specific time in the therapeutic relationship when Baxter was exploring his relationship with his fiancée. In talking about this relationship I became increasingly aware of a hostility towards me from Baxter, both passive and active. For example, he accused me of not wanting him to marry because I thought him too young. It is important to note Baxter had shared that one of the criticisms that hurt him most from his fiancée was when she suggested he was immature. I had no particular thought on the matter. He further suggested that I judged his fiancée and that I didn't like her (I had never met her but she generally elicited indirect positive counter transference). It might be noted here that Baxter had felt judged by his fiancée who felt that he did not stand up to his father adequately. There were many other points at this time which Baxter took to see bad in me. All the while he had only positive things to say about fiancé and reported enjoying a blissful relationship with her.

I was struck by what may construed as a form of ongoing splitting around this important relationship and that of his parents. There was little evidence elsewhere in the therapy of such primitive defences, his affect regulation was not labile and always seemed appropriate so the hypothesis of borderline structure did not appear to adequately explain this pattern.

At a point in the therapy I commented on the transformation of his mother in his mind from good to bad. This was shortly after a period in the therapy where his deep anger towards his father was examined and Baxter had turned attention towards his mother. Baxter was the one who reflected "I guess I needed to keep that [maternal] relationship safe while I tackled the hard relationship with my father".

It was at this point in peer supervision that the idea of a port of psychic safety was brought to my attention and my formulation took shape. Indeed because of a high sensitivity to criticism Baxter's father found it impossible to tolerate the projective identifications of the baby Baxter. Moreover, if the marital relationship was as soured as Baxter reported, it is imaginable that Baxter's father would be even less inclined to receive projective identifications involving his wife's bad parts. This left Baxter trapped and unable to escape the annihilation anxiety in the mother-baby dyad. The consequence of this paternal functionary failure was that Baxter failed to introject an object to whom he could turn when an external relationship felt problematic.

The hostility around his engagement and marriage that was directed towards me in therapy came to be understood as Baxter managing his anxieties around those parts of his fiancée he struggled with by finding parallel proxy issues in me that he could attack while keeping his fiancée and that relationship safe. In the absence of an internalised refuge from adverse relationships, I was the port of psychic safety while he negotiated some harder aspects of his relationship with his fiancée, a port which his father should have provided him with years ago when he struggled with his maternal object.

It might be asked whether this is not just splitting as elucidated by Klein (1945). It is, to be sure but to leave it there would be to fail to recognise the important developmental implications of the 'participation' of the paternal functionary in allowing the splitting and hold the projections so that the maternal object is protected and the infant's ability to survive psychically promoted.

Conclusion

The thrust of this article has been to show the importance of the pre-oedipal paternal functionary in facilitating psychic development.

Of particular focus was is usefulness of the application of paternal function theory in the clinical setting. In this article the cases of Billy, Megan, Carla and Baxter

were discussed, with a formulation referring to the one aspect of the pre-oedipal paternal function which seemed to be at the crux of the patient's struggle provided. While every case formulation provides concomitant interventions, this paper has not discussed the latter. In the main this is because the focus of this paper was exemplifying how the paternal function can be used to understand psychic struggles. There was a secondary reason for this omission, namely that most of the patients were formulated using the paternal function post termination of therapy. This very fact is indicative of my own traditional tendency, and perhaps that of many psychotherapists, to default to a maternal function formulation, unaware of the possibilities offered by a paternal function formulation.

Therapeutically some of these cases were more 'successful' than others in that patient was able to work through their difficulty. Perhaps those that were less successful might have benefitted from an earlier understanding of the paternal functionary dynamics at play. This is exactly why a paper such as this seems necessary - to highlight the paternal function in the clinical setting, to bring it to the attention of clinicians in a way which stresses its usefulness diagnostically, in formulating and in concomitant therapeutic interventions. In the case of Billy it was explicitly noted how viewing his termination of therapy through maternal and paternal lenses provided significantly different understandings, the former lens, it is suggested, providing a less helpful understanding. This point is explicitly made to counter the idea that it is sufficient to base our work primarily on maternal function theory.

The importance of including paternal functioning theory in the clinician's repertoire of theory that these four cases demonstrate echoes the voice slowly emerging in the increasing literature bringing the pre-oedipal father and the paternal function to life in the therapy space.

CHAPTER EIGHT:

DISCUSSION AND CONCLUSION

Discussion

Prior to the turn of the century it was either the Kleinian or Winnicottian mother and her dyadic infant, or the Freudian Oedipal father and his son that, for many psychoanalytically oriented psychotherapists, watched over the psychotherapeutic hour. However, over the last two decades, if not more, a slowly increasing chorus of voices has been calling, both directly and indirectly, for an enhanced recognition and inclusion of the pre-oedipal paternal function in clinical work. Very often this call has gone under the guise of emphasizing the importance of the father in the early development of a healthy psyche (for example Diamond, 1986). While such contributions to the literature may be worthwhile and useful in understanding the role of the father, to conflate the latter with the paternal function is erroneous. It is the pervasive conflation of the role of the father and the paternal function as well as the failure to recognise the importance of pre-oedipal paternal functioning (Davies & Eagle, 2013) that this thesis has sought to highlight, and in the case of the former, separate out or de-conflate. While the role of the father has been discussed in some detail in the literature (see for example Diamond, 1986, 1998), a considered discussion and application of mind to the paternal function has, with a few exceptions (for example Kancyper, 2006; Layland, 1981), been less evident.

The importance of teasing out what may be father and what may be paternal functionary is important, for failure to do this results in the perpetuation of gender role stereotypes and the subsequent restriction of theorization and ways of being. This thesis has argued that in an age where gender is no longer premised on the

rather out-dated, bifurcated model of men = masculine, women = feminine and masculine = not feminine, an interrogation of the traditional allocation of parental roles (and functions) is warranted. Indeed, this research, in focussing on four specific aspects of paternal functioning, sought to explore which parenting functions traditionally carried out by fathers may actually be sex invariant, not requiring the possession of a certain biological make up, but rather perhaps being sex invariant and linked to thirdness.

The importance of such an interrogation lies in multiple areas. Firstly the traditional family is no longer the 'normal' family with single parent arrangements, gay and lesbian couples as parents, and children conceived through scientific methods now making up a substantial proportion of the settings into which babies are born and rely on for development. Understanding that the paternal function of, for example, the separating third does not necessarily require a father or male figure frees both past and future generations of children born to, or raised by, single mothers from the theoretical pathology of being 'unseparated'. It also increases the possibility that children raised by a lesbian couple will be seen as 'normal' – something that empirical research has already demonstrated to be commonly the case (Gartrell & Bos, 2010) – despite not having a male father (one or other of the lesbian parents having performed the paternal function). In the second instance, a clinical awareness of what aspects of the paternal function can be performed by the mother herself, a grandmother, aunt or other of any sex or gender, allows the clinician to more accurately formulate the patient, unconstrained by historical gender ideologies and automatic assumptions based on actual family constellation.

This research study was thus concerned with deepening the understanding of the paternal function in terms of both infant developmental trajectories and psychoanalytic psychotherapy practice. As such, it took a multifaceted approach to the research project in examining the international literature, obtaining the considered opinions and thoughts of a group of psychoanalytic psychotherapists on the topic, and examining case material in which the paternal function was deemed salient.

In drawing this research to a close and pulling together the ideas and findings contained therein, it seems useful to structure this final discussion and conclusion around three key issues relating to the findings of this research study. The three issues are first, the South African context, second, some reflections on the literature germane to this study – including the predominance of maternally focussed thinking, the dominance of traditional oedipal material in the analytic theory pertaining to the paternal function, the conflation of the paternal function and fathering, and the potentially ungendered nature of the paternal function – and thirdly, the paternal function in clinical practice. These closing discussions will focus on what the literature has highlighted regarding the paternal function as it pertains to both psychic development and clinical practice, what has come to light in the material from the individual interviews, as well as thoughts and ideas relating to the application of the construct clinically.

The South African context

In order to understand one of the possible reasons for the relative absence of reference to the paternal function in the early months and years of infant development, and in clinical work, some context may be helpful.

For historical reasons (some insight into which can be found in Ivey (1998)) South Africa's psychoanalytic practice has been strongly tied to that of the United Kingdom (UK). Indeed for many years it has been the custom for one or two UK trained psychotherapists or psychoanalysts to visit local shores from institutions such as The Tavistock Clinic to deliver seminars and other continuing development activities such as specialist supervision. Such visitors were regularly ex patriots who had emigrated to the UK and were invited back by psychotherapist friends and colleagues who had remained in South Africa. The importance of this set up is that a rather closed system of knowledge exchange was created. The broader object relations tradition (including both British Object Relations and Kleinian theory) has historically been strongly represented in both countries, and those leaving and later visiting for lecturing

engagements continue to bring this kind of theoretical perspective to bear in reflecting upon their own work and that of South African clinicians. In the context of this research, this situation might be likened to a mother-infant dyad, where the UK based body has been the maternal parent and the South African body the infant (and such analogies have been made in group contexts (see Ivey, 1998)). Loewald (1951) suggested that the healthy development of the infant requires access to a representative of the outside world, or reality. In the context of the current discussion, arguably what the South African clinical family has lacked is access to a representative from the world outside of broadly object relational and Kleinian theory, bringing the reality of alternate ways of conceptualising psychic development and clinical practice. Arguably, to extend the analogy, the mother and infant have not been separated. The role of the paternal functionary in this tradition of psychoanalytic thought has, until very recently been absent, and the consequence of this is that maternal-centric theories and practice have predominated.

With the establishment of the South African Psychoanalysis Initiative and the South African Psychoanalytic Association (see SAPI, (2014)) with its more Freudian emphasis, the oedipal paternal function and functionary are increasingly finding representation in psychotherapeutic discourse. However, after decades of very little exposure to Freudian theory (let alone Lacanian theory with its strong emphasis on a particular understanding of the paternal function) there is a Kleinian and Winnicottian oriented psychotherapy mind-set that still appears dominant, certainly in my own and many colleagues' experience and, as the findings of the research show, was arguably evident in the minds of the participant clinicians.

For the record, there are significantly smaller groups of psychotherapists who align strongly with other traditions in psychoanalytic theory and practice (as well as, of course, modalities beyond this tradition). For example, there are relatively smaller groups of clinicians working with, and informed by, the work of Carl Jung (See SAAJA, (2015)), and a Cape Town group of clinicians who are strong advocates of Self Psychology. No doubt there are also less formal

groupings of clinicians in both Johannesburg and Cape Town (and elsewhere in South Africa) whose preferred approach to psychoanalytic treatment is aligned more with intersubjective and relational theory.

The South African context has also been largely bereft of qualified psychoanalysts for many decades, and while this is now changing (see SAPI, (2014) for details) the predominant form of psychoanalytically oriented treatment still remains once weekly psychoanalytically informed psychotherapy.

This brief contextualisation of the tradition of theoretical adherence amongst psychoanalytically oriented South African psychotherapists, points to some structural reasons as to why local psychotherapists are largely unfamiliar with the paternal function. This being noted, as the critical review of the international literature, reported on in chapter four, has shown, this is perhaps not just a South African problem, and that there is also an apparent absence of a 'conscious' or intentional deployment of the paternal function within many international therapy rooms. The use of the modifier 'conscious' is included here simply because inevitably there is some 'paternal functioning' in the therapeutic setting as interpretations are made, time is called and fees are demanded. However the deliberate use of the paternal function in patient formulations and the employment of associated paternal function related interventions are relatively absent when compared with deployment of theory and technique related to the maternal.

We turn now to considering the relative absence of the (pre-oedipal) paternal function as an international phenomenon, and related matters, as reflected in the international literature.

Reasons for the apparent under-theorisation of the paternal function

As discussed in earlier chapters, it seems evident from the analysis of the international literature that there is an under theorisation of the paternal function. This under theorisation may, in large part, be attributed to the conflation of this

construct with that of fathering and the consequent erroneous belief that researching the father simultaneously necessarily throws light on the paternal function. Another reason for the under theorisation is the possible over emphasis on traditional oedipal aspects of the paternal function, with little cognisance being given to the existence of the paternal function in the period prior to the traditional oedipal conflict. This seems to have resulted in the understanding of the paternal function often being equated to the function performed by the father of oedipal conflict. Before discussing this under-theorisation further, it seems useful to recapitulate the understanding of the paternal function that was developed in this research study.

What is the paternal function?

Because there is no overarching theory of the paternal function, reference to the concept in the literature is scattered and fragmented with no consistent understanding across the psychoanalytic 'library'. A close reading of the international literature suggests that there are at least four functions which might be thought of as making up the pre-oedipal paternal function. These have been discussed at length in earlier chapters but for the sake of completeness are briefly listed here again in the order with which they seem to appear in the literature frequency wise. They are 1) the separating function, 2) facilitation of psychic structure (triadic relating), 3) affect regulation (aggression and frustration tolerance) and 4) the provision of a port of psychic safety.

In examining how the literature has portrayed the paternal function, reference to the function of separating the mother-infant dyad was overwhelmingly most frequently mentioned and significantly prioritised over other possible paternal functions. Interestingly, in a time when mentalization (Fonagy et al., 2004) is an important aspect of developmental and attachment theory, one of the developments which brings about this capacity, namely triangulation as elucidated by Britton (1989), is discussed far less frequently in case material than the separating function. Furthermore, possibly as a result of Bion's (1962) ground breaking work on the internalisation of the mother as container for affect regulation, the function of managing affect has often been attributed solely to the

maternal function. Sight has been lost of the role played by the paternal functionary in regulating affect, particularly that associated with aggression and frustration (Herzog, 2004). Regarding the fourth aspect of the paternal function identified in the literature review (although reference to it very sparse), namely the provision of a port of psychic safety, it is perhaps surprising that, given the extent to which Kleinian theory highlighted the paranoid-schizoid position and the infant's projection of hostility into the mother (Klein, 1946) more contemporary theorists and researchers, acknowledging the existence of a paternal figure pre-oedipally, have not looked more deeply for potential ameliorating methods at the baby's unconscious disposal, such as the presence of a port of psychic safety in the paternal figure.

In the same way that the international literature fore grounded the separating function relative to the other three paternal functions discussed in the thesis, the same was evident in the conversations with clinicians. The importance of internal triangulation, and the function of modulating aggression and assisting with developing frustration tolerance, were largely absent from clinicians' portrayals of what might be significant about the paternal function, reflecting the scarcity of reference to these kinds of constructions of the paternal function in the psychoanalytic literature. Given the remarks above about the fourth aspect of the paternal function discussed in the thesis, namely providing a port of psychic safety, it is unsurprising that it was almost totally absent in the reflections of clinicians in the interviews.

Conflation: The paternal function as person or process, as gendered or not.

This subsection flags the issues of conflation of fathering and the paternal function, the relevance of gender and sex to the provision of the paternal function, and in the case of a lack of such relevance, whether a more apposite name for this function is perhaps the *function of the third*.

At this point, having highlighted one of the main aims of this research which was to more clearly delineate the concept of the paternal function, it is perhaps useful to provide some further discussion aimed at clarifying the difference between the paternal function and the role of the father since so much conflation and confusion

exists in this regard. Indeed two of the key tensions in the literature are whether the paternal function is intrinsic to an actual person or whether it is a non-personified process, and if the former, is the paternal function equivalent to fathering? To answer the latter question first, the role of the father is a set of culturally and temporally prescribed functions performed by the male parent, be this biologically or family constellation determined as in a 'step-father' (Marks, 2002). The paternal function, in contradistinction, is a set of functions which are brought to bear on the developing infant's psyche in order to ensure healthy development. This set of functions is viewed as consistent across culture and time. The sex and gender of the figure who performs the paternal function (or functions) is largely irrelevant. Indeed, in all four of the aspects of the paternal function identified as significant in literature relating to the paternal function, there was no compelling evidence to support the long held view that these functions are necessarily the domain of a male parent, nor that they necessarily require a masculine identification. While there may indeed be aspects of the paternal function *in addition to* these four which do require maleness or masculinity, the literature did not appear to suggest this to be so at the pre-oedipal level where the four aspects highlighted in this research operate. This is an important point which this research has highlighted.

An examination of the degree to which maleness, masculinity and thirdness are implicated in paternal functioning, suggests that in all four cases maleness does not appear to be a pre-requisite and that only in the case of affect regulation and frustration tolerance might masculinity be implicated. It was generally the characteristic of thirdness that enabled the paternal functionary to satisfactorily provide the functions. Having noted the paternal functionary may be thoughts of as a third, there was discussion, however, whether in fact the mother was able, at times, to perform the separating and affect regulating functions herself, provided she was willing to appreciate the psychological separateness of her infant in the first instance, and in the second instance, that she was able to locate within herself, and embrace, a more physical, masculine way of interacting with her baby. In such an instance the mother herself would perform these aspects of the paternal function and an actual, physically present third would not be required.

The function of facilitating psychic structure, however, is predicated on thirdness since the psychic structure referred to is triangular (Britton, 1989). The only point for possible debate is whether this *third* has to be a third in reality or whether it can be the (deceased, for example) father in the mind of the mother as suggested by Davids (2002) or some other 'third' of which the infant is aware.

In the individual interviews conducted for this research study, interviewees invariably conflated fathering and the paternal function. Never-the-less, when they were pushed to engage with the assumption that the paternal functionary has to be masculine there was openness to, and some interesting examples of, the paternal function being performed by a woman. However, without the invitation to think differently, fathering and the paternal function appear to remain unconsciously linked.

Oedipal over-emphasis

As alluded to many times in this research, the international literature is replete with theory pertaining to the maternal function, with a distinctly more diluted treatment of the paternal function. The findings based on the interviews with local clinicians highlighted the different places the maternal and paternal functions hold in the minds of clinicians. In contrast to the abundance of material and discussion on maternal functioning which permeates the local psychotherapeutic community, interviewees grappled to conceptualise the pre-oedipal paternal function and demonstrated a relative unfamiliarity with the concept in comparison to other psychoanalytic concepts.

The oedipal father, along with his role of shaping gender identity formation, was prominent in the discussions elicited in the interviews, as was the well known role of the separating function. Despite the obvious necessity for a pre-oedipal father to exist if he is to perform the separating function, the importance and structure of the paternal function during the pre-oedipal period of development was largely unrecognised and unformulated. These finding are very much in line with general corpus of psychoanalytic literature where discussions of paternal functioning

coalesce around these two functions of gender identity construction and separation from the primary caregiver, and engagement with a pre-oedipal father only just beginning to be imagined and entertained.

Ostensibly, because Freud wrote at length on the little boy's oedipal struggles and treated the little girl's development far less usefully, the paternal function has come to be associated with the father and his son, and the development of the son's masculinity, with pre-oedipal paternal functioning, and little girls very much over looked. In her paper, *Preoedipal girls need fathers*, Spieler (1984) criticises both oversights at once. She goes to some lengths to emphasize the idea that the pre-oedipal child has, and needs, a relationship with a father. Arguably where Spieler's argument falls short is in its failure to distinguish between the importance of the actual father and the importance of the paternal functionary, or paternal third. It is precisely this point that has been argued in this thesis, namely that it is the presence of a pre-oedipal (not necessarily sexed) *paternal third* that is required for both boy and girl babies for them to develop optimally.

Slippage

The reader may perhaps take issue at this point with what might appear to be my own slippage between the use of the terms 'the father' and 'the paternal function(ary)' in the paragraphs above and elsewhere in this research thesis. As has been discussed, the father and the paternal functionary should be understood as conceptually distinct. Traditionally the father has frequently filled the role of provider of the paternal function, given traditional gender constructions and family constellations. It is for this reason that there is little distinction in psychoanalytic discourse between the two and when interview participants were invited to have a conversation about the paternal function, it is inevitably the father that becomes the subject of focus in the minds of most clinicians. This was precisely the case in the individual interviews of this research with participants generally referencing the father rather than the paternal functionary. While that explanation may cover some of the occasions I have used the phrase '*the father*' instead of '*the paternal function(ary)*', I am very aware that there may well be

other areas where I have incorrectly used the term 'the father' when I meant 'the paternal function(ary)'. Because of the very close tie of the term 'paternal' to the place of the father, and in turn to the idea of a parent of male sex and masculine gender, it is very difficult for theorists and clinicians to avoid this conflation and to hold in mind the idea of a more abstracted function or set of functions constellated around the term 'paternal' within the literature. Perhaps what we can best hope to achieve given this automaticity of association, to which I myself am drawn in writing this thesis, is to retain a mindfulness of this pull and an openness to thinking of both maternal and paternal functions as non (necessarily) gendered.

The struggle to avoid slippage and conflation of fathering and the paternal function holds important consequences for clinicians and their work with their patients. It is this matter, and broader clinical implications pertaining to the paternal function, that I now turn.

Paternal function in clinical practice

In the last quarter of 2014 the IPA (International Psychoanalytic Association) hosted an online debate/forum, chaired by Rosine Perelberg, entitled "Paternal Function in Psychoanalytic Technique" (Perelberg, 2014). This international revisiting of the construct of the paternal function suggests that this is an important issue of contemporary relevance. More specifically this recent online discussion foregrounds two significant points. The first is the perceived importance of the paternal function in psychoanalytic practice and the second is the need to encourage or bolster 'paternal function related technique'. The implication of this second point is that there is a relative scarcity of reference to, thoughts about and, one might infer, employment of such functioning in the clinical setting, in contrast to maternal function. It goes without saying that encouraging the application of 'paternal function related technique' signals the need to encourage clinicians to include paternal function theory when *formulating* their patients. However, because of the lack of theoretical and conceptual clarity around the paternal function, particularly as it applies to the pre-oedipal period,

there is work to be done in developing the relevant theory and even more work to be done in bringing it to the attention of practitioners.

Several notable themes emerged from the analysis of those parts of participants' interviews that referred to clinical application of the paternal function. In the first instance local clinicians' accounts of their use of the paternal function theory in the clinical setting echoes what is apparent within the IPA debate, namely that there is an absence of deliberate deployment of paternal functioning in formulating or intervening with patients in clinical practice. Participants' reflections on how the paternal function might manifest in their rooms also reflected the international literature, in that the primary focus was on the separating aspect of the paternal function and how this might be relevant for aspects of clinical practice.

The most surprising finding emanating from the interviews was the apparent reluctance of interviewees to consciously bring the paternal function to bear in clinical work with patients. This understanding or interpretation of the interview data is discussed in chapter six, as are possible reasons for this reluctance. In particular, interpretation of the data brought to the fore several instances of evident association of the paternal function with violence. Although this association may be more powerful for South African practitioners whose lives are lived against a backdrop of violence, (Altbeker, 2007; Kaminer & Eagle 2010, both in Smith, 2013); Straker, 2014), the voicing of such associations does resonate with some of the international literature, in particular Andre Green's assertion that "fathers are not pals" (Green, 2009, p. 43) with the inference that they are tough and distant (if not overly aggressive) figures. The factual evidence is that fathers do abuse, abandon and bully their children, and hence by virtue of erroneous conflation of the paternal functionary and the father, the former is unwelcome in the therapy room where protection, presence and validation are core. While this is an unfortunate conflation of the two concepts, analysis of interview data and inferences in some of the literature on the paternal function appear to suggest that the equation of the two may be real in the minds of many. Moreover the erroneous conflation of paternal functioning and maleness, the latter

which is still often associated with dominance, violence and destruction, particularly in South Africa where the research took place, further renders the paternal functionary *persona non grata* in the clinician's room.

Having offered this conjecture concerning (not always deliberate) associative links between the idea of the paternal function and a sense that this may be antithetical to a positive clinical presence, it is important to pay attention to dissenting voices which suggest that this interpretation is invalid and that the paternal function enjoys adequate exposure in the clinical setting. Samuels (1989) supports the idea of an ambivalent view of the paternal functionary in the form of the father. Indeed, he notes society's long standing tendency to hone in on certain negative aspects of this figure such as patriarchy, the predominance of a phallocentric culture, male violence, chauvinism and abuse of children (Samuels, 1989, 1993). However, he and others (Dick, 2011; Wall & Arnold, 2007) also suggests that there is a turn towards recognition of an "increasingly positive father" (Samuels, 1989, p.67) who facilitates development, who is empathic and nurturing, encouraging imagination, creativity and psychic health in general. This more optimistic view of the father is finding expression in the commitment of some depth psychologists to becoming actively involved in holding a more balanced view of the paternal functionary in the form of the father (Samuels, 1989).

Feedback from an anonymous reviewer for the journal to which the paper forming the body of chapter six was submitted, and forwarded to me by the journal editor, countered my suggestion that the paternal function is absent from the clinical setting for the reasons posited, suggesting that this "does not reflect the clinical or literary evidence, nor my reality as a reader and clinician, nor that of many therapists I work with or supervise" (C Long, private correspondence, 21 July 2014). This reviewer went on to say "Let us remember that most psychoanalytic authors since Freud, recognise the containment function of the paternal, which is present in most therapeutic encounters, especially where internal dyadic associations are in the transference dynamic" (C Long, private correspondence, 21 July 2014). This reference to the paternal function as evident in the containing

function of the therapist is perhaps key to this particular point of disagreement concerning whether the presence of the 'paternal' in therapy is common or rare. It appears that there is no disagreement that reference to the paternal function *per se* is largely absent from the clinical setting. What is contested in this disagreement is whether the presence of paternal related functioning present in the clinical setting, is present through a considered articulation between formulation and therapeutic attitude or technique in relation to the paternal function(s), or whether it is present through default. So, while there may well be paternal related functioning present in the form of containment, interpretation, standing back, and frame enforcement, the question is whether such functioning is present primarily because the patient formulation clearly indicates it, or is this functioning present on less well reasoned grounds?

In her concluding comments as part of the 2014 IPA internet debate on the paternal function, Perelberg (2014) highlights several questions that discussants addressed, one of which was what the outcome of a failure of the paternal function in development might be, and how this failure might manifest in terms of psychopathology? The published case studies which have at their core the paternal function are few and far between. Some examples include Botèro (2012), Coles (1988), Fonagy & Target (1995), Koritar, (2013), Mollon (1985) and Ott (1997). This paucity stands in contrast to the plethora of formulations in case based presentations highlighting either the significance of the traditional oedipal father or of the Kleinian/Winnicottian mother. Mollon (1985) has linked the missing paternal dimension with narcissistic disturbance, Coles (1988) implicates an impotent father in perverse aspects of eating disorders and Botero (2012) and Fonagy and Target (1995) have implicated relational dynamics with the father as a factor in violent behaviour. Recognising again the conflation between fathers, fathering and the paternal function, these cases and other similar ones are useful examples of formulations concerning development features and links to forms of pathology centring on the paternal function. While several authors refer to the father, not the paternal function, a closer reading of these papers appears to suggest that it is the separating paternal function, which is not necessarily male dependant, that has gone awry and that the pathology being referred to can be

understood, more abstractly, in terms of problems in relation to the paternal function(ary).

The cases cited above link paternal function deficits with some severe pathologies, including violence and eating disorders. The psychopathology evident in the four cases I present from my clinical practice in which different or varied aspects of the paternal function are posited to be implicated in the aetiology, might be considered more 'everyday' and less severe. In applying the concept of the paternal function to these four particular clinical cases, it was shown that there are aspects of what might broadly be called pathogenic psychic structural developments that are well explained by reference to the paternal function: Billy struggled to view himself as separate from his mother and family, Megan was paralysed by two contradictory reflected images of herself, Baxter was deficient in so far as an internalised port of psychic safety was concerned and Carla found herself longing for a level of arousal as an adult that was absent when she needed it as a child. The therapies of the individuals described in chapter seven had differing levels of what might be termed 'success'. Looking back it is clear to me that my maternally focussed formulations and interventions were not optimal. Had I, at the time of working with these patients, been more familiar with the important pre-oedipal aspects of the paternal function, my work may have been better informed with consequent increased sensitivity to core issues and improved efficacy. Thus what is being argued here again is that a more prominent consciousness of the paternal function and the role it may play in understanding personality formation, defensive style, relational problems, personal fulfilment, distress and transference and counter-transference dynamics, amongst other aspects, will contribute to a much enriched therapeutic repertoire. There will of course be cases and/or different periods in a therapy where one or other set of functions, maternal or paternal, may be needed to take precedence in the mind and being of the clinician. As both Sarnat (2008) and Bollas (1996) argue, flexibility of understanding and position is important and is only possible with a complementary appreciation of the paternal function to that of the maternal.

The argument may be put forward by certain schools of analytic thought that simply being with the patient and responding counter-transferentially may be sufficient to ameliorate the pain of the patient's struggle. The famous dictum and concepts of Bion might be invoked in support of this argument: we must enter the therapy room 'without memory or desire'[9] (Symington & Symington, 1996) and rely on our 'reverie' with our patient (Bion, 1962) to intuit what is required, through the meeting of the persons, and unconsciousnesses of patient and therapist, and thereby produce appropriate interventions. This is the modus operandi that many psychoanalytically oriented psychotherapists aim to achieve. What is important to note, however, is that what underpins this practical directive is that the reflective mind and unconscious of the therapist is awash with ideas, notions and concepts which may be brought to bear in the therapeutic encounter as a result of a resonance with the reverie experienced. If it is only the maternal function with which the clinician is theoretically familiar, then resonance *has to* be found with something maternal, even if what is actually being presented or projected is a need for paternal functioning. In such a case the patient must be satisfied with an imperfect (but perhaps good enough) maternal intervention. Ideally, if this particular patient found him- or herself seated opposite a therapist with a sufficiently well internalised paternal functionary (alongside that of the maternal) with a sufficiently robust internal representation, resonance would be with a better fitting paternal function and a better than good enough paternally inflected form of intervention offered. When the psychotherapist finds him- or herself pulled in this paternal direction a conscious thought process can then be embarked upon serving to generate an enriched and perhaps more accurate theoretical formulation of the patient.

Stretching back to the 1980s, there have been calls for an integration of the paternal function into clinical work. Both Bollas (1996) and Sarnat (2008) emphasizes the importance of the patient having access to both maternal and paternal functioning in the clinical encounter, while Layland (1981) emphasises the importance of the paternal function as a formulating core in its own right.

[9] The actual expression is apparently "I do not mean that forgetting is enough: what is required is a positive act of refraining from memory and desire" (Bion, 1970, p. 30)

This thesis has argued for the cogent arguments of these authors, and like minded others, to be taken to heart for the sake of our patients.

Social applications and practical implications

While the emphasis of this research project has been the application of the paternal function in clinical practice, there is also the potential to more broadly apply this theory at societal level. Indeed, there is currently a debate in the South African Parliament deliberating on the need to extend father's paternity leave from the current one or two days (certainly less than a week) to a period of three to six months. The existing policy is based on the oedipal assumption that the father is not needed during the early phases of the infant's development. The elucidation of the paternal function in this research project clearly highlights this erroneous presupposition.

It might be argued that in the South African media, and perhaps more broadly, there is a theme suggesting that if the 'absent-father' can be 'brought back home', many social ills will be addressed. It is suggested that there are several non-governmental organisations as well as government departments that have bought into this argument. This research project suggests that energies should be elsewhere focussed, in particular possibly in educating women/mothers and the extended family, that there are many paternal functions which may be performed by the mother herself (separating function, affect regulation) or by a non gendered third (port of psychic safety, facilitator of psychic structure). The "absent father" may well be detrimental to the baby he abandons, but this may well be more a function of the poverty and other social prejudices his absence bestows on the family of the baby rather than a direct influence on the baby's psychic development.

Conclusion

This research has focussed on the non gendered construct of the paternal function, highlighting its relative absence from psychoanalytic literature, particularly in the pre-oedipal period of development, as well as its absence from the clinical setting. It has attempted to show the utility of the construct through discussing four clinical cases in which the paternal function seemed core to the psychopathology present in the patients discussed. Finally, some ideas were presented as to why the paternal function might be *persona non grata* in psychoanalytic thinking. These ideas centred

on the paternal function being associated with the misdemeanours, both real and imagined, of fathers, men and masculinity.

It seems that before the power of the construct of the paternal function(ary) can be fully embraced clinically, some work has to be done in distancing this concept from those of the father, men and masculinity, given the negative associations these terms appear to attract. One path to achieving this is to work at emphasizing at the point of training (and thereafter) the separation of fathering and the paternal function, the father and the paternal functionary. This is a vexed project, however, for it pits us against centuries of conflation of the two constructs. While not condoning any such conflation, the association of damaging aspects of forms of interpersonal engagement with the paternal function can perhaps also be ameliorated through a promotion of the 'contemporary father' and 'contemporary masculinities', both of which are understood to be significantly 'softer' and less dominating in comparison to the fathers and the hegemonic masculinity of previous epochs. Either way, what is missing from the collective unconscious of the clinical community internationally and locally is a gentler, more emotionally present internalised paternal object.

It seems appropriate to conclude that the paternal function might find greater clinical acceptance and utility if the bonds of patriarchy linking it to the phallus and phallic masculinity are dissolved and it is viewed and used more expediently as a non-gendered metaphor for a certain set of necessary developmental functions, performed by somebody who might be termed 'the paternal functionary'. As suggested previously, this might even be taken further with the reference to the 'paternal functionary (and its association with the father) being replaced by terminology such as the *third-party function*, or the *function of the third*.

Milani (2015, p. 2) talks of "dislocating masculinities from maleness", which in the context of this research addresses the need to entertain that the women also may be capable of performing acts associated with the masculinities. It seems that the absence of the authoritative father has been seen as a central problem in society with his return being positioned as the panacea for all society's woes. However, what has been lost in the trail dust of the abandoning father in many instances is sight of the potential for women to step in and adequately fill the gap. With increasing challenges to the idea of masculinity as representing the negation of femininity (see for example

Fogel, 2006), the reverse surely holds true too, namely the need to dislocate femininities from women and to view men as capable of performing acts associated with the feminine.

The promise offered by these two acts of dislocation is multifaceted. As clinicians, it offers us freedom from gender-normed parenting where the sex of a parent is over salient; it offers us freedom from the potential splitting off of aggression in ourselves and the projecting of it into the father who lays down the law; it gives us a freedom to examine how the interaction of two parents informs the psychic development of offspring without having to dance around gender power dynamics of penetration and receptivity, dominance and submission, good and bad; it allows us an opportunity as clinicians to take two parental functionaries into the clinical space with us, a paternal functionary and a maternal functionary, and so enhance our work with patients. Bollas (1996, p. 5) is unequivocal that the presence of both maternal and paternal functioning is necessary, suggesting that if either the maternal or paternal is too influential or one is displaced by the other, then "full knowing is not possible". In other words without the "reuniting [of] the psychic couple" (Sarnat, 2008, p. 110) in our clinical rooms, our patients then "live in a space that is overly maternal or a space that is overly paternal" (Bollas, 1996, p. 19) resulting in a situation which "undermines the structure of knowledge derived from psychoanalysis" (1996, p.5). In essence Bollas' words might be interpreted as suggesting that in such a situation we, as psychotherapists or psychoanalysts, fail our patients in not providing them with the environment necessary to optimise the work they have asked us to assist them do. To this end then, the work of the psychoanalytic community is to encourage the development of a more balanced or 'androgynous' or flexible therapeutic repertoire of theory, potential interventions and therapeutic stances. This may be achieved by encouraging both a psychic developmental model which is more triadically based, right from the earliest days of the infant, along with encouraging therapists, from the earliest days of their 'infancy' as psychotherapists, to recognise that the relationship with their patient is triadic, with a maternal and paternal function residing within their clinical persona.

CHAPTER NINE:

Limitations and Directions for Future Research

Limitations

One of the limitations that are regularly highlighted at the end of a qualitative research project such as this one is the issue of generalisability (see for example Dugmore, 2013; Kadish, 2012, Gubb, 2014). The issue that the author of such a work is being asked to defend, is whether the work produced can be generalised to a wider population given, for example issues such as the small sample size, and method of analysis (hermeneutic-phenomenological) used.

The issue of generalisability has been discussed in detail in chapter three. So far as this research project is concerned, its contribution might be considered in three parts, namely the conceptualisation and appreciation of the paternal function as reflected in the literature (chapter four), secondly the paternal function as understood and employed by a sample of Johannesburg based clinicians (chapter five and six), and thirdly the employment of case material from the researcher's private practice to illustrate the potential utility of the paternal function in thinking about work with particular patients (chapter seven). In all three of these areas criticism might be levelled at the characteristics of the sample selected.

The body of literature underpinning chapter four (and the other chapters as well) comprised material included Freudian, object relations, analytic (Jungian) and attachment theory. Possibly conspicuous by its absence is representation from what might be called the French School, or the Lacanian school. While criticism in this regard might be valid, one of the main reasons for its exclusion in this project is that there appears to be a theoretical and practical disjunct between the

object relational approach to psychotherapy and the French School or Lacanian analysis as a particular form of practice. Evidence of this manifests in the literary corpus where it is clear that articles are most often written either from a Lacanian perspective or a 'non-Lacanian' position (object relations). One might argue that each theory set can be seen to be self containing, and working within the one paradigm only, is therefore legitimate and allowed for greater theoretical coherence in this instance.

Regarding chapters five and six where the analysis of nine clinicians' interview transcripts underpins the discussion, the criticism might well be aimed at whether transferability of findings might have been enhanced by inclusion of therapists from the Cape Town Psychoanalytic Community? This is an interesting point. However, given the fact that what emerged from the interviews was generally in line with what was indicated in the literature so far as a nebulous understanding of the concept of the paternal function was concerned, it might be argued that there is evidence to suggest the sample allows for some transferability. It should also be re-emphasised that the point of this research study was not to make a finding that could be generalised to all psychotherapists but to add to a conversation which pertains to that group of therapists of which the sample interviewed might be representative. Thus the findings arguably have particular relevance for South African psychoanalytic psychotherapists, but may be relevant beyond this population. It is important to hold in mind that the onus of transferability remains with the person wishing to "transfer" the findings.

From a more culturally sensitive perspective, the presence of only one black African interview participant may be seen as a limitation. While it was argued elsewhere in this thesis for a clear distinction between fathering and the paternal function, the former a function of time and culture, the latter more independent of those variables, it would be edifying to have gain insight into whether cultural beliefs around the father impact thoughts related to the paternal function.

The final contribution of the research was presented in chapter seven, a chapter underpinned by case studies. The purpose of this chapter was to highlight four cases which adequately illustrated the four aspects of the paternal function

identified earlier in the thesis (chapter four), and to illustrate how formulating the patients through this kind of lens might lead to an enhanced understanding of their internal dynamics. There was no intention to generalise these four cases to any larger population but rather to promote an awareness of the potential utility offered by the lens of the paternal function in assisting practitioners in work with patients. As argued quite extensively in the method chapter, case based research is also a cornerstone of psychoanalytic theorisation and appeared useful to this research endeavour in looking at applications of theory in greater depth.

Beyond the issue of generalisability, there are several other concerns which might be formulated as limitations and which warrant discussion. The first of these relates to the difficulty of the terminology used in this research study because of its associations to gender and gender binaries. Immediate examples of this would be the labels of 'mother' and 'father'. While in this thesis I have attempted to demonstrate, and elsewhere other authors (for example Bollas 1996, Samuels, 2001) have strongly argued, that certain terminology is erroneously linked to gender binaries (for example the maternal and paternal functions), my argument has at times been potentially undermined by the inadvertent use of such terminology in a gendered sense or insinuation that such terminology is gendered.

The phrase 'paternal function' is a simple naming expression for what is arguably a complex construct. It is necessary to acknowledge that the complexity of the construct has, at times, been lost. In arguing for the practical use of this construct in clinical work, particularly as a certain therapeutic stance, an inevitable reductionism is present. It is important to recognise that it encompasses many dimensions and needs to be understood and employed flexibly. In trying to capture the essence of the paternal function, one inevitably loses something of the contextually contingent use of the term and associated ways of thinking and being.

A final potential limitation may arise as a result of the unique structure of the individual interviews in which I, as interviewer, interviewed my colleagues about their professional knowledge and work. Steps to address this limitation were

alluded to several times, particularly in the methodology section, and are now discussed under the heading of reflexivity.

Reflexivity

The importance of personal and professional characteristics in the interview process (Richards & Schwartz, 2002) seem most likely to manifest in the interview relationship where trust and rapport are critical elements in eliciting a rich and useful data set upon which findings will be based (Hsiung, 2010) . The characteristics of the interview process that are germane to the ideas in the previous sentence pertain to the fact that the interviewees were my peers, fellow clinicians within the community of psychoanalytic psychotherapists in Johannesburg, South Africa. Recalling Hsiung's (2010) suggestion that reflexivity can be understood as the process of examining both oneself as researcher, and the research relationship, it is necessary to reflect upon how my dual role as both researcher and peer to the interviewees may have impacted on the interviews and the knowledge, information, and/or discussion that the interview generated. While, my training and experience as a clinical psychologist seemed to enable an easy 'connection' with interviewees, as well enabling me to pick up and reflect on the discomfort of some participants regarding their perceived lack of knowledge in the theoretical area of the interview, did my status as 'knowledgeable professional' (in the area of research) hinder or aid the interview process? The turning down by three of my professional colleagues of the invitation to be interviewed might be explained, in part, as due to their reluctance to expose themselves to possible judgement. This same fear may have also influenced those who did volunteer to be interviewed, and may have resulted in them tailoring their contributions in one way or another. My hope, and my sense at the end of the process, is that sufficient useful and authentic data was shared by interviewees, and that my empathy with, and acknowledgement of, a potentially uncomfortable power dynamic reduced the degree to which participant sharing was affected by the knowledge imbalance with regard to the topic, and the admission of such to a peer.

Attention must also be directed at how I interpreted and wrote up the data collected in the interviews. In the feedback, provided by the journal editor, from one of the blind reviewers of the journal article appearing in chapter five, the suggestion was that I had perhaps been protective of my colleagues and used 'kid gloves' in analysing and interpreting the interview data (C Long, personal communication, 18 November 2013). If this criticism is true, and taken to its logical conclusion, the implication is that the analysis is inflicted with a subjectivism that might otherwise be reduced if interviewees were not my colleagues. The same reviewer suggested that in my revisions to the paper I, ideally, should 'take no prisoners' in my analysis of the interviews. The dilemma that I thus faced was how to tread the fine line of protecting my colleagues' professional identities and personal integrity while at the same time presenting a useful, albeit subjective, analysis to the broader psychoanalytic community. I believe that as a result of methodological considerations, supervisory and reviewer feedback, I have been 'good enough', to quote Winnicott, in achieving this. Never-the-less, whilst consciously striving to meet both imperatives, the influence on my analysis of my allegiance to, and protection of, those who are firstly my professional colleagues, and secondly have cooperated in helping me achieve a personal goal, must be recognised.

Future research

As indicated in previous chapters, only a couple of months prior to the final writing of this thesis an 'open' debate on "The paternal function in psychoanalytic technique" (see Perelberg 2014), took place among members of the International Psychoanalytic Association (IPA). Questions that were posed in the introduction to the debate were the following:

1. *What do we mean by the notion of the paternal function?*
2. *What configurations does it take in clinical practice?*
3. *Can one identify the paternal function in the mother?*
4. *What are the outcomes in the different psychopathologies of a failure of this function?*

While this current piece of research hopes to add to some of the theoretical knowledge implicated in this set of questions, particularly the first two, that these questions are being asked by an establishment such as the IPA suggests they are critical for the psychoanalytic profession, have contemporary relevance, and have yet to be adequately addressed. Future research appears needed in the further elaboration of the paternal function both as a concept and as a clinical feature. In particular, following the elucidation of formulation in this regard in this research, attention needs to be paid to intervention as informed by paternal function. Moreover, the work waiting to be done should be tackled across all of the psychodynamic schools, in order to enrich appreciation of the paternal function across theoretical frameworks. The evidence from this research study and other similar endeavours suggests there is much to be gained for theorists, practitioners and those who rely on psychoanalytic psychotherapy to help ease their life struggles.

More specifically, future research could be directed in the following four areas which are now briefly discussed.

Firstly, in several places in the thesis the suggestion is that the paternal function be renamed as 'the function of the third', as distinct from fathering, due to the non gendered nature of the four functions described in the research study, as well as the potentially ethereal quality of the paternal function in certain situations (for example, the memories of the dead father in the mind of the mother). Such a naming suggestion draws attention to the possible relationship between the paternal function and thirdness more generally. Green (2004, p99) noted that "many psychoanalytic concepts lend themselves to the concept of thirdness", and, as indicated, there appears to be a natural coming together of the paternal function and thirdness which warrants further enquiry.

The second area is that of the capacity to mentalize. In the discussion chapter it was noted that one of the developmental processes aiding mentalization and the capacity to reflect on others, namely the development of triangular psychic structure, is under represented in case material, particularly so far as it refers to the capacity to mentalize. There is abundant literature suggesting that the

characteristics of the infant's attachment to the primary caregiver influences the likelihood of developing an adequate mentalization capacity (Fonagy & Target, 1998). It is suggested that securely-attached individuals tend to have had a primary caregiver that has more complex and sophisticated mentalizing abilities (Fonagy, 2000). However, the papers of Britton (1989, 2004) and Birksted-Breen (1996) strongly implicate the development of triangular psychic structure in the infant's capacity to reflect on self and reflect on others – entertain an other's point of view (Britton, 1989) , in other words mentalize, albeit in a very particular sense.

It seems that there is work to be done in clarifying and elucidating the link, if any, between triadic relating (development of internal triangular space), strength of attachment and mentalization capabilities.

Thirdly, Britton (2004) links borderline and narcissistic disorders to the lack of internal triangular space. This directly implicates the absence of adequate paternal functioning which is linked with the facilitation of internal triangular psychic structure (Britton, 1989). Other links between paternal function deficits and certain pathologies were noted in the discussion and conclusion. These theoretical and case study based demonstrations between the paternal function (or deficits thereof) and psychopathology enlivens a curiosity for the possibility that there is a deeper understanding to be had of psychopathology, and thus potential for enhanced treatment, by increasing the understanding of the role of the paternal function in the aetiology of such pathology. The effect of inadequate or compromised paternal function provision in the development of eating disorders (see for example Fitzgerald & Lane, 2000, Huline-Dickens, 2005; Mollon, 1985; Washington, 2004) as well as in the development of personality structures characterised by violence (Botero, 2012; Fonagy & Target, 1995) are certainly areas where further research would be edifying.

A final area for further exploration, which is currently not well researched, relates to the provision of the paternal function in non traditional family constellations. There is scope to investigate more deeply how the paternal function is provided in

single mother homes, as well as in the case of lesbian couples undertaking artificial insemination by a donor.

This research report opened with a quotation encouraging exploration in the area of the paternal function. I end with a quotation which I believe underlines the reasons why this exploration is necessary and important to psychoanalytic work, and must continue if psychoanalytic work is to remain sound and integrated, as well as relevant, in an ever changing environment:

> *In my opinion, the way the paternal function is conceptualized has effects on the analytic process and therefore requires a process of de-construction in order to re-define terms and functions to include not only new forms of parentality but also to review clinical impasses that may occur in classical forms of the nuclear family if we fail to make a necessary revision of certain psychoanalytic concepts, in the pursuit of new constructions.*
>
> *(Fiorini, 2014)*

REFERENCES

Abelin, E. (1971). The role of the father in the separation-individuation process. In J. M. Seetlage, *Separation-Individuation.* New York: International Universities Press.

Abelin, E. (1975). Some further observations and comments on the earliest role of the father. *International Journal of Psychoanalysis, 56*, 293-302.

Abelin, E. (1980). Triangulation, the role of the father and the origins of core identity during the rapprochement subphase. In R. F. Lax, S. Bach, & J. A. Burland, *Rapprochement* (pp. 151-169). New York: Jason Aronson.

Ahuja, R. D., & Stinson, K. M. (1993). Female-headed single parent families: An Exploratory Study of Children's Influence in Family Decision Making. *Advances in Consumer Research, 20*, 469-474.

Akhtar, S. (2000). From schisms through synthesis to informed oscillation: An attempt at integrating some diverse aspects of psychoanalytic technique. *The Psychoanalytic Quarterly, 69*, 265-288.

Allen, M., & Burrell, N. (1996). Comparing the impact of homosexual and heterosexual parents on children: Meta-analysis of existing research. *Journal of Homosexuality, 32*(2), 19-35.

Allmark, P. J., Boote, J., Chambers, E., Clarke, A., McDonnnell, A., Thompson, A., & Tod, A. (2009). Ethical issues in the use of in-depth interviews: Literature review and discussion. *Research Ethics Review, 5*(2), 48-54.

Altheide, D., & Johnson, J. M. (1989). Criteria for assessing interpretive validity in qualitative research. In N. K. Denzin, & Y. S. Lincoln (Eds.), *Collecting and interpreting qualitative materials* (pp. 283-312). Thousand Oaks, CA: Sage.

Anonymous. (2005). The unfolding and healing of analytic boundary violations: Personal, clinical and cultural considerations. *The Journal of Psychoanalytic Psychology, 50*, 661-691.

Anzul, M., Downing, M., Ely, M., & Vinz, R. (1997). *On writing qualitative research: Living by words.* . London: Routledge/Falmer.

Atkins, R. N. (1984). Transitive vitalization and its impact on father-representation. *Journal of American Academy of Psychoanalysis, 20*, 663-676.

Balsam, R. H. (2014). The embodied mother: Commentary on Kristeva. *Journal of the American Psychoanalytic Association, 62*, 87-100.

Bastow, S., Dunleavy, P., & Tinkler, J. (2014). *The Impact of the Social Sciences: How Academics and their Research Make a Difference.* London: Sage Publications.

Bateman, A., & Holmes, J. (1995). *Introduction to Psychoanalysis: Contemporary Theory and Practice.* London and New York: Routledge.

Baumeister, R. F., & Leary, M. R. (1997). Writing narrative literature reviews. *Review of General Psychology, 1*(3), 311-320.

Bion, W. (1970). *Attention and interpretation.* London: Tavistock Publications.

Bion, W. R. (1962). *Learning from experience.* London: Tavistock.

Bion, W. R. (1992). Keeping things in mind. In R. Anderson (Ed.), *Clinical lectures on Klein and Bion* (pp. 102-113). London & New York: Tavistock/Routledge.

Bird, C. M. (2005). How I stopped dreading and learned to love qualitative research. *Qualitative Inquiry*, 226-248.

Birksted-Breen, D. (1996). Phallus, penis and mental space. *International Journal of Psychoanalysis, 77*, 649-657.

Bishop, J., & lane, R. C. (2000). Father absence and the attitude of entitlement. *Journal of Contemporary Psychotherapy, 30*(1), 105-117.

Bloomberg, L., & Volpe, M. (2008). *Completing your qualitative dissertation: A roadmap from beginning to end.* Thousand Oaks, CA: Sage.

Blos, P. (1984). Son and father. *Journal of the American Psychoanalytic Association, 32*, 301-324.

Boczar, A., da Costa Salles, A., Pimenta, A., Drawin, C., Medes, E., Morais, M., & Drummond, S. (2001). *International Forum of Psychoanalysis, 10*, 145-150.

Bolam, B., Gleeson, K., & Murphy, S. (2003). *"Lay Person" or "Health Expert"? Exploring Theoretical and Practical Aspects of Reflexivity in Qualitative Health Research.* Retrieved June 15, 2015, from Forum: Qualitative Social Research: http://www.qualitative-research.net/index.php/fqs/article/view/699/1515

Bollas, C. (1987). *The shadow of the object: psychoanalysis of the unthought known.* London: Free Association Books.

Bollas, C. (1996). Figures and their functions: On the oedipal structure of a psychoanalysis. *Psychoanalytic Quarterly, 65*, 1-20.

Botèro, H. (2012). When father is not there: The absence of the father as a generating factor of violence. *International Journal of Applied Psychoanalytic Studies, 9*, 109-133.

Boyatzis, R. E. (1998). *Transforming qualitative information: thematic analysis and code development.* London: Sage.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77-101.

Briggs, A. (Ed.). (2005). *Surviving Space: Papers on Infant Observation.* London and New York: Karnac.

Britton, R. (1989). The missing link: Parental sexuality in the Oedipus complex. In R. Britton, M. Feldman, & E. O'Shaughnessy, *The Oedipus Complex Today: Clinical Implications* (pp. 83-101). London: Karnac Books.

Britton, R. (2004). Subjectivity, objectivity, and triangular space. *Psychoanalytic Quarterly, 73*, 47-61.

Bromley, D. B. (1986). *The case-study method in psychology and related disciplines.* New York: John Wiley & Sons.

Bryman, A. (2001). *Social research methods.* Oxford: Oxford University Press.

Burgner, M. (1985). The Oedipal experience: effects on development of an absent father. *International Journal of Psychoanalysis, 66*, 311-320.

Burlingham, D. (1973). The preoedipal infant-father relationship. *Psychoanalytic Study of the Child, 28*, 23-47.

Burns, N., & Grove, S. (2003). *The practice of nursing research: conduct, critique, and utilization.* St Louis, Mo: Elsevier/Saunders.

Burr, V. (1995). *An introducton to social constructionism.* London: Routledge.

Butler, J. (1990). *Gender trouble.* New York: Routledge Classics.

Carveth, D. L. (1996). The borderline dilemma in Paris, Texas: Psychoanalytic approaches to Sam Shepard. *Canadian Journal of Psychoanalysis, 1*, 19-46.

Coffey, A., & Atkinson, P. (1996). *Making sense of qualitative data: Complementary research strategies.* Thousand Oaks, CA: Sage Publications.

Coles, P. (1988). Aspects of Perversion in Anorexic/Bulimic Disorders. *Psychoanalytic Psychotherapy, 3*, 137-147.

Conrotto, F. (2010). The understanding of transference and the process of analytic cure. *The Italian Psychoanalytic Annual, 4*, 147-161.

Cooke, T., & Campbell, D. (1979). *Quasi-experimentation.* Boston: Houghton Mifflin.

Davids, M. F. (2002). Fathers in the internal world. In J. Trowell, & A. Etchegoyen, *The Importance of Fathers: A Psychoanalytic Re-evaluation* (pp. 67-92). Londong: Routledge.

Davies, N. (2015). Missing in Action: Reflections on the employment of the paternal function in therapeutic practice. *Psycho-Analytic Psychotherapy in South Africa, 23*(1).

Davies, N. (2015). Reporting for duty: the paternal function in clicnial formulations. *Psychoanalytic Review, 102*(1), 139-160.

Davies, N., & Eagle, G. (2013). Conceptualizing the paternal function: Maleness, masculinity or thirdness? *Contemporary Psyhotherapy, 49*(4), 559-585.

Day, R. D., & Lamb, M. E. (Eds.). (2004). *Conceptualizing and measuring father involvement.* Mahwah, NJ: Lawrence Erlbaum.

de Remeteria, A. (2011). How the use of transference and counter-transference, particularly in parent–infant psychotherapy, can inform the work of an education or childcare practitioner. *Psychodynamic Practice: Individuals, Groups and Organisations., 17*(1), 41-56.

Demby, S. (1990). The role of the father in the son's pre-oedipal development. *Issues in Ego Psychology, 13*, 147-156.

Denzin, N. K., & Lincoln, Y. S. (2005). *Handbook of qualitative research* (3rd ed.). London: Sage Publications.

DePaulo, B. (2006). *Singled out: How singles are stereotyped, stigmatized, and ignored, and still live happily ever after.* New York: St. Martin's Griffin.

Dey, I. (2005). *Qualitative data analysis: A user friendly guide for social scientists.* New York: Routledge.

Diamond, M. J. (1986). Becoming a father: A psychoanalytic perspective on the forgotten parent. *The Psychoanalytic Review, 73*, 41-64.

Diamond, M. J. (1995). Someone to watch over me: The father as the original protector of the mother-infant dyad. *Psychoanlysis and Psychotherapy, 12*, 89-102.

Diamond, M. J. (1998). Fathers with sons: Psychoanalytic perspectives on "good enough" fathering throught the life cycle. *Gender and Psychoanalysis, 3*, 243-299.

Diamond, M. J. (2009). Masculinity and its Discontents: making room for the "Mother" inside the Male – An Essential Achievement for Healthy Male Gender Identity. In B. Reis, & R. Grossmark (Eds.), *Heterosexual Masculinities: Contemporary Perspectives from Psychoanalytic Gender Theory.* (pp. 23-54). London: Routledge.

Dick, G. L. (2011). The changing role of fatherhood: The father as provider of selfobject functions. *Psychoanalytic Social Work, 18*, 107-125.

DOH. (2006). *Health Professions Act, 1974 (Act No. 56 of 1974): Ethical rules of conduct for practitioners registered under the Health Professions Act, 1974.* Retrieved July 02, 2015, from Government Notice - Department of Health: http://www.hpcsa.co.za/Uploads/editor/UserFiles/downloads/conduct_ethics/rules/generic_ethical_rules/ethical_rules_annexure_12.pdf

Donmoyer, R. (2000). *Generalization and the single case study.* (R. Gomm, M. Hammersley, & R. Foster, Eds.) London: Sage.

Dreher, A. (2000). *Foundations for conceptual research in psychoanalysis.* London: Karnac Books.

Drever, E. (1995). *Using semi-structured interviews in small scale research.* Glascow: SCRE.

Drexler, P. (2006). The new family tree: lesbian, gay, parenting, boys, latency Oedipal conflicts, gender development, masculine identity. *Journal of Infant, Child & Adolescent Psychotherapy, 5*, 240-256.

Dugmore, N. (2013). *Psychoanalytic psychotherapy in South Africa: opening ports of entry and flexing the frame.* Unpublished PhD Thesis, University of the Witwatersrand.

Edley, N., & Wetherell, M. (1997). Jockeying for position: The construction of masculine identities. *Discourse & Society, 8*(2).

Edwards, D. J. (1998). Types of case study work: A conceptual framework for case-based research. *Journal of Humanistic Psychology, 38(3)*, 36-70.

Edwards, D. J. (2007). Collaborative versus adversarial stances in scientific discourse: Implications for the role of systematic case studies in the development of evidence-based practice in psychotherapy. *Pragmatic Case Studies in Psychotherapy, 3*(2), 6-34.

Edwards, D. J. (2010). *Planning a psychotherapy case study and structuring a case report.* Retrieved from https://www.ru.ac.za/media/rhodesuniversity/content/psychology/documents/David%20Edwards%20Case%20study%20writing%20guidelines%202010.pdf

Edwards, D. J., Dattilio, F. M., & Bromley, D. B. (2004). Developing Evidence Based Practice: The Role of Case-Based Research. *Professional Psychology: Research and Practice, 35*, 589-597.

Elliot, R., Fisher, C., & Rennie, D. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Psychology, 38*, 215-229.

Emde, R. N., & Fonagy, P. (1997). Guest Editorial: An emerging culture for psychoanalytic research? *International Journal of Psychoanalysis, 78*, 643-651.

Etchegoyen, A. (2002b). Psychoanalytic ideas about fathers. In J. Trowell, & A. Etchegoyen, *The Importance of Fathers: A psychoanalytic Re-evaluation* (pp. 20-41). Sussex: Routledge.

Faimberg, H. (2013). 'The as yet situation in Winnicott's Fragment of an analysis (1955): 'You Father did not make you the honour of. . .yet'. *Psychoanal Quarterly, 82*, 849–875.

Faimberg, H. (2014). The paternal function in Winnicott: The psychoanalytic frame. *The International Journal of Psychoanalysis, 95*, 629-640.

Fiorini, L. G. (2015). *The decline of the Father: Paternal function or third-party function?* Retrieved October 15, 2014, from International Psychoanalytic Association: https://www.ipa.org.uk/en/Debates/Paternal_Function.aspx

Fitzgerald, J. F., & Lane, R. C. (2000). The role of the father in anorexia. *Journal of Contemporary Psychotherapy, 30*(1), 71-84.

Flyvbjerg, B. (2006). Five misunderstandings about case-study research. *Qualitative Inquiry, 12*, 219-245.

Fogel, G. I. (2006). Riddles in maculinity: Gender, bisexuality and thridness. *Journal of the American Psychoanalytic Association, 54*, 1139-1163.

Fonagy, P. (2000). Attachment and borderline personality disorder. *Journal of the American Psychoanalytic Association, 48*, 1129-1146.

Fonagy, P., & Moran, G. (1993). Selecting single case research designs for clincians. In N. Miller, L. Luborsky, J. Barber, & J. Docherty, *Psychodynamic Treatment Research* (pp. 62-95). New York: HarperCollins.

Fonagy, P., & Target, M. (1995). Understanding The Violent Patient: The Use Of The Body And The Role Of The Father. *The International Journal of Psychoanalysis, 76*, 487-501.

Fonagy, P., & Target, M. (1998). Mentalization and the changing aims of child psychoanalysis. *Psychoanalytic Dialogues, 8*, 87-114.

Fonagy, P., Gergely, G., Jurist, E., & Target, M. (2004). *Affect regulation, mentalisation, and the development of the self.* London: Karnac Books.

Fontana, A., & Frey, H. (2000). The Interview: From structured questions to negotiated text. In N. K. Denzin, & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 645-672). London: Sage Publications, Inc.

Fossey, E., Harvey, C., McDermott, F., & Davidson, L. (2002). Understanding and evaluating qualitative research. *Australian and New Zealand Journal of Psychiatry, 36*, 717-732.

Freeman, T. (2008). Psychoanalytic concepts of fatherhood: Patriarchal paradoxes and the presence of an absent authority. *Studies in Gender and Sexuality, 9*, 113-139.

Freud, H. (2013). *Men and mothers.* London: Karnac.

Freud, S. (1900). The interpretation of dreams. *Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume IV (1900): The Interpretation of Dreams (First Part)* , ix-627.

Freud, S. (1905). Three Essays on the Theory of Sexuality. *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume VII (1901-1905): A Case of Hysteria, Three Essays on Sexuality and Other Works,* 123-246.

Freud, S. (1913). Totem and Taboo. In *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XIII (1913-1914): Totem and Taboo and Other Works* (pp. vii - 162).

Freud, S. (1930). Civilization and its discontents. The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XXI (1927-1931): The Future of an Illusion, Civilization and its Discontents, and Other Works, 57-146.

Freud, S. (1939). *Moses and monotheism, trans James Strachey (1964) Standard Edition, Volume 23.* London: Hogarth Press.

Friedman, M. (1993). *The Worlds of existentialism — A critical reader.* New Jersey & London: Humanities Paperback Library.

Fullbrook, E. (2012). To observe or not to observe: Complementary pluralism in physics and economics. *Real-World Economics Review, 62,* 20-28.

Furlong, A. (2006). Further reflections on the impact of clinical writing on patients. *International Journal of Psychoanalysis, 87,* 747-768.

Gabbard, G. O. (2000). Disguise or Consent: Problems and recommendations concerning the publication and presentation of clinical material. *International Journal of Psychoanalysis, 81,* 1071-1085.

Gabbard, G. O., & Lester, E. P. (1995). *Boundaries and boundary violations in psychoanalysis.* New Your: Basic Books.

Gabbard, G. O., & Williams, P. (2001). Preserving Confidentiality in the Writing of Case Reports. *International Journal of Psychoanalysis, 82,* 1067-1068.

Garfield, R. (2004). Making a case for father hunger in girls. In S. Akhtar, & H. Parens (Eds.), *Real and imaginary fathers: development, transference and healing* (pp. 33-44). New York: Jason Aronson.

Gartrell, N., & Bos, H. (2010). US National Longitudinal Lesbian Family Study: Psychological Adjustment of 17-Year-Old Adolescents. *Pediatrics, 26*(1), 28-36.

Gass, J. D., Stein, D. J., Williams, D. R., & Seedat, S. (2011). Intimate partner violence, health behaviours, and chronic physical illness among South African women. *South African Medical Journal, 100*(9), 582-585.

Gillman, B. (2000). *The research interview.* London: Continuum.

Glasser, M. (1985). "The weak spot" - some observations on male sexuality. *International Journal of Psychoanalysis, 66,* 405-414.

Golafshani, N. (2003). Understanding reliability and validity in qualitative research. *The Qualitative Report, 8*(4), 597-606.

Goldberg, W., Tan, E., & Thorsen, K. (2009). Trends in academic attention to fathers. *Fathering, 7*(2), 159-179.

Gottdiener, W. H., & Suh, J. J. (2012). Expanding the single-case study: A proposed psychoanalytic research program. *Psychoanalytic Review, 99*(1).

Green, A. (2004). Thirdness and psychoanalytic concepts. *Psychoanalytic Quarterly, 73*, 99-135.

Green, A. (2009). The construction of the lost father. In L. J. Kalinich, & S. W. Taylor, *The Dead Father: A Psychoanalytic Inquiry* (pp. 23 - 46). London: Routledge.

Greenacre, P. (1957). The childhood of the artist. *Psychoanalytic Study of the Child, 12*, 47-72.

Greenacre, P. (1966). Probleme der Überidealisierung des Analytikers und der Analyse. *Psyche, 23*, 611-628.

Greenberg, J. (1994). Psychotherapy research: A clincian's view. In P. F. Talley, H. H. Strupp, & S. F. Butler (Eds.), *Research and Practice, Bridging the Gap* (pp. 1-18). New York: Basic Books.

Greenson, R. R. (1968). Dis-identifying from mother: Its special importance for the boy. *International Journal of Psychoanalysis, 49*, 370-374.

Greenspan, S. (1982). The second other: The role of the father in early personality formation and the dyadic-phallic phase of development. In S. H. Cath, A. Gurwitt, & J. Ross (Eds.), *Father and child: Developmental and clinical perspectives* (pp. 123-139). Boston: Little Brown.

Greenwood, D., & Loewenthal, D. (2005). The use of ‘case study’ in psychotherapeutic research and education. *Psychoanalytic Psychotherapy, 19*, 35-47.

Guba, E. (1981). Criteria for Assessing the Trustworthiness of Naturalistic Inquiries. *Educational Communication and Technology Journal, 29*, 75-92.

Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In N. K. Denzin, & Y. S. Lincoln (Eds.), *The handbook of qualitative research* (pp. 105-117). Thousand Oaks ,CA: Sage.

Gubb, K. L. (2014). Minding the body: Questions of embodiment and the practice of psychoanalytic psychotherapy. Unpublished PhD Thesis, University of the Witwatersrand.

Guest, G., MacQueen, K. M., & Namey, E. E. (2012). *Applied thematic analysis.* Los Angeles: Sage Publications.

Hadley, D. (In Press). Finding a place for working with children in South African communities. *Psycho-analytic Psychotherapy in South Africa*.

Hansell, J. (2010). Review of heterosexual masculinities: Contemporary perspectives from psychoanalytic gender theory. *Psychoanalytic Psychology, 27*(2), 239-240.

Harris, A. (1995). *Gender as Soft Assembly.* Hillsdale, NJ: Analytic Press.

Harris, A. (2000). Gender as a Soft Assembly: Tomboys' Stories. *Studies in Gender and Sexuality, 1*, 223-250.

Heidegger, M. (1927). Being and time. In D. F. Krell (Ed.), *Basic writings Martin Heidegger.* London: Routledge.

Henderson, J. (1980a). On fathering: Part 1. *Canadian Journal of Psychiatry, 25*, 403-412.

Henderson, J. (1980b). On fathering: Part 2. *Canadian Journal of Psychiatry*(25), 413-431.

Herzog, J. M. (1980). Sleeep disturbance and father hunger in 18- to 28-month old boys - The Erlkonig Syndrome. *Psychoanalytic Study of the Child., 35*, 219-233.

Herzog, J. M. (1982). On father hunger: the father's role in the modulation of aggressive drives and fantasy. In S. H. Cath, A. Gurwitt, & J. M. Ross, *Father and Child* (pp. 163-174). Boston: Little, Brown.

Herzog, J. M. (1988). Preoedipal Oedipus: The father-child dialogue. In G. H. Pollock, & J. M. Ross (Eds.), *The Oedipus Papers* (pp. 475-491). Madison, CT: International Universities Press.

Herzog, J. M. (2002). *Father hunger: Explorations with adults and children.* Hillsdale, NJ: Analytic Press.

Herzog, J. M. (2004). Father Hunger and Narcissistic Deformation. . *Psychoanalytic Quarterly, 73*, 893-914.

Herzog, J. M. (2010). fathers and Play. *Canadian Journal of Psychoanalysis, 18*, 106-112.

Hoepfl, M. C. (1997). Choosing qualitative research: A primer for technology education researchers. *Journal of Technology Education, 9(1), 9*(1), 47-63.

Retrieved February 18, 2015, from http://scholar.lib.vt.edu/ejournals/JTE/v9n1/pdf/hoepfl.pdf.

Holloway, I. (Ed.). (2005). *Qualitative research in health care.* Maidenhead: Open University Press.

Hollway, W., & Jefferson, T. (2000). *Doing qualitative research.* London: Sage.

Holstein, J. A., & Gubrium, J. F. (1995). *The active interview.* Thousand Oaks, CA: Sage.

Holstein, J. A., & Gubrium, J. F. (1997). Active interviewing. In D. Silverman (Ed.), *Qualitative research: Theory, method and practice*, (pp. 113-129). London: Sage.

Homan, R. (1991). *The ethics of social research.* London & New York: Longman.

HPCSA. (2008). *Booklet 9: Guidelines for good practice in the health care professions - Seeking patient's informed consent: The ethical considerations.* Retrieved June 01, 2015, from Health Professionals Council of South Africa: http://www.hpcsa.co.za/Uploads/editor/UserFiles/downloads/conduct_ethics/rules/generic_ethical_rules/booklet_9_informed_consent.pdf

Hsiung, P. (2010). *Lives & legacies: A Guide to Qualitative Interviewing.* Retrieved June 27, 2015, from Lives & Legacies: http://www.utsc.utoronto.ca/~pchsiung/LAL/reflexivity/process

Huline-Dickens, S. (2005). Becoming anorexic: On loss, death and identification and the emergence of anorexia nervosa. *Psychoanalytic Psychotherapy, 19*, 310-329.

Ivey, G. (1998). Pure gold or therapeutic alloy?: some issues raised by the conference “change: psychoanalytic perspectives”. *Psychology in Society, 23*, 52-57.

Izzard, S., & Barden, N. (2001). *Rethinking gender and therapy: The changing identities of women.* Philadephia, PA: Open University Press.

Jones, K. A. (2007). Assessing the impact of father-absence from a psychoanalytic perspective. *Psychoanalytic Social Work, 14(1)*, 43-58.

Jones, K. A. (2008). Reconsidering psychoanalytic notions of paternal and maternal. *Journal of Contemporary Psychotherapy, 38*, 205-213.

Jordan, A. (2009). ‘Dads aren’t demons. Mums aren’t madonnas’: Constructions of fatherhood and masculinities in the (real) Fathers 4 Justice campaign. *Journal of Social Welfare & Family Law, 31*(4), 419-433.

Kadish, Y. (2012). *Investigating defensive organisations and psychic retreats in anorexia.* Unpublished PhD Thesis, University of the Witwatersrand. Retrieved from http://mobile.wiredspace.wits.ac.za/bitstream/handle/10539/12463/Yael%20Kadish%20FINAL%20PhD%20Thesis%20%20docx.pdf?sequence=2.

Kancyper, L. (2006). The Role of Pre-oedipal and Oedipal Factors in Psychic Life. *International Journal of Psycho-Analysis, 87*, 219-236.

Kasinath, H. M. (2013). Underastanding and using qualitiative methods in performance management. *MIER Journal of Educational Studies, Trends & Practices, 3*(1), 46-57.

Kazdin, A. E. (2003). *Research Design in Clinical Psychology.* Boston: Allyn & Bacon.

Killingmo, B. (1992). Issues in psychoanalytic research. *The Scandinavian Psychoanalytic Review, 15*, 37-57.

Klein, M. (1945). The Oedipus complex in the light of early anxieties. *International Journal of Psycho-Analysis, 26*, 11-33.

Klein, M. (1946). Notes on some schizoid mechansims. *International Journal of Psychoanalysis, 27*, 99-110.

Klein, M. (1997). *Envy and Gratitude and Other Works 1946 - 1963.* London: Vintage.

Klumpner, G. H., & Frank, A. (1991). On Methods of Reporting Clinical Material. *Journal of the American Psychoanalytic Association, 39*, 537-551.

Klumpner, G. H., & Galatzer-Levy, R. M. (1991). Presentation of Clinical Experience. *Journal of the Amercian Psychoanalytic Association, 39*, 727-740.

Kohut, H. (1984). *How does analysis cure?* Chicago: University of Chicago Press.

Koritar, E. (2013). Flirting with Death: The Role of Father in Containment of Sexually Perverse Behavior. *the Amrican Journal of Psychoanalysis, 73*, 394-404.

Kramer, S., & Prall, R. C. (1978). The role of the father in the preoedipal years. *Journal of the American Psychoanalytic Association, 26*, 143-161.

Kuhn, T. S. (1962; 2nd ed 1970). *The structure of scientific revolutions.* Chicago: University of Chicago Press.

Kuzel. (1992). Sampling in qualitative inquiry. In B. F. Crabtree, & W. L. Miller (Eds.), *Doing qualitative research* (pp. 31-44).

Kvale, S. (1996). *Intervews: An Introduction to Qualitative Research Interviewing.* London: Sage.

Lamb, M. E. (1975). Fathers: Forgotten contributors to child development. *Human Development, 18*, 245-266.

Lamb, M. E. (1977). Father-infant and mother-infant interaction in the first year of life. *The Journal of Child Development, 48*, 137-181.

Lamb, M. E. (1997). The development of father-infant relationships. In M. E. Lamb, *The role of the father in child development* (pp. 104-120). New York : John Wiley & Sons, INC.

Lansky, M. R. (1989). The paternal imago. In S. H. Cath, & A. Gurwitt (Eds.), *Fathers and their families* (pp. 27-45). Hillsdale, NJ: The Analytic Press.

Lapadat, J. C., & Lindsay, A. C. (1999). Transcription in research and practice: from standardization of technique to interpretive positionings. *Qualitative Inquiry, 5*(1), 64-86.

Large, J. (1997). Disintegration conflictsand the restructuring of masculinity. In C. Sweetman (Ed.), *Men and masculinity* (pp. 23-30). Oxford: Oxfam.

Layland, W. R. (1981). In search of a loving father. *International Journal of Psychoanalysis, 62*, 215-223.

Layland, W. R. (1984). The use of a mistress and the internalized sexual mother. *International Journal of Pasychoanalysis, 65*, 323-330.

Lazar, M. M. (2015). Construing the new oppressed: Masculinity in crisis and the backlash against feminism. In T. M. Milani (Ed.), *Language and masculinities: Performances, intersections and dislocations* (pp. 100-116). New York and London: Routledge.

Lebovici, S. (1982). The origins and development of the Oedipus complex. *International Journal of Psycho-Analysis, 63*(2), 201-215.

Lebovici, S., & Diatkine, R. (1954). Vorlaufer der Triangulierung. Die ersten dreidmensionalen Teilobjektbeziehungen des Sauglings. *Forum der Psychoanalyse, 4*, 28-39.

Leininger, M. (1994). Evaluation criteria and critique of qualitative research studies. In J. M. Morse (Ed.), *Critical issues in qualitative research methods.* Newbury Park, CA, Sage.

Leininger, M. M. (1985). Ethnography and ethnonursing: Models and modes of qualitative data analysis. In M. M. Leininger (Ed.), *Qualitative research methods in nursing* (pp. 33-72). Orlando, FL: Grune & Stratton.

Lemche, E., & Stockler, L. (2002). On the outer and inner reality of the father and its significance for the development of affect regulation: Perspectives from research on early attachment and emotion. *Psychoanalysis and Contemporary Thought, 25*, 115-163.

Levine, S. B., & Stagno, S. J. (2001). Informed consent for case reports: the ethical dilemma of right to privacy versus pedagogical freedom. *Journal of Psychotherapeutic Practice and Research, 10*(3), 193-201.

Liebman, S. J., Steven, M. A., & Abell, C. (2000). The forgotten parent no more: A psychoanalytic Reconsideration of fatherhood. *Psychoanalytic Psychology, 17*, 88-105.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry.* Beverley Hills, CA: Sage.

Lincoln, Y. S., & Guba, E. G. (Eds.). (1990). *The paradigm dialogue.* Newbury Park: Sage.

Loewald, H. (1951). Ego and reality. In *Papers on Psychoanalysis* (pp. 3-20). New Haven: Yale University Press.

Mahler, M. S. (1975). *The psychological birth of the human infant: Symbiosis and individuation.* New York: Basic books.

Mahler, M. S., & Gosliner, B. J. (1955). On symbiotic child psychosis: Genetic, dynamic and restitutive aspects. *Psychoanalytic Study of the Child, 10*, 195-212.

Mahler, M. S., Pine, F., & Bergman, A. (1975). *The psychological birth of the human infant: Symbiosis and individuation.* New York: Basic Books.

Maiello, S. (2007). Containment and differentiation: Notes on the observer's maternal and paternal function. *Infant Observation, 10(1)*, 41-49.

Marks, M. (2002). Letting fathers in. In J. Trowell, & A. Etchegoyen (Eds.), *The importance of fathers: A psychoanalytic re-evaluation* (pp. 93-106). London & New York: Routledge.

Mason, J. (2002). Qualitative interviewing: Asking, listening and interpreting. In T. May (Ed.), *Qualitative research in action* (pp. 225-241). London: Sage.

McLeod, J. (2003). *Doing counselling research* (2nd ed.). Thousand Oaks, CA: Sage.

Mertens, D. M. (2005). *Research and evaluation in education and psychology: Integrating diversity with quantitative, qualitative, and mixed methods* (2nd ed.). London: Sage Publications.

Midgley, N. (2004). Sailing between Scylla and Charybdis: Incorporating qualitative approaches into child psychotherapy research. *Journal of Child Psychotherapy, 30*(1), 89-111.

Midgley, N. (2006). The 'inseparable bond between cure and research': Clinical case study as a method of psychoanalytic inquiry. *Journal of Child Psychotherapy, 32*(2), 122-147.

Milani, T. M. (2015). Introduction: Language and masculinities ... 20 years later. In T. M. Milani (Ed.), *Language and masculinities: Performance, intersections and dislocations* (pp. 1-7). New York and London: Routledge.

Miles, M., & Huberman, M. (1994). *Qualitative data analysis: An expanded sourcebook.* Thousand Oaks, CA: Sage.

Miller, L. (2002). Babyhood: Becoming a person in the family. In D. Hindle, & M. V. Smith (Eds.), *Personality Development: A Psychoanalytic Perspective* (pp. 33-47). London: Routledge.

Miller, R. L., & Brewer, J. (2003). *A - Z of social research.* SAGE.

Milton, J., Polmear, C., & Fabricius, J. (2004). *A Short Introduction to psychoanalysis.* London: Sage Publications.

Minsky, R. (1998). The psychical significance of fathers. In R. Minsky, *Psychoanalysis and culture: Contemporary states of mind* (pp. 113-139). New Brunswick, NJ: Rutger University Press.

Mischler, E. (1991). *Research interviewing: Context and narrative.* Cambridge, MA: Harvard University Press.

Mitrani, J. (2001). 'Taking the transference': Some technical implications in three papers by Bion. *International Journal of Psycho-Analysis*(82), 1085-1104.

Mollon, P. (1985). The non-mirroring mother and the missing paternal dimension in a case of narcissistic disturbance. *Psychoanalytic Psychotherapy, 1*, 35-47.

Morrell, R. (2006). Fathers, fatherhood and masculinity in South Africa. In R. Morrell, & L. Richter (Eds.), *Baba: Men and fatherhood in South* (pp. 13-25). Cape Town: HSRC Press.

Morse, J. M., & Field, P. A. (1995). *Qualitative research methods for health professionals* (2nd ed.). California: Sage.

Morse, J. M., Barrett, M., Mayan, M., Olson, K., & Spiers, J. (2002). Verification strategies for establishing reliability and validity in qualitative research. *International Journal of Qualitative Methods, 1*(2), 13-22. Retrieved from International Journal of Qualitative Methods.

Mouton, J. (2005). *How to succeed in your master's and doctoral studies: A South African guide and resource book.* Pretoria: Van Schaik.

Mouton, J., & Marais, H. C. (1998). *Basic concepts in the methodology of the social sciences.* Pretoria: HSRC Press. Retrieved February 16, 2015, from http://www.hsrcpress.ac.za/product.php?productid=1929&cat=26&page=1&freedownload=1

Mruck, K., & Breur, F. (2003). *Subjectivity and Reflexivity in Qualitative Research—The FQS Issues.* Retrieved June 27, 2015, from Forum : Qualitaitive Social Research: http://www.qualitative-research.net/index.php/fqs/article/view/696/1504#footnote_1

Nasio, J. (2010). *Oedipus: The most crucial concept in psychoanalysis.* (D. Pettigrew, & F. Raffoul, Trans.) New York: Suny Press.

Naziri, D., & Feld-Elzon, E. (2012). Becoming a mother by "AID" within a lesbian couple: The issue of the third. *The Psychoanalytic Quarterly, 81*, 683-711.

Nicolson, P., & Burr, J. (2003). What is 'normal' about women's (hetero)sexual desire and orgasm?: A report of an in-depth interview study. *Social Science & Medicine, 57, 1735-1745., 57*, 1735-1745.

Obholzer, A. (2002). Foreword. In J. Trowell, & A. Etchegoyen, *The Importance of fathers: A Psychoanalytic Re-evaluation* (pp. xv-xvi). London: Routledge.

Obholzer, A. (2002). Forword. In J. Trowell, & A. Etchegoyen, *The importance of fathers: A psychoanalytic re-evaluation* (pp. xv-xvi). London: Routledge.

Ogden, T. H. (1989). *The primitive edge of experience.* Northvale, NJ: Jason Aronson.

Oppenheim, A. (2004). *Questionnaire design, interviewing and attitude measurement.* London: Continuum.

Ott, B. J. (1997). An Absent Father and His Son: A Case Illustrating the Importance of the Father's Role in the Development of Boys. *Psychoanalytic Social Work, 4*, 37-51.

Patterson, A. (1999). The publication of case studies and confidentiality - an ethical predicament. *Psychiatric Bulletin, 23*, 562-564.

Patton, M. Q. (2002). *Qualitative reserach and evaluation methods.* London: Sage.

Perelberg, R. J. (2014). Paternal function and psychoanalytic practice. Downloaded 08 March 2015 from http://www.ipa.org.uk/en/Debates/Paternal_Function.aspx.

Pine, F. (1992). Some refinements of the separation-individuation concept in light of research on infants. *Psychoanalytic Study of the Child, 47*, 103-116.

Pleck, E. H., & Pleck, J. H. (1997). Fatherhood ideals in the United States: Historical dimensions. In M. E. Lamb (Ed.), *The role of the father in child development* (pp. 33-48). New York, NY: John Wiley.

Polit, D. F., & Hungler, B. (2004). *Nursing research: Principles and methods.* Philidalphia: Lippincourt.

Pollock, G. H., & Ross, J. M. (1988). *The Oedipus papers.* Madison, CT: International Universities Press, Inc.

Pomerleau, W. (1997). *Twelve great philosophers: A historical introduction to human nature.* New York: Ardsley house.

Pruett, K. (1998). Research perspectives: Role of the father. *Pediatrics, 102*(5), 1253-1261.

Pruett, K. D. (2000). *Fatherneed: Why father care is as esssential as mother care for your child.* New York: Broadway Books.

Quigley, T. (2009). A brief outline of psychoanalytic theory. *Downloaded from XXX, 4 November 2011*.

Raphael-Leff, J. (1991). *Psychological processes of childbearing.* London: Chapman and Hall.

Rather, L. (2008). Reuniting the psychic couple in analytic training and practice: Theoretical reflections. *Psychoanalytic Psychology, 25*, 99-109.

Reis, B., & Grossmark, R. (2009). *Heterosexual masculinities: Contemporary perspectives from psychoanalytic gender theory.* New York: Routledge.

Resnik, S. (1989). El padre en el psicoanalisis. *Revista de psychoanalysis, Asociacion Psicoanalitica Argentina, 4*, 499-517.

Richards, H. M., & Schwartz, L. J. (2002). Ethics of qualitative research: are there special issues for health services research? *Family Practice., 19*(2), 135-139.

Riessman, C. K. (1993). *Narrative analysis.* London: Sage.

Rottman, M. (1980). die Rolle des Vaters der frÜhen Kindheit. In R. Naske (Ed.), *Aufbau und Störungen frÜhkindlicher Beziehungen zu Mutter und Vater* (pp. 93-107). Vienna: Bruder Hollinek.

Rowley, P. (2008). When father leaves the family home: Lessons from work discussion and infant observation. *Infant Observation, 11 (2),* 179-193.

Rubin, H. J., & Rubin, I. S. (1995). *Qualitative interviewing: The art of hearing data.* Thousand Oaks, CA: Sage.

Runyan, W. M. (1982). In defense of the case study method. *American Journal of Orthopsychiatry, 52*(3), 440-446.

Rustin, M. (2003). Research in the consulting room. *Journal of Child Psychotherapy, 29*, 137-145.

SAAJA. (2015). *Home Page*. Retrieved April 27, 2015, from Southern African Assocuiation of Jungian Analysts: http://www.jungsouthernafrica.co.za/

SAIRR. (2012). *Submission by the South African Institute of Race Relations on the draft white paper on families released by the Department of Social Development.* Johannesburg: SAIRR.

Samuels, A. (1989). *The plural psyche: Personality, morality and the father.* New York: Routledge.

Samuels, A. (1993). *The Political psyche.* London and New York: Routledge.

Samuels, A. (1996). The good enough father of whatever sex. In C. Clulow (Ed.), *Parents becoming partner: Talks from the Tavistock Marital Studies Institute* (pp. 101-118). London: Sheldon Press.

Samuels, A. (2001). The good enough father of whatever sex. In A. Samuels, *Politics on the couch: Citizenship and the internal life* (pp. 101-121). London: Profile Books.

Sandelowski, M. (1994). The use of quotes in qualitative reserach. *Research in Nursing & Health, 17*(6), 479-482.

Sandler, J., Dreher, A. U., & Drews, S. (1999). An approach to coneptual research in psychoanalysis illustrated by a consideration of psychic trauma. *International Review of Psycho-Analysis, 18*, 133-141.

SAPI. (2014). *About the organization*. Retrieved April 27, 2015, from South African Psychoanalytic Association: http://www.sapsychoanalysis.org/index.html

Sarnat, J. (2008). Reuniting the psychic couple in anaytic training and practice: A candidate's expereince. *Psychoanalytic Psychology*(25), 110-121.

Sayers, J. (1995). Consuming male fantasy: feminist psychoanalysis retold. In A. Elliot, & S. Frosh, *Psychoanalysis in context: Paths between theory and modern culture* (pp. 123-141). London: Routledge.

Schwandt, T. A. (1997). *Qualitative enquiry: A dictionary of terms.* Thousand Oaks, CA: Sage.

Schwandt, T. A. (2000). Three epistemological stances for qualitative inquiry: Initerpretivism, hermeneutics and social constructionism. In N. Denzen, & Y. Lincoln (Eds.), *Handbook of Qualitative Research* (pp. 189-214). Thousand Oaks, CA: Sage Publications, INC.

Seinfeld, J. (1993). *Interpreting and holding: The paternal and maternal functions of the psychotherapist.* Northvale, NJ: Jason Aronson INC.

Seligman, E. (1982). The half-alive ones. *Journal of Analytic Psychology, 27*, 1-20.

Sharpless, E. A. (1990). The evolution of triadic object relations in the preoedipal phase: Contributions of developmental research. *Psychoanalytic Contemporary Thought, 13*, 459-482.

Shaw, I. F. (2003). Ethics in qualitative research and evaluation. *Journal of Social Work, 3*(1), 9-29.

Silove, M., Schon, J., Berg, A., Green, J., & Levy, S. (2011). Introduction to the Code of Ethics of the South African Psychoanalytic Confederation. *Psycho-Analytic Psychotherapy in South Africa, 19*(2), 103-120.

Silverman, D. (1997). *Qualitative reserach: Theory, method and practice.* London: Sage.

Silverman, D. (2005). Early developmental issues reconsidered: Commentary on Pine's ideas of symbiosis. *Journal of the American Psychoanalytic Association, 53*, 239-251.

Sinkkonen, J., & Keinänen, M. (2008). Bridges over troubled waters. *Scandinavian Psychoanalitic Revue, 31*, 38-49.

Sirois, F. (2012). The Role and Importance of Interpretation in the Talking Cure. *the International Journal of Psychoanalysis, 93*, 1377-1402.

Smith, C. (2013). Psychotherapy and disrupted attachment in the aftermath. In C. Smith, G. Lobban, & M. O'Loughlin (Eds.), *Psychodynamic psychotherapy in South Africa: Contexts, theories and applications* (pp. 77-108). Johannesburg: Wits University Press.

Smith, F. (2004). The generosity of acceptance: Volume 1, exploring feeding difficulties in children; Volume 2, exploring eating disorders in adolescents edited by Gianna Williams, Paul Williams, Jane Desmarais and Kent Ravenscroft (Karnac, London, 2004). *Psychoanalytic Psychotherapy, 18*, 447-450.

Spence, D. P. (1993). Traditional case studies and prescriptions for improving them. In N. Miller, L. Luborsky, J. Barber, & J. Docherty, *Psychodynamic treatment research: A handbook for clinical practice* (pp. 37--52). New York: Bsic Books.

Spieler, S. (1984). Preoedipal girls need fathers. *Psychoanalytic Review, 71*, 63-80.

Stajner-Popovic, T. (2001). Internet Discussion Review: 'Disguise or consent: Problems and recommendations concerning the publication and presentation of clinical material' by Glen O. Gabbard and the Editorial by David Tuckett. *International Journal of Psychoanalysis,, 82*, 415-424.

Steiner, J. (1994). Patient-centered and analyst-centered interpretations: Some implications of containment and counter-transference. *Psychoanalitic Inquiry, 14*, 406-422.

Stern, D. (1985). *The interpersonal world of the infant: A view from psychoanalysis and developmental psychology.* New York: Basic Books.

Stevenson, C., & Cooper, N. (1997). Qualitative and quantitative research. *The Psychologist: The bulletin of the British Psychological Society, 10*(4), 159-160.

Stiles, W. B. (1993). Quality control in qualitative research. *Clinical Psychology Review*, 593-618.

Stone, D. K. (2008). *The forgotten parent: The father's contribution to the infant's development during the pre-oedipal years*, Unpublished master's thesis, Auckland University of Technology, Auckland, New Zealand.

Straker, G. (2014). Growing up in conflict: The personal and the political. *Psychoanalytic Inquiry, 34*, 680-689.

Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques.* Newbury Park, CA: Sage Publications, Inc.

Stroud, B. (1984). *The sgnificance of philosophical scepticism.* Oxford: Clarendon Press.

Sugarman, A. (2003). Father hunger: Explorations with adults and children By James Herzog. *International Journal of Psychoanalysis, 84*, 775-779.

Swartz, S. (1999). Using psychodynamic formulations in South African clinical settings. *South African Journal of Psychology, 29*(1), 42-48.

Swartz, S. (2013). Naming and otherness: South African intersubjective psychotherapy and the negotiation of racialised histories. In C. Smith, G. Lobban, & M. O'Loughlin (Eds.), *Psychodynamic Psychotherapy in South Africa* (pp. 13-30). Johannesburg: Wits University Press.

Symington, J., & Symington, N. (1996). *The clincial thinking of Wilfred Bion.* London and New York: Routledge.

Talley, P. F., Strupp, H. H., & Butler, S. F. (1994). *Psychotherapy research and practice: Bridging the gap.* New York: Basic Books.

Target, M., & Fonagy, P. (2002). Fathers in modern psychoanalysis and in society: The role of the father and child development. In J. Trowell, & A. Etchegoyen, *The importance of fathers: A psychoanalytic re-evaluation* (pp. 45-66). East Sussex: Routledge.

Tasker, F. (2005). Lesbian mothers, gay fathers, and their children: A review. *Developmental and Behavioural Paediatrics, 26*(3), 224-240.

Taylor, S. J., & Bogdan, R. (1984). *Introduction to qualitative research methods: The search for meaning.* New York: John Wiley & Sons.

Taylor, S. W. (2009). Prologue. In L. J. Kalinich, & S. W. Taylor, *The dead father: A psychoanalytic inquiry* (pp. 9-20). London: Routledge.

Terre Blanche, M., & Durrheim, K. (2002). *Research in practice: Applied methods for the social sciences.* Cape Town: UCT Press.

Tesch, R. (1990). *Qualitative research: Analysis types and software tools.* Bristol, PA: Falmer.

Thompson, N. (1995). *Theory and practice in health and social care.* Milton Keynes: Open University Press.

Tracy, S.J. (2003). *Qualitative research methods: Collecting evidence, crafting analysis, communicating impact.* Hoboken, NJ: Wiley-Blackwell

Trowell, J. (2002). Setting the scene. In J. Trowell, & A. Etchegoyen (Eds.), *The importance of fathers: A psychoanalytic re-evaluation* (pp. 3-19). New York: Routledge.

Trowell, J., & Etchegoyen, A. (2002). *The importance of fathers: A psychoanalytic re-evaluation.* New York: Routledge.

Tuckett, D. (1993). Some thoughts on the presentation and discussion of the clinical material of psychoanalysis. *The International Journal of Psychoanalysis, 74*, 1175-1189.

Tuckett, D. (1998). Evaluating psychoanalytic papers: Towards the development of common editorial standards. *International Journal of Psychoanalysis, 79*, 431-448.

Tuckett, D. (2000). Reporting Clinical Events in the Journal: Towards the Construction of a Special Case. *International Journal of Psychoanalysis, 81*, 1065-1069.

Tuckett, D. (2005). Does anything go?: Towards a framework for the more transparent assessment of psychoanalytic competence. *international Journal of Psychoanalysis, 86*, 31-49.

Wall, G., & Arnold, S. (2007). How involved is involved fathering? An exploration of the contemporary culture of fatherhood. *Gender and Society, 21*, 4508-527.

Wallerstein, R. S. (2011). Metaphor in psychoanalysis: Bane or blessing? *Psychoanalytic Inquiry*, 90-106.

Wallin, D. (2009). Implications of attachment theory. *mentalhelp.net*. Retrieved April 2011

Walsham, G. (1993). *Interpreting information systems in organizations.* Chichester, NH: Wiley.

Ward, I. (2004). The importance of fathers: A psychoanalytic re-evaluation edited by Judith Trowell and Alicia Etchegoyen, preface by Anton Obholzer (Hove: Brunner-Routledge, 2002, 256 pp); reviewed by Ivan Ward. *Psychoanalysis and History*, 107-116.

Washington, M. (2004). On the issue of resistance in anorexia. *Psychoanalytic Psychotherapy, 18*, 418-431.

West, W. (1978). Combined approaches in the treatment of the orally regressed masochistic character disorder. *Journal of Contemporary Psychotherapy, 9*(2), 155-161.

Widlöcher, D. (1994). A case is not a fact. *International Journal of Psycho-Analysis, 75*, 1233-1244.

Willig, C. (2014). Interpretation and Analysis. In U. Flick (Ed.), *The SAGE Handbook of Qualitative Data Analysis* (pp. 136-149). London: Sage.

Willig, C., & Stainton-Rogers, W. (2008). *The SAGE handbook of qualitative research in psychology.* London: Sage Publications, Ltd.

Winnicott, D. W. (1945). Primitive emotional development. In *Through Paediatrics to Psychoanalysis: collected papers (Ch 12). 1958.* . London: Tavistock.

Winnicott, D. W. (1949). Hate in the counter-transference. *The International Journal of Psychoanalysis, 30*, 69-74.

Winnicott, D. W. (1956). Primary maternal preoccupation. In *Through Paediatrics to Psychoanalysis* (pp. 300-305). New York: Brunner/Mazel.

Winnicott, D. W. (1960). The theory of the parent-infant relationship. *The International Journal of Psychoanalysis*, 585-595.

Winnicott, D. W. (1964). What about father? In D. W. Winnicott, *The Child, the Family, and the Outside World* (pp. 113-118). Reading, MA: Addison-Wesley Publishing Company.

Winnicott, D. W. (1965). Ego Distortion in Terms of True and False Self (1960). In D. W. Winnicott, *The maturational processes and the facilitating*

environment:Studies in the theory of emotional development (pp. 140-152). London: Hogarth Press and the Institute of Psycho-Analysis.

Winnicott, D. W. (1986[1955]). *Holding and interpretation: Fragment of an analysis.* London: Hogarth Press.

Winnicott, D. W. (1987). *The Child, the Family, and the Outside World* . Reading, MA: Addison-Wesley Publishing Company.

Winnicott, D. W. (1990). *The Maturational Processes and the Facilitating Environment: Studies in the Theory of Emotional Development.* London: Karnac Books.

Winter, G. (2000). A comparative discussion of the notion of 'validity' in qualitative and quantitative research. *The Qualitative Report, 4*(3&4). Retrieved from http://www.nova.edu/ssss/QR/QR4-3/winter.html 31 January 2015

Wisdom, J. (1976). The role of the father in the son's pre-oedipal development. *Journal of Psychoanalysis, 3*, 231-239.

Wright, K. (1991). *Vision and Separation.* London: Aronson.

Yarwood, G. (2011). The pick and mix of fathering identities. *Fathering, 9*(2), 150-168.

Yin, R. K. (2009). *Case study research: Design and method* (4th ed.). Thousand Oaks, CA: Sage Inc.

Yogman, M. W. (1982). Observations on the father-infant relationship. In S. H. Cath, A. R. Gurwitt, & J. M. Ross, *Father and child: Developmental and clinical perspectives* (pp. 101-122). Boston: Little, Brown.

APPENDIX A: PARTICIPANT INFORMATION SHEET - INTERVIEW

Dear Colleague,

My name is Nick Davies and I am currently completing a doctorate in the Psychology Department of the University of the Witwatersrand. The title of my research study is: "The *Paternal Function*: Conceptual and Therapeutic Relevance". The study is designed to more fully understand and perhaps refine the concept of 'the paternal function' and how it is thought about and used by psychoanalytic therapists. In addition, I am hoping to gain a clearer understanding of how the construct might be drawn upon and employed in therapeutic practice.

I would like to invite you to participate in this research study as I believe your ideas and insights would be valuable to the project. Please take your time to review this consent form and if necessary to discuss any questions you may have with me before making a decision as to whether you are happy to give your consent to participate in the study.

Study Procedures: This study will involve, initially, the one on one interviewing of individuals. I will be interested in your thoughts about 'the paternal function', how you understand the construct and how you may apply the construct in your therapeutic work. The interviews will be conducted in English by myself, at a time and place suitable to you. The interviews will take approximately 60 minutes. Depending on the outcome of the interviews and participant interest, I would like to potentially pursue the option of constituting one or two focus groups to discuss the same issues in the context of a group. The groups would consist of 3 to 6 individuals and would entail similar arrangements to those outlined for the individual interviews except that the focus groups may be of 90 minutes duration to allow for adequate discussion time.

With your consent the interview/s will be recorded on a dictaphone, and the material transcribed for the purposes of analysis. All information you provide will be kept confidential and no personally identifying information will be included in any write up of the research (unless you specifically would prefer to be named as an informant). It should be noted that in keeping with general practice in writing up interview based research I may use direct quotations from the interviews to illustrate particular points or arguments. However, there will be no way of tying any published material to a specific individual. It should be emphasized that it is not anticipated that the study will elicit sensitive or exposing material.

Regarding focus groups, informants will be asked to keep any sensitive information confidential but it should be noted that absolute confidentiality cannot

be guaranteed in that participants may discuss material outside of the group setting.

During the course of the interviews you may find it important to discuss aspects of particular cases you are working with or have worked with in the past. Again, every attempt will be made to preserve the confidentiality of such information and since you will not be identified there would not be any way that a patient could tie information back to you. I would also be happy to send any drafts of published material to you for checking in this respect if I were to use any case information you supplied in the course of writing up the study.

Risks and Costs: There are no foreseen risks to participating in the interviews or focus group discussion, and other than the time taken for the interview, there are no foreseen costs to you. There is also no direct benefit for you to be gained from participating in this research. However it is hoped that this research will ultimately add to the practice of psychotherapy. Your consent is entirely voluntary and there is no penalty if you choose not to grant the requested permission. This clinical study protocol has been submitted to the University of the Witwatersrand Human Research Ethics Committee (HREC) and written approval has been granted by that committee. If you want any information regarding your rights as a research participant you may visit the website at www.wits.ac.za/Academic/Research/Ethics.htm

Benefits: While there are no direct benefits to you from participating in this study it is possible that you may find the discussion stimulating. When the research is completed, it will help the researcher begin to understand the extent to which, and how, the paternal function is thought about analytically and employed in practice by psychoanalytic practitioners.

Dissemination: It is intended that aspects of the information gathered in this research study will be published or presented in public forums. I would be very happy to supply you with copies of any published manuscripts arising out of the study.

Voluntary Participation/Withdrawal from the Study: Your decision to take part in this study is clearly voluntary. You may refuse to participate or you may withdraw from the study at any time. Your decision not to participate or to withdraw from this study will not prejudice you in any way.

Should you require any further information or have any questions you are free to contact me.

Yours sincerely



Nick Davies

082 560 5286

nccdavies@gmail.com

APPENDIX B: PARTICIPANT INFORMATION SHEET – CASE STUDY

NICK DAVIES

CLINICAL PSYCHOLOGIST

M.Sc (Wits); MA (Clin Psych) (Wits)

Consulting Rooms: 23, 21st Street**,** Parkhurst, 2193

Cell: 082 560 5286

e-mail: nickccdavies@gmail.com

HPCSA Reg. Number: 0102121 **Practice Number**: 0329045

Dear .....,

PROPOSED RESEARCH INFORMATION SHEET

I am currently doing a PhD including Publication through the University of the Witwatersrand and would like to request your participation in my research. This Information Sheet is intended to provide you with sufficient information so that your consent can be considered informed. If there is further information you require, please feel free to contact me. If you agree to take part in this study, you will be asked to sign this document.

The topic of my PhD study is *The Paternal Function: Conceptual and Clinical Relevance.*

Part of the study investigates how the concept of the paternal function (that function which typically was carried out by the father in the traditional family)

might be used more extensively and in a more nuanced manner in clinical work to enhance the understandings psychotherapists have of their patients' struggles, and thereby add to the insights offered to patients. It is hoped that this research will add both theoretically and practically to the psychoanalytic discipline. It is required that my research be published in accredited, academic journals as well as written up as a thesis which be kept in the library of The University of the Witwatersrand.

In reflecting on the work that you have done in your therapy with me over an extended period, I believe that aspects of your therapy and your personal struggle which you brought to therapy underline and usefully exemplify aspects of my research. I would like to ask your permission to make use of the case notes relating to your therapy, case notes that I am professionally obligated to keep.

Case notes include remarks on particular issues raised in a session, your thoughts and feelings about them, our interactions and conversation. Case notes also include my own thoughts and feelings on these matters. The material that I use will be disguised in order to protect your identity. You will be free to read a draft of that portion of my research pertaining to your therapy.

There is no direct benefit for you to be gained from participating in this research. However it is hoped that this research will ultimately add to the practice of psychotherapy. Your consent is entirely voluntary and there is no penalty if you choose not to grant the requested permission. This clinical study protocol has been submitted to the University of the Witwatersrand Human Research Ethics Committee (HREC) and written approval has been granted by that committee. If you want any information regarding your rights as a research participant you may visit the website at www.wits.ac.za/Academic/Research/Ethics.htm

Should you require any further information or have any questions you are free to contact me. My contact details are at the top of this letter.

Yours sincerely



Nick Davies

APPENDIX C: INTERVIEW INFORMED CONSENT – PARTICIPATION AND RECORDING

☐ I hereby confirm that I have been informed by Nick Davies about the nature, conduct, benefits and risks of his proposed clinical study.

☐I have read and understood the above Information Sheet regarding the clinical study.

☐I am aware that the results of the study will be written up as a PhD thesis and published in academic journals.

☐I am aware the interview will be audio recorded

☐I am aware that some of what I say may be quoted directly.

☐I may, at any stage, prior to publication, without prejudice, withdraw my consent and participation in the study.

☐I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study

I _____ consent to being interviewed and the interview being audio recorded.

Printed Name : _____

Signature: _____

Date: _____

I, NICK DAVIES, hereby confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Printed Name : Nick Davies

Signature: 

APPENDIX D: CASE STUDY INFORMED CONSENT

Case Study Informed Consent Form

☐ I hereby confirm that I have been informed by Nick Davies about the nature, conduct, benefits and risks of his proposed clinical study.

☐ I have read and understood the above Information Sheet regarding the clinical study.

☐ I am aware that the results of the study will be written up as a PhD thesis and published in academic journals.

☐ Some of what I said in therapy may be quoted directly.

☐ I may, at any stage, prior to publication, without prejudice, withdraw my consent and participation in the study.

☐ I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study

☐ I have had an opportunity to read a draft of the material that relates to my therapy

Printed Name : _____

Signature: _____

Date: _____

I, NICK DAVIES, hereby confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Printed Name : Nick Davies

Signature: 

Date: 23 January 2015

APPENDIX E: SEMI-STRUCTURED INTERVIEW SCHEDULE

1. How do you understand the concept ‘the paternal function’?
2. Can you share your thoughts on what the pre-oedipal paternal function might look like?
3. Do you think the role of the father and the paternal function are different concepts and if so how?
4. Can you share your thoughts on whether you believe the paternal function to be gendered or not?
5. Why do you think the paternal function generally gets so little coverage?
6. How do you think the paternal function could be understood within the clinical setting? {Be on the lookout for transference and countertransference references}
7. Do you make use of the concept of the pre-oedipal paternal function in your clinical work and if so could you share some examples of how it might occur?

APPENDIX F: ETHICS CLEARANCE CERTIFICATE

Research Office

HUMAN RESEARCH ETHICS COMMITTEE (NON MEDICAL)
H120501 Davies

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER H120501**
PROJECT TITLE	The paternal function: conceptual and therapeutic relevance
INVESTIGATOR(S)	Mr N Davies
SCHOOL/DEPARTMENT	Psychology
DATE CONSIDERED	18 May 2012
DECISION OF THE COMMITTEE	Approved Unconditionally
EXPIRY DATE	31 May 2014
DATE 21 May 2012	**CHAIRPERSON** (Professor R Thornton)

cc: Prof. G Eagle

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10005, 10th Floor, Senate House, University.

We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to completion of a yearly progress report.**

_____ _____/_____/_____
Signature **Date**

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES