# Chapter: Discussion by Björn Salomonsson

## Freud on fathers: Who cares?

### *A propos Kai von Klitzing*

This chapter contains my points of view – subsumed under five themes – on the various chapters of the book. The first theme summarizes the views on fatherhood of “the Father” himself, that is, Sigmund Freud. I will argue that such an outline, beyond being of historical interest, can illustrate the complex answers to the question, “What is a father?”. Kai von Klitzing, in his introductory chapter, divides his thoughts on this question into three areas; the father qua real father, qua part of the parent-child triad, and qua internal object. He repeats, as do other authors {Diamond, 2017 #5978}; {Freeman, 2008 #4863} and in this volume, for example, Yael Segal, the critique against early psychoanalytic theory; it attributed a restricted role to the father and saw him mainly as a figure that threatens the child’s libidinal/dyadic wish to come close to mother. According to Eizirik {Eizirik, 2015 #5928`, p. 343}, Freud wrote mainly about the “the historical oedipal father, the object of desire, or a figure arousing destructive rivalry”. To exemplify, the main character in *Totem and Taboo* {Freud, 1913 #3073} is the dead/absent father, far from the man of today accompanying his partner to the antenatal clinic.

Now, is this a fair and complete picture of Freud’s view of fatherhood? If not, who cares, a century later? In my view, and here my emphasis differs slightly from Kai’s, Freud also recognized another function of the father. True, he thought of it as containing the mother’s anxieties and thus helping her respond to the infant’s needs, as Kai states in agreement with Britton {Britton, 1989 #2502}. But, Freud also suggested that the father *helps the child directly with containment*. I believe that once we recognize this other function, we get a more complete picture of the father’s roles (note the plural) – in Freud’s *anno dazumal* views and our own of today. Michael J. Diamond {Diamond, 2017 #5978} has brought my attention to a passage, where Freud {Freud, 1930 #5979} states that he “cannot think of any need in childhood as strong as the need for a father’s protection” (p. 72). What kind of father is he speaking of here, and what is it that he must protect the child from? In an earlier treatise on religion, Freud {Freud, 1927 #6074} had spoken of man’s illusion of an omniscient, omnipotent, and punishing figure epitomized in the prayer, *Our father who art in heaven*. But in the later work (1930), the infant is said to need a father for yet another reason; to be protected from the threat against its “oceanic feeling”. Freud defines this as a “sensation of ‘eternity’, a feeling as of something limitless, unbounded” (p. 64). The father’s task, in the child’s mind, is thus to restore “limitless narcissism” (p. 72). What is at stake here is “the feeling of infantile helplessness” (p. 72) and thence the child’s need for father’s protection. This kind of father is very remote from the forbidding and punishing Oedipal father.

Freud, the religious sceptic, did not recognize any oceanic feeling in himself. But he did acknowledge that a “primary ego-feeling” {Freud, 1930 #5979`, p. 68} resides in every human being. It corresponds to a “more intimate bond between the ego and the world about it” and is thus the affective counterpart to his concept of primary narcissism {Freud, 1914 #2403}. Where does it stem from? Clearly, from the infantile period during which Freud indeed gives the father a prominent function of a guardian: The “terrifying impression of helplessness in childhood aroused the need for protection… through *love*, which was provided by the father” {Freud, 1927 #6074`, p. 30}. This helplessness is not only related to the Oedipus complex but begins even earlier with the perceived threat to the primary ego-feeling or narcissism. In *Totem and taboo* {Freud, 1921 #2628} Freud adds that the father must have “equal love” towards every member of the “primal horde”. If not, “the family as a natural group formation” will fail to demonstrate its “indestructible strength” (p. 125). This shows the father’s important role in the family’s cohesion, not only through his prohibitions but also through his *love*.

Why has Freud’s view of the father as patron – a word stemming from *father –* against helplessness been overshadowed by the other perception, that of the father who penalizes incest? One answer is that the latter conception receives much greater attention in Freud’s writings on the Oedipus complex. Secondly, the protective father emerges most often in writings that do not focus on development but on religion and anthropology – areas where Freud must remain more speculative and without providing clinical examples. Thirdly, his conception of the infant’s helplessness, though hinted at many times from 1895 {Freud, 1895/1950 #2169} and onwards {Salomonsson, 2018 #5964}, was elaborated more clearly rather late {Freud, 1925-1926 #2176}. Fourthly, maybe all of us in this profession with “two rather frightened people: the patient and the psycho-analyst” {Bion, 1990 #3924`, p. 5} look for a kind of father figure who admonishes us what to do and not to do. Such a proscribing character certainly exists in Freud’s writings. When we get caught up in a transference/countertransference gridlock, we may resort to praying for such a figure – and it certainly is easy to find him in Freud’s texts. But it is interesting that Freud’s other theme, where he suggested that the infant needs the father to allay his/her primal fears, has been in the background for so long in the literature.

Beneath Freud’s maritime metaphor “oceanic feeling”, we discern a fantasy about life in the womb. There, every need was fulfilled and no wishful fantasy was needed or even possible. This illusion was smashed to pieces during delivery when the infant was introduced to the rhythm of need and satisfaction, distress and pleasure. Thus arose his/her helplessness as well as the need of a – yes, what? To use von Klitzing’s terms, was it the real father, the member of the parent-child triad, or the internal paternal object? I think Freud would have answered, “In the beginning, it’s a mix of the real object and its unconscious representation”.

Must it then be a real man who takes up the protector’s role? I agree with Kai: No, a Lesbian partner, a grandfather, even a dead father can function as the “paternal” protector against infantile helplessness. Such alternatives were not addressed by Freud. If we extend the concept of the unconscious father representation to encompass a father *principle*, we realize that the mother herself could, indeed should, entertain this function. The main thing is that this principle is represented in her mind solidly and with a reasonably worked through ambivalence. This is portrayed by a mother who, gently and firmly, can tell the baby: “No dear, you had your milk, the diaper’s changed, I need some time for myself, it’s time to sleep. Goodnight.” True, it may be of enormous relief if a real father or partner can help her set limits and assist the baby in coming to terms with his panic. Another gift from the partner is to remind her about the sensual pleasures of the sexual encounter, intertwined as they are with the joys of procreation. As Kai von Klitzing reminds us, “the origins of life have something to do with sexuality” – in flesh and in fantasy.

### *A propos Marie-Christine Laznik*

It will come as no surprise that the sexual theme is taken up by a French analyst, Marie-Christine Laznik. I had a good laugh when I read about the boy’s father’s struggle with his disbelief of the therapist. Marie-Christine suggests that his wish to be nice and friendly with his son in fact lies behind the boy’s invention of a much worse imago than his father could imagine; the giant and all-destructive monster. The father associates to the movie *Airplane!*,one of my favourite comic movies. It is about an airplane where all pilots get food-poisoned and unable to fly. The only possible replacement is a passenger; a phobic, impotent, and self-centred man who once was an air-force pilot but whose guilt feelings have made him unable to fly again. He is thus an apt portrait of Patrick’s father; nice, benevolent – but haunted by his ghosts in the nursery and thus with little ability to represent the father principle. As Marie-Christine remarks, such men want to share in the maternal care, but it “does not make one more of a father. A good dad, yes – but not a father”. Linking to Freud’s discussions of the father’s roles, this father focuses on preserving the boy’s belief in the reality of the oceanic experience – but he forgets to personify the guardian of reality and law. The child is thus swaddled in a cocoon of illusions.

When Marie-Christine utilizes military metaphors and reminds the father that he does not need to be a “screaming sergeant” but a captain on board, he divulges that he experienced his own father precisely in this way. I recognize this pattern in many men whom I meet at the Child Health Centre. Similar wishes, not to be like their own father, were also expressed by fathers of newborns in a qualitative study {Stavrén-Eriksson, 2016 #4867}: “More is expected of a modern dad today, when it comes to involvement in the children’s upbringing, housework, in everything like that… I think that the dads born in the 40’s have missed out on quite a lot” (p. 4). I guess the load which modern fathers experience does not emanate from their fathers’ absence or lack of involvement. I rather think that, for a multitude of reasons, they are bewildered or fearful in defining the paternal role, which they do in a negative way: “I do *not* want to become a father like my Dad was”. Since they experienced him as representing No, whether through his absence or prohibitions, and they say No to this ancient figure, the result is a *No to the No* – which is not identical to a *Yes*. They become hyper-tolerant towards their child’s demands, an attitude they idealize with formulations such as, “I do not want to disturb the development of his attachment” or, “Our family sleeps in the same bed to promote the children’s sense of security”. Needless to say, the result is not a secure attachment or agreeable family life but frustration and quarrels. Also, some of these men do resemble the unwilling replacement pilot in *Airplane!* They are fearful and feel they have lost control and direction in that life-long flight called parenthood. Or, to use another metaphor, they fail to realize that it is not enough to help the child preserve his oceanic feeling. They must also help the child build a boat and become the captain of the ship of his/her life.

## Fathers and sex

### *A propos Abel Fagin*

We will now enter a field of three agents, the child, the mother and the father. Its many enigmas can be summarized in the formula: 1 + 1 = 3. The greatest mystery of all is: What makes the merger of one plus one result into someone coming from nowhere to pose the great questions: “Where do I come from? They did it, but how? Will I do it some day?” We now add another role of the father, beyond safeguarding the child’s oceanic feeling and forbidding incest; the sexual agent. Male sexuality is also reflected, from a more personal angle, by Abel Fagin. He investigates what it means to be a male therapist in a profession dominated by women, and where the parent(s) who seek help expect(s) to see a female therapist. I smile in recognition of my own professional situation… I think many male colleagues would be excellent parent-infant therapists, but they hesitate due to embarrassment, unfamiliarity, and perhaps a fear of being overwhelmed by the sensuous impact in the PIP session. This brings us to a topic that Abel acknowledges, in junction with Tessa Baradon’s chapter; the unspoken sexuality in the room. He notes that it may emerge in the varying transferential ways that mothers, fathers, and babies may experience him. Further, he lists the many countertransference issues that can pop up; sexual attraction, shame, and imprisonment in roles imposed on him by the parent(s).

The contrast between reading the honest and incisive list of the perils and possibilities of being a male therapist, and my waiting for clinical examples, make me wonder: Could it be that although we psychodynamic therapists are trained to acknowledge sexuality as an ever-present part of psychic life, yet have difficulties in doing it fully and without embarrassment? A second question: Are such challenges confined to constellations with a male therapist? Regarding the first question, I bring in Sophie, a 1½-year old girl who flirts with Abel and finally kisses him while rejecting mother’s invitations. Personally, I am less prone to enter into a relationship that is “child-led and facilitating for the infant [and where] the therapist may initiate and receive appropriate touch, exploration and closeness to take place”. Neither am I certain that this was an “intimate moment” between the mother, the girl, and Abel. I would rather emphasize another alternative in Fagin’s text; by kissing him, the girl avoids intimacy with mother and/or sets up an oedipal rivalry situation. I speculate; what would have happened if Abel had uttered a friendly and unequivocal “No thank you” to Sophie’s kiss? He submits many plausible interpretations of how mother and daughter might experience the kiss and the girl’s refusal to kiss Mum. Yet, the main point in exercising the paternal function is to set up boundaries – and to contain the helplessness that is bound to follow. This is why I, when engaging in PIP, generally refrain from touching the infant.

As for the concept of infantile sexuality, recent years have seen its revival {Laplanche, 2002 #2545}; {Widlöcher, 2002 #2173}, and the recognition of its impact from infancy to adulthood {Joyce, 2016 #6011;Salomonsson, 2012 #3443;Zamanian, 2011 #3089}. These investigations have redefined it, from an abstruse force leaning onto (Freud, 1905) the instinct of survival to a steady and ever-present current in every human interaction. If we place a therapist or parent of any gender in this constellation, we grasp the impact s/he may have on the relationship between mother and baby. This is where Fagin, and Baradon, focus their investigations. Whatever the gender of the therapist, it yields different experiences for the mother and the father in treatment. Various emotions may surge; hetero-/homo-erotic attraction, shame, jealousy, dyadic bliss, triangular exclusion, anger, contempt… Fagin’s and Baradon’s point is that this hot spot should be investigated in every PIP therapy.

To briefly answer my second question, if these issues revolve only around male therapists, I would say no. The gender homogeneity among pre- and post-natal health care nurses and PIP therapists can lure us into thinking that it is a no-sex area. Though this be true in a manifest sense, on a latent level it is not. This was Freud’s point when he argued that “no one who has seen a baby sinking back satiated from the breast and falling asleep with flushed cheeks and a blissful smile can escape the reflection that this picture persists as a prototype of the expression of sexual satisfaction in later life” (Freud, 1905, p. 182). Infantile sexuality is “everywhere” in the sense that we think and experience our world, not only with our thinking head but also with our lust-seeking body. This goes for therapists and our patients as well, and the deeper we realize it, the better we can help them.

### *A propos Joan Raphael-Leff*

My mind veers to another aspect on fatherhood and sexuality in Joan Raphael-Leff’s chapter. She quotes Freud (1939) as he discusses the societal shift from emphasizing the mother to the father. This “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 premiss. Taking sides in this way with a *thought-process* in preference to a sense perception has proved to be a momentous step” (p. 113-114, italics added). This is similar to Lacan’s discussion of the adage that Freud (1909) had referred to earlier: *Pater semper incertus est, mater certissima est.* The father is always uncertain, the mother is very certain. This insecurity has forced humanity to create laws, family bonds, and abstract thinking, as Freud suggests.

To nullify fatherhood is to attack the basic principles of society – and abstract thinking itself. This also helps us understand the worries that many men face when approaching fatherhood; it is such an abstract undertaking! Talking about salaries, cars, ski resorts, even sex is no big deal compared with broaching the mysterious topic of fatherhood: “What am I to expect, how will I experience it, what kind of father will I become one day?” The woman is helped by her bodily changes to grasp what it may mean to become a parent. In a qualitative study, Genesoni and Tallandini (2009) portray men’s dilemmas in their transition to fatherhood. They view themselves as part of a “labouring couple” and join their partner in midwifery exams, etc. They do want to bond emotionally with the future child but – and this is a problem arising from their “incertus” position – they also suffer from “feelings of unreality, arising out of the lack of tangible evidence of the existence of their unborn child” (p. 313). They struggle with being outsiders and also feel they must be strong and supportive of the partner and that their worries are minor compared with hers (Stavrén-Eriksson, 2016).

Joan suggests, and this differs from my position, that “our parenting responses are not instinctively predetermined by biology or imprinting”. I would emphasize that the responses are not *only* biologically or ecologically predetermined. We can never know to what extent societal roles or gender patterns determine that a father ends up in one of the categories that she has coined, for example, the “Renouncer” or “Participator”. But we do know that he cannot run away from the fact that “anatomy is destiny” (Freud, 1912). I give full credit to the many critics of Freud’s lopsided and incomplete theory of the psychological impact of the differences between the sexes. Nevertheless, we should beware of throwing out the baby with the bathwater – not the least when it comes to discussing fatherhood. Our parenting responses are not only instinctively predetermined by biology or imprinting, since they also depend on our capacity to “question psycho-historical meanings”. And, we can and should “attempt to improve on them”, as Joan suggests. But these efforts will also meet with an absolute limit; it takes two gametes to make a child; one must come from a man and one from a woman, and only the latter’s body will carry the child – while the man remains an outsider. For example, when newly pregnant women declared in an interview study (Bergbom, Modh, Lundgren, & Lindwall, 2016) that “their body had longed to become pregnant and have children and now they felt a sense of bodily fulfilment” (p. 582), it would be absurd if such a statement were expressed by their male partner. What I am defending here is the impact of biological limitations, from which both sexes suffer. But, if the protagonists handle these facts humbly and with fascination, they can also thrive on these differences.

### *A propos Yael Segal*

Yael Segal is also into sexuality, focusing on what may happen between a female therapist and a male patient/father. Adult sexuality is expressed more clearly in her second vignette through the father’s erotic text messages. Her apprehension of being “harassed” blinds her and she cannot discern that behind his flirts, a man is hiding who is terrified of taking responsibility of a baby boy whose mother is schizophrenic. Her first case has some similarities in that she meets with a father, whose prominent masculinity evokes memories of her own and often absent father. Here, too, such forces blind her from seeing the help-seeking appeals behind the man’s assertive behaviour.

Macho-like behaviour has different repercussions on a female and a male therapist, respectively. A woman may rightly fear harassment, as Yael did initially in her second case. As a male PIP therapist, I have also met many assertive fathers. This often reflects various defences; the man may feel dragged by his wife to me to be rectified for his sloppy behaviour qua father. He may thus feel backstabbed even before our first encounter. In addition, he may experience me via a father-like transference position and fear that I will belittle him. If the wife then casts an appreciative glance at me, the scene is set for a jealousy drama.

Segal’s two cases show how infantile and adult sexuality blend imperceptibly in therapeutic encounters. She fears the sms-sending man’s advances – and she also interprets them along the tracks of her unconscious sexuality; men are big, enticing, and dangerous. This is portrayed in an even more moving way when she relates, in the first case, that the father “brought into the room a wave of strong manhood, with the unmistakable smell of military laundry”. When we hear, later, about her own father, an army officer, we understand the lifelong impact of these smells in her mind. We also see the beauty of therapeutic work when a therapist, via the insight about such unconscious forces, manages to liberate herself and becomes freer to navigate and help the father.

Still, there is one point of disagreement between Segal and me. She criticizes the tendency among therapists and their theories “to prioritize the exclusive mother-infant relationship [which has] has deep roots in our culture”. I would add that this relationship is also rooted in our *bodies*. The formula 1 + 1 = 3 does not merely imply, as Kai von Klitzing suggests, that “the origins of life have something to do with sexuality”. It also tells us that the origins of the infant’s *mind* have something to do with sexuality; it is born inside, and then outside, the mother. The concept of a “fatherhood constellation”, which Segal speaks of, has the same amount of validity as does “the motherhood constellation”. But in the beginning, the former constellation has a more abstract and less corporal anchorage than that of the motherhood constellation. I agree with Yael that “the birth of a baby can undermine the father’s male identity”. In my experience, one way of helping such men is to point out that female and male constellations are different. “Now it’s mother’s time, and soon it’ll be yours”, as I sometimes tell a bewildered and unassuming father. This can give rise to envy, mourning, jealousy, impatience – but also to love, relief, and a stronger sense of masculinity.

## Fathers and the triad

### *A propos Tessa Baradon*

After having discussed Fagin’s and Segal’s cases, we realize the complexity and the challenges implied in PIP. When someone decides to start therapy training, s/he may choose between becoming a couple/child/adult/individual or group therapist. But, in the domain of *parent-infant* therapy the therapist needs to be specialized in all these areas. Not only are all these foci involved in such work but there is also a constant switch between them. Switches may occur from one session to another; a mother may come alone for the first session to complain at length about her depression. One word about the baby’s distress may alert the therapist, who then suggests her to bring the child to the next session. Individual work thus has become dyadic. She may then voice bitterness towards her spouse, and he gets invited for the third session. Now, they’re into “working with the triad”, which is Tessa Baradon’s focus.

Already her quotation by Stern shows Tessa’s intention to look at every participant in her consulting room from a systems theory perspective (von Bertalanffy, 1968; Emde, 1988; Sander, 2002). This implies to understand that each participant in a session takes on a role according to which place(s) s/he occupies – for the moment – in that grand system called “the family”. For example, a man turned father may suddenly experience shifts in his identity, position, responsibilities, and emotions vis-à-vis himself, his partner, parents, siblings, workmates, and the baby. The woman, until now his girlfriend, is now his companion parent. His father, previously a distant figure, has now become a colleague in parenthood. Thus, no man can be studied without taking into account the networks he is involved in and the roles he is assuming. This makes working with the triad utterly complicated, especially since Tessa also studies each member from, if I may, a “non-systems theory” perspective. As a child/individual therapist, she never forgets the human being with his/her past history and present fantasy world.

Baradon’s point is to constantly monitor the therapeutic process in PPIP with a binocular focus; she seeks out what happens in the individual subject, be it the baby, mother or father: “How is mother today? How did the baby react when mother started crying or when father made an ironic comment?” Tessa’s other focus implies to scan what goes on within the group qua system: “Why does this family, who went through such ghastly things recently, seem so well-ordered?” (The examples are mine). Sometimes, this shift between the two foci gets implemented in a change of setting that Tessa calls “irregular arrangements”. I would add that such shifts often occur on a minute-to-minute basis in the session. The case of Lila and her family is a case to the point. In addition to addressing little Lila’s crankiness, Tessa obviously wants to engage her father, a despondent and passive immigrant, in being a parent. He responds to her invitation and picks up a toy train to draw Lila’s attention. This is a moment of father-daughter therapy. Some minutes later, Tessa picks up his choice of the train to indicate his solitude and helplessness as a “passenger” into the UK. Now, we are into his individual therapy. But, since he is also told that the train indicates his wish to protect Lila, the intervention also focuses on the father-daughter relationship. Finally, when mother listens to this interchange with compassion, yet another focus is included; the triad. From this vertex, she becomes a partner who gets to understand his plight better.

Taken together, the many components of Tessa’s “train” intervention illustrate that her term “working with the triad” can be compared to reading a musical partition; if we read it cross-sectionally, we can focus on one part at a time; which tone is played right now by the clarinet, the strings, and the brass? Or, we can imagine how all these notes might sound together. If read longitudinally, we can see the development over time; how does the first theme die out to be replaced by the second? The PPIP therapist thus works like a conductor who overhears and maintains contact with each musician. Tessa, an experienced *chef d’orchestre*, summarizes that she supported “father’s and baby’s agency in reaching out to each other” and helped them “join up”. Her bridging these two parts/voices presupposed that she listened to a third part as well: She also tuned in to the muted cry of father’s solitude, which she overheard and brought out by suggesting what the train might symbolize to *him* personally. He thus got in contact with his pain, which helped him console his daughter. Beautiful polyphonic music!

Baradon then moves on to addressing the therapist’s “paternal function”, which she sums up as “a reflective mind that enables simultaneous containment of the mother-infant dyad and their separateness”. I think (Salomonsson, 1998), like others do (Maiello, 2007; Quinodoz, 1992. See also M-C Laznik’s chapter), that it is reasonable to differentiate between two grand worldviews and modes of relating among humans; the maternal and the paternal. This is of course pure Lacan (1998). A father who, like in the trainee’s report, exclaims when seeing his baby fondling mother’s breasts, “Hey, those breasts are mine”, is executing the paternal function. To get back to my first section on Freud and fathers, this father appears as the guardian against incest. He introduces the law and the word, and thus draws a line between infantile and adult sexuality, or between boundless pleasure and lust combined with responsibility. In contrast, I am not so sure that “containment of the mother-infant dyad” represents that same paternal function. If a father listens to and empathizes with his mother’s woes and their baby’s crying, I would rather claim that he is executing, paradoxical as it may sound, a maternal function.

Should we then skip the sexual epithets of the two kinds of containment we are discussing? Should we regard such labels as outdated prejudices that merely reflect our projections about the two genders? Yet, as I already argued, and as Tessa reminds us now, there is a sexual presence in every family with a baby. Or, to quote Kai von Klitzing again, “the origins of life have something to do with sexuality”. Tessa she reminds us that we tend to repress the sexuality inherent in PPIP work, simply because it is so brazen. As she puts it, when the therapist meets with “the fluids, odours, excretions, mess, appetite and emotional vehemence – [they are] all evocative of (the recent) intercourse”. Such connections are rarely addressed by the parents, or the therapist presenting a case, for that matter. Whether they will be addressed by the therapist in the session depends on his/her perception of the present moment, attitudes to sexuality, personal experiences, etc. But, if s/he remains deaf to these signals, many parts of the musical score will remain muted, and the treatment will remain an unfinished symphony. I think such deafness can negatively affect the therapeutic outcome.

### *A propos Louise Emanuel*

How does the child experience all this “sex stuff”. To answer, we can turn to Louise Emanuel’s chapter, which is necessarily brief due to her sad and untimely demise. It demonstrates how she, a post-Kleinian therapist, assumed that unconscious fantasies exist in a young child. Her examples also demonstrate that the interpretations of such fantasy content were founded on detailed observations of the child’s behaviour in the therapy room. Maria, 2½ years old, draws circles and hands them to the adults in a “teacher-like” manner. Whereas the mother attributes this to Maria’s preschool teachings, Emanuel thinks she shows her need to be in the centre rather than being marginalized in the corner of an Oedipal triangle. It is as if she were signalling: “OK, you claim the origins of life have something to do with sexuality. If so, I wanna be part of that secret confederacy!” Louise bases her interpretation on the assumption that a circle symbolizes eternal dyadic bliss while an edgy triangle corresponds to exclusion. Such thinking follows the Kleinian agenda of attributing to children, even younger ones than Maria, capacities of symbolizing their struggles with internal and external objects. Though many analysts have been critical towards Klein’s conclusions, Emanuel has one trump card to support her thesis. The fact that Maria steadily avoids looking at *her* she interprets, correctly as I see it, to indicate that the girl is suspicious of Louise’s intentions of destabilizing the family structure. Indeed, that is Louise’s aim.

What has this got to do with fathers and the paternal function? Emanuel, as do some other authors in this volume, uses the terms paternal and maternal functions as a matter of course. The paternal function implies a benign but firm boundary and limit setting, a capacity for “penetrative” insight, and the courage to come up with new ideas and initiatives. (But, let us not forget Freud’s complementary view of the father who helps the child cope with the threats against the oceanic feeling). The maternal implies to tenderly receive a child’s communications of pleasure and distress. Emanuel emphasizes that the two do not indicate specific qualities in men and women, respectively, a point I raised briefly earlier. Instead, they need to coexist in *both* parents to establish a well-functioning couple. In Maria’s family, however, the paternal function seems compromised in both parents; in the father, by his readiness to get out of bed and spend hours with the sleepless daughter in her room. The mother, by replacing her wedding ring with Maria’s plastic ring. This paves the way for confusion and omnipotence in the girl, who ascends from princess to pseudo-queen.

When Maria avoids looking at Emanuel, I think it is mostly the paternal aspect of containment that she fears. I see this as a negative transference expressed in a fantasy like, “This woman tries to take me away from Mum and Dad, whom I love and control. I demand bribes, I hand out circle drawings, and their bedroom is also *my* property and queendom.” Thus, though this father does not seem to have any vast personal problems, the family certainly has issues with the paternal function. And this is, precisely, what Emanuel tries to help them with, obviously with quite good results.

## The breakdown of fatherhood and transgenerational trauma

### *A propos Angela Joyce*

A father’s ability to represent the paternal function obviously depends on his relationships, internal and external, with own his parents – perhaps most conspicuously with his father. The chapters by Angela Joyce and Amanda Jones bring up fathers for whom such relationships were brittle and agonizing, which also darkened their relationships with the baby and the spouse. We are thus into the topic of the *telescoping of transgenerational trauma* (Faimberg, 1988). The basic idea that we are affected by the internal worlds of our forefathers was introduced notably by Ferenczi (1993). The point is that the scars of previous generations remain secret or even taboo and thus, the next generation can neither face it openly nor integrate it (Mészáros, 2010). Faimberg formulates the tricky clinical question thus: How can the therapist and the patient talk about something, which the patient does not think concerns him and the analyst is ignorant of?

In PIP, it may take much meandering before such a previous and buried trauma is revealed. The point of departure in Angela Joyce’s case is a mother who has suffered a traumatic delivery and whose son is agitated and screaming. The father is reportedly as merely fulfilling the clichés of an unhelpful husband. In PIP work, such complaints sometimes cover up a severe marital conflict, the mother’s struggle with guilt feelings and a faltering self-esteem, etc. But here, as Joyce discovers, the father really *is* weighed down by problems. They stem from events way back in life, and they affect not only his capacities as a husband but also as a father. Memories of having lost his parents in childhood are knocking on the door when he himself becomes a father. Just about when he has become a colleague with his parents he discerns, vaguely and against heavy resistance, that he cannot tell them about this momentous event simply, but not merely, because they are deceased. This awakens pain in him; both present and ancient. It is perhaps to overstretch the concept of transgenerational transmission in father Andrew’s case, since he knew about the deaths of his parents. But, he did not link his vague paternal role with the losses he had failed to mourn and come to terms with. Therefore, had this theme not been approached in therapy, he might have created a transgenerational trauma for his son Tommy – for example, by not recognizing his importance for the boy and by “pushing him to keep achieving, driving forward, not relaxing”.

A technical issue emerges in Angela’s chapter: Who is the patient; mother a/o baby a/o father (Baradon, Salomonsson, & von Klitzing, 2014)? In her presentation, we discover that this cannot be answered once and for all. Rather, she needs to focus, from session to session, on which participant(s) has (have) the sorest spot. This challenges her countertransference; as soon as she decided to focus on the father’s repressed memories and pain, she felt she was leaving behind the depressed mother Rosie and little Tommy. Joyce argues that her reaction reflected “the defensive wall that Andrew had created around his childhood losses”. I would add that she was *bound* to feel she abandoned them when turning to Andrew’s pain and his shoving it “through the door in the back of his head”. Yet, Rosie did not only feel forsaken by this focus but also felt confirmed in her intuitions that something was the matter with her partner. Her wish to get to know him better were pivotal and gave the therapist leeway to pursue her attention on Andrew. Again, this shows the advantage of, at least at one point or another, having both parents participating in PIP work.

Then comes the finale; a summer break and – as Angela sees it – an interrupted treatment. After having experienced quite a few such “interruptions” at the Child Health Centre, I have come to reconsider how to interpret them, specifically, by comparing the results with the patients’ expectations. We must ask; what were the reasons for this couple to seek therapy? Indeed, it was *not* the father’s wish to come to grips with his childhood history but the mother’s sadness and the boy’s screaming. In this, they got substantial help. Thus, if we place the bar at a level that corresponds to the parents’ expectations, they got what they asked for. Were we instead eager to focus on the deaths of his parents, how he defended against the ensuing pain, and how this made him a “frozen” father, we would have to acknowledge that some thawing did occur in therapy – but not enough. I empathize with, and recognize, Angela’s disappointment in the countertransference, but I think this is part and parcel of every PIP therapist’s work. Stern (1995) observed that parents with baby worries seldom regard themselves as mentally ill but as being in a crisis or a state of chock. True, the ground may have been brittle due to earlier character problems, neurotic symptoms, and relational frailties. But their defences have functioned reasonably well until now – as in Andrew’s case. I think he received as much thawing as he wanted or could manage. One day he may, or may not, opt for more warming up of his emotions and defences. But for now he, and we, have every reason to feel this therapy helped him become a warmer and more accessible father.

### *A propos Amanda Jones*

The transgenerational theme is addressed explicitly in Amanda Jones’ chapter, which brings out the brutal realities in some families with small children. She speaks of fathers who have little of so many assets; an understanding of their and others’ feelings, a wish to learn more about them, and an insight that their own emotional state will affect the mother’s well-being and the baby’s social and emotional development. Her chapter is thus a healthy reminder that today’s proponents of fathers’ rights and roles should beware of being naïve. Many modern men declare that they are committed to co-operating with their spouse in creating a healthy and loving environment for the baby. But, as Amanda reminds us, not all of them are willing to submit themselves to the emotional, mutual and hard work that parenthood demands.

Why do some men develop in this direction, and why do some women choose to live with them and have children? In her theorizing, Amanda focuses on the second question, I think in a very respectable mission of being the spokeswoman and guardian of mother and baby when a father is a self-centred psychopath. Jones understands “the magnetic attraction” that some women feel for these men as reflecting an “illness of transgenerational relational origin”. Indeed, “it takes many more than two people to make a baby: a group of ghosts may come to the fore”. One such revenant, hiding behind the brutal man, can be the woman’s strong and deeply ambivalent relationship with her internal mother imago. Hendrika Freud (2011) has compared this relationship to that of the ancient tragic heroines Electra and her mother Clyemnestra whom she hates – and yearns for. Some women seek, via a destructive relationship with her male sexual partner, to avoid being clutched in the grips of a monstrous version of her mother – only to discover that she is trapped in a second edition of hostile abandonment and, sometimes also, ruthless violence.

To uncover such forces causes suffering for the woman and thence, she may be aversive towards treatment for herself and the baby. Via video recordings and a technique of speaking with the baby’s voice, Jones helps mother see these patterns. Her theoretical model focuses, mainly but not merely, on the mother’s and, more speculatively, the father’s defensive activities. This is “relational ego psychology” in the post-Anna-Freud tradition at it best; intellectually clear and emotionally incisive. Jones gives a credible model of transgenerational influence, which threatens to also hit baby Ben. The mother feels enslaved by her partner, who stands in for her internal parents. This chain is on its way to extend into her relationship with the baby boy. This can be seen when the boy, after the mother’s repeated rejections, begins to have a tense face like his mother. One question, impossible to answer for the moment, remains: Is Ben already sliding into the grips of transgenerational affliction – or was this forestalled in therapy? On the positive side, Amanda mentions Ben’s resilience, which she attributes to his mother’s attention to his physical needs and his siblings’ support. True, the prefix “transgenerational” should thus not mislead us into thinking that influences run along a straight line. We are reminded that many factors can fill in the “transmission gap” (Fonagy & Target, 2005; van IJzendoorn, 1995).

## Fathers and psychotherapeutic technique

### *A propos Alejandra Perez*

I have already addressed various technical aspects in PIP; the “irregular arrangements” of changing between dyadic and triadic work, the sexuality in the parents’ and the therapist’s minds, switching between the parent’s present ailment and past haunting history, etc. Alejandra Perez brings in, a bit more consistently than the other authors, the baby. True, it is plain to see her sensitivity in capturing and addressing the emotional pain that the two *parents* are struggling with. But beyond that, she focuses on the *baby’s* role as catalyst (Fraiberg, 1987) and dialogue partner. I refer to the section “Waking daddy up...”, when Oliver is beginning to show an autistic-like state. Despite the therapist’s and the parents’ efforts at moving on from talking about their unhappy childhood experiences and developing in their parental functions, something is still missing, and this is what Oliver signals; he is unhappy and is distancing himself from the ongoing tension and skirmish.

Such moments when an infant shows distress are of course alarming but also, if handled sensitively on the spot, of enormous value. Perez demonstrates this beautifully when addressing the boy. She asks him if he is looking out of the window because he finds it difficult to hear mummy being upset, and if he feels it is all too much and tries to escape. Alan, the father, reacts promptly by reflecting on similar situations at home, and by asking if the therapist thinks baby Oliver can understand such things. Perez describes this as the father’s “waking up”. One could, with equal justification, claim that *so did Oliver and his mother Celia as well*. When the therapist placed Oliver in the limelight, his distress obviously diminished. This illustrates the point of inviting the baby to sessions. Firstly, because Oliver showed that the parents’ strained relationship was not only their business but his as well. Second, when parents perceive their child’s “radar function” of picking up their emotional communication, their concern for the child helps them step out of their regressed state and become aware of his needs and separate existence. Cf. when Celia thoughtfully remarks that she has noticed Oliver’s staring away at home. This paves the way for a more affectionate behaviour towards him.

One final point; perinatal psychiatric care is sometimes organized in ways that might send signals that “quick fixes” are possible. I have argued that sometimes, such brief consultations may indeed be of great value (Salomonsson, 2018a). But, we should not fool ourselves into thinking that this is the general rule. The family presented by Perez could not have made any substantial progress without her committed and skilful *long-term* psychotherapeutic work. This also applies to most cases in this volume. In an era saluting rapid but shallow progress, not the least in psychiatry, this needs to be pointed out to politicians and patients. We should be quick in instituting parent-infant therapy but think twice before terminating it.

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