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Securing the Secure-base: Reinstating the role of the paternal functions in the development of the combined object

Rinat H Shemesh

**A THESIS SUBMITTED FOR THE DEGREE OF PROFESSIONAL
DOCTORATE IN PSYCHOANALYTIC PSYCHOTHERAPY
DEPARTMENT OF PSYCHOSOCIAL AND PSYCHOANALYTIC STUDIES
UNIVERSITY OF ESSEX
APRIL 2025**

For Carmela my mother

Acknowledgment

I wish to thank my supervisor, Professor Sue Kegerreis, for supporting me on the path to move further from being a clinician to becoming a researcher.

My heartfelt thanks to my loving and generous children Sela, Yaara and Gev. Their constant support, inspiration and encouragement were a tremendous force on the long journey which I took with this research, alongside reading, rereading and editing this thesis without fail.

I owe a debt of gratitude to Shirley and Brian Truckle for being a sounding board in my work as Child and Adolescent psychotherapist.

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ABSTRACT

This study originates from observing a profound lack of trust and safety in patients referred with attachment difficulties. These patients often came from non-traditional family-structures alongside traditionally structured families. However, attachment disorder formulation emphasises deficiencies in the mother and the maternal. There was a limited use of object relations theory in these formulations, alongside an emphasis on the typical 'couple family'. In these formulations the maternal object, focusing on the mother, deals with the anxiety and the projections of the child, whereas the paternal and combined aspects are being neglected.

With the Covid pandemic, a parallel in the experience of lack of trust and safety on national and political levels invaded the clinics and consulting rooms reinforcing the need for an understanding and formulation of the lack of security and trust at the social level. In the search for a better formulation to understand attachment difficulties using object relations theory, a gap was identified where such formulation was absent. There was a clear recognition for a need for a conceptual framework of attachment difficulties that utilises object relations theory within the context of internal object relations and external reality.

This research offers a conceptual framework that moves beyond family structures and gender, eases the emphasis on the mother, while bringing together the maternal and paternal. This framework can be easily translated and communicated across the care system around the child and family.

Chapter 1: Introduction and background

1.1 General introduction

This thesis is an endeavour to develop a conceptual framework that will offer a basis to formulate the causes of a lack of a sense of safety with patients referred with attachment difficulties. The research continues my previous attempts to integrate object relations' psychoanalytic psychotherapy practice and theory alongside attachment theory-based formulation.

In my clinical work, I encountered attacks on my capacity to think that frequently echoed themes emerging in the child's play, communicating experiences of being attacked and an absence of safety and containment. A similar sense of a lack of safety emerged when parents spoke about their experiences of relating to their child. I started to recognise that the struggle to feel safe by both children and parents/carers might be related to and stems from a similar structure of their internal world/object. I recognised it as a significant communication of the ongoing attacks of mother's projects on an unprotected baby as well as the baby's projections on an unprotected maternal object.

It was the overwhelming experience of the pandemic and its implications that focused my endeavour on the essential functions of the object, which were mainly, but not solely, safety and security, which I will refer to as the paternal functions. Presented in every news headline and guideline was the impact by, on the one hand, the absence of a sense of feeling safe and secured, and on the other the excessive use of safety and security. I recognised these being the consequences of the paternal function's malfunction or its absence.

With the initiation of the research came the recognition of similar understanding between attachment theory's central concept, the secure-base, with safety and trust as the main rudimentary developmental needs of the baby, and the maternal and paternal functions in object relations' theory. I acknowledge the possibility of bridging the gap between the theories, offering a conceptual framework of the combined object functions — maternal and paternal — which can be translated into a clinical formulation that recognises the functions required for the establishment of safety and trust and enables the development of a secure-base. Moreover, I started to look for a conceptual framework that would be less gender- focussed and would allow a clinical formulation that could be clearly communicated to professionals and agencies alongside the therapeutic community.

The family structures I met at the clinic challenged the current view of both attachment and object relations theories. Alongside common referrals of children of single parent families, there were families with two fathers, with a lesbian mother and transgender father, with two lesbian mothers, to list a few examples; the attachment figure's gender varied, the unfulfilled functions were identical. I will now briefly describe a few of these families.

A single gay mother of an adopted child with a transgender father spoke about the need to have someone who would tell her child, "Stop what you are doing to your mother," and who would protect her. Two gay fathers raising two adopted siblings described struggling to share a combination of parental functions and responsibilities between them. The following is a description of a very painful case which illustrates an incapacity to provide containment: feeling she was unable to deal with her soiling adopted son, mother kept on throwing away his dirty underwear and was buying new bright white underwear on a weekly basis. Mother confirmed feeling she was unable to wash his dirty underwear and to face his

faeces/projections, let alone contain them. Father, on the other hand, kept on cleaning the boy but left the dirty wash to his wife. While the individual therapy of this boy enabled him to manage his separation anxieties and develop internal protecting functions, the parents remained disabled and didn't manage to develop similar parallel functions.

In such cases it took a long time to establish trust in the therapeutic process and in the clinician's capacity to offer and maintain safety and protection, enabling reparation and development. Moreover, the presentation of lack of safety, trust and incapacity of the child to manage projections from the parent alongside the disturbing descriptions of the parents experiencing attacks from their child were repeated across these cases. It took a very long time to establish trust as it was usually fragile and in a constant need of preservation.

Thus, on the one hand, we meet at the clinic children with a need for an experience of safety and trust that enable containment, psychological development and secure attachment, and on the other hand, we encounter complex family structures where the division of functions between parents or within one parent is in flux.

Looking for a way to formulate attachment difficulties in such complex families' structures, I recognised that, as I will show in my literature review, psychoanalytic thinking equates the father's symbolic function with the separation of the mother-child dyad as an element of the Oedipal complex. However, the paternal function is not clearly conceptualized and despite object-relations theory's emphasis on the object's structure, the experience of attachment doesn't get enough attention. I also recognised a lack of clear description of a formulation of how maternal functions can be achieved and practised to enable secure attachment and its relation to the paternal function.

I was therefore looking to establish a framework which formulates the manner in which maternal functions can only be achieved and practised if the paternal function is in place and properly used - first in the mother's mind and later, through introjection, in the child's mind.

Trying to formulate my understanding of lack of safety, I realised the necessity for a conceptual framework within the context of internal object relations and external reality. Acknowledging the scarce literature and theory to build upon in order to de-construct the traditional family structures and emphasis on maternal aspects, I was looking to bring in the maternal and paternal aspects and develop a combined, functions-driven theory and language, which can be easily translated and communicated across the care system around the child and family.

I will demonstrate how, for a long time, we emphasised the good object as a maternal object. This overemphasis not only neglected the paternal function but didn't allow for the understanding of the combined functions, to be critically discussed and developed; the object sufficiently remained a good maternal object that requires support from a paternal function to operate. The need to deconstruct contemporary language and social constructs of these concepts and their application in clinical practice are the major motives behind this endeavour. My conceptual framework aims at addressing the lack of contemporary integration of the object, developing a theory and clinical practice of attachment difficulties. A new conceptual framework of combined object functions to achieve psychological development was needed.

The Paternal function – definition and rationale

Paternal functions have been described amongst others (IPA online discussion, 2014) as introducing the child to the symbolic world, or as the transitional space in the analytic dyad

or as the function of the preoedipal/oedipal father in triangulation. Davies, (2015, p.14), stressed how ‘while the term ‘paternal function’ is frequently employed in psychoanalytic literature, a common understanding of what it constitutes cannot be assumed’. This thesis defines the paternal function as comprising the essential functions of the object (see box below), including the provision of a sense of safety, the facilitation of reality awareness, and the capacity for containment. Operating alongside the maternal functions of containment, holding, and reverie amongst others, the paternal and maternal functions are conceptualised as constituting the combined object (see the Literature review below).

Paternal Functions

Preventing constant access to the object	Understanding the differences with the other
Structure of the internal law	Capacity to be able to deal with external and internal reality
Protection, care, and indulgence	Capacity to represent a binding function between two parents
Restore the sense of security due to the lost prenatal unity	Allows the conceptualisation of the combined figure
Produce mother's capacity to resist the attacks on her functions	Introducing time and temporality
To keep both (mother and baby's) madness out	Tempering the ambivalence
Modulating baby's feelings	Accepting the facts of culture including triadic relationality
Protects mother from an excessive projective identification from the baby	Allows the child to 'develop symbolic capacity and subjectivity'
Reparative functions	Allows the child to manage the demands of the external world
Protects and regulates the quality of the experience, the relationship and the feed	Submission to human law
Says 'no' to grandiosity	Laying down of boundaries
Containing object functions as a skin	"Gate-keeping"
To support the mother in providing a holding environment	Coming between the nursing mother-infant couple
To penetrate the mother-child dyad	Father to have a capacity to be hated
Accessing the triangular Oedipal situation	Introduced the "Law of the language system"
Contains the mother's anxieties	Allows the child becomes a subject and enters culture
Embodiment of a boundary	Fracturing the illusory link between mother and child
Father serves as a repository	Binds the individual to the symbolic order
Representing external reality	Development of an internal psychic container
An object of envy and hate	Firm adaptable resilience and toughness
Provokes guilt and fear	
Contact with reality	

Maternal Functions

Recognition of need	Maternal feeds, comforts, nurtures or frustrates
Responding/Attend to needs	Mother carries, bears, and suckles
Feeding and caring	Holding
Containment and Reverie	

Table 1: Combined Object Functions

However, despite this thesis suggesting a shift from the traditional gender- and sex-specific concepts, I will continue to use the historic terms ‘maternal’ and ‘paternal’ following the majority of object-relations theories. Paternal function is a working term, which has come to mean something different in psychoanalysis from its ordinary use, in the same way that Frosh, (2012, pp.128-129), describes the continuous use of ‘objects’ and ‘object relations’ in psychoanalytic theory. Frosh defines ‘objects’ as ‘the people and parts of people towards which love and hate are directed’ with ‘objects’ being the opposite of ‘subjects’. Frosh, (2012, p.129) then concluded: ‘As the theory developed [...] they came to be personal and relational, without the term ever being changed. The result is that ‘object’ has come to mean something different in psychoanalysis from its ordinary common-language use’.

Further, this research will offer a comprehensive and thorough exploration of the object’s functions which I will refer to as combined – paternal and maternal. However, I acknowledged the need, following Dimen, (2001, p.219), to ‘deconstruct the significance of the object’s gender in the matrix of functions as deconstruction of gender roles in child development and social constructivism’ as it has barely been considered in psychoanalytic and object-relations theory. In a generation where the parental role is less gender-related, I recognise a need to re-examine the traditional object’s gender roles and to introduce a different approach to think about ordinary child developmental needs.

Following Samuels, (1996, p.117), suggestion that ‘although the maternal and paternal functions are different, they can be carried out by the same person and are not necessarily gender related’, I shift away from which gender (mother or father) is performing the function to what are the required functions.

1.2 Theoretical orientation

The theoretical orientation and critical literature review of this research is broadly psychoanalytic, mainly initiated from the object-relations approach alongside attachment theory. It will also include Freudian and other schools of psychoanalytic theory, Lacanian, Child Development, Feminist and Social psychology.

It was Freud, (1930), who never lost sight of the importance of the real father.

As he stated:

‘I cannot think of any need in childhood as strong as the need for a father’s protection’ (1930, p.72).

The element of protection is, in Freud’s view, the father’s landmark, his main function as I will call it.

Attachment theory, on the other hand, is the theory of the secure-base. For Bowlby, (1988), the secure-base concept was the heart of attachment theory: ‘no concept within the attachment framework is more central to developmental psychiatry than that of the secure-base’ (p. 163). Bowlby, (1988), defined a “protective agent”, the father, who shields the mother from the impingement and interference from without while she carries, bears, and suckles their infant.

It was Mary Ainsworth, (1982), the co-founder of attachment theory, who suggested the use of the term ‘secure-base’ while describing the most significant task or function of the attachment figure:

‘Security, the sense of safety that is a corner stone for curiosity and exploration, are as important and primary needs as feeding’ (Bowlby, 1988a, p. 55).

For Klein, the infant is linked from birth psychologically as well as physiologically to the mother and her ‘breast’ (actual and/or symbolic). Klein sees an intimate link between the physiological processes of feeding and elimination, and the beginnings of mental and ethical structures in the mind of the infant.

Diamond wrote extensively on the subject of fathers and paternal, addressing the lack of literature and theory around father, fathering and the paternal function.

Diamond, (2017b, p.863), describes:

‘while recent theorizing has sought to recover the missing, lost father (Diamond, 2017a; Green 2009; Perelberg 2009), there has been a developmental lag in clinical theory, so that addressing the issue of the symbolic father as distinct from the actual father, as well as the respective impact on psychic development, is often omitted in clinical settings. Moreover, not enough attention is given to the understanding that females, including the mother herself, often carry the paternal function, and that this should be addressed in the clinical formulation’.

The formulation I will suggest in this research will address this lack of understanding.

Bowlby, (1988a, p.55), however, emphasises that observations indicate that babies and children find security in their lives through the fostering of close emotional bonds, and regarded them as a primary need. He believed that these bonds, these attachment relationships are based on an 'IWM- internal working model - of attachment', implying a scheme of the world and their interrelationships. Each individual experience with an 'other' is being represented with its particular pattern of attachment.

Thus, although the developing child has a propensity to form attachments, the nature of those attachments and their dynamics will depend on the parental environment to which she or he is exposed.

Bowlby, (1969, 1982, 1988), stressed that for healthy emotional development, all children need to trust in the availability of a caregiver who is accessible but not intrusive, dependable, and alert to signals of need, ready to provide whatever nurture and protection is needed; the liberating consequence of trust in the availability of this secure-base is that children can explore, learn, thrive, and manage anxiety.

Bion, (1962b, p.36), using the notion of projective identification, developed the theory of container and contained (see literature review). The capacity of the container to contain the baby's experiences, which Bion called reverie, is represented by the model of the mother-baby dyad. This reverie is part of the maternal function of the object. But what does mother need to be able to provide this reverie function? This question was not addressed.

Casement, (1985) suggests ‘the primacy of the triadic interaction, wherein the idea of a father, the paternal function, emotionally holds the mother while she is holding the baby’ (in Diamond, 2013, p. 867).

It is in my conceptual framework where I suggest that the mother needs a paternal function to enable her to perform reverie. Only with the crucial support of the paternal function, which can be exercised by a separate parental figure, or by the paternal aspect in the mother’s mind, a structure I referred to as combined object¹, can reverie take place. The paternal function opens up three-dimensional space in which thinking can take place.

I would also suggest that within the mother-baby dyad, we shouldn’t fail to recognise the additional essential need of mother for a paternal function to protect her from excessive projections from the baby.

Acknowledging the baby’s uncontained anxieties, and the mother’s excessive projections and both baby and mother’s lack of safety are the foundations of this research. The suggested conceptual framework and formulation will map, reinforce or develop a paternal function, and

¹ It was Klein, (1952) who brought ‘the maternal and paternal (usually maternal and paternal, breast and nipple) together, establishing them as the foundation for combined parent figures’.
(p. 79)

will establish a combined object in the patient and their parent's mind, one which can allow the experience of meaning.

1.3 Structure of research

1.3.1 Literature Review

I will offer a critical literature review, through the integration of, and extrapolation from, the disparate literature, definitions and description of the maternal, paternal and combined object functions. Following the classics and contemporary psychoanalytic and social views, I will place an emphasis on functions which are paternal, as would explore the traditional view to focus on the object as a mother.

A parallel critical review of Attachment theory, emphasising the significance of the secure-base, is offered. This review will establish the limiting view of the attachment object as maternal, and the emphasis on the mother's capacities in the development of the secure-base.

1.3.2 Brief Outline of the Research Method

Following the literature review is the methodology chapter, where I discuss the choice of research method and clinical data, I will use analysis and discussion of published case studies to ascertain how the combined object was thought about and can be employed clinically.

Single case studies provide an opportunity to test psychoanalytic theory clinically. This method was used already by Freud to test what was being observed clinically and through the use of inductive reasoning to construct psychoanalytic theory.

To clinically ground my ideas, I followed Hinshelwood's (2013, p.139), model of the use of case study, where 'psychoanalytic knowledge can be tested to meet with the criteria for scientific truth'. For the analysis of the clinical material, I will employ thematic analysis, following Braun and Clarke, (2006). This research method, located within contemporary Grounded theory, which is phenomenological in its approach, supports the development of a conceptualisation of a researched phenomenon in terms of abstract categories and tracks the change of themes across the sessions.

1.3.3 Clinical aspects of the research

Rutter, (1995, p. 554), stated that the aim of the psychotherapeutic intervention is to allow for new qualities to be introjected into the internal objects.

I believe that with the use of my conceptual framework, a new view of the introjective process of a child with insecure attachment can be understood, formulated and treated. Reinstatement of the paternal alongside the maternal functions within both the child's and parent's combined object, alongside enabling the paternal aspect of the actual parent or parents to be found and acknowledged or developed, is offered; a move away from diagnosis to an understanding of the experience and the dynamics between the child and parent.

The role and capacity of adults who can provide secure-base caregiving is of central importance. The suggested formulation, therefore, will offer to identify and then develop the qualities which were identified, through the clinical work, as absent from the child and parent's internal object. This process will be based on the conceptual framework for the parenting interventions and external supporting agencies, alongside the individual work with the child. The ensuing relationships will provide a secure-base, from which children can develop and be supported to explore and maximise their potential and parents can feel safe and potent to provide this secure environment. The formulation offered can be used to map the current objects' functions and to follow their development over the course of clinical intervention as well as the work of the supporting agencies. This process will be further explained in chapter 5.

Additionally, I hope that this research will follow Holmes' (2001), view of the need to support the basic principles of psychoanalytic psychotherapy with evidence-based arguments. Psychoanalytic psychotherapy interventions, and the conceptual framework at their base, can form a bridge between theory and practice, bringing together diverse professional groups to communicate and formulate in a similar way. I will also hope that this research can be used as an encouragement and example for the use of thematic analysis as a helpful research method, to expand clinical research by child psychotherapists.

Chapter 2: Literature review

2.1 Introduction

In Chapter 1, I introduced my research focus on understanding the lack of safety and trust observed in patients with attachment difficulties and highlighted a gap between attachment theory and object relations. I outlined the conceptual framework I developed to link combined object functions with the establishment of the secure-base, and its implications for both theory and clinical practice.

In this chapter, I critically examine psychoanalytic object relations and attachment theory to explore how current formulations account for object functions and address the gap.

Part 1: Paternal Function

2.2 The paternal function and the combined object

In this part of the literature review I will follow the development of the paternal function and the combined object in psychoanalytic theory, focusing mainly but not solely on object relations Theory. I listed the identified functions in Appendix A.

Britton, (2021), describes the overemphasis on the penis and the masculinity complex in psychoanalytic theory, beginning with Freud's views on female sexuality, the castration complex, and the centrality of the father. Later on, the 'Pendulum swung, and some analytic theorising made the mother all-important'; this, Britton claims, 'led to the under-valuation of those aspects of psychic function associated with an internal father, such as objectivity' (Britton, 2021, p.57).

Stoloff (2007), enquired whether from a social point of view 'the undeniable decline of the patriarchal core of our Western societies [which] lead to a deficiency - or even a disappearance - of the function held by the father in the development of the subject' (p.217).

This research is an attempt to halt the pendulum's swings by offering a formulation of the (combined) object's structure that can allow multi-functional, non-gendered parenting.

2.3 The paternal function and its early development in Psychoanalytic writing

2.3.1 Freud, the Object, and the Paternal function

Freud's first psychoanalysis of a child, Little Hans, (1909), relied entirely on reports from Hans's father. To Freud, 'the father was the key authority on his child, yet his role in Hans's developing neurosis was portrayed negatively. He was seen as 'interfering in the love relationship between Hans and his mother by threatening castration, which Freud believed triggered Hans's phobic anxieties' (In Jones, 2007 P.45).

Burlingham, (1973), (In Jones, 2007 P.45), pointed out that ‘Freud also saw the father more positively—as a protector, and as a “great” and “God- like” being that is idealized by the child’.

Oliveira, (2020, p.309), describes how, initially, for Freud, (1908, 1909, 1910a, 1910b, 1912-1913), the father is ‘closely associated [with] the idea of loss (of the mother and/or of omnipotence) and the idea of submission’ (p.309).

Freud, Oliveira, (2020, p.309), explains, views the father as ‘a figure who, by preventing access to the desired object, not only triggers creativity but also facilitates the formation of internal law and the ego ideal’. In Oliveira’s view, Freud’s paternal function is: ‘essentially the father as the real subject; and then, in a second stage, it can be mediated by the phantasmatic process’ (p.309).

Etchegoyen, (2002, p.23), describes how the notion of the primal father described in the central theme of “Civilization and its discontents”, (1930), reflects ‘the inevitable opposition between the demands of the instincts and the renunciations imposed by civilization’.

Freud, (1913), writes about the importance of the father within the social order. Speaking on the totemic system, Freud mentions ‘the childish imagination may expect from a father - Protection, care, and indulgence’ (in Jones, 2007, p.45). Freud, (1930), later adds that ‘the primary relation to the mother submerged under the conflict with the father, representing external reality, which directed against the gratification of libidinal wishes towards the mother’ (p.72).

However, the general understanding was that ‘during the pre-oedipal period the father did not have much importance, and the child was mainly influenced by the relationship to the mother’ (Von Klitzing, 2014, p.2).

2.3.2 Klein, Object-relations and the Parental functions

It was not until Klein developed the Oedipal Complex, placing it in the second half of the baby’s first year, that object-relations theory and the object function were structurally introduced, initially only as maternal.

Etchegoyen, (2002), describes: ‘For Klein the pregenital stages of the Oedipus complex were “mother centred” emphasising the fundamental importance of the early relationship to the breast’ (p. 27).

These relationships Klein, (1928, p.186), concluded, experienced ‘in consequence of the frustration which the child experiences at weaning’. Klein, (1928, p.193) views ‘the deprivation of the breast as the most fundamental cause of the turning to the father’.

Before turning to the development of the internal object’s functions, I first need to describe the concepts of Internalization & the internal world and Function.

2.4 Introjection and the internal world – The construction of the (combined) object

The concepts of internalization and the internal world are crucial to the understanding of the object's functions and its construction. They are also significant for the understanding of the conceptual structure which this research proposes.

Freud, (in Hinshelwood 1991), suggested: 'Internal or psychic reality is the conviction of the reality of the psychic world that exists unconsciously and is felt as inside the person' (p. 330).

Klein, (1940), postulated: 'an inner world is being built up in the child's unconscious mind, corresponding to his actual experiences [...], and yet altered by his own phantasies and impulses and by internal stimuli and internal experiences of all kinds' (in Caper, 2017, p. 5).

Klein, Hinshelwood, (1991), quotes, expanded on the internal world: 'we do not live in one world, but in two - that we live in an internal world which is as real a place to live as the outside world...Psychic reality can be treated in a concrete way' (p.330).

Hinshelwood, (1991), then adds: 'Internal objects are experienced as concretely real and inside the ego, [...] This is felt concretely as an internal world of actual objects (not images or representations) engaging in relations with each other and with the subject' (p.330).

The internal object's qualities, I will later suggest, form the base for the structure of the object's functions.

For Klein, (in Hinshelwood, 1991), the baby's complex internal world, 'the internal society' becomes, 'on one hand, a resource of objects for identification and, on the other, a set of experiences about what the ego consists of and contains (good or bad)' (p 332).

Attending to the lack of clear description of how the internalization process takes place, Meltzer (1978, p.465) described successful introjection as 'the acknowledgment of the mother's separateness by the baby', a process that I will later stress requires a precondition of a paternal function to enable the freedom of the mother and their actual separation.

Winnicott's concept of the "good enough mother", Meltzer, (1978), continues, enables the baby, using internalization to develop 'in favour of a more responsibility-laden construct of the individual, building his personality by "learning from (both good and bad) experience' (p.468). Klein named the process of internalization "the balance of projection and introjection" (Caper, 2017, p.6).

As Klein emphasises: 'When the infant feels he contains good objects, he experiences trust, confidence, and security. When he feels he contains bad objects, he experiences persecution and suspicion' (Klein, 1952, in Caper, 2017, p.7).

Klein, (1935), emphasized the crucial role played by the infant's external world in its psychological development:

'The fact that a good relation to its mother and to the external world helps the baby to overcome its early paranoid anxieties throws a new light on the importance of its earliest experiences. ...only since we know more about the nature and contents of its

early anxieties, and the continuous interplay between its actual experiences and its phantasy-life, can we fully understand why the external factor is so important' (Klein, 1935, in Caper 2007 p. 7).

Following Klein's view, it is clear to see how the capacities of the external object are crucial for the establishment of the baby's secured internal world, as the baby 'relies on favourable external realities to help him manage the paranoid anxieties arising in his internal world' (Caper 2007, p.8).

Rustin, (2007), reminds us through Fraiberg's, (1975), suggestion how the concept of reality is shaped by what is included in the category of "real events,": the unconscious identifications in a mother's mind, which can feel as tangible as the "ghosts in the nursery".

The development of the structure and content of the internal world through cycles of introjection and projection is clearly one of the most crucial mechanisms for establishing a secure and well-anchored internal object. This object, I emphasize, combines active maternal and paternal elements and is vital for creating a sense of safety (a secure-base) and fostering the development of thinking.

However, Davids reminded us of Bion's additional building block of the internal world which doesn't rely on the process of internalization, the innate preconception: 'Bion, based on Melanie Klein's early suggestion that there is an innate capacity for knowledge itself, postulated that innate preconceptions "mate" with experience of events in a particular category (a realisation) in order to produce the concept '(Bion 1962a, in Davids, 2002 p.73).

Money-Kyrle, (1968) (In Davids 2002), suggests: ‘we are all a product of intercourse involving two different parents – thus an innate preconception of the father as a primary object, different from the mother, exist in the mind’ (p.73).

I would like to suggest that the preconception of an intercourse includes a preconception of a combined maternal and paternal object.

However, Klein initially didn’t suggest a preconception of the father, as Davids, (2002), adds:

‘Klein believed that the baby is born with a pre-conception of a mother. There are no references in early object-relations theory to a pre-conception of a father... it is theoretically postulated that the presence of a father in the mother’s mind is sufficient’ (Campbell, 1995, Mitchell, 1974 in Davids 2002, p.74).

Jung, (1936), states that within the structure of the baby’s mind: ‘the animus and anima archetypal constitutions of the mind suggest a plural psyche in which masculine and feminine, mother and father, are both equally essential figures within the mind’ (in Davids 2002, p.75).

Although attachment theory doesn’t include pre-conceptions or the inherent existence of archetypes, it does assume a basic instinct for relations due to the need for safety and trust. The baby’s experiences, which will be developed into internal reality, will be directed by these basic survival needs. Attachment theory, I will later show, describes a similar structure of internal reality, the Internal Working Models.

2.5 The concept of Function

It was initially Bion that introduced the term function.

Bion, (1959), describes:

‘I employ the term link because I wish to discuss the patient’s relationship with a function rather than with the object that subserves a function; my concern is not only with the breast or penis or verbal thought, but with their function of providing a link between two objects [...] Paying attention to the physiology as different from anatomy’ (p.312).

However, despite the clear distinction between the father and the function, nearly all of the psychoanalytic writings focus mainly on the actual, external father or a combination of the father and his functions.

2.5.1 The paternal and the father in the object and the functions they serve in the dynamic of mental functioning

In reviewing classic as well as contemporary psychoanalytic theories, there seems to be a consensus about the functionality of the paternal within the object. Some writers merge the real father with the paternal, while others hold them separate or refer to the symbolic father as an alternative to the paternal. There is, however, very little acknowledgement of what might be the consequences when there is a lack or absence in the function or the impact of its absence on the maternal functions and capacities. I will try to identify which functions the paternal aspect of the object serves or could come to serve and will touch upon the

consequences of it not being introjected or existing. I will first start with an introduction to the object.

2.5.2 The development of the concept of Object and Object-relations theory

For Klein, (1932, in Bott-Spillius, et al, 2011, p,271), the concept of a good, combined object requires the emergence of the nipple as a part object. Identification with the manliness of the father and the womanliness of the mother are both needed for the development of the child – and both present at part object level in the unity of the nipple and the breast. Klein's understanding was that the child integrates the maternal object with her internal father – this is the combined object.

Klein addressed the object development and structure in a series of papers. Initially Klein, (1952), wrote: 'Owing to internalization, the infant establishes such combined parent figures within himself' (p.79).

Klein, (1957), further developed her ideas:

'The infant's first object-relation—the relation to the mother's breast and to the mother— [leads me to] the conclusion that if this primal object, which is introjected, takes root in the ego with relative security, the basis for a satisfactory development is laid' (p. 197).

The satisfactory development that Klein suggests is what I will later show to be the outcome of the internalized paternal and maternal aspects of the object and is termed psychological development.

However, Klein, (1957), stressed: ‘how far this state is undisturbed must depend on the psychological and physical condition of the mother’ (p.197).

In this research I will suggest that these undisturbed experiences rely heavily on the present and adequate function of the paternal part within the object. Klein, (1963), adds:

‘A satisfactory early relation to the mother...implies a close contact between the unconscious of the mother and of the child. This is the foundation for the most complete experience of being understood and is essentially linked with the preverbal stage’ (p. 300).

As we can see from these early papers, Klein initially referred to the internalisation of the combined object as a synonym to the object – which is the mother’s breast and the mother. The paternal function is not emphasised as a separate entity by Klein. I will show how, later on, it is Bion, (1962b), who introduces the (maternal) function of containment. The failure of the maternal to practise this function (often amongst other functions) signifies the necessity of the introduction of the paternal function. I will suggest that both functions lie within the combined object which needs to be internalized and identified with, in order to allow psychological development.

2.5.3 The Combined Object and its Function

There is a comprehensive body of literature addressing the Oedipal father, starting with Freud. Also there exists some more contemporary literature about the paternal function. There is, however, a gap in the area of the significant, object- relations' oriented process of the child's incorporation and internalisation of the combined object's functions in general.

When acknowledgement of object functions exists, both aspects, theoretical and clinical or technical place their emphasis on the fathering; a paternal aspect on a part object level described as nipple or penis. The nipple, standing for the paternal function, is the link between the baby mouth and the breast and contributes as well as protects and regulates the quality of the experience, the relationship and the feed.

Bick, (1968), presented the experience of the nipple in the mouth, together with the holding, speaking, familiar smelling mother, as the optimal containing object. She describes an "unintegrated" state of mind in which the experience of a containing object functions as a skin, holding not yet integrated parts of the personality together' (p.485).

Meltzer, (1967), stressed how 'the paternal function is required against the primary envy - the innate aggression and sadism towards the good object or their good attributes' (p.15).

Mitrani, (2021), presents Tustin's description:

‘when, on the basis of a cooperative suckling experience, there is a “marriage” between “male” and “female” elements that takes place; a new way of functioning is born, that of firm adaptable resilience and toughness. This means that reality can begin to be processed’ [...] reality and phantasy will be distinguished and differentiated allowing the baby’s delusions to wither away. ‘The world will begin to make sense’ (p.2).

However, ‘if the maternal sheltering is disturbed at this time, the infant feels exposed to “nameless dread” using Bion’s term. Tustin stresses the role of the father in sheltering the mother and consequently the infant, or even the fetus during this significant juncture of development’ (Tustin, 2014, in Mitrani, 2021, p.2).

Birksted-Breen, (1996), describes the ‘penis-as-link function to be a structuring function, in the absence of which the baby will experience feelings of fear, helplessness and need. The baby needs to be able to introject into his object a good penis, a penis—as–link that has the capacity to say ‘stop’ and that will mediate between the infant and the mother to protect them both from each other’s madness; a recognition of the paternal relationship and oedipal situation, which structures mental space and thinking’ (p.650).

The “penis-as-link” is described as a mental function, that allows the linking of the parental figures inside the mind of the child.

Similarly, Brenman Pick, (2018, p.127), speaks about the father inside the mother- the penis within the object – that says stop! when the baby demands too much from the mother/breast

or that will mediate between the infant and the mother to protect them both from each other's madness.

I will show later in Chapter 4 how this madness presented itself in the clinical material.

So far, understanding of the combined object, despite often being referred to as a good (enough) object, is not clearly described, and the introjection of the combined object's functions by the baby are not discussed.

Meltzer and Harris, (1976), describe the essence of early experience of object-relations as follows:

'Mental pains, generally called anxiety (persecutory, confusional or depressive) are dealt with, at least from birth onwards, through relations with objects, initially with the mothering person experienced first at a part object level as a breast, or its representation, a presence that feeds, comforts, nurtures or frustrates. It therefore tends to be experienced in phantasy as breast-and-nipple (partial object) and later as mother-and-father, the combined object' (p.389).

But what makes the experience with an object 'good' or 'good enough'? I will suggest describing a good (enough) object by identifying and naming the mandatory relevant functions that were incorporated, through introjection into the child's internal world.

2.5.4 The Deficiency or Disability of the Combined Object

Meltzer, (1967, p.15), suggested that ‘any opposition to the paternal role, the role of the mother’s ‘inside-penises’ that produce her capacity to resist the attacks on her functions, are the cause of prolonged and arduous struggles. Allowing this function to operate, can lead, on the other hand, to the full recognition of the creative and reparative role of the father’.

When it comes to the clinical implications of the object’s function, Meltzer, (1967), in describing the experience of the combined object in the consulting room, speaks about the need to keep both (mother and baby’s) madness out by imposing the geographical limits of the setting. Meltzer, (1967), writes: ‘The setting needs to be circumscribed and defined so that the anxieties are being contained within it’ (p. 10).

I propose that within the mother-baby dyad, we must recognize the mother’s essential need for protection from excessive projective identification by the baby. This protective function is fulfilled by the paternal aspect of the combined object—whether through the external father, the partner, the internalized representation of the father within the mother’s mind (see later on), or, by the therapist.

2.5.5 The suggested Functions of the Paternal part of the Object

Traditionally, starting with Freud and later with Abraham and Klein within the object-relations-oriented theory and framework, the main pre-oedipal maternal functions are described as Winnicott’s holding, and Bion’s containment and reverie. The theories of Klein,

(1946,1952), Winnicott, (1945,1990), and Bion, (1962b), remain to this day the main cohesive body of knowledge in this area, alongside a few contemporary psychoanalytic writers who addressed the subject of the paternal function and the object structure. I will now describe the main theories.

Faimberg, (2013), showed that as early as 1955, Winnicott ‘introduced the father’s function into his patient’s psyche by linking his interpretations to time and temporality’ (in Aisenstein, 2015, p. 354).

Etchegoyen, (2002), adds Winnicott’s (1960) view of the father’s role: ‘support the mother in her state of primary maternal preoccupation, to enable her to provide a holding environment and to avoid unnecessary impingements on the baby’ (p. 28).

Winnicott, (1958), has contributed widely to the maternal capacities:

‘when the infant is in a state of absolute dependency on the maternal holding, the father is not known to the infant. The baby depends on the mother’s attentiveness, on her active and sensitive adaptation to his needs, in order to survive. The mother depends on the father and a supportive environment to carry out her tasks’ (in Etchegoyen, 2002, p. 28).

However, Winnicott is not asserting active functions to the father/paternal within the early baby relationship.

Bion, (1962b), described how the baby's pre-conceptions need to be met with a realisation to develop a concept; using Klein's concept of projective identification, he developed the idea of a conflictual meeting between the "contained" and the "container." He described "beta elements," which are *a priori* incapable of assimilation by the infant mind. They are primitive elements, each "a thing-in-itself," which must be evacuated. The capacity of the container to contain these elements enables them to become mentally experienced by the infant. This "learning from experience" (Bion, 1962b, p.6) is represented by the model of the mother-baby dyad: the beta elements coming from the baby must be detoxified by the mother, by her alpha function, her capacity for reverie, so that the baby can eventually benefit from its initially inaccessible emotional experience. If the mother is able to contain the infant in this way, then it will be able to make use of alpha elements in order to dream its fears. If the process fails, the infant experience "nameless dread". This reverie, Bion, (1962b), suggested, is part of the maternal function of the object.

Caper, (2017), suggests that 'Bion's idea of 'detoxification' is the actual activity within 'reverie'. The infant projects an unbearable state of mind into the mother, who absorbs it, and "detoxifies" it, and returns it to the infant, who is able to introject it in a now not-unbearable form. The infant comes over time to identify with the mother's containing function, and eventually achieves self-containment, which leads to psychological development' (p.4).

Following these views, I am suggesting an additional element to the mother-baby containment model - the combined maternal-paternal object model. This model relies on the presence of a paternal function which, if properly internalized and established, enables the

creation of a sense of safety and the development of the essential secure-base as described in attachment theory, alongside maternal containment.

Etchegoyen, (2002), in her review of the post Kleinian theories, describes Bion, (1962,1977), as suggesting: ‘the emotional preconception in the baby’s mind of the Oedipal situation, as a precursor of knowledge of psychic reality, enables the infant to understand his relationship to the parental couple and to adapt to reality’ (p.27-28).

Diamond, (2018, p.7), concludes how if a grounded paternal function that says ‘no’ to grandiosity is absent, the baby turns a “blind eye to reality” (Steiner 1985), feeling that any critical challenge is an affront to self-worth’.

Caper, (2017), adds: ‘this is all not possible without a paternal function that enables the containment and symbolization. Symbolization, Bion stressed, was crucial to the existence of conscious, unconscious and thinking as a whole’ (p.3).

Bion, (in Caper, 2017, p.3-9), adds further ‘the importance of the containment function: its impact on dreaming’, viewing dreaming as ‘a form of ‘unconscious thinking. The capacity of the maternal function to do so, depends on the presence of the paternal function to allow this’.

Caper, (2017), suggests that Bion understood the early need of the baby who: ‘Identify [the baby’s anxiety of not-knowing] with this maternal function to develop a self-containment function, which leads to psychological development’ (p. 3).

The conceptual framework I am suggesting stresses that bearing the anxiety of not-knowing requires a sense of trust and security which requires a paternal function. Only from within the secure-base can psychological growth and learning from experience will be possible.

Williams, (1997, p.43), suggests that ‘the therapist needs to stand in this paternal position –by proving that she can contain the violence and reduce its omnipotence, withstanding it, and surviving’.

In the clinical cases described later, these capacities of the therapists are clearly developed and presented. However, they are explained in relation to the child’s ego structure and remain part of the individual’s therapy. As my hypothesis will show, for the therapy to have a long-lasting impact, into the child’s adolescent and young adults’ years, there is a significant need to establish the paternal position and its relevant function within the parental internal object, alongside the child’s.

2.5.6 Contemporary theories

Etchegoyen, (2002, p.33), mentions Mahler’s, (In Abelin, 1971,1975), suggestion that ‘the father provided a stimulus for the child’s development of early exploration as well as a protection against the regressive symbiotic pull to the mother’.

Britton, (1989b, 1992), comments on the direct and indirect role of the father:

‘The indirect role is that of the father’s capacity to contain the mother’s anxieties to help her to respond to the infant’s projections and needs. The direct role is that of the

father as a figure for identification to help or sabotage the mother-infant relationship.”

(Britton, 1992, in Etchegoyen, 2002, p.33).

In addition, Britton, (2002), suggests that ‘identifying with a third position in an internal identificatory triangulation, is essential for the capacity to be observed and to reflect on oneself’ (in Oliveira 2020, p.319).

Feldman, (1992), suggests that the paternal function is responsible for: ‘the capacity to make links [which] include the link between the parents. If the Oedipal situation cannot be tolerated creative thinking is not possible’ (in Etchegoyen, 2002, p.33).

I will suggest that attachment, specifically its cornerstone element the secure-base (see below), cannot be achieved without a functioning combined object that enables the containment process described by Bion. The establishment of a secure-base, in turn, will allow symbolic capacity and psychological development. In the case studies I present, the clinical implications suggest lack of development of symbolic capacity which, I will show, indicates a dysfunctional paternal function. The formulation I suggest is an offer to reinstate a functional combined object.

As mentioned earlier, Diamond wrote intensively about the paternal function, (although still restricted by its concretisation in the role of the father as it relates to his child) addressing the lack of literature and theory around father, fathering and the paternal function.

Initially, Diamond, (1995), writes:

‘A father provides a timely and nurturing holding environment for the mother and the developing fetus, infant and small child. As the dyad’s original “protective agent”, the father shields the mother from the impingement and interference from without while she carries, bears, and suckles their infant’ (p.90).

Diamond, (1995), then summarised the paternal functions: watchfulness, holding, containing, defending, and providing, and naming them ‘fatherly representation’ (p.91).

If these functions take place, Diamond, (1995, p.91), posits that such an infant will be ‘shielded from primitive annihilation threats to personal self-existence, [...] which severely compromise subsequent cognitive, affective, and intrapsychic development’.

Diamond, (1995, p.91), also suggests that “receptive and serene” paternal functions, such as containment and holding - functions he associated with the protective role - have been overlooked or restricted to the maternal realm’.

Diamond, (2017a), highlights contemporary views of the child’s need to ‘regulate desire and aggression, sacrificing incestuous sexuality, and accepting the facts of culture, including triadic relationality’ (p.873).

Diamond, (1995), refers to Green, (2009), and Herzog, (2005b):

‘the father role is to penetrate the mother-child dyad by breaking their fusional relationship with his “sexualized “spousing” and nurturant caregiving [...] facilitating

the child's efforts to separate from his mother', becoming what Winnicott, (1964, p. 115), phrased "a rock to which he can cling and against which he can kick" (p.315).

However, Diamond, (1995, p.315), points out, when there is a failure of the father to penetrate the dyad extended beyond early childhood 'the wished-for yet feared mother-merger unconsciously prevails, blunting intrapsychic development, quoting Winnicott, (1953), "the child often feels unknown, seen primarily as a grandiose extension of the parent"' (in notes).

I will refer to this outcome in clinical case #1.

Diamond, (2017b), follows Abelin's, (1971), suggestions: 'the father, standing for the nonmother space—promotes the child's "exploration of reality" and confirming the function of separating' (p. 307).

Diamond, (2017a, p.867), suggests that the father, 'standing for the 'object of the mother's desire', is trying to break up the mother-baby tie. This 'symbolic castration', if successful can allow the child to be free from the 'maternal symbiosis'.

Diamond, (2017b), describes 'a "third-wave theorizing" where the father is understood to signify a complex interaction between his actual presence, symbolic functioning, and internal representation in the child's mind as well as in the mother's' (p.320).

I believe that the conceptual framework of a combined object, suggests both an explanation and a simplification of this complexity.

Etchegoyen, (2002, p.33), describes more recent developments of recognition of the importance of the early relationship to the father, both in his direct relationship with the child and indirectly through her relationship to the mother.

Jones, (2007), summary of contemporary psychoanalytic literature of the role of the father, include ego psychology, object-relations theory, and Self-psychology suggests that within the context of these theoretical frameworks:

‘the father is seen as an attachment figure in his own right (Abelin, 1971, 1975; Lamb, 1997); facilitator of both the first and second separation-individuation period (Blos, 1967, 1984, 1985, 1987; Mahler, 1968; Mahler & Gosliner, 1955; Mahler & McDevitt, 1968; Mahler, Pine, & Bergman, 1975); as an internalized other (Davids, 2002; Fairbairn, 1941, 1944, 1952, 1958, 1968); and as a selfobject (Kohut, 1971, 1977, 1984). The father is also seen as aiding in the modulation of libidinal and aggressive drives (Herzog, 1980, 2001); tempering the ambivalence generated within the mother-child bond (Winnicott, 1964); as a container for projected anxiety that originates in the mother-infant relationship (Davids, 2002); and as originator of triadic psychic capacities (Abelin, 1971, 1975)’ (Jones, 2007, P.45).

Briggs, (2019), highlights an aspect I see as key to developing the secure-base: ‘the father represents boundaries—separateness from the mother, from the infant, and in his relationship with the mother, which largely excludes the infant. These internalising boundaries allow for emotional regulation’ (p. 84).

In the conceptual framework I am presenting, the introduction of boundaries by the paternal function enables the baby to internalise them and develop trust and safety, fostering psychological growth.

In a comprehensive paper Davids, (2002), suggests two exploratory approaches in order to understand how the father becomes present and develops in the mental world: one with an internal focus, by Freud and by Klein, and another with an external focus, essentially conceived by Lacan, in the interface between the mental and social context. Davids states:

‘a transformative mental function (as Bion proposed) must be performed by the meeting with an Other, and only later internalized by the child in his developmental process. [...] The father serves as a repository for the infant’s experience of the “bad”, depriving mother, allowing the infant to consolidate its relationship with the good object, which is essential for psychic growth’ (p.74).

Davids, (2002, p.74), further suggests a ‘designated symbolic role focused on the frustration of instinctual need in the service of reality’.

In the conceptual framework of a combined object I am suggesting, the mother’s additional function is to allow paternal intervention in such a way that a development of a secure attachment to the combined object can take place.

Davids, (2002), continues:

‘during the Oedipal complex omnipotence is challenged by an awareness of the reality of castration; The father now becomes the authority figure in the mind responsible for breaking up imaginary, wish-fulfilling phantasy in the interest of submission to human law’ (p.87).

2.5.6.1 Lacan’s view of Paternal function

Lacan (1980, (1977, p.87), distinguished between the symbolic, the imaginary and the real father, as the three paternal functions, and suggested the paternal function to represent the law, regulating desire in the Oedipus complex

‘Even when in fact it is represented by a single person, the paternal function concentrates in itself both imaginary and real relations, always more or less inadequate to the symbolic relation that essentially constitutes it. It is in the name of the father that we must recognize the support of the symbolic function which, from the dawn of history, has identified his person with the figure of the law’.

Opposing the over emphasis of Object relations theory on the baby-mother’s relationship

Lacan (1980, (1977, p.42), writes: ‘What concerns us here is the function that I shall call the pacifying function of the ego ideal, [...] Thus the Oedipal identification is that by which the subject transcends the aggressivity that is constitutive of the primary subjective individuation’.

Borens, (1993, in Von Klitzing, (2014)), suggests that for Lacan

‘not the real existing father but his symbolic function represents the essential third element which has to break open the collusion between mother and child, preventing the child from becoming solely the object of the mother’s desire. This introduces the child to the world of symbols and language and saves it from psychosis’ (p.3).

Etchegoyen, (2002), writes how: ‘For Lacan, the father who introduced the “Law of the language system”, fracturing the illusory link between mother and child under which the child becomes a subject and enters culture’ (p.29).

Resnick, (1989), (in Etchegoyen, 2002, p. 32) suggests that Lacan viewed ‘the phallus as structuring function [...] as a psychological “spine”’.

Perelberg (2014) described Lacan as the first psychoanalyst who gave conceptual status to the term dead father, establishing the correspondence between the symbolic father and the dead father. Perelberg (2014) then continues developing her own theory further: (Perelberg, 2009, 2011, 2013b, in Perelberg 2014) ‘If the Oedipus story represents the former – the story of the murdered father, and patricide as a universal, infantile phantasy – the Oedipus complex represents the latter – the dead father as the symbolic third’.

Perelberg (2014) continues:

‘For Freud, the father is crucial as a presence in the mother’s mind, but essentially as the third element that institutes the prohibition of incest in the relationship with the mother (see also Britton, 1989). The dead father is a

“requirement” for the foundation of culture and individual history; it inaugurates thirdness, open time and genealogy’.

However, Perelberg (2014) pondered whether

‘In this post-modernist era, when realities are seen as plural and relative, [...] If there are new social forms that challenge traditional representations of sexuality, of the couple, of the sexual order and kinship systems, how can the unconscious not be transformed?’

Perelberg (2014) then concludes, inviting responses:

‘We should be able to conceptualise the paternal function exercised by the mother. In several of his texts, Freud himself alternates between emphasizing the father as the representative of the law, on the one hand, and emphasizing both parents, on the other’.

Von Klitzing, (2014), replies:

‘absence or disturbance in the paternal function colluding with an unconscious maternal attitude of projection and fusion, will establish what I will call a ‘malfunctional combined object’ that fails to use his authority to set limits or to challenge and risk angering the child’ (p.3).

I believe that the absence of paternal function is the main reason for the failure of the maternal functions to take place.

2.5.6.2 Tustin's view of Paternal Function

Mitrani, (2021), describes Tustin's, (1992), view of the paternal function: 'the father serves the function of a bounding presence, intervening between mother and infant to prevent the prolonged perpetuation of and dependence upon an undue sensuous closeness allowing normal development of a sense of twoness' (p.8).

Mitrani, (2021), stresses how: 'this crucial paternal function required for the normal development of the parenting couple and the internal structure of the mind of the child' (p.8).

Tustin, Mitrani continues, indicated that, 'when there are deficiencies in the mother's capacity to contain both herself and her baby's emotional experience- the gap in her capacity may be filled by the presence of the father or deteriorate in his absence'. Tustin further suggests:

'such deficiency or lack of mental, physical or emotional paternal function, can result in the baby being used by the mother as an object to project onto her own terrors from her own birth and early infantile experiences, as these become activated through her maternal, emphatic, identificatory pre-occupation with her baby' (in Mitrani 2021, p.9).

I will relate to these ideas in the clinical material.

Mitrani, (2021), presents Tustin's identified father's roles:

'a support system for the maternal environment; an auxiliary container for the baby's anxieties; the jealous rival or the excluded third; and a protective boundary between mother and child and the development of an internal psychic container for life's happenings' (p.14).

Mitrani, (2021), concludes: 'the baby has an unconscious phantasy that without the presence of the father the mother cannot think' (p.14).

I will suggest that it is the absence of the paternal function that disables the mother's thinking capacity.

2.5.6.3 Additional theories of the Paternal function

Davids, (2002), describes two domains of the object:

'Mother's domain: a range of dependency issues such as envy, including being attended to, understood, receiving a feed and other care from the object, giving pleasure to the object, and gradually becoming aware of the nature of this nurturing interaction'. Father's domain is responsible for the survival in the individual of those elements that will allow him to take his place as a human, that there are boundaries imposed on need gratification by external reality, as deprivation, separation and as coming between the nursing mother-infant couple locked in mutual omnipotent, wish-fulfilling phantasy'.

Working alongside each other, Davids quotes Bion: ‘it gradually becomes possible to delay gratification, impulses can be controlled, and frustration tolerated sufficiently to allow the apparatus for thinking to develop’ (Bion, 1962a, in Davids, 2002 p.85).

Davids, (2002), concludes: ‘It is therefore inconceivable that anyone might develop beyond infancy without experiencing interactions belonging to both categories; thus, it is inevitable that both mother and father will emerge as objects in the internal world’ (p.85).

Muir, (1989. in Etchegoyen, 2002 p.37), suggests ‘the father’s direct role [is] in providing an alternative attachment figure and a bridge with the external world’.

Oliveira, (2020, p.319), adds that ‘practicing of the paternal function, the child has here the origin of the mental capacity to see herself in relation to others, conceiving various points of view’.

Following these writers, the baby sense of safety and feeling safe to emerge from the dyad into the world is clear.

2.5.6.4 Feminist psychoanalytic theories

As early as 1944, Helen Deutsch describes the ‘feminine which develops in order for one to be a woman, including traits such as narcissism, masochism and passivity’. Deutsch regarded these traits as essential for motherhood (in *The Psychology of Women and Gender, Half the Human Experience* + Nicole M. Else-Quest tenth edition 2022 p.31).

A second wave of feminism is represented by, amongst others, Nancy Chodorow. When asking why women mother, Chodorow suggests that once women committed themselves to be the exclusive caregivers, men must do the other jobs necessary for a society to continue, (in *The Psychology of Women and Gender, Half the Human Experience* + Nicole M. Else-Quest tenth edition 2022 p.31). Chodorow (1978, p.215) theorises that

‘Any strategy for change whose goal includes liberation from the constraints of unequal social organization of gender must take account of the need for a fundamental reorganization of parenting, so that primary parenting is shared between men and women’.

Chodorow (1978, p.179) suggests ‘not to reinforce a paternal binary but to advocate for a non-binary, shared parenting model’.

Mitchell, (2023, in Stockton, 2023) criticises psychoanalysis’s inability to attend to the complexity of gender, suggesting a need that ‘refigures the relations and rules of the family to account for the lateral forms of gender differentiation, which earlier psychoanalytic models omit’.

Mitchell, (2023) writes: ‘The so-called ‘Law of the Father’ operates [...] between generations; preventing incestuous sexuality with the mother as its primary target. The Law of the Mother, on the other hand, [...] operates between siblings within a generation’ (p.146).

In Mitchell’s view, both parents have a significant role. However, the question whether a real father is required started to emerge alongside these theories.

2.5.7 The Paternal Function in Mother's Mind

More recent writers emphasised that the introjection of the object by the baby contains the mother's introjection of her own object:

Oliveira, (2020), suggests:

‘the perception of the father is created from the first direct contacts but equally through the “eyes” of the mother. [...] The real absence of the father does in no way equate to his absence of representation: and for the same reason, the introjected father is very different from the real father’ (p.311).

Davids, (2002), following on Bion's ideas, writes: ‘The experience of meeting the real father, or merely the meeting with the internal representation of the father in the mother's mind, produces in the mental world of the child the realization of the Father concept’ (p.67).

Marks and Lovestone, (1995), describe how ‘The mother's conscious and unconscious expectations and fantasies about the role of the father will shape the child's father representation’ (in Etchegoyen, 2002, p.34).

Chiland, (1982), writes: ‘The father is present, often in the flesh, and in any event in the mother's psyche’ (p.377, in Etchegoyen, 2002, p.37).

Diamond, (2017b, p.320), stresses how the father's representations in the mother's mind, ‘on one hand [it] relates to the mother's conscious and unconscious mindset in relation to the father, and on the other hand the aspects of the unconscious relationship to her own father.

These aspects are ‘crucial to the child’s ability to internalize the father’s healthy presence, along with the paternal function itself’. Diamond, (2017b), continues stressing the benefits to the child: ‘The mother who is able to keep the father alive in her own mind, provides the child with a healthy triangular representation that facilitates internalization of the paternal function’ (p.320). Davids, (2002), similarly suggests that ‘an external father is not essential as long as he exists in the mother’s mind and supports disrupting the baby’s imaginary gratification in phantasy’ (p.87). Further to these, Green, (2004, 2009), emphasizes: ‘the pre-genital father, who can at most only be present in the head of the mother, is inevitably very efficient through the particular position of observer of the dyad—making him a third and fundamental part of the scene’.

Ogden, (1989), (in Oliveira, 2020 p. 313), writes how ‘The idea of the father in the mother’s head becomes an essential element, capable of facilitating contact with the yet-to-be-known father and subsequently with the external object’.

Oliveira, (2020), continues and describes contemporary psychoanalytic views: ‘the father is valued through his presence in the mother’s head, albeit unconsciously’ (p. 313).

Davids, (2002), concludes:

‘As long as a father exists in the mind of that external caregiver, the infant will have the experience on which the development of an internal father depends; not having an

external father leads not to the absence of a father in the inner world but save in the most exceptional cases, to emotional difficulties' (p.86).

My conceptual framework supports the view of a combined object where established maternal and paternal functions within the mother/main carer mind are sufficient for the ordinary psychological development of the baby. However, it develops the need to support parents with dysfunctional combined object, first through the analysis and diagnosis of the parents' objects functions and then with a comprehensive, multiple-service intervention.

Lacan, (1949,1966), (in Etchegoyen,2002) suggests: 'The acquisition of the "Law of the Father" is not dependent on the presence of the real father. The mother's relationship to her own symbolic father and how she mediates her relationship with the child actual father may be as significant' (p.31).

I will suggest that the internal father/paternal function within the mother's mind is necessary and sufficient for the baby to successfully internalize a paternal function. The combined structure of the object which I suggest, is established through the baby's introjection of the mother's representation of her own father /paternal function, and the baby's father in her mind.

Fiorini, (2013), agrees with the notion that the mother may exercise this function if she internalized the father figure as a symbolic function, but adds: 'as functions do not belong

exclusively to any gender, when we speak of the symbolic father, we are also speaking of the mother and are re-defining her functions' (p.4).

By defining the paternal functions within the combined object, I believe I redefine the parent's functions.

2.6 Conclusion

In 1957, Klein wrote:

'The development of the Oedipus complex is strongly influenced by the vicissitudes of the first exclusive relation with the mother. This phantasy is particularly strong when the infant has not had the full enjoyment and happiness that the early relation to the mother can afford him and has not taken in the first good object with some security' (p 197).

Limentani, (1991), describes this phantasy in cases showcasing a lack of the paternal function:

'The inability to be helped with excessive primitive anxiety due to the absence of a paternal function, results in absence of an internalised prohibiting and positive father as a figure for identification and identification with the mother rather than a relationship based on object choice' (in Etchegoyen, 2020, p.34).

I will later suggest that remaining with these anxieties due to the lack of paternal function is a crucial element in the development of attachment difficulties as a result of lack of a secure-base to enable trust and capacity of 'learning from experience'.

Part II: Attachment Theory

In this part I will describe Attachment theory and its main concept, the secure-base, and their relation to the object's function.

2.7 The Psychoanalytic origin of Attachment Theory

In his essay "female sexuality", Freud, (1931, p. 254), spoke about the 'equally great attachment to the mother which precedes the dependence on the father and the length of time of this attachment'. However, for Freud, it is the use of the object, not the relationship to the object, that the baby fears losing (Bowlby, 1958, p.353).

Klein, Bowlby, (1958), continues, 'advocates [of] the view that there is more in the infant's relation to his mother than the satisfaction of physiological needs' (p. 354).

Describing the infant Klein, (1957, p.3), writes:

‘there is in his mind already some indefinite connection between the breast and other parts and aspects of the mother. I would not assume that the breast is to him merely a physical object. The whole of his instinctual desires and his unconscious phantasies imbue the breast with qualities going far beyond the actual nourishment it affords. This mental and physical closeness to the gratifying breast, in some measure restores, if things go well, the lost prenatal unity with the mother and the feeling of security which goes with it’ (in Bowlby, 1958, p.355).

It is this closeness to the object that stands at the heart of Bowlby’s Attachment theory.

Bowlby, (1958), stresses that ‘the integrating function of mother is of most importance; the ill- effects stemming from maternal deprivation and separation as due in large part to an interference with this function, either preventing its development or smashing it at a critical point’. (p. 370). He further suggests that ‘we shall no longer regard it as satisfactory to equate breast and mother, to identify good feeding and good mothering’ (p. 371).

What is this good mothering that Bowlby terms (secure) attachment? It might be helpful to look at the official definition of secure attachment through its absence.

2.8 The Definition of Attachment Difficulties

The National Institute for Health and Clinical Excellence NICE guidelines, (2015) use ‘Attachment difficulties’ as an umbrella term for children who have either (or both) ‘Insecure Attachment Behavioural’ patterns or ‘Diagnosed Attachment Disorders’. The term

‘Attachment difficulties’ is not a diagnostic term; it is also not a formal research construct. (NICE guidelines, 2015).

Insecure forms of attachment suggest that a child has learnt that their caregiver will not be reliably available and responsive when they are alarmed or distressed. They are relationship-specific: a child can have an insecure attachment relationship with one caregiver, and a secure attachment relationship with another. NICE guidelines, 2015, notes that ‘insecure attached children expected to respond well to improving the quality and stability of caregiver–child relationships.

I will now review the development of attachment theory.

2.9 The development of Attachment theory

In my introduction chapter I presented John Bowlby as the father of attachment theory.

Below is a summary of the development of the theory and its main concept, the secure-base.

2.9.1 The deficiency of the early Object-relations theory

Hunter, (1995, p.428), describes how ‘Bowlby diverted from the classical Freudian paradigm which emphasised human attachment as derivative from other drives, especially the sexual drive; Bowlby presupposed attachment as a primary and separate drive’.

Bowlby, (1988), presenting what he described as ‘an alternative theory, stemming from the Hungarian school of psychoanalysis, postulates a primitive object relation from the beginning’. However, Bowlby, (1988, p.24) stresses, ‘In its best-known version, however,

advocated by Melanie Klein, the mother's breast is postulated as the first object, and the greatest emphasis is placed on food and orality and on the infantile nature of 'dependency'. Bowlby suggests a new perspective of Klein's theory and referred to it as 'A theory of Internalization' (p. 24).

Bowlby's, (1979, p.131), view, different to the object-relations theory which 'sees sexuality as one manifestation of a more fundamental drive that is inherently relationship-seeking, but that attachment needs are not a derivative from, or secondary to, other needs systems'. Rather, Bowlby suggested that 'attachment behaviour is conceived as a class of behaviour distinct from feeding behaviour and sexual behaviour, and of at least an equal significance in human life' (in Hunter, 1995 p. 428).

Guntrip, (1968, p.67), suggested that also Fairbairn took

'a wider view of libidinal need as not limited to the sexual but embracing all that is involved in the need for personal relationships' (in Hunter, 1995, p. 429).

By defining attachment behaviour as 'behaviour that has proximity to an attachment figure with a predictable outcome and whose evolutionary function is protection of the infant from danger', Bowlby, (1979), insists that 'attachment has its own motivation' (p.13, in Hunter, 1995, p. 439).

Hunter, (1995, p. 440), summarises that 'infant behaviour looks for a relationship with significant others who can provide the basic functions of feeding and protecting, as well as

comfort while others provide it with a secure-base from which to venture forth to explore the world, which, in Bion's terms, allow 'learning from experience' (Hunter, 1995, p. 440),

2.9.2 Attachment theory: A brief introduction of core concepts

Holmes provides a significant body of knowledge of Bowlby, attachment theory and the secure-base. Holmes, (2001), introduces the importance of security through the concept of the secure-base within attachment theory and suggests that it:

'confers greater authority on the secure-base concept since secure attachment arises out of the ability of parents to see the child as a thinking being in its own right. Attachment theory puts the search for security above all other psychological motivators and posits the attachment bond as the starting point for survival, a precondition for all meaningful human interactions' (Holmes, 2001, p. xi).

Holmes, (2001), suggests that 'Freud and classic psychoanalysis starts from desire and gratification that comes from the satisfaction of oral need rather than the need for protection'. This, Holmes suggests, has changed with the introduction of object-relations theory. He describes Bowlby (1988) as insisting that attachment theory was 'no more than a scientifically based variant of object-relations theory'. (p. xii)

Holmes, (2001, p.20), sees 'a parallel between attachment theory and the resolution of the Oedipal situation'. He presents Britton's, (1999, in Holmes, 2001, p.20), view that 'this resolution, being able to stand outside situations and establish freedom of thought albeit the loss of exclusive possession of the mother, is similar to an 'internal secure-base' (i.e. a representation or 'working model' of security, see below) which provides freedom of movement, both literally and emotionally'. Holmes, (2001, p.20), suggests that 'the

resolution of the Oedipal situation allows the child to tolerate the separateness of the parental couple, the loss of exclusive possession of mother and to develop a freedom of thought essential for interpersonal success’.

Holmes, (2014, P.72), describes how, ‘Bowlby saw unresolved aggression as springing from insecure attachment, as opposed to the ‘healthy aggression’ of the secure when separated from their attachment figures. In addition, ‘anxious attachment is a defence, a compromise between the need for security in a dangerous world and the inability of the parent to provide a secure-base’.

Cassidy, Jones & Shaver, (2013, p.1415), traced the history of Attachment theory, beginning with Bowlby’s 1944 article, “Forty-Four Juvenile Thieves: Their Character and Home-Life”. According to them, Bowlby’s initial empirical understanding suggests that ‘emotional disorders and delinquency could be found in early attachment-related experiences, specifically separations from, or inconsistent or harsh treatment by, mothers (and often fathers or other men who were involved with the mothers)’ (Cassidy, Jones & Shaver, 2013, p.1415). Bowlby continued to build on these initial findings, to form his theory of attachment.

Bretherton, (1992, p.760), describes how, ‘through detailed examination of 44 cases, Bowlby (1949) was able to link their symptoms to histories of maternal deprivation and separation’.

Bowlby's, (1959), view, (in Bretherton, 1992, p.763), states ‘excessive separation anxiety is due to adverse family experiences—such as repeated threats of abandonment or rejection by parents, parent's or sibling's illness or death for which the child feels responsible’. Bowlby, (1959), attributes pseudo-independence under these conditions to defensive processes:

‘If the attachment figure has acknowledged the infant's needs for comfort and protection while simultaneously respecting the infant's need for independent exploration of the environment, the child is likely to develop an IWM of self as valued and self-reliant’ (Bretherton, 1992, p. 766).

Moreover, Bowlby continues and suggests that ‘if the parent has frequently rejected the infant's bids for comfort or for exploration, the child is likely to construct an IWM of self as unworthy or incompetent’ (Bretherton, 1992, p. 766).

Rustin, (2014, p.357), describes Bowlby’s ‘parallel work with children and mothers, which was then expanded, taking into account the wider context of the children's lives giving proper attention to the child's school experience and the involvement of fathers in the clinical work and the family’.

Rustin (2014, p.55), describes how Bowlby ‘had not only a conception of the necessity for work with both children and parents in a child mental health clinic but also a picture of multi-disciplinary collaboration which was exemplary; he combined attention to unconscious dynamic factors in the minds of family members, with an exploration of the family system, and indeed much wider systemic influences’.

Cassidy, Jones & Shaver, (2013, p.1416), describe Bowlby’s working relationship with Mary Ainsworth. Initially observing infants in Uganda and later, in Baltimore, USA, developed a standard instrument to examine her assumption about the relation between maternal

behaviour toward the infant at home and infant secure attachment at the end of the first year' (Ainsworth, Blehar, Waters, & Wall, 1978, 2015, in Cassidy, Jones & Shaver, 2013, p.1416).

Ainsworth's finding, Cassidy, Jones & Shaver, (2013, p.1417), write, 'changed our perception of what infants need for an emotionally healthy development, stating that the number of significant trusted and reliable others whose comfort will make the infant feel secure again is limited for any given infant'. [...] Years after Ainsworth's Strange Situation was proposed, Mary Main and colleagues (e.g., George, Kaplan, & Main, 1984; Main, Kaplan, & Cassidy, 1985) provided a way to study the intergenerational transmission of attachment patterns. [Their conclusion was that] 'a parent's state of mind with respect to attachment predicted his or her infant's pattern of attachment'. Hence, the 'attachment behavioural system was identified as the organized system of behaviours that has a predictable outcome (i.e., proximity) and serves an identifiable biological function (i.e., protection)' Cassidy, Jones & Shaver, (2013, p.1417).

With regards to Bowlby's notion of the importance of developmental considerations related to attachment, Faherty & Sadler, (2011, p.114-115), follow researchers such as Belsky & Cassidy; Greenberg et al., (1993), and Belsky & Fearon, (2002), who 'continue to assess the impact of the quality of attachment, and found correlations with socioemotional and language development, as well as the influence of contextual risk factors that contribute to maternal-infant attachment relationships and general cognitive development'.

I will now describe the main concepts and mechanisms of attachment theory, secure-base and IWM and how they relate.

2.9.2.1 The concept of Internal working Models and Secure-base

With regards to the use of the term Internal Working Models, Bowlby, (1988), writes:

‘Within the attachment framework the concept of working model of an attachment figure is in many respects equivalent to, and replaces, the traditional psychoanalytic concept of internal object’ (p. 135).

Bowlby, (1973, p. 323), continues and clarifies the role of IWM in the intergenerational transmission of attachment patterns: ‘Individuals who grow up to become relatively stable and self-reliant [...] normally have parents who are supportive when called upon, but who also permit and encourage autonomy’ (in Bretherton, 1992 p. 767).

Bowlby, (1973, p.323), then adds that ‘the inheritance of mental health and of ill health through family microculture is no less important and may well be far more important than is genetic inheritance’ (in Bretherton, 1992 p. 767).

In my suggested conceptual framework, this microculture includes mother as an internalised object. If the mother as an internal object doesn’t have a robust paternal function, the baby will internalise this mal-functioning part together with his mother.

According to Bowlby (1969,1982):

‘such a system is organized by experience-based IWMs of self and environment, including especially the caregiving environment beginning in the first year of life, mentally healthy individuals develop a “secure-base script” that provides a causal–

temporal prototype of the ways in which attachment-related events typically unfold’
(in Cassidy, Jones, Shaver, 2013, p. 1419).

Bosmans et. al., (2020.p.288), address Bowlby’s, (1969), view that ‘the infant’s experiences with parental sensitivity during distress will, over time, be internalized into Internal Working Models of the environment and of their own actions. The idea that children internalize early parenting experiences, allowed Bowlby (1969) to explain why care-related experiences have long-lasting effects on later development’.

Verhage et al., (2016, in Bosmans et. al, 2020 p. 288), stress that ‘in attachment theory, IWMs are cognitive representations of these caregiving experiences that form that basis for future intimate relationships’.

Rustin, (2014, p.55), stresses how Bowlby, (1988), ‘emphasised the impact of real traumatic events on children's minds’.

This element will be clear in the clinical material.

I believe that the focus on cognitive internal structure and external life experience has limited Attachment theory’s capacity to comprehend the infant’s predicaments and deficiencies.

Without a model that connects the object experience and its internalization with the infant’s experience of the object and its internalization, developing a comprehensive, adequate multi-level intervention is limited.

Bowlby, (1969–1982, 1973,1988, in Huth-Bocks, et al. 2014, p.535), believed that ‘IWM help the individual organize experience, interpret and anticipate others’ behaviours, and guide one’s behaviour in future interactions in order to promote adaptation’.

Waters and Waters, (2006, in Huth-Bocks, et al., 2014, p.537), stat that ‘parents’ level of secure-base script is related to their children’s secure-base behaviour and attachment representations, as well as to certain parenting behaviours. In other words, more secure mothers were more comfortable with emotional material and/or may have a greater capacity to understand their children’s mental states’.

Cassidy, Jones and Shaver, (2013), conclude:

‘Secure-base scripts are the “building blocks” of IWMs. Theoretically, secure children’s and adults’ scripts should allow them to create attachment-related “stories” in which one person successfully uses another as a secure-base from which to explore and as a safe haven in times of need or distress. Insecure individuals should exhibit gaps in, or distortion or even absence of, such a script’ (p. 1416).

Bowlby, (1969), and Main et al., (1985, in Bosmans et al, 2020, p.288), assumed that ‘through intense interpersonal experiences with main carers, the IWMs can be altered during childhood’.

The formulation I develop in this research suggests that, through clinical intervention and support from external agencies, where the object's functions are being reinstated, the child's IWM can be altered.

I will now describe the concept of the Secure-base.

2.10 The establishment of a Secure-base in the infant

I will start with a review of the concept of the Secure-base

2.10.1 The concept of Secure-Base

Bowlby, (1988), emphasises:

‘No parent is going to provide a secure-base for his growing child unless he has an intuitive understanding of and respect for his child's attachment behaviour and treats it as the intrinsic and valuable part of human nature, I believe it to be. I have focused on the parents' role of providing a child with a secure-base as I believe it has been inadequately conceptualized’ (p. 13).

By providing a secure-base, that is, ‘being available and responsive, as well as by intervening, when necessary, the attachment figure (mother) promotes the development of positive mental health in the infant’ (Bowlby, 1978, in Myors et al. 2018, p. 227).

One of the major understandings of the secure-base theory is that infants and young children need to develop a secure dependence on parents before launching out into unfamiliar situations.

Bowlby, (1959, in Bretherton, 1992, p.761), claims that ‘during the early years, while the child acquires the capacity for self-regulation, the mother is a child's ego and superego: the child is dependent on his mother performing various functions for him’. Bowlby believed that ‘the mother orients him in space and time, provides his environment, permits the satisfaction of some impulses, restricts others. Gradually he learns these arts himself, and as he does so, the skilled parent transfers the roles to him’ (Bowlby, 1959, in Bretherton, 1992, p.761).

As described in the first part of this chapter, this transfer of the roles, I suggest, happens through introjection of the combined object.

Cassidy, Jones, Shaver, (2013, p.1419), suggest that ‘when being provided with a secure-base, children’s confidence in the parents’ availability and sensitivity allows them to explore the environment freely’. They continue that ‘the secure-base phenomenon contains two intertwined components: a secure-base from which a child can explore and a haven of safety to which the child can return in times of distress’ (Cassidy, Jones, Shaver, 2013, p.1419).

Similarly, Grossmann & Grossman, (2019), suggest: ‘Central to a child’s emotional security is her smooth transition between seeking a safe haven when distressed and a secure-base when at ease with her attachment figures’ (p. 9).

My conceptual framework suggests that the container, while supported with adequate paternal function, can allow the move away from the secure-base, performing containment and thus enabling 'learning from experience' to be established.

Cassidy, Jones, Shaver, (2013, p.1420), suggest the need for investigation 'in order to understand what in the parent allows them to be used as a secure-base, that can provide a useful framework within which to consider parental behaviour as a predictor of infant attachment'.

The suggested conceptual framework allows a widening of the framework of the secure-base from attachment into object-relations, enabling a more thorough understanding of what underlies parental behaviour.

Holmes, (2001, p.21), suggests that 'severe pathology arises when, confronted with danger, the baby has no sense of a secure-base to which to turn to. The worst situation would be if the supposedly secure-base is itself the source of threat, developing overwhelming anxiety in the baby'.

Holmes, (2001), concludes: 'Having a secure-base will foster depressive position thinking and, conversely, the capacity to relate to whole objects will facilitate the achievement of secure-base in relationships' (p. xiii).

Earlier, I emphasised Meltzer's idea of internalization as the freedom of movement of the object. The establishment of the secure-base, as Holmes, (2001, p.xiii), suggests, 'through

applying the internalization of the paternal function, allows the freedom of movement to the baby as well'. The attachment analogue of this process, Fonagy, (1999a), suggests:

'Establishment of a secure-base representation –especially representation in language – so that the child no longer is wholly dependent on the physical presence of the caregiver but can be comforted by the thought of 'mum-and-dad', or 'home'. This, in turn, depends on the caregiver's ability to represent her child's representations; to see the child as a separate and sentient being' (in Holmes, 2001, p. 12).

As shown earlier, the notion of internal representation is described psychoanalytically in terms of an inner world populated with internal objects and the relationships between them. Attachment theory has always accepted that it is essentially a variant of object-relations theory and recognized that the account of external behaviours with which it originally concerned itself needed to be complemented by experiential description of their correlations in the inner world. I suggest that the secure-base is a model of object-relations concerning the object functions, a model that enables the differences in children's capacity to trust and feel secure enough to psychologically develop and thrive. However, in its current form, it lacks the complete configuration of the essential requirements for its establishment, as it relies on the mother and maternal capacities, and not the functional structure of the object's capacities; the functions the object needs to contain and actively use to enable the development of the secure-base in the infant. I will address this lack in my suggested conceptual framework and formulation.

I will now move to describe the parental/caregiver capacity enabling secure attachment in attachment theory.

2.11 Parental capacities in Attachment Theory

2.11.1 Introduction

When describing the caregiver responses associated with secure attachment, Holmes, (2001), includes: ‘responsiveness, sensitivity, consistency, reliability, attunement, the capacity to absorb protest and ‘mind-mindedness’, the ability to see the distressed child as an autonomous and sentient being with feelings and projects of his or her own’ (p.24).

Earlier in this chapter, I described the development of the capacity for symbolization, enabled through the paternal function; these are very similar to the object’s functions listed above.

For Bowlby, (1988, p.163), ‘loss or threatened loss was central to much psychological distress and the capacity to cope with loss as a key component of psychological maturity’.

The paradox of intimacy from an attachment perspective, Bowlby, (1988, p.163) continues, ‘is that it can only be achieved if its members can negotiate separateness more or less successfully’.

This separateness, or loss, I will suggest, can only be achieved through the paternal function coming between the baby-mother fusion, and offer the experience of separated existence in the baby’s internal world.

When trying to address the key feature of the parents of securely attached children, Fonagy, (1991), and Meins, (1999), suggested the parents’

‘Mind-mindedness’ or reflexive function, (the ability to think and talk about past pain) as a protective factor leading to secure attachment, no matter how traumatic a childhood may have been, and the ability to empathize with their children and to see them as separate beings with feelings of their own’ (In Holmes, 2001, p. 4).

I suggested earlier in this chapter that these features are not sufficient as they can’t be performed without a paternal function.

Main, (1995, p. 410, in Holmes, 2001, p. 21), describes ‘the child’s strategies to cope with the object’s behaviour, and stressed that they are ‘maladaptive’ given the circumstances they face. What we call ‘repression’, and ‘insecure attachment’, Main continues, ‘are ways of coping with suboptimal environments’. Holmes, (2001), describes: ‘Secure parents tend to produce secure infants (Fonagy et al. 1995); this has been replicated several times’ (Fonagy 1999a; Fonagy 2001; Fonagy and Target 2000, in Holmes, 2001, p. 28).

Holmes, (2001), presents the following parental capacities essential for enabling a secure-base:

‘Reflexive function – a version of the psychoanalytic notion of insight – the ability to think and talk about past pain is a protective factor leading to secure attachment, no matter how traumatic a childhood may have been’ (Fonagy 1999a; Fonagy 2001; Fonagy and Target 2000, in Holmes, 2001, p. 28).

Holmes, (2001, p.28), adds that ‘the lack of reflexive function - if the mother is unable to contain her own feelings and fails to provide the ‘contingency required’ - an insecure sense of self might develop and reinforce the offer of psychotherapy intervention as one of whose main functions, it can be argued, is to enhance reflexive function’.

In the conceptual framework I suggest, the lack of paternal function in the object, prevents the experience of containment and the development of self-containment.

My conceptual framework suggests more complex interactions and functions that are involved in the building up of attachment. The object and its internalised functions, the baby’s internalisation of its external reality and the internalisation of his object’s internal object, create a comprehensive experience. I will suggest that these continuous processes of introjection and projection, supported by the containment function, impacts these cycles.

In addition, it is my understanding that the ‘suboptimal environment’ Main refers to (see above) equates to the presentation of the mother’s inadequate internal father and object’s functions which the baby introjects. A (mal)functioning presentation can shed a light on the mechanism of developing a secure-base lacking a sense of safety and trust for the infant.

The suggested formula offers a bridge between the object-relations theory of the object’s functions and the need for a secure-base and can shape the psychotherapeutic intervention to reflect the merging of these understandings while emphasising the required functions.

How then, Attachment theory suggests, is this sense of safety, security and trust, developed or interrupted from being established? What are the caregiver’s required capacities?

2.11.2 Maternal Caregiving and Infant Attachment: Intergenerational Transmission of Attachment and the “Transmission Gap”

In 1985, Main and colleagues, (in Holmes, 2001, p.27), published the first evidence of ‘the intergenerational transmission of attachment: a link between a mother’s attachment representations and her infant’s attachment to her. At this stage, ‘they expected the link to be explained by maternal sensitivity: the mother’s state of mind with respect to attachment will direct her sensitive behaviour towards her infant; this influences the infant’s attachment quality’ (Holmes, 2001, p.27).

Similarly, Holmes, (2014, p. 183), suggests that ‘anxious attachment is the result of a fine-tuned failure of maternal attunement and responsiveness’.

However, following ten years of research Van IJzendoorn, (1995, in Cassidy, Jones, Shaver, 2013, p. 1419, 1425), published a meta-analysis where he indicated that ‘the strong and well-replicated link between maternal and infant attachment was not fully mediated by maternal sensitivity’. Van IJzendoorn labelled what he had found as ‘the transmission gap’.

There was, therefore, a real need to understand the unclear findings of maternal behaviour as a predictor of the infant’s attachment. What was missing was a description of the underlying experiences alongside the maternal deprivation and how these affect the development of the infant’s personality.

This lack of clarity not only informs the understanding and development of research but impacts clinical intervention.

One of the directions suggested by De Wolff & Van IJzendoorn, (1997, in Cassidy, Jones, Shaver, 2013, p.1425), was to further consider Bowlby's concept of the secure-base 'as it might support the understanding of maternal contributors to infant attachment'. As quoted above, Bowlby, (1988), regarded 'the secure-base concept as the heart of Attachment theory'. From the extensive theory and clinical observations, where trust and safety are fundamental elements in the forming of therapeutic relationships, I am suggesting that the secure-base is the fundamental aspect of attachment and psychological development and can only be established if the paternal function is internalized within the object.

Main, Kaplan, and Cassidy' (1985, p.67), describe Main's longitudinal where 'Main found a strong correlation between how a mother describes her relationships with her parents during her childhood and the pattern of attachment her child now has with her'. Fonagy named the capacity to describe one's own relationships with their parents 'Reflexive function' (see above page 77).

I suggest that it is the paternal function within the object that is responsible for this maternal deprivation, including the lack of emotional regulation, which explains how specific experience impacts maternal deprivation when reflexive function is not sufficient.

Within my suggested formulation, the emotional regulation can take place only with the participation of the paternal function.

2.11.3 The role of the child

With regards to the child, Holmes, (2014), describes:

‘the emphasis in the discussion so far has been on the contribution of the parent, especially the mother, with the infant’s role being relatively passive. Clearly this is an oversimplification; temperamental, and neurobiological factors in the child will play their part in the relationship with the parent, and subsequent social adjustment’ (p.95).

Belsky et al., (2007), Bakermans-Kranenburg and Van Ijzendoorn, (2011), (in Holmes, 2014, p.95), mention ‘the importance of child developmental research and the ‘differential susceptibility’ hypothesis [which] suggests that children’s genetic makeup strongly affects the extent to which they are susceptible to environmental influence’.

However, Holmes, (2014, p.95), concludes that ‘Nevertheless, the evidence suggests that the parent is the determining factor and that a ‘good’ mother even with a ‘difficult’ baby will, by one year, be likely to have a securely rather than insecurely attached child’.

In my conceptual framework, the internalisation of the paternal and maternal functions in the child’s mind are significant factors in his capacity to achieve psychological development and relies heavily on his object-relations and external circumstances.

2.11.4 Clinical implications of Attachment theory

Earlier in the chapter I quoted Rustin, (2007, p.357), describing how ‘by developing a model of experiential family therapy combined with individual work with family members, both

child and parents, [...] can influence beyond the family's settings', which may be a significant indication that there is need for a more wide-reaching model.

Despite many children being diagnosed with attachment disorder, I have shown through this literature review that there is a consensus that the parent is the determining factor in the development of attachment. My conceptual framework offers an understanding of the functions required of the parent to have a securely attached child, while dropping the dichotomic separation of parents' genders and focuses on the functions of the combined object.

Describing his theory in the WHO report, Bretherton, (1992, p.761), claims that Bowlby, (1951), was 'true to the era by emphasizing the female parent. Bowlby commented that fathers have their uses, but second to the mother's. Their prime role is to provide emotional support to their wives' mothering'. Even 70 years later, attachment theory maintained the primacy of maternal aspects.

It is the view of this research that, while reflecting on the current social and political era, an inclusive non-gendered conceptual framework of functions, as opposed to roles, will be more applicable and accurate than a gender-biased one.

2.12 Conclusion

Holmes, (2014), describes Bowlby's early formulations: 'Bowlby saw anxious attachment as resulting from gross disruptions of parenting such as parental death or divorce. He also incriminated qualitative difficulties in parenting which included depression and unresponsiveness on the part of a parent' (p. 68).

Holmes, (2014), continues Bowlby's original mission: 'to find links between 'life events' such as parental loss or neglect and the development of psychiatric symptoms in children and adults.' (p. 68).

Other writers (Fonagy, Steele, & Steele, 1991; Goldberg, Benoit, Blokland, & Madigan, 2003; Huth-Bocks, Levendosky, Bogat, & von Eye, 2004; Slade, 2005 all in Holmes, 2014 p. 95), found that 'adverse relationships in mother's past, may compromise the development of secure infant attachment'.

If relationships are in some way internalised by the growing child as 'character', what happens when that child grows up and they become a parent? I will address this question in my conclusion and recommendation chapter.

Holmes, (2014), continues with more research findings:

'Fonagy et al., (1991a) showed that of insecure infants 73 per cent had insecure mothers, and only 20 per cent of secure infants had insecure mothers, while 80 per cent of secure mothers had secure infants. 82 per cent of secure fathers had secure infants, but 50 per cent of insecure fathers still had secure infants' (p.95).

The conceptual framework I suggest offers a view into the child-to-be-parent internal object structure, suggesting an intergenerational impact.

Holmes, (2014), concludes:

‘This supports the view that attachment status is a function of the infant–parent relationship, rather than of temperament, and also suggests that, at least in Western cultural conditions, maternal, rather than paternal, insecurity is the more potent transmitter of insecure attachment across the generations’ (p. 95).

According to this research, mother’s insecurity can only be helped with the presence of a paternal function.

In addition, both theoretical and practical views are still too gender-specific and unclear, which leaves parents and professionals with ambiguity regarding what maternal responsiveness actually means and how it establishes. My conceptual framework and formulation offer a way to dismantle the complexities into functions and everyday parental and care experiences with an underlying structure of the paternal function within the combined object.

Chapter 3: Methodology

3.1 Introduction

In the previous chapter, I presented a comprehensive literature review, highlighting a gap regarding the combined object functions—particularly the paternal function—within both attachment theory and object-relations theory. This chapter outlines the methodological considerations and structure of the study designed to address this gap and test the associated hypothesis.

3.2 Research Questions

To follow the discussion of the research approach taken and methods employed in this study, I will refer to the research's four questions:

1. How are the concepts of the combined object and the maternal and paternal objects' functions presented within psychoanalytic literature and how is the object described in attachment theory and the development of the secure-base? – Addressed in Chapter 2.
2. How can we trace the maternal and paternal dysfunction in the consulting room? – Addressed in Chapter 4.
3. How might we consider the understanding of the combined paternal and maternal object dysfunction in clinical work? – Addressed in Chapters 5 and 6.
4. What are the clinical and overall treatment implications of these recognitions and evaluations of the paternal and maternal functions during psychoanalytic psychotherapy? – Addressed in Chapter 5 and 6.

My research questions appeared out of a vacuum, or absence of acknowledgment and impact of the combined object's functions. The first research question was addressed through a comprehensive review of the psychoanalytic literature of the maternal and paternal functions. The remaining research questions were addressed in the following manner: three published clinical case studies notes were summarised and analysed using thematic analysis procedure (see below), (Braun and Clarke, 2006; Meier and Boivin, 2000). Clinical case extracts were used to enhance the coding, sub-themes and theme identification.

Data analysis from discussions of individual case material was used to demonstrate the clinical utilisation of the theoretical concept of the combined object, separated as maternal and paternal

and integrated, to ascertain how the combined object was present or absent, how it can be thought about and can be employed clinically and how it develops and changes throughout the psychotherapy intervention.

3.3 Qualitative research – Rationale for the choice of Thematic Analysis

A qualitative method was chosen for this study to generate, elaborate and deduce an explanation of attachment difficulties from three case studies. As this thesis is looking into the analysis of data out of clinical intervention, thematic analysis was chosen.

Thematic analysis would enable me to identify and explore themes and patterns across the different contexts of the participants' lives and experiences as it is being described in published case studies.

I followed the common structure of the therapeutic process, starting with the referral, moving to early history, assessment, treatment and conclusion. This structure helped with the standardization of the transcripts of the psychotherapy sessions and supported with the developing the themes and measuring the changes.

Braun & Clarke (2006, p.27) describe the benefits of thematic analysis as lying in its flexibility in that it is not tied to any specific theory or epistemological orientation, can accommodate a social constructionist perspective and can be used to explore people's experiences.

Meier & Boivin (2000, p.58) describe how ‘Thematic analysis is capable of developing themes and tracking changes across the sessions’. Meier & Boivin (2000) add: ‘Thematic Analysis also defines themes in terms of the degree of their abstraction from the clinical material and not in terms of the frequency of their occurrence, which make it more applicable to case study research’ (p.58).

I used thematic analysis to identify in the clinical material the sub-themes and themes related to the structure of the combined object – its paternal and maternal functions, as defined in the literature review. Then, I analysed each sub-theme in relation to its impact on the development of a secure-base and secured attachment, describing how change took place on these themes across sessions.

3.4 Collecting the Data

3.4.1 Single case study

Single case studies provide an opportunity to test psychoanalytic theory clinically. This method was used already by Freud to test what was being observed clinically and through the use of inductive reasoning to construct psychoanalytic theory.

In choosing to use case study method, I follow Hinshelwood (2013, p.103), who writes ‘The case study is observation under laboratory conditions’, and Wright (2019) who quotes Abram and Hinshelwood (2018, p.42), referring to the use of clinical extracts of child psychotherapy

intervention as evidence: ‘clinical listening to conscious and unconscious expression of experience is the primary source for understanding the issues and puzzles arising in infancy’ (in Wright, 2019, p.97).

Hinshelwood (2013, p.106) provides a model where ‘psychoanalytic knowledge can be tested to meet with the criteria for scientific truth. This model suggests that theory must be validated by the criteria of empirical falsifiability’. Hinshelwood (2013, p.103) argues that ‘the clinical case study provides a primary source for psychoanalytic knowledge where a hypothesis can be formulated and tested to be true or false’. He continues to highlight the importance of countertransference as an instrument for ‘subjective observation’.

My sentiment, therefore, was that clinical cases form relevant data sources for testing my hypothetical conceptual framework of early mechanisms and the underlying structure of the patients and parents’ internal world.

McLeod (2011) suggests that,

‘Purposeful theory building research starts with a specific theoretical framework or model and then systematically tests these ideas against a series of cases. The end point of theory building research is a theory which is more fully differentiated in terms of its capacity to make sense of what happens within therapy.’ (p.244)

A relevant theory-building approach based on the case study method initiated questions such as whether the cases can be understood using new theoretical terms or how the data in these cases can be used to test and refine an existing theoretical model.

Regarding research within the psychoanalytic arena, ‘using case studies to formulate, debate, refine and/or re-formulate the theory in question, is how psychoanalytic research has been done since Freud. Cases might confirm or negate theories and hypotheses and impact clinical practice and further research, despite debates around the generalisation and validity of reported semi-conscious and unconscious processes as valid data’ (Midgley, 2006, p.140). The IMPACT research which considered ordinary public choice of treatment in public health services is one of the most recent applications of case study significance and relevance (Rustin, 2009).

3.4.2 Single Case Study – Development of theory and practice

I carefully attended to and considered the reliability of the case notes and reporting. I acknowledged the original authors’ transference and countertransference and their importance and impact on the research topic.

Midgley (2006, p.140) encourages the use of case study research and argues that ‘there are ways in which the clinical case study may be set on a firmer research footing’.

Hinshelwood (2013) suggests that, when using case studies,

‘we are looking for occurrences, with an inferred meaning [...] and how the associations subsequent to the interpretation reveal an occurrence demonstrating the interpretation’s effect; [...] we can then gauge the effect of an interpretation by changes in transference, the transference-countertransference relationship, resistance (and inhibition) or its reduction all which enable our investigations’ (p.119).

I decided to focus on three published cases to allow as much as possible a penumbra of complexities and types of interventions on top of similarities of needs to enable comparison. I carefully attended to and considered the reliability of the original case notes and the method of reporting. A careful consideration was given to the inclusion criteria to choose patients which will make a viable study. I chose cases which were thoroughly documented, including the referral, observations, detailed early history and family history and where the transference and countertransference were documented. The cases I chose for this research ended more than a year ago, before this research endeavour set sail.

3.5 Study Design

3.5.1 The use of published case studies

Hinshelwood (2013, p.160) argues about the use of published clinical material in research. Using Freud’s ‘The Ratman’ to illustrate, he asks: ‘can a model designed for the present conditions work with material reported in very different conditions? If we found it possible to work with that material, it does suggest that there is still a consistent core to the clinical process which has endured to today, which makes it serviceable data still’. Hinshelwood (2013)

concludes that the ‘caveat is that the record must satisfy the two conditions of verbatim reporting and transparency of personal reactions’ (p.164).

Freud’s Little Hans precipitated hundreds of scholarly articles, books and clinical material serving as a pivotal case not only for its theoretical significance but also as an example of the use of published clinical material. Many articles do not merely cite Little Hans but actively reuse/ apply reinterpretations as evidence and support of new theoretical claims. The case has been continuously reanalysed by major figures including Melanie Klein, Jacques Lacan, and John Bowlby and is still routinely discussed as evidence regarding the Oedipus complex and psychoanalytic theory.

3.5.2 Choosing the case studies

To identify relevant case studies, I reviewed published case studies using the Single Case Study Archive and psychoanalytic publications, either journals or books. I aimed to consider only the treatment of children which also included session vignettes, where attachment difficulties that evolved from a deficit in the establishment of the secure-base were identified and diagnosed. No exclusion criteria based on diagnosis were applied.

The chosen case studies ended more than a year ago, before this research began. Case studies were not excluded on the grounds of race, gender or sexual preference, either known or suggested. All three cases took place in the UK. There was no need for ethical approval, and this was confirmed by the University of Essex.

Information about the local context has been provided to enable the reader to gain an appreciation of the setting of the participants' lives and was added at the preface of each case study.

3.5.3 Possible limitations

I was aware that published case studies, as is the case with any clinical data, could be subject to bias – that of the original author, trying to confirm their own narrative and theoretical understanding, on top of mine. While I present the original authors' understanding and views in chapter 4, it is important to acknowledge and take into consideration a possible bias of the original authors with their choice of verbatim material and data. I reduced the potential of this bias by choosing cases from three different theoretical approaches and different clinicians. Using varied, published case studies, following different theoretical orientations (Anna Freud and Tavistock trained psychotherapists) and a mix of parent-child and individual intervention, enabled the potential bias due to a single source of clinical material to be significantly reduced.

Fonagy (2003), Midgley (2006), and Rustin (2003) (in Catherine Lewis, 2018, p.25) all draw on earlier debates on the nature, scientific or otherwise, objectivity, subjectivity and reliability of process notes (for example Klein, 1961) and the question of what is a clinical fact (O'Shaugnessy, 1994). Midgley (2006, p.132) concludes that by using published case studies, the researcher can prevent any 'over-valued idea that might have dominated their mind as they attempt to build up an understanding of the clinical material'. Moreover, the

coding and categorising processes of thematic analysis, Midgley (2006, p.132) continues, 'can provide a very useful 'check' that that is not what is happening'.

Kaluzeviciute (2021, p.24) states: 'the issue of generalisability is arguably the most detrimental criticism for classic and contemporary case studies, as well as the most debated criticism in social science'.

By relying on varied published case studies, I was able to avoid the possible bias that might develop from pre-defined and structured ideas that I might have had. Moreover, although the findings presented here are drawn from an in-depth exploration of three clinical case and, as such, cannot be statistically generalised to wider populations., it is important to consider the question of generalisability within the epistemological framework appropriate to case study research. Rather than pursuing statistical generalisation across large samples, this paper employs analytical generalisation (Flyvbjerg, 2006, p.219-245), using three cases to interrogate and refine theoretical propositions through detailed clinical examination. The deliberate selection of multiple cases introduces a cross-case comparative dimension, allowing patterns and divergences to emerge across different clinical contexts, thereby strengthening the theoretical claims made (Yin, 2014, p.56-57).

In addition, by I believe that this research, while applying single-case study method, will contribute to extending the use of case study in social science research alongside the use of thematic analysis as a contemporary research method offering a reliable generalisation element.

Kaluzeviciute (2021) describes how the status of the single case study method remains ambiguous in a modern, evidence-driven era. This research is part of a continuous endeavour

to support and to prove the importance and significance of clinical case study as a research tool.

Braun and Clarke (2006, p.18) describing that when using thematic analysis ‘the researcher might approach the data with specific questions in mind that they wish to code around and that they can later identify interesting aspects in the data items that may form the basis of repeated patterns (themes) across the data set’. It is important to stress again that while the data I used, including the process notes, were collated pre-hypothesis, I approached it with a hypothesis in mind, while considering the clinical work and the emerging material. It was therefore an additional reason for me choosing thematic analysis as my research method.

3.6 Data Analysis

3.6.1 The use of Hinshelwood Triangulation

The validation of the research hypothesis and theoretical structure will follow the triangulation model described by Hinshelwood (2013, p.153): ‘by following the session’s material, we can ‘note the triangulation of two perspectives – the content and the countertransference which will then continue with the therapist’s reflecting on the session’.

Hinshelwood (2003, p.153) describes the process of triangulation as ‘a unique feature of psychoanalytic research, as, alongside the clinical data, it uses the transference and countertransference material, to enable the complete case material to be thought about from

these two different positions, referring here to ‘triangulation as relating to giving at least two perspectives in relation to the data (material and countertransference) that allow for a more reliable and secure interpretation’.

Hinshelwood (2013) adds to the potential of understanding, the impact of the therapist’s interpretation, suggesting: ‘Whenever the psychotherapist intervenes in a session by making an interpretation, an effect to the interpretation is expected’ (p.118). Hinshelwood (2013, p.153) further suggests that ‘any intervention made by the therapist in the session will contribute to the experience of the child and the development of the therapy’.

Hinshelwood (2013) suggests that when using case study, ‘we are looking for occurrences, with an inferred meaning [...]and how the associations subsequent to the interpretation reveal an occurrence demonstrating the interpretation’s effect’ (p.119).

Hinshelwood (2013) concludes the processes: ‘we can then gauge the effect of an interpretation by changes in transference, the transference-countertransference relationship, resistance (and inhabitation) or its reduction all which enable our investigations’ (p.119).

In that way, countertransference is understood to offer additional information that is defended against by the patient. As Heimann (1950) suggests: ‘The analyst's countertransference is an instrument of research into the patient's unconscious [...] the analyst's countertransference is a part of the patient's personality’ (p.82-83).

In the three case studies I present, I will show how repeated occurrences, the effect of interpretations on the transference-countertransference relationship, and the impact of therapeutic intervention on resistance or its reduction, are examined.

I transcribed the case studies into a standardised structure capturing the clinical data out of the clinical vignettes, enabling data analysis and comparison between the cases. This helped to explain how the paternal and maternal functions of the object are established, absent or malfunctioning within the child and parent's internal object. It also demonstrates how the object's functions manifest within the therapeutic relationship and suggests the implication it might have for the development of secure-base and attachment difficulties.

Using thematic analysis, I suggest an alternative view and understanding of the clinical material and compare it to the current understanding of the development of attachment difficulties.

3.7 Thematic Analysis – description of methodology

For the analysis of the case studies' data, I will follow Braun and Clarke's (2006) 6-phases of thematic analysis.

Braun and Clarke (2006) suggest that thematic analysis is 'a method for identifying, analysing, and reporting patterns (themes) within data'.

Taylor & Ussher (2001) mention that themes are not 'emerging or being discovered in a passive way, but that the researcher is an active player in identifying patterns/themes, conducting a thorough selection of these themes and reporting them to the readers' (in Braun and Clarke,

2006, p.9). It is within the researcher's mind that these links between the data and themes are created and understood (Ely, Vinz, Downing, & Anzul, 1997, p.205-206, in Braun and Clarke, 2006, p.9).

Stapley, O’Keeffe, and Midgley (2022, p.1417) emphasise thematic analysis as an exploratory method based on a small sample of cases to identify thematic patterns across datasets that use these themes to examine people/patients’ shared or divergent experience.

The themes in this research are based on the theoretical framework and assumptions of object-relations theory and attachment theory. It will therefore inform the nature of the data and of what they represent, where, for example “reality”, “internal world/object”, “projection” and “object” are used.

I will now describe Braun and Clarke’s (2006) six phases of thematic analysis.

3.7.1 Phase 1: Choosing the dataset and familiarising yourself with your data

3.7.1.1 Qualitative Data – Single Case Study

Following Braun and Clarke (2006, p.18), the first interpretive phase took place. I looked into the constructed approach to conduct interpretation of data. Then, following a few group seminars where individual research that followed thematic analysis was discussed, I embarked on the data analysis process.

As the published case studies were all transcribed – not a raw clinical material but structured published cases, and were all completed years prior to this research's endeavour, I was able to start editing the data almost immediately.

I carefully read the data to identify meaningful units of text relevant to the research topic.

Then the data was analysed using the structure of the case studies. Then, I identified relevant units of text from the various parts of the three case studies, dealing with the same issue.

These units of text were grouped together in analytic categories and given provisional definitions. The same unit of text could be included in more than one category.

Below are three extracts, one from each of the case studies, where I have highlighted relevant text and analysed it according to the suggested framework, following the thematic analysis method.

Over the next few months I experienced in the counter-transference Maya's intolerable feelings of helplessness and being in the dark, not knowing and not understanding. Maya totally excluded me, "reading" books to herself and chatting incomprehensibly. When I spoke, she pretended not to hear or commanded me to shut up. She was bossy and controlling, telling me what I should and shouldn't do. The list of prohibitions was endless: nothing was right.

In one session, I verbalized my own feelings of puzzlement and confusion. Maya looked triumphant as if finally *her* feelings could be labelled and understood. Using the books that Maya was looking at, which all contained stories of danger and rescue, I spoke of the characters' fear and helplessness. Maya listened carefully but told me to shut up when I spoke of their anger. After one such session, Maya slowly dragged herself on her bottom all the way downstairs. It seemed that she was re-enacting the traumatic period around the time of her father's illness and death, when she could not make sense of what was going on and no one was there to understand or listen to her, a period that culminated in her refusal to walk.

The absence of a partner increased Mrs A's burden of responsibility for looking after Maya. Mrs A tried to ensure that Maya did not feel that anything was missing and could not tolerate any signs of loss or pain in her daughter. Once, when Maya was staring at a family (mother, father, and daughter) in church, Mrs A turned Maya's face to the priest, saying "If you don't listen, you won't be able to answer the priest's questions".

Mrs A gradually became able to talk of her painful sense of loss, envy, and unfairness. Once able to be in touch with these feelings, she could begin to understand and tolerate them in her daughter.

Coding

In the first highlighted extracts from Zaphiriou-Woods & Gedulter-Trieman, (1998, p.179), I identified the following data items and coded them:

Mother confirming that she didn't want Maya to feel that anything is missing and confirmed she couldn't tolerate Maya showing signs of loss and pain.

In addition, mother couldn't acknowledge Maya's glance at a family, confirming her wish to prevent Maya from acknowledging her loss and pain.

In the second highlighted extract, the clinician's countertransference is confirming Maya's unprocessed and undigested feelings of loss and lack of understanding of reality.

Maya shouted at the clinician to shut up when she read about the characters' negative feelings, unable herself to tolerate and contain them.

Shuffling on her bottom, Maya's behaviour as a young baby, correlates to the sense she had at that younger age, when things didn't make sense.

I identified similar aspects in Maya's behaviour: Lack of making sense, avoiding acknowledging reality, difficulties to contain feelings of loss and reacting in an aggressive way, loss of capacities – shuffling on her bottom; the trauma of loss acted out in the body

Referral

Leo, age 5 years and 2 months, was referred for an assessment by the school psychologist because of his "strange behaviors," namely an inability to play with other children with whom he interacted only in an aggressive way, as well as difficulties in managing his chaotic and impulsive behavior in the nursery setting. In the nursery, he was often agitated, seemed confused and overwhelmed, unable to participate in any shared routine. He swore and made references to death and murder.

The school psychologist reported that Leo used to produce very elaborated and at times bizarre and aggressive comments toward other children, such as: "I will give this new born baby a nice beating so he will cry, or a cat so that it will bite him"; "I will stick the fork in your eyes so that you will not see, you will fall, hurt yourself and go to hospital"; and "small children have to go back to nothingness, and I have to go back to nothingness."

After observation in the nursery, the school psychologist described a child in trouble, who talked about floods and damage to his house, who was aggressive and spiteful toward other children, and who at some point built a sort of cocoon, with curtains and cloths to make a protective and containing den for himself. It was also reported that Leo was obsessed with road traffic signs. Initially, there were concerns that he was in the autistic spectrum.

Catastrophe

As observed in the assessment sessions, Leo took interest in the doll's house and human figures and mainly played with these during the first months of therapy, alternating this activity with spontaneous drawing.

Leo's play would regularly end with a powerful tsunami, earthquake, or flood, which would destroy the house and the people in it. In this play, Leo appeared to represent the object/self that does not survive, where the anxiety—which he kept split off to keep himself safe from the impingement of the other—was forcefully projected onto me. As hypothesised in the diagnostic profile, Leo's play, although it appeared to be symbolic, evoked in me powerful feelings of anxiety of a catastrophic nature related to feelings of being submerged or invaded by internal and external dangers, as if the "pretend" quality of the play was not firmly established for him.

Leo would talk continuously throughout his playing and drawing activities, describing what he was doing through a monotonous running commentary, but he also began to use his eyes to contact me, holding my gaze for increasing lengths of time. There seemed to be a need to control me coupled with a wish that I could also tolerate and take in his communication. During this initial period Leo would also, almost casually, lean on me or put his hand on my arm, searching for physical contact resembling of a much younger child.

Coding

In the first extracts from Melandri, (2017, p.160, 166), I identified the following data items and coded them:

June forgot about the sessions and mother didn't make sense of this loss of memory and didn't provide June with the facts about the missing session, the prolonged gap as well as not trying to help her make sense of June's loss of memory. These extracts were coded: lack of sense and lack of acknowledging reality.

The paragraph that describes mother reaction to the clinician mentioning 'cry', was coded: avoiding reality and lack of mother's capacity to contain June's strong feelings and reactions.

In the second extract, June's drawing described unfinished or damaged figure. Mother and girl both are with open bodies. The each can't hold in and contain anything. These extracts were coded: lack of containment and possible projection from mother part evacuation or getting rid of by both.

They missed the next session as the whole family had 'flu'.
The third session we found June sitting next to mother. In the room she sat on a stool between her mother and the dolls' house, close to me. When I looked at June she slipped off the stool again, stood by her mother and put her head in her mother's lap. When I said to June that it might seem a very long time since she last saw us, her mother replied, for June, that for the first ten days she had asked, "Is this the morning we go and have the chat with the lady?" Then, her mother said, she had forgotten. I again noted that mother practically always answers for June.

Mother then reported how Robert had wanted to come today and he had cried so much she had nearly brought him.

When I referred to June's crying, mother moved so suddenly, I was positively startled, and jerked her arm to her mouth and waved her hand, indicating to me, do not mention the word "cry"; it would start her off. It was a tense and confusing message, I felt.

I said, to the mother, I wondered why she herself could not stand the crying. She said she never knows how to treat them when they cry—she does not mind noise, or anger, but she cannot stand crying or fighting.

At this point, June left her mother and drew two figures next to each other. They consisted of square shapes, but each was incomplete; the left one was open on the bottom, the right one on the top. June drew faces in them—each feature a circle—two eyes, a nose, a mouth. In the one open at the top, she drew the face upside-down. They appeared a remarkable couple. She gave them to me to see and I asked what they were. She said mummy and a little girl—she did not give it a name or say "it's me"—as though only responding to the outside of it. The little girl was the one open at the bottom and the mother was open at the top, and a bit bigger. Neither was complete, neither was contained, neither really had an internal space. In some very plain way they fitted into each other, yet each was the converse of the other. It was as if they were expressing an internal contradiction. The expression of the little girl appeared more alert and alive.

She then took the plasticine and out of strips made what she called "a bridge" (like an upside-down "u" curve), a "pond"—a small circle; "a garden"—a big circle; and "two gates"—two strips of plasticine. When I asked her what the gates were for, she said "to keep you so you stay in your own garden and do not go where she don't belong".

This was the last session before a two-week Christmas break.

I think that June's drawing of the little girl and her mother shows her representation of the confusion that the mother feels and is beginning to contact and to look at, and as the mother did so, the child appears more lively and able to contact us and show us how correspondingly and distressingly open and confused she feels both herself and her mother to be. And yet she ends by firmly

Coding

In the first extract from Zadik (1973, p.75-76), I identified the following data items and coded them:

Leo's behaviour to reflect a state of danger and terror, alongside a need to self-protection and defence. These extracts were coded: lack of containment or feelings of danger, terror and fear, lack of safety and excessive sense of self protection and signalling, using the road signs, of his state of mind.

In the second extracts, alongside Leo's continues sense of danger and despair, the clinician counter transference offers insights into a dangerous internal world, where the object is dead or absent, and therefore the baby is left unprotected from the invasion of danger and destruction. These extracts were coded: lack of containment, an object who is not functioning, lack of protection and a constant sense of catastrophe.

Figure 1: Coding - Extracts

As the published case studies were all transcribed and completed, I was able to edit the data.

As above I wrote interpretation notes for each section. Relevant transference and

countertransference experience of the original therapists in relation to the case study and the research questions were noted and analysed. I paid attention to interventions and interpretations as described by the clinician and to the relevant countertransference and added my interpretations of these. I highlighted any entry that seemed relevant to the object's functions and attachment difficulties, as described in the literature review.

I was able to acknowledge and allow the unfolding of the child and parent's respective narrative and emerging patterns of behaviours and being. I marked and identified occurrences of similar behaviour or play, and the therapist's countertransference and then commented on their relevance to the research questions and hypothesis. These comments were later related to the general sub-themes and main themes. A selection of the original sections from the published case studies alongside my interpretations is presented in the results chapter.

3.7.2 Phase 2: Generating initial codes

Braun and Clarke, (2006, p.18), describe the second phase where the researcher establishes an initial list of ideas about what is in the data and what is interesting about it. They confirm that the researcher might approach the data with specific questions in mind that they wish to code around and that they can later identify interesting aspects in the data items that may form the basis of repeated patterns (themes) across the data set while stressing the importance of 'not to smooth out or ignore the tensions and inconsistencies within and across data items' (p.18).

Following Braun and Clarke, (2006, p.18), I approached the clinical material on different occasions, and coded them multiple times, adopting the extensive procedures of going over the data multiple times, from start to end and end to start. I then compared the resulting analysed data on different occasions.

I created an initial list of what seemed relevant ideas that were extracted from the data. I was aware that I was approaching the case studies with specific questions in mind, the object's structure and functions. I started coding, while recognising repetitions across the data set that could emerge into potential themes and trying to organise the data around the research questions. I was able to identify structural codes related to object-relations, attachment and object's functions. Following supervision, I reanalysed, reviewed and restructured the analysis process and data. These findings were presented in a group seminar. The codes for each section of the case study are presented in the nodal maps under each relevant sub-theme. (see boxes with extracts from the case studies and their coding above).

Braun and Clarke, (2006, p.18), suggest retaining accounts of ideas which depart from the dominant story in the analysis, and not to ignore these in the coding process. I have reflected on these elements in the discussion and conclusion chapter.

3.7.3 Phase 3: Searching for themes

To describe this stage, it is important first to clarify what counts as a theme. Braun and Clarke, (2006, p.19), suggest that 'a theme captures something important about the data in relation to

the research question and represents some level of patterned response or meaning within the data set’.

Braun and Clarke, (2006, p.19), describe this phase as a ‘re-focus at the broader level of themes, involves sorting the different codes into potential themes, and collating all the relevant coded data extracts within the identified themes’. They suggest analysing the codes and starting to hypothesise how different codes can be combined to form a theme, thinking about relationships between codes and between themes, as well as acknowledging levels of theme: main overarching themes and sub-themes within them. The coded data extracted from the case studies started to be sorted under this stage, and I have started to identify a few individual themes that remain significant and supportive of the research assumptions.

Following Braun and Clarke, (2006, p.19), I started developing the thematic map with the case material following the literature review and my development of the comprehensive meaning of paternal, maternal and combined object, as described earlier. Parallel to the structural process, and, following Braun and Clarke (2006, p.19), I validated the data in relation to the thematic map I started developing while securing the relevancy and veracity of the thematic map with the case material. I initially presented a sample of the coded data to my supervisor. Following our discussion and my supervisor’s comments, I reanalysed, reviewed and restructured the analysis process and data and then presented the results in a group’s seminar, where it was discussed with my peers and lecturer and later, again, in supervision. This entire process had reflective as well as practical aspects. I was able to conclude this process with well-established themes and sub-themes that fit together and precede over the case study’s data. Themes that were less relevant to the case studies’ story were eliminated in a further coding process.

3.7.4 Phase 4: Reviewing themes

Braun and Clarke, (2006, p.20), maintain that in the fourth phase, ‘data within themes should cohere together meaningfully, while there should be clear and identifiable distinctions between themes’.

I started this phase with a few candidate themes which I worked on and refined. Reviewing all the collated extracts for each theme-coded data, I was able to identify consistent patterns that were able to support comprehensible possible themes, forming a ‘thematic map’. Then, following Braun and Clarke’s, (2006, p.20), advise to ‘consider the validity of individual themes in relation to the data set, but also whether your candidate thematic map accurately reflects the meanings evident in the data set as a whole’, I was able to conclude this phase with a set of themes that not only reflected the data, but that fit together to offer a narrative about the data.

The relevant sections from the original published case studies are presented in Chapter 4.

Elements which depart from the dominant story are discussed in chapters 5 and 6.

3.7.5 Phase 5: Defining and naming themes

Braun and Clarke, (2006, p.22), suggest that, at this point, there is a need to define and further refine the themes and analyse the data within them so ‘that we can determine what aspect of the data each theme captures’.

Following Braun and Clarke, (2006, p.22), I conducted a detailed analysis of each section of the case study, showing how each core element of the theme was captured by the data. In order to establish a clear relationship between connected themes and subthemes, I reviewed and re-coded the data. This stage allowed me to clarify the possible sub-themes, as following Braun and Clarke, (2006, p.22), ‘sub-themes allow the ranking of meaning as well as simplifying complex themes’. I clarified the relationship between my themes, and I also showed how the relationship between themes fits into the overall narrative of the case study. I went back to the research questions in order to validate my identified themes and to confirm there is no overlap between themes.

I was able to conclude this process with well-established themes that fit together and precede over the case study’s data. I was also able to pay attention and acknowledge the few overarching themes that were less relevant to the case studies’ story and to eliminate them in a further coding process.

The analysis of three published case studies resulted in 33 categories (see Table 2 below) which laid the groundwork for the evolution of 21 sub-themes and three main themes which were of relevance to the research questions and hypothesis. Additional themes were identified but

considered to be subsets of the main three themes. An overarching theme of ‘safe/secure’ emerged, which correlates with the research hypothesis (see figure 1).

List of categories and Sub-themes	
1	Anger
2	Anxiety
3	Blocking
4	Blurry distinction between reality and phantasy, denial of reality
5	Boundaries
6	Catastrophe
7	Confusion
8	Control
9	Danger
10	Denial of reality
11	Depression
12	Development of Thinking/Learning from experience
13	Fear
14	Holding and Handling,
15	Influx of feelings
16	Intrusion
17	Loss
18	Maddening Thoughts
19	Maintaining Memories
20	Making sense
21	Mess
22	Overwhelming
23	Projection
24	Protection
25	Safe
26	Saying No
27	Secure base
28	Security
29	Separation
30	Space
31	Stopping
32	Survival
33	Time

Table 2: Themes and Sub-themes

3.7.5.1 Thematic Codes Identified

Out of the analysis of the three psychotherapy case studies, three themes emerge that were identified as related to the research questions. Safety, Containment, Reality. Under each of

these three themes 7 sub-themes emerged. The following structure is described in Figure 1 below.

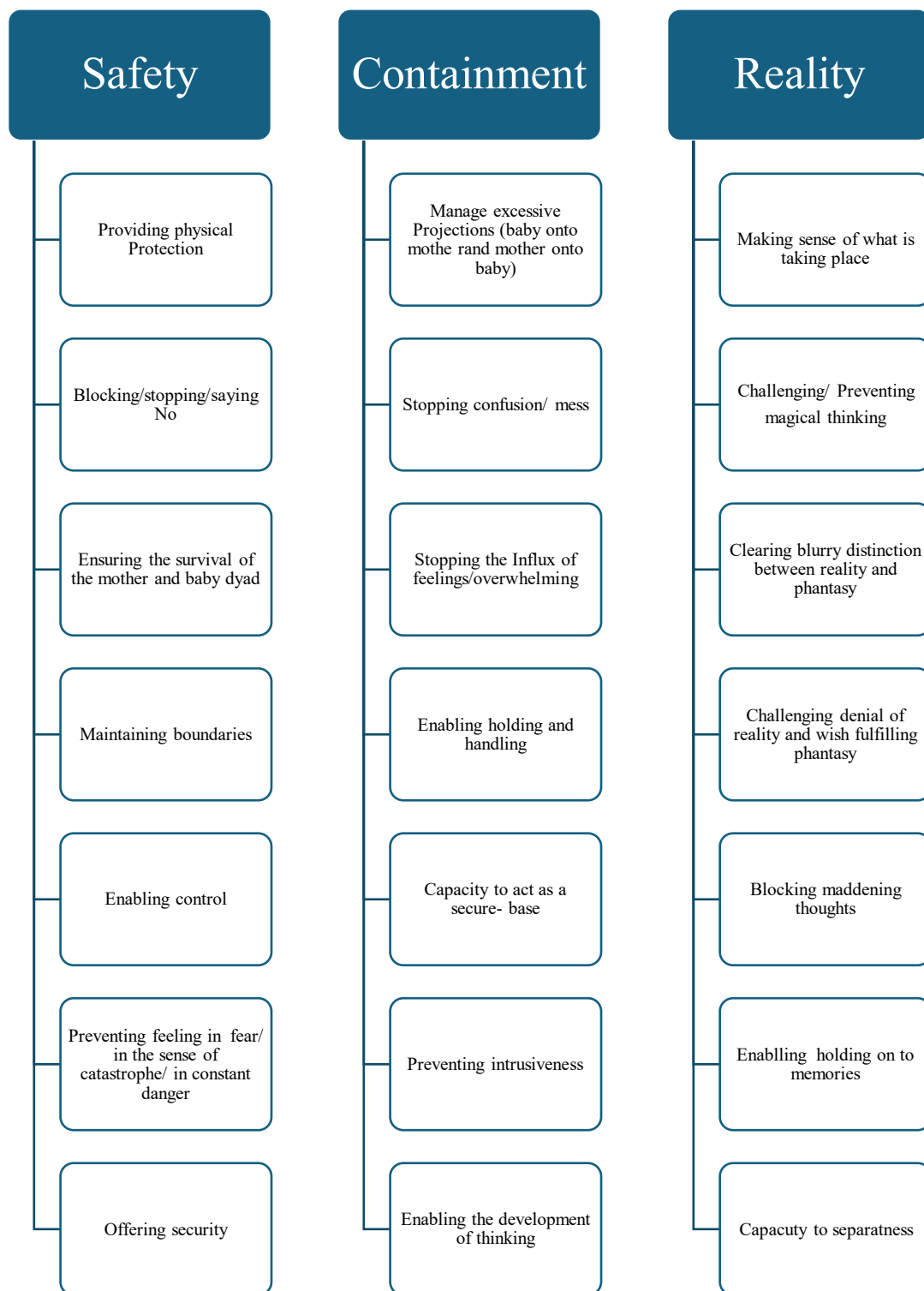


Figure 2: Nodal Map Structure

3.7.6 Phase 6: Producing the report

This phase includes the analysis: the interpretation and data extracts, as Braun and Clarke, (2006, p.23), suggest, ‘provides a concise, coherent, logical, non- repetitive, and interesting account of the story the data tell – within and across themes’.

Following Braun and Clarke, (2006, p.23), the data extracts and data interpretations enabled the development of an analytic narrative that not only restructures the story of the data but also follows and supports my research assumptions and research questions. Going beyond the specific content, I was able to use the extracts of data to show what the concepts of paternal, maternal and combined object affirm about the child’s presentation. The analysis was exhaustive in that all aspects of all three cases and almost all of the data were allocated to at least one category. The complete analysis of each case study is described in chapter 4, alongside the clinicians’ and alternative explanations of the observed presentations and clinical shifts.

3.7.6.1 Theme 1: Safety

Safety, in all its variations, is a significant outcome of the paternal function. It lays the foundations for the child and mother’s survival and for any maternal functions, from feeding and physical carrying to containment and holding, to take place. It is a significant aspect of

the environment and experience of the baby-mother dyad. It is also the fundamental aspect of attachment theory, as developed by Bowlby and described in chapter 2.

3.7.6.2 Theme 2: Containment

As indicated in the literature review, and differently from the common view, containment is a function which both the maternal and paternal parts of the combined object exercise.

Moreover, the maternal containment relies on the paternal function to create the essential conditions in order for containment to take place.

In all three case studies, the patients had to deal with excessive overwhelming feelings, their own and those that their object projected onto them. For all three patients, lack of paternal function was possibly a significant underlying reason that containment didn't take place.

3.7.6.3 Theme 3: Reality

Reality, or the lack of apprehension of it, is a significant aspect of human experience and state of mental health. Reality apprehension relies on time - past, present: the acknowledgment and making sense of the here and now, and the future. It is essential for reality to be established and comprehended in the child's mind. This apprehension of reality is a significant element of the paternal function which is woven into the child's experience. In its absence, non-sense prevails.

3.8 Validating the research results

From the start of the research and throughout its entire duration, I was conscious of and reminded by my supervisor of my own bias and its possible influence on the study. As this research has been influenced by my own personal perspectives, I was able to acknowledge possible occurrences of my bias with the emphasis I placed on the parent's narrative of their history, as I was looking to confirm the structure of the parent's internal object. In order to minimise this bias, I regularly used reflexivity following Hollway and Jefferson, (2013, p. 157), who also stress how 'without examining ourselves, we run the risk of letting our unelucidated prejudices dominate our research'. I was making sure to develop a critical reading of the clinical material, identifying possible additional explanations to the comprehension of the clinical data. I consider some alternative narratives and the original authors' understanding in chapter 4. Themes that I ended up identifying, but were unrelated to the research, were clearly marked and can be used for future research and investigation. One of the challenges in supervision was finding a way to maintain the position of a researcher and not of a psychotherapist. As a researcher, it was essential for me to review and analyse the data while maintaining an observant position. This view influenced my choice of case studies, with rich and comprehensive data which included, as much as possible, the entire journey of the work, from referral to ending. I didn't exclude observing and analysing any information that was shared or described, while making sure to stay focused on the research questions. Choosing published case studies with clinical descriptions enabled me to mitigate, as far as possible, for selection bias. Meaning, I will analyse a clinical data, presented by three different clinicians, and not biased by my own hypothesis. In that way, I would not select only clinical data that reinforced my hypothesis, but rather I would analyse an objective case description which conformed to

the requirement of a patient with a diagnosis of attachment difficulties. In addition, using three different authors reduced a specific author's bias and blind spots and will therefore enable me to generalize the underlying reasons and structure.

The issue whether there can be 'clinical facts' that are epistemically constitutive of another subject's experiences in the 'real' world, or whether all case narratives are constructions within the therapist's mind (O'Shaughnessy, 1994; Gabbard, 1997 in Catherine Lewis 2018, p.25) were also considered with my choice of data. I believe that by using published case studies, I have reduced the danger of using narratives that were constructed in my own mind and followed my hypothesis. Each case study was constructed in a different mind, enabling rich and diverse views and understanding, which also allowed the common narrative of the formula I developed to be generalised and confirmed.

3.8.1 Alternative themes, alternative formulations and possible explanations of successful interventions

As this research focuses mainly on the development of a functions-based formulation to describe, using object relations theory concepts, of children which present with attachment difficulties, I will briefly review the alternative suggestions and then approach them in detail for every case study presented.

Two of the three clinical cases used Anna Freud's diagnostic profile to formulate the child's presentations and to monitor the developments and shifts in their behaviour. This tool was

developed to assess children's development. Relating the child's behaviour to a developmental stage: oral or anal, was used and related to the stage's relevant defence mechanisms. Despite acknowledging similar presentations, such as lack of acknowledgment of reality or relations to loss, none of the authors refer to the underlying internal structure, nor do they suggest possible causes for these structures.

Suggested formulations of the child's presentation such as 'a general sensitivity to traumatization stemming from her early unprocessed loss' or 'an early developmental disturbance, possibly connected to mother's emotional state in the perinatal period', (Zaphiriou-Woods & Gedulter-Trieman, 1998, p.173-175), are given without being further developed to acknowledge the possible internal structure. No reference to the parents' internal structure as a possible underlying element in the deficiency of containment is presented. Moreover, no wider systemic approach to support the child and family is suggested. In addition, an extensive use of professional jargon (i.e. strengthening of ego structure) makes the transferability of the knowledge and translations of understanding, and work done within the supporting systems, cumbersome if not overly complexed to be adapted and used.

In the third case, Zadik's, (1973, p.71), formulation is one of 'a very severe reaction to a traumatic separation, where severe conflicts and anxieties were obstructing the child's healthy separation and development'. The intervention is described as 'offering a safe setting in which conflicts and anxieties which are interfering in development can be better understood, in which communications can be recognised, made explicit, and then be taken back, to become a part of the person to whom they belong', Zadik, (1973, p.71). Albeit being an accurate description of psychoanalytic psychotherapy, this broad explanation doesn't offer a structural understanding

and transferable formulation. We are being told what we are working with, not what we need to address and work towards changing.

With regard to alternative explanations of observed clinical shifts, I will look at each of the presented cases.

In Maya's case, Zaphiriou-Woods & Gedulter-Trieman, (1998, p.168) suggest that: 'Maya's uneven development and cognitive difficulties were emotional, rather than constitutional in origin. [...] Maya was subjected to unassimilable separations and losses'. Providing a containing space, a safe place where her projections could be tolerated and thought about and later internalized allowed a shift in Maya's behaviour, possibly through the experience of naming and understanding her 'unthinkable impulses and thoughts' (Zaphiriou-Woods & Gedulter-Trieman, 1998, p.181). However, this would still only be feasible using the model suggested in this research; namely, that Maya's developing capacity to think her thoughts and to differentiate reality from phantasy can be understood through the therapist's practice of a paternal function — one that interrupts the mother's nonsensical behaviour and thereby creates the space in which naming and verbalisation of experiences and feelings become possible in the first place."

Similarly, in case study 2, Melandri (2017, p.158) describes Leo's diagnosis: 'Leo's incapacity to organize stable images of self and other and to develop a capacity to mentalize' (Fonagy & Target, 1997, in Melandri, 2017, p.158). As the clinical work progressed, Melandri (2017, p.173) describes how, 'Leo appeared more integrated and able to relate and play'. This shift in Leo's presentation could relate to the clinician's capacity to maintain the therapeutic dyad, to contain Leo's deadening, catastrophic attacks on the reality of the therapy, and possibly offering Leo an opportunity to be protected from, and occasionally to manage, his mother's

projections. Melandri (2017, p.158) recognises that ‘Both parents suffered traumatic losses that severely disrupted the parent-infant relationship’. However, Melandri does not recognise that offering such protection requires a robust paternal function within a robust combined object. This suggested formulation and intervention lack the underlying structure that would clarify how Leo is not shielded from mother’s projections in a similar way that mother is not shielded from Leo’s primitive projections. Parents’ disengagement with the parent-work is an additional hurdle in Leo’s struggle to introject a benign object; as Melandri (2017, p.173) concludes: ‘there were still many questions about his future development that remain open throughout the treatment’.

In case study 3, June, Zadik (1973, p.80) writes: ‘could not actually be alone. If her mother left her, she was overwhelmed by confusion. She felt she had lost herself, because she could feel no container within herself’. The offer of joint work for June and mother, as described by Zadik (1973, p.81) allowed June ‘a growing and developing relations to her objects, both internal and external. This took place within the containment offered within the therapeutic relationship’. However, it is my understanding that this containing space could only be available due to the internal paternal function of the therapist, which started to be introjected into June’s and mother’s internal objects respectively. It could be suggested that June was able to establish relationships to her object, initially through the creation of space between her and mother in the therapy. This, I can further suggest, was enabled by the therapeutic intervention. The therapeutic couple came together and separated, modelling an experience of separateness and the creation of space. However, this would still only be feasible using the model suggested in this research: a model of a paternal function coming between the dyad and creating a space to think, alongside acting as a secure base - one which each clinician can securely leave and come back to, and which both June and mother could leave and come back to.

I believe that my formulation allows not only a thorough understanding of the child's presentation, communicated in jargon-free language, but also a method of identifying and recording the child's internal world structure, its relation and dependence on the parent's internal world and a translation of this understanding onto applied intervention in the extended support system. I will further develop these arguments in chapter 5.

Chapter 4 Results: Case study Description and Analysis

4.1 Introduction

In Chapter 3, I described the methodology used for this study and the development of the thematic map.

In this chapter, I present clinical material from three published case studies, analysed using my conceptual framework and object functions' formulations. The vignettes, following the rationale of thematic analysis (Clark & Brown, 2016, p.23), illustrate key analytic points and support interpretation beyond the specific content, in line with the research hypothesis.

Where helpful, therapist notes are included in italics, using the original published names and identifiers.

4.2 Summary

The setting of the case studies is of three psychoanalytic psychotherapy cases with children, which were all published previously. All children were identified and diagnosed with attachment difficulties among other identified presentations. Traditional child and adolescent psychoanalytic psychotherapy or analysis is conducted in all three cases, including observation at the first instance, then therapy sessions in clinical setting alongside parent work.

Within the consulting room, key components across all selected case studies included the use of transference, countertransference, play therapy, the individual box, and the interpretation of the here-and-now experience (Joseph, 1998 p. 359-366).

The three case studies:

First case: Maya: Marie Zaphiriou-Woods & Anat Gdulter-Trieman, (in Hurry,1998)

"Maya": the interplay of nursery education and analysis in restoring a child to the path of normal development

Second case: Leo: Federica Melandri, (2017) Milk and Tears: A Very Difficult

Beginning: The Assessment and Treatment of a Young Boy with Atypical Presentation

Third case: June: Ann Zadik, (1973) The approach of brief conjoint separation anxiety psychotherapy

The clinical material will offer a clear understanding of the child's attachment difficulties, struggles and behaviours, which will enable to develop a possible structure of the child object's structure. The impact of the dysfunctional object and of the absent or deficient paternal function will be described, alongside other possible formulations. Then, following the progress of the therapy, the conclusion of the cases will be addressed by examining the status of the object's combined functions.

The clinical data will include a case summary and presenting difficulties alongside the original author's formulation, divided to clinical synopsis of the referral, early/family

History, assessment and treatment. Case material deemed relevant to the research questions, as well as sub-themes related to paternal functions that align with the research questions, as described in Chapter 2 and summarised in appendix A, will be noted, as they emerge. For each stage of the therapy, and to support the evidence trail from the clinical data to the codes and themes, I included a Nodal map, structured in accordance with the research findings of sub-themes and themes. The sub-themes will be presented alongside comprehensive analysis of the clinical material and the psychotherapist's countertransference. I will present with clear evidence, what changed, followed by an analysis of the material to support the findings and validate the conceptual framework and formulation I offer of the essential aspects of the combined object. Limitations and possible plausible alternative explanations and understanding to the clinical material will be presented in the discussion chapter.

4.3 Session Content

I identified repeated occurrences in the clinical material and then commented on their relevance to the research questions and hypothesis. These comments were then mapped to the general sub-themes and main themes. I looked at relevant interventions and responses that related to the research concept of object's functions: the various communication from the child, the transference and countertransference reported, and the interpretation as experienced and performed by the therapist and the reaction from the child.

I refer to, and comment on the preliminary understanding of the child's internal and external world at the beginning of the treatment. I address and relate to the child's internal

representations during the therapy and then use the progress as I evaluate the child's symbolic representations of self and others.

The clinical data is a summary of the published case material, unless I am quoting from sessions.

4.4 First Case— Maya: Marie Zaphiriou-Woods & Anat Gedulter-Trieman (In Hurry, 1998, p.167- 187)

4.4.1 Referral

Zaphiriou-Woods & Gedulter-Trieman, (1998, p.173-175), describe: Maya joining the nursery age 3. Parents immigrated from Spain. Father died in an accident two years earlier. Mother was forced to return to work for them both to survive. There were concerns in nursery about Maya's development. Maya was described as impulsive, confused, aggressive to her peers, and with difficulties in learning. In addition, her language development was delayed. The nursery team's observations suggested an underlying emotional origin to her difficulties. Separation from mother was very difficult, causing Maya to become disruptive, and unpredictable. When asked, Maya said she felt misunderstood and rejected. Her behaviour in turn, inclined to misunderstand situations and attack others. Maya was offered intensive psychotherapy alongside weekly parent sessions (Zaphiriou-Woods & Gedulter-Trieman, (1998, p.173-175).

The outline of themes and related sub-themes coded from the referral, together with clinical extract presented in figure 3.

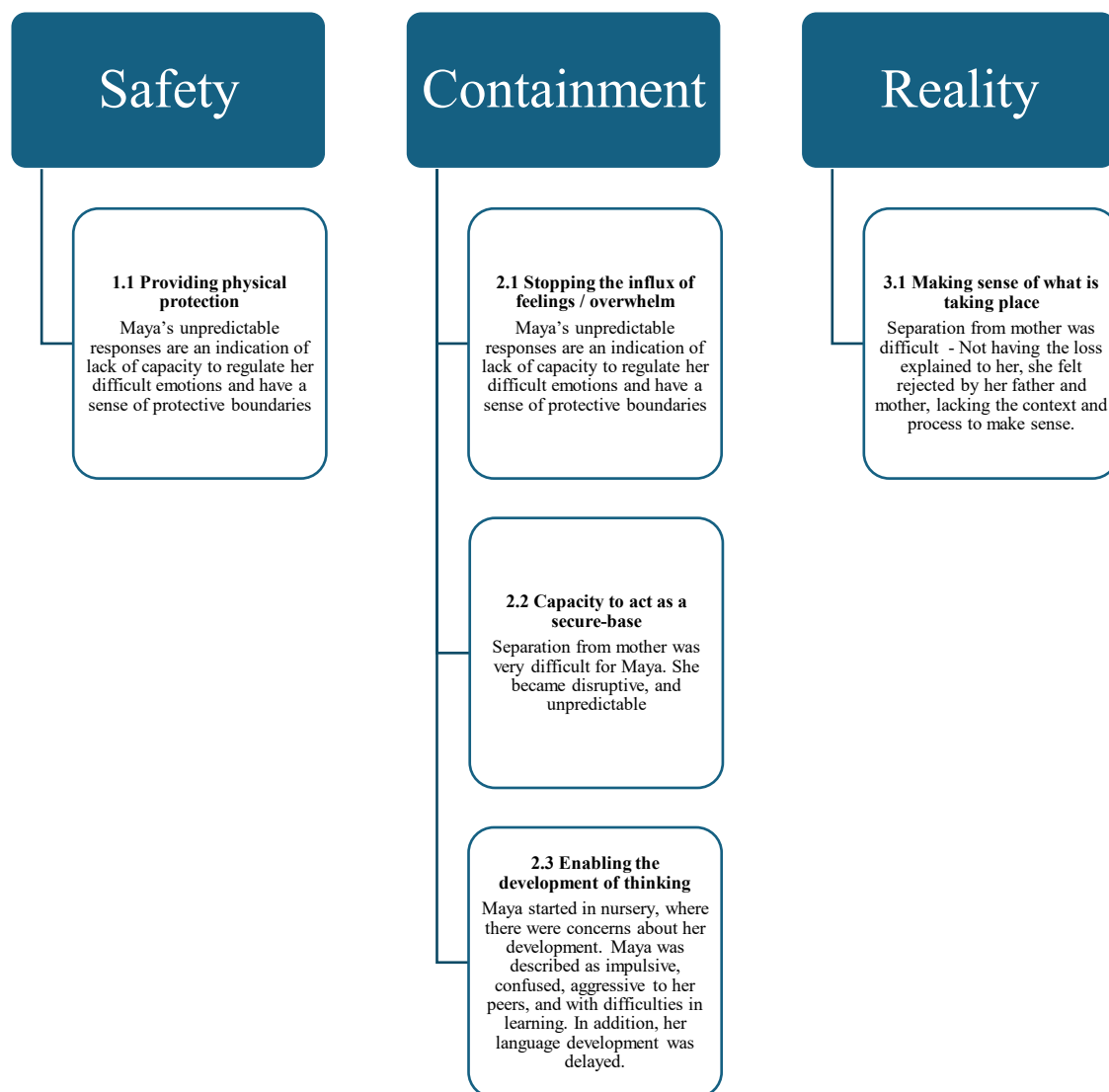


Figure 3: Nodal Map - Referral

Table 3 below describes the analysis of the referral following the research hypothesis.

Theme	Sub-Theme	Analysis
1.Safety	1.1 Providing Physical Protection	Maya's unpredictable responses are an indication of lack of capacity to regulate her emotions and have a sense of a protective object that will set physical and emotional boundaries to protect her and keep her, and others, safe.
2.Containment	2.1 Stopping the influx of feelings / overwhelm, 2.2 Capacity to stand as a secure-base 2.3 Enabling the development of thinking	The referral describes Maya's behaviour as unpredictable, disruptive and possibly out of her confusion, she often reacted impulsively and aggressively. The referral suggests that these reactions are a response to the loss of her mother – her absence during her father's illness and then death (see below). According to this research's hypothesis, Maya struggles with emotional regulation, which indicates a lack of containment of her excessive emotions and, through alpha function, reduction in the anxiety, alongside lack of paternal function to make sense of reality of loss and absence. It seems that Maya is lacking a secure-base that she can leave and come back to. The referral described Maya feeling constantly misunderstood and rejected and, in turn, misunderstanding and attacking. According to this research's hypothesis it is an indication of lack of containment that can translate and make sense of experiences and make things understood; Maya is therefore left with internal confusion and is overwhelmed with unprocessed feelings. I will suggest that due to the absence of paternal function, Maya experiencing being constantly misunderstood and as if she is attacked by unprocessed feelings. Maya ended up responding unpredictably and with aggression. Maya's developmental delays and struggles with learning and language, indicate the absence of a secure-base to use for safe exploration and the practice of curiosity.
3.Reality	3.1 Making sense of what is taking place	The referral describes Maya's incapacity to tolerate the separation from mother. I will suggest that this is an indication of not making sense of the loss of her father (and as a consequence of mother); Maya feels rejected by her father and mother, lacking the context and emotional processes to make sense.

Table 3: Analysis Referral

4.4.2 Early History

Zaphiriou-Woods & Gedulter-Trieman, (1998, P.175-176), describe: difficult labour, but otherwise Maya was a calm, happy baby. Maya was breast fed and then moved to bottle and solids with no apparent difficulties and slept well. She reached all her milestones, started walking age 1. At this time, Maya's father had a serious work accident and was hospitalised. He died a few weeks later. Mother left Maya with unfamiliar people while she was at work or in hospital with the father. Mother reported Maya being distressed and constantly crying. Maya was hospitalised upon returning from father's funeral in Spain. (there is no mention of what her illness was). Upon being discharged Maya's behaviour regressed; she stopped crawling and walking and started bottom shuffling, developed nightmares, slept in her mother's bed and was clinging to her mother crying inconsolably. Mother described Maya being "disgusted" by her faeces. Toilet training was completed before Maya began walking again, age 2, Zaphiriou-Woods & Gedulter-Trieman, (1998, P.175-176).

Mother was described as calm and thoughtful, speaking openly about her husband's accident and death. Mother described speaking often with Maya about her father, looking at photos of her father and Maya as a baby. However, mother said she '*withheld her feelings about the father's death from Maya*', Zaphiriou-Woods & Gedulter-Trieman, (1998, P.175-176).

Mother held religious conviction's views that '*one punished not just for one's actions but also for one's thoughts and feelings*'. Mother felt burdened with the parental responsibilities and had a conviction that Maya shouldn't be missing out on anything. However, she couldn't bear to see Maya being in pain, Zaphiriou-Woods & Gedulter-Trieman, (1998, P.175-176).

The outline of themes and related sub-themes coded from the early history together with clinical extract presented in figure 3.

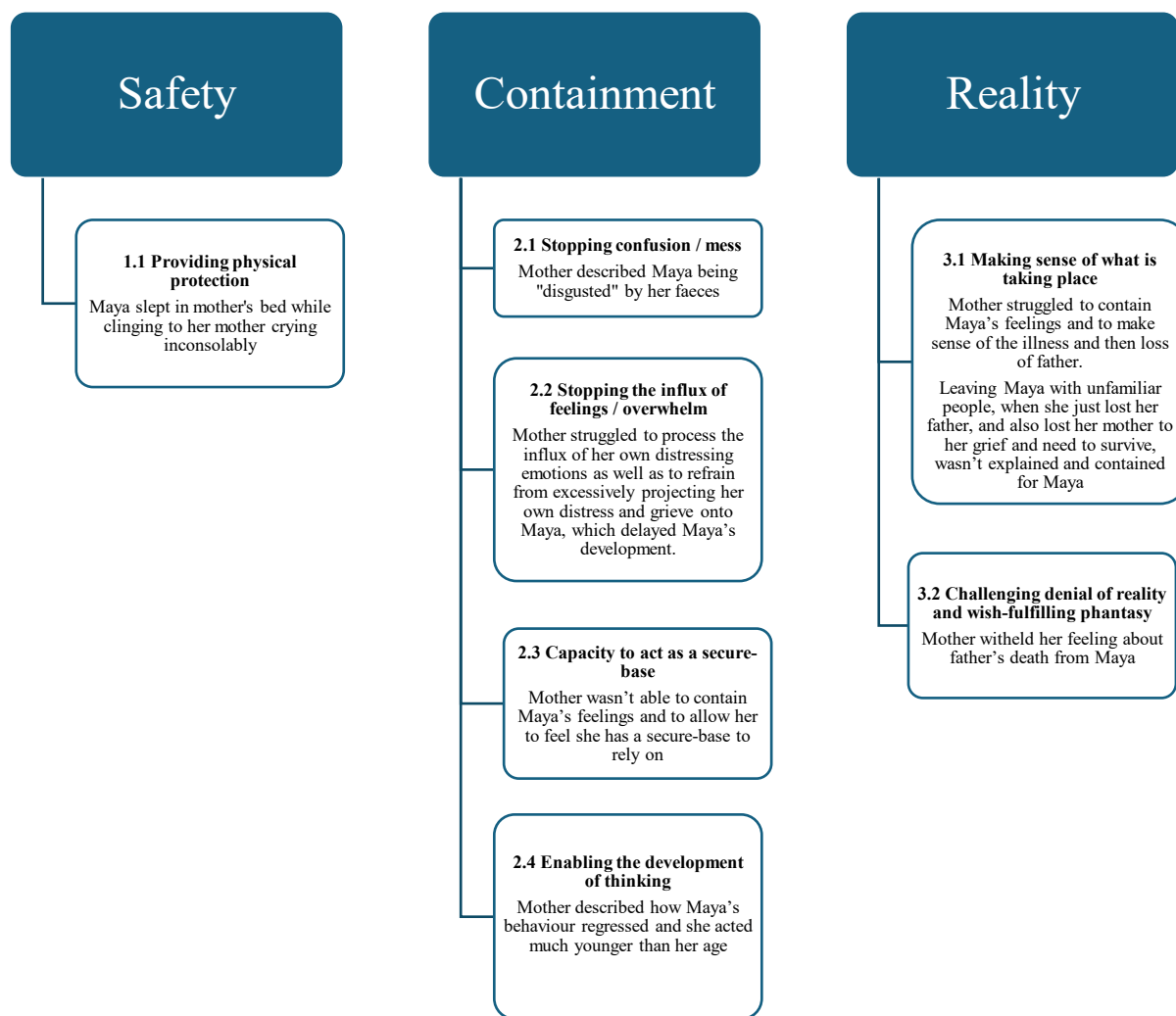


Figure 4: Nodal Map - Early History

Table 4 below describes the analysis of the early history following the research hypothesis.

Theme	Sub-Theme	Analysis
1.Safety	1.1 Providing Physical Protection	My understanding is that mother struggled to process Maya's influx of distressing emotions as well as to refrain from excessive projection of her own distress and grief into Maya. Maya on the other hand sought closeness and was inconsolable when a separation from mother was about to take place, also around nighttime; the required support of Maya to separate wasn't available.
2.Containmentment	2.1 Stopping confusion / mess 2.2 Stopping the influx of feelings / overwhelm, 2.3 Capacity to stand as a secure-base 2.4 Enabling the development of thinking	Mother's history is not described; however, it is clear from the case study that she was lacking the internal capacity to manage parenting Maya alongside dealing with the loss of her partner. According to this research hypothesis, mother felt unprotected from the external reality taking hold of her life and her own excessive feelings. Feeling overwhelmed by the physically and emotionally unwell, needy, envious and somehow lost baby, mother wasn't able to offer Maya containment. It is clear that Maya was left with unfamiliar people, when she just lost her father, and also lost her mother to her grief and need to survive, without a meaningful explanation: mother avoids helping Maya make sense of the experience or contain Maya's sense of loss, not allowing Maya a sense of a secure-base to leave and come back to.
3.Reality	3.1 Making sense of what is taking place 3.2 Challenging denial of reality and wish-fulfilling phantasy	The lack of paternal function in making sense of Maya's experience and supporting the maintenance of memories and mediating reality is significant. Mother struggled to contain Maya's feelings and to make sense of the illness and then loss of the father. Leaving Maya with unfamiliar people, wasn't explained and contained for Maya. According to this research hypothesis, mother avoided managing the truth and reality herself, denying her own feelings about the loss of father. This results in Maya's denial of reality as well.

Table 4: Analysis - Early History

4.4.3 Presenting difficulties - Assessment

Zaphiriou-Woods & Gedulter-Trieman, (1998, p.176-177), stated in the concluding assessment report: Maya's relationship with her mother was mainly positive. However, the

representations of her father were very ambivalent. Maya possibly carried some of the negative feelings that she dared not express in relation to her mother. Maya's fear of loss of the object and the object's love was extreme. In addition, they write, her superego had a punitive quality, and she reverted mainly to aggression towards her peers and in her nightmares. *'It seemed safer to concentrate on pleasing her adults' and not to think too much, with serious consequences for her language and cognitive development'*, Zaphiriou-Woods & Gedulter-Trieman, (1998, p.176-177).

The recommendation was for therapy *'to support Maya in resolving her conflicts and help her overcome her cognitive delay; possible constitutional impairment, alongside the impact of early trauma were suggested as responsible for Maya's internal structure'* (p.177). The early trauma was understood to impact the ordinary internalization, structure and representation of Maya's self and object as well as her learning capabilities. The work with mother *'revolved around her difficulties mourning her dead husband and her use of projections onto Maya'* Zaphiriou-Woods & Gedulter-Trieman, (1998, p.177).

The outline of themes and related sub-themes coded from the assessment together with clinical extract presented in figure 4.

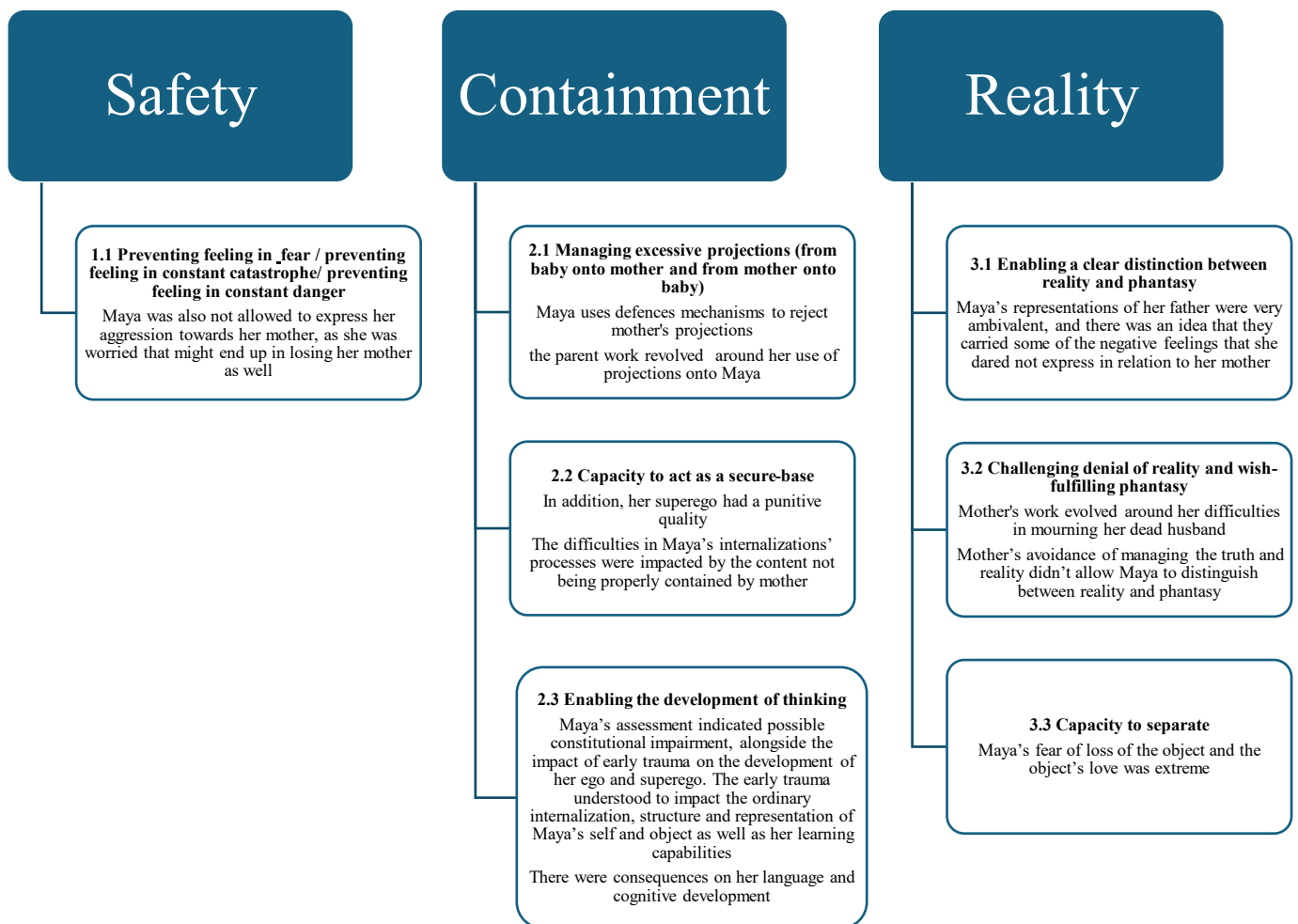


Figure 5: Nodal Map - Assessment

Table 5 below describes the analysis of the assessment following the research hypothesis.

Theme	Sub-Theme	Analysis
1.Safety	1.1 Preventing feeling in constant fear / Preventing being in constant catastrophe / Preventing feeling in constant danger	According to this research hypothesis, Maya was not allowed to express her aggression towards her mother; she was worried about her mother's well-being and of losing her mother and repeatedly chose to please her mother and the adults around her, and not to express her disturbing feelings, to avoid catastrophe.
2.Containment	2.1 Managing excessive projections (from baby onto mother and from mother onto baby) 2.2 Capacity to stand as a secure-base 2.3 Enabling the development of thinking	The assessment indicates difficulties in Maya's internalization processes, which were impacted by lack of containment. As described in section 2.4, difficulties in internalization have a significant impact on the structure of the baby's internal world. According to this research hypothesis, with no paternal function in mother's mind, unprocessed feelings overwhelm Maya, leaving her without a secure-base she can rely on to support her language and cognitive development, struggling with what can be described as constitutional impairment.
3.Reality	3.1 Enabling a clear distinction between reality and phantasy 3.2 Challenging denial of reality and wish-fulfilling phantasy 3.3 Capacity to separate	As reality and truth felt intolerable for mother, who struggled to mourn her husband, it is my understanding that it was impossible for Maya to use mother's internal paternal function to acknowledge the loss of her father and face reality and to distinguish between reality and phantasy. Moreover, Maya's fear of losing her object and the object's love was extreme and impacted her capacity to separate.

Table 5: Analysis - Assessment

4.4.4 Treatment: Parent Work

Zaphiriou-Woods & Gedulter-Trieman, (1998, p.177-178), describe: the parent work enabled mother to moderate her harsh views: *'she was able to own her terrible disappointment in what she saw in Maya's social, physical and academic failure and then to recognize her externalizations of unwanted aspects of her onto her daughter'* (p.177). The work encouraged mother to bring the difficult aspects of Maya's behaviour to her sessions: how she did not listen and was extremely demanding. Mother was able to admit her feeling of being trapped in their relationship and not enjoying it. As the parent work developed, mother was able to speak about her own sense of loss, pain, envy and unfairness. Being in touch with these negative feelings in herself enabled mother to acknowledge and tolerate them in Maya, Zaphiriou-Woods & Gedulter-Trieman, (1998, p.177-178).

The outline of themes and related sub-themes coded from the parent work together with clinical extract presented in figure 5.

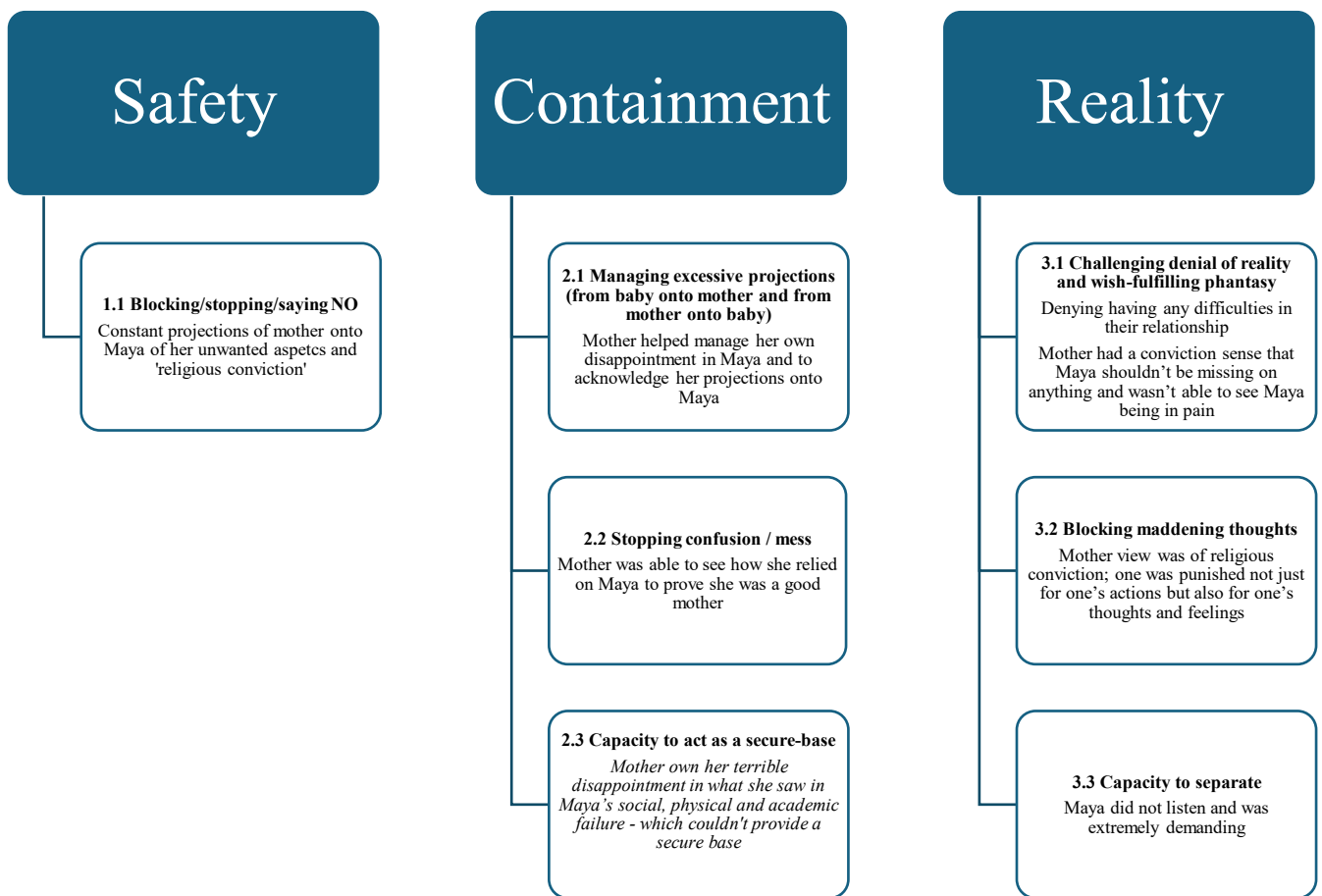


Figure 6: Nodal Map - Parent Work

Table 6 below describes the analysis of the parent work following the research hypothesis.

Theme	Sub-Theme	Analysis
1.Safety	1.1 Blocking / stopping / saying no	According to this research hypothesis, the constant projections of mother onto Maya weren't dammed or modified due to the absence of a paternal function both in mother's mind and Maya's.
2.Containment	2.1 Managing excessive projections (from baby onto mother and from mother onto baby) 2.2 Stopping confusion / mess 2.3 Capacity to stand as a secure-base	The parent work addressed mother's lack of capacity to block or modify her feelings and experiences, while constantly projecting them onto Maya. As mother's sessions developed, she was able to acknowledge her own sense of loss, pain, envy and unfairness, and how they have been impacting her capacity as a parent. According to this research hypothesis, supporting mother in containing these feelings required helping mother to establish a protective paternal function to enable the maternal functions to take place.
3.Reality	3.1 Challenging denial of reality and wish-fulfilling phantasy 3.2 Blocking maddening thoughts 3.3 Capacity to separate	It is my understanding that the sense of reality that is provided by the paternal function was missing in mother's parenting. Mother was denying reality, refusing to admit having any difficulties in her and Maya's relationship and of Maya not listening and being extremely demanding. Not being able to see Maya in pain, she didn't want her to miss out on anything, and to face the element of reality that there is an end to everything. Maya was left without a clear sense of reality. With mother's religious conviction mother wasn't able to help Maya to reflect on her thoughts and feelings.

Table 6: Analysis - Parent Work

4.4.5 Treatment: Individual work

Zaphiriou-Woods & Gedulter-Trieman, (1998, p.178-184), reported: the analytic setting evoked a mixture of excitement, pleasure, and fear in Maya. Her aggressive wishes to create mess and destroy conflicted with her internalized demands to be good. In sessions, she explored the limits, and trying forbidden things; playing with the little daddy doll, he was

harshly punished and locked in the cupboard; the little girl in turn received similar treatment by him. Maya's toy box had become messy, without being able to find things in it or to properly close it. When, after two weeks, they spoke of *'Maya's fear of uncontained mess Maya managed to help tidy her box, but play was limited to putting everything back in its place'* (p. 179). Countertransference was described as *'intolerable feelings of helplessness, being in the dark, not knowing and not understanding'* (Zaphiriou-Woods & Gedulter-Trieman, (1998, p.179).

Zaphiriou-Woods & Gedulter-Trieman, (1998, p.179), continue: *'Maya used to look at books containing stories of danger and rescue. Maya listened to the descriptions of the fear and helplessness of the characters but reacted with anger when the therapist spoke of their anger. After one session like that, Maya slowly dragged herself on her bottom all the way to the reception. It felt as a re-enactment of her early trauma when nothing made sense and she was dropped by her mother, and reality didn't make sense'* (p.179).

Zaphiriou-Woods & Gedulter-Trieman, (1998, p.179), describe: as Maya's play widened, *'she started to include her therapist in her phantasy games as her main mode of communication. However, these games aroused conflict as the boundaries between phantasy and reality was not established'* (p.179).

The clinician's countertransference was of excessive use of externalizing unwanted aspects of reality and feelings whilst at the same time being controlled. In the room, it was felt that

Maya experienced a sense of abandonment, depriving her of the joy of development and growth, leading to a weakening of her ego. Using the countertransference there was an indication of Maya being overwhelmed with uncontained and unprocessed feelings, as well as feeling controlled by her object, Zaphiriou-Woods & Gedulter-Trieman, (1998, p.179).

Zaphiriou-Woods & Gedulter-Trieman, (1998, p.183), describe: working on the transition to primary school, Maya was able to establish a better boundary between reality and phantasy: *‘Maya was making a plasticine school and some figures. She called one of them “Maya”- adding – “not me a pretend one”. She stuck spots on the figure, changing her name to “spotty Maya”. She described Spotty Maya as aggressive, greedy, and bossy little girl; nobody wanted to be her friend. When she got rejected by her friend, ‘spotty Maya’s behaviour turned rough and demanding. [...] Maya used to comfort her spotty part saying: “don’t worry, I still like you”’* (p.183). At that point, Zaphiriou-Woods & Gedulter-Trieman, (1998), describe acknowledging with Maya how, when she feels helpless and rejected, she can regress to a bossy, controlling behaviour.

In a follow up visit two months after the end of the analysis, Woods & Gedulter-Trieman, (1998, p.184), described how Maya wanted to play schools and looked at Spotty Maya saying: *‘I’m not so spotty anymore, maybe sometimes, but only a few spots’*.

The outline of themes and related sub-themes coded from the individual work together with clinical extract presented in figure 6.

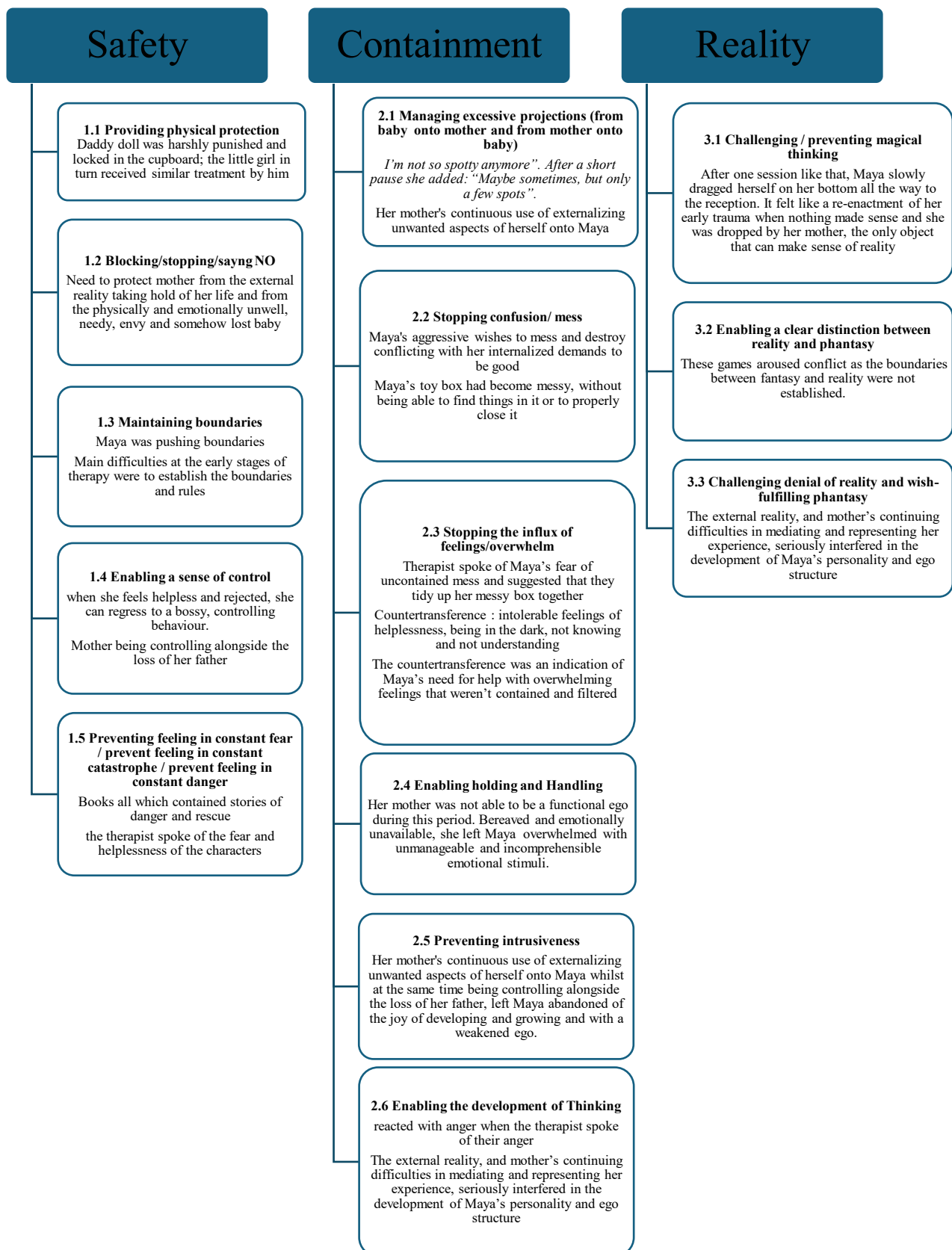


Figure 7: Nodal Map - Treatment

Table 7 below describes the analysis of the treatment following the research hypothesis.

Theme	Sub-Theme	Analysis
1.Safety	1.1 Providing physical protection 1.2 Blocking/ Stopping/Saying 'No', 1.3 Maintaining boundaries 1.4 Enabling a sense of control Preventing feeling in constant fear / 1.5 Preventing being in constant catastrophe / Preventing feeling in constant danger	Maya's first year seems to have been supported by both parents and clear paternal and maternal functions. However, the series of events triggered by her father's accident, followed by her own illness and hospitalization, was extremely traumatic for Maya. It is my understanding that the main difficulties at the early stages of therapy were to establish the boundaries and rules – the clear indication of an active present paternal function that set the rules and helped clear up and contain the mess. The clinician's countertransference was an indication of Maya being overwhelmed with uncontained and unprocessed feelings that weren't filtered by mother's possibly due to lack in internal paternal function. According to this research hypothesis, there was an additional element in Maya of being controlled by mother: a lack of a paternal function that stops and says 'No' to the controlling object.
2.Containmentment	2.1 Managing excessive projections (from baby onto mother and from mother onto baby) 2.2 Stopping confusion / mess 2.3 Stopping the influx of feelings / overwhelm 2.4 Enabling holding and handling 2.5 Preventing intrusiveness 2.6 Enabling the development of thinking	The main difficulties described at the early stages of therapy were to establish the boundaries and rules – what belongs to whom. According to this research hypothesis, it's a clear indication of an absent of active present of a paternal function in Maya's internal world, one that set the rules and helped clear up and contain the mess, as described in the literature review. Maya's box was messy and full of projections and needed sorting out, but she couldn't do it on her own; once again, a paternal function was required for this task. The clinician's countertransference was an indication of Maya being overwhelmed with uncontained and unprocessed feelings. It is my understanding that they were all not filtered by mother's or by her internal paternal function. Even at the review session, Maya described how 'spotty Maya' still has some spots; she was still projected onto. Following this research hypothesis, Maya's struggles to develop, physically and emotionally, without mother's standing for the secure-base, allowing psychological development. Mother wasn't able to stop intruding upon Maya with her unwanted parts and provide Maya with holding and handling.
3.Reality	3.1 Making sense of what is taking place 3.2 Enabling a clear distinction	Maya's struggles to develop, physically and emotionally due to a lack of a containing object that can offer a secure-base to enable psychological development. Encountering the feelings of danger and rescue the therapist was describing in the stories, it is my understanding that Maya was overwhelmed

	between reality and phantasy 3.3 Challenging denial of reality and wish-fulfilling phantasy	with a sense of helplessness. Dragging herself on her bottom, she regressed to an earlier developmental stage, when the loss and her illness didn't make sense by a containing maternal function. Following this research hypothesis, it seems that Maya re-enacted a state of mind that she can't cope with reality, feeling anger and with no access to safety, dropped from her mother's mind. In addition, in the sessions, there is no clear sense of Maya being able to distinguish between reality and phantasy as mother continues to struggle mediating reality. The original authors recognised Maya's reaction to speaking about anger in her session, with re-enactment of the traumatic period around the time of her father's illness and death, (regressing to shuffle on her bottom) when she couldn't make sense of what was going on and when no one was there to listen to her. I would stress it was the lack of the paternal function that was available to deal with baby Maya and mother's anger during the period of loss that halted the development.
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Table 7: Analysis - Individual Work

4.4.6 Conclusion of therapy

Zaphiriou-Woods & Gedulter-Trieman, (1998, p.184), conclude that *'with the support of Maya's therapy, mother was able to establish the required protections and boundaries. These, in return, allowed her to develop a capacity to contain Maya's emotional needs and to be more accessible and active'*. At the end of therapy, Zaphiriou-Woods & Gedulter-Trieman, (1998), continued, Maya's aggression reduced. Maya did, however, *'manage(d) to develop adaptive ways of relating to her peers. In addition, Maya's language improved. She settled in school and was able to talk of other children and their fathers, saying that her father died because he was very ill and was able to reach a more integrated view of herself and her mother'*. (p.184)

However, Zaphiriou-Woods & Gedulter-Trieman, (1998) write, *‘despite Maya using her new, more benign introjects and nascent reflective self, Spotty-Maya was still there. When Maya felt helpless and didn’t know what was going to happen, she regressed to becoming bossy, rough, and controlling, alienating her peers in anticipation of their feared rejection of her’* (p.185).

It is my understanding that the remaining ‘spots’ (projections) were managed by an established internal paternal function, that allowed containment to take place by an internal maternal function, and the development of thinking. A functioning combined object was internalised and properly used.

Following this research hypothesis, Maya’s internal object was strengthened with paternal as well as maternal capacities of caring and acceptance.

4.5 Second Case– Leo: Federica Melandri, (2017, p.158-174)

4.5.1 Referral

Melandri, (2017, p.159), describes Leo's: *'inability to play and interacting only in an aggressive way, difficulties in managing his chaotic and impulsive behaviour. Leo was often agitated, confused and overwhelmed, swore and made references to death and murder'*.

Melandri, (2017, p.159), describes that although Leo's intellectual development was above average, his thoughts processes were confusing, and the apprehension of reality was disturbed. Melandri, (2017, p.158), mentions that Leo received a diagnosis of Multiple Complex Developmental Disorder². Melandri, (2017, p.159), concluded: *'Leo had difficulties to emerge from the mother-infant relationship as a separate self'*.

Melandri, (2017, p.160), mentions a school observation: *'Leo seemed in trouble, talked about floods and damage to his house, and at some point, built a sort of cocoon, with curtains and cloths to make a protective and containing den for himself; he was obsessed with road traffic signs'*. Leo's nursery teacher described him as *'seeming to be unaware of his body, feeling neither hot, cold nor pain'*(p.160). Initially, there were concerns that he was on the autistic spectrum.

² It is important to mention that this diagnosis connects difficulties in a child's capacity to relate, in their capacity for affect regulation together with thought problems, difficulties in separating phantasy from reality, and bizarre behaviours and ideations (Cohen, Paul, & Volkmar, 1986 in Melandri, (2017, p.158).

The outline of themes and related sub-themes coded from the referral together with clinical extract presented in figure 7.

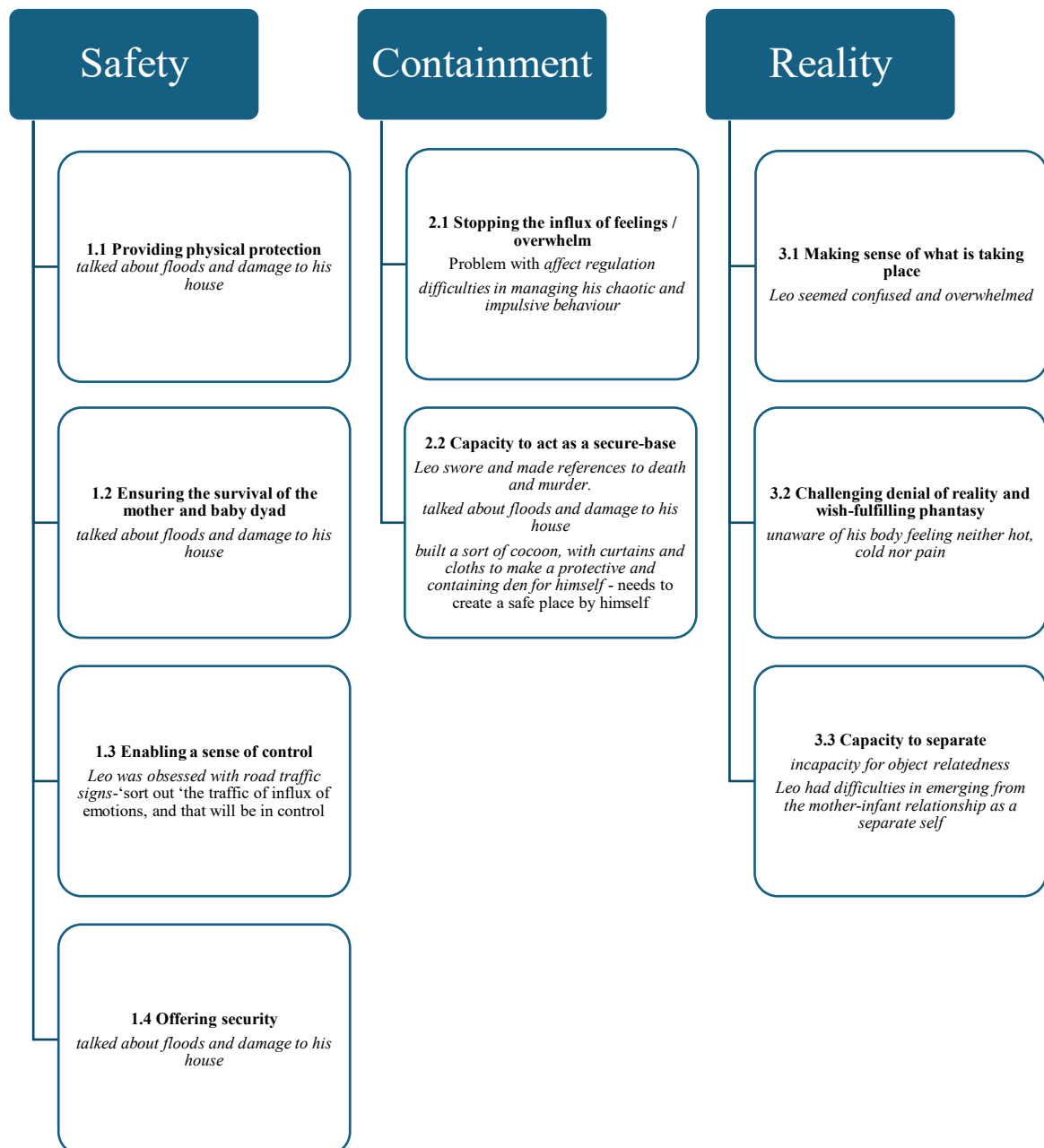


Figure 8: Nodal Map – Referral

Table 8 below describes the analysis of the referral following the research hypothesis.

Theme	Sub-Theme	Analysis
1.Safety	1.1 Providing physical protection 1.2 Ensuring the survival of the mother and baby dyad 1.3 Enabling a sense of control 1.4 Offering security	Already from the initial referral and school's observation, we can acknowledge the level of danger and lack of protection that Leo lives in. In his play, his house is flooded and damaged and he needs to create a safe place by himself – a cocoon. Leo's obsession with road signs is a clear indication of Leo's search for a function that will 'sort out' the traffic of influx of emotions, be in control of the level and frequency of these emotions and enable the smooth flow of feelings.
2.Containment	2.1 Stopping the influx of feelings / overwhelm 2.2 Capacity to stand as a secure-base	From the referral we can acknowledge Leo's incapacity to regulate his feelings. There is no sense of containment; lack of alpha function is causing thought problems and difficulties with apprehension of reality, confusion and a sense of being overwhelmed with unprocessed beta elements as described by Bion, (1962). The paternal function that allows containment to take place is not available. Leo is left with no sense of safety – surrounded by murder and death, the secure space is damaged, and he resorts to creating a cocoon to try and isolate himself from the threatening world.
3.Reality	3.1 Making sense of what is taking place 3.2 Challenging denial of reality and wish-fulfilling phantasy 3.3 Capacity to separate Separation	Leo described as confused and overwhelmed, not being able to make sense of his reality, having thoughts problems and difficulties with apprehension of reality. Not sensing cold, heat or pain, when he falls or gets hurt, can represent a physical aspect of denial of reality. Separating is mentioned as an overwhelming experience, as if he was still one with the object, lacking the paternal function to allow him to separate from mother and tolerate existing while being apart from mother.

Table 8: Analysis Referral

4.5.2 Early history – P 159 -161

Melandri, (2017, p.159), writes: *‘Leo was the only child of two highly educated professional parents. His father was 12 years older than his mother. Father, a successful professional, seemed very fond of his younger wife, but also slightly patronizing, treating her as a “little girl”’. Both father’s parents died before Leo’s treatment started. From his adolescence onwards, father’s mother suffered from episodes of major depression, which involved periods of hospitalization and medication; her depression had psychotic features. She died shortly before Leo’s birth. Father used to overlook Leo’s problems and difficulties to the point of denial’* (Melandri, 2017, p.160).

Melandri, (2017, p.159-160), continues: *‘Leo’s mother was the oldest of three children. She had a brother and a sister to whom she was close. Her mother died when Leo was less than 2 months old, while her father was involved in Leo’s daily care and was considered an important figure in the boy’s life. She described herself as having been compliant, perfectionistic, and ambitious in her studies. She came across as highly anxious and guilty about Leo’s difficulties’* (Melandri, 2017, p.159-160).

Melandri, (2017, p.160), describes that Leo *‘was born at 8 months gestation by a caesarean section, five days after the death of his paternal grandmother. In the mother’s mind his premature birth seemed to be precipitated by her shock and pain at the death of the paternal grandmother, who had been ill throughout the pregnancy. Melandri, (2017, p.160), describes how mother movingly recalled her own dying mother urging her, from her hospital bed, to go back home to attend to her baby’*. Mother recalled how some days she wondered how she

would ‘get to the end of the day, poignantly describing how Leo’s early care felt embedded into an emotional climate of loss, grieving, and lack of pleasure in her newborn baby saying he was fed with milk and tears’ (Melandri, 2017, p.161).

Melandri, (2017, p.161), continues: ‘Soon after Leo’s birth, father encouraged mother to resume their previous life as a couple, denying to a certain extent their suffering and their newly acquired parental role. He expressed hostility towards the baby’. Interestingly, Melandri, (2017, p.161), mentions that ‘From the assessment material it was evident that Leo’s father was unable to provide emotional comfort and containment for his wife. It was then, that the parents decided to recruit a live-in nanny. The clinician described that the parents hoped ‘the nanny will support and substitute for the tasks they struggled with, and often not being able to attend to Leo’s needs. Parents described how Leo used to cry until he vomited when the parents left him with the nanny. Unfortunately, parents reported that the nanny suffered from depression and had personal issues and by the age of 2, the parents, with no warning, got rid of the nanny’ (Melandri, 2017, p.161).

With regards to feeding, Melandri, (2017, p.161), describes mother’s report: ‘Feeding and weaning were difficult for Leo. He was slow, had poor appetite, and was a very selective eater’. Melandri, (2017, p.161), speculated at this point that: ‘Leo was fuelled by annihilation anxiety of indigestible maternal emotions and projections’.

The outline of themes and related sub-themes coded from the Early history together with clinical extract presented in figure 8.

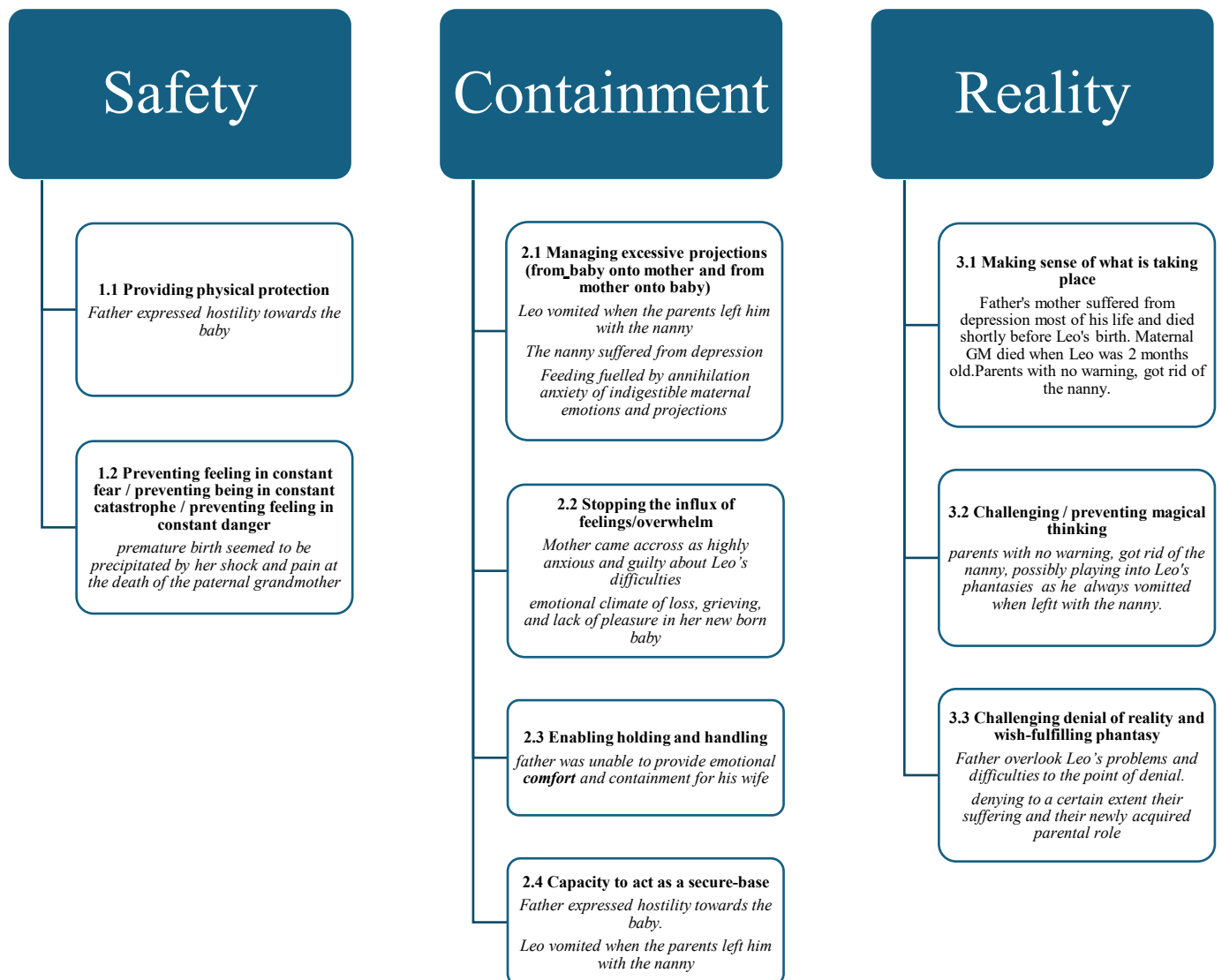


Figure 9: Nodal Map - Early History

Table 9 below describes the analysis of the early history following the research hypothesis.

Theme	Sub-Theme	Analysis
1.Safety	1.1 Providing physical protection 1.2 Preventing feeling in constant fear / Preventing being in constant catastrophe / Preventing feeling in constant danger	Mother's lack of paternal function comes clear with her incapacity to stop father's madness in the push to return to the way things were before and denial of the pain of mourning for both of them. Father, lacking a combined object, struggled to contain and protect the mother from her own anxieties and from Leo's demands on her. Perhaps this was an indication of Leo's father's wish to take flight from the loss of both grandmothers. Unable to stop the influx of anxieties and depressed feelings getting into Leo, this lack of paternal function to protect both mother and baby, resulted in insufficient maternal function; Leo didn't get enough 'alpha function processed food' and mother wasn't protected or managed to protect herself, from her demanding hungry baby. Leo didn't seem to develop a sense of an object he can turn to for protection and care, when he hurt himself.
2.Containment	2.1 Managing excessive projections (from baby onto mother and from mother onto baby) 2.2 Stopping the influx of feelings / overwhelm 2.3 Enabling holding and handling 2.4 Capacity to act as a secure-base	Father was unable to provide emotional comfort and containment for his wife. Instead, father expressed hostility towards Leo's excessive vulnerability and anxieties. These unconscious forces prevented father from containing and protecting mother from her own anxieties and from Leo's demands on her. Leo was vomiting the excessive unprocessed feelings of mother, and mother left feeling 'loss, grieving, and lack of pleasure in her newborn baby'. Mother's report of her depression, recognised by her dying mother, was disregarded by the father. Feeding is a good indication of the capacity of the child to take in digested beta elements through maternal alpha function (Bion, 1962). The parents' description of Leo's early attempts to take in and be fed, at home and nursery, portrayed a continued struggle and failures: a child that is not able to take in food, and also who is terrified of the feeding experience. Leo's mother's idea of him being fed 'milk and tears' confirms the continued projections of the mother's anxieties into Leo. Leo was left with unprocessed beta elements and mother wasn't protected or managing to protect herself from her demanding hungry baby. The parents' decision to employ a live-in nanny, in the hope of a good enough support and substitute for their object deficiencies and unavailability, wasn't sufficient as the lack of paternal function was still present, not making sense of the need for a replacement for the mother as well as the nanny's excessive depressive feelings possibly being projected onto Leo. When being left in nursery, it seems that Leo doesn't have an internal safe combined object that can protect and provide a solid, secure-base; a sense of an object he

		can turn to, to demand from it his support, protection and care, when he falls and hurts himself.
3.Reality	3.1 Making sense of what is taking place 3.2 Challenging / preventing magical thinking 3.3 Challenging denial of reality and wish-fulfilling phantasy	It was difficult for the parents to make sense of the loss of both grandmothers, on top of father's difficulties to make sense of his mother mental illness. We do not have information about father's early life, but as he didn't agree to participate in the parent work, we can assume he was lacking a paternal function that could stop the maddening thinking and search for some sense and truth. Father's insistence on resuming their previous life as a couple, denying to a certain extent their suffering and their newly acquired parental role is a clear indication of denial of reality and a lack of paternal function. His sense of omnipotence seems to be a refusal to acknowledge reality, which is one of the core functions of the paternal part of the combined object; in return mother's lack of paternal function comes clear with her incapacity to stop father's madness in pushing to return to the way things were before the pregnancy and denial of the pain of mourning for both of them. Mother's report of her depression, initially acknowledged by her own mother, when she commented on her feeding Leo and avoiding being with him, was disregarded by the father. With regards to separation, from parents and the nanny, it seems that Leo doesn't have a protected and a solid secure-base to turn to when left in nursery.

Table 9: Analysis - Early History

4.5.3 The Assessment – P 160-166

Melandri, (2017, p.160-166), describes: *'Leo's attachment appeared insecure. He did not seek comfort when distressed and could not be comforted by his mother. He showed no separation anxiety when he first saw his therapist and never returned to seek his mother. If he fell, he just waited to be picked up by someone. He did not express any preference, nor did he take initiative. In his play, mother was represented as depriving, punitive, and inconsistent. The parent was represented as absent, abandoning, and unable to provide comfort, while the child was represented as always alone and in danger'* (Melandri, 2017, p.162).

Melandri, (2017), describes how *‘in the countertransference she struggled to feel connected emotionally to Leo. Later this changed into a more maternal wish to protect and care for him as for a much younger child. Leo then sought to communicate the danger and anxiety he felt, as if the urgency that he be “found” psychically was acknowledged’* (Melandri, 2017, p.160).

Melandri, (2017, p.162-165), continues: *‘No evidence of an internal background of safety from which to explore the world, both physical and social was found [...] Leo made striking high-pitched alarm sounds from time to time, and suddenly froze upon hearing a noise, as if an external sound amplified an internal terror; whilst playing with the doll’s house and human figures he put the small boy figure on the bed next to the window and the “warning” road sign (!) next to it in order to warn the boy that he could fall out of the window- a self-holding rather than identification with a safety-generating object. Leo repeatedly asked for road-signs. When he didn’t find any, he turned to an imaginary friend to make some for him. It was suggested in the assessment that Leo’s play was possibly an indication of his functioning on a concrete level’* (Melandri, 2017, p.162-165).

Melandri’s, (2017), view was that *‘It was not clear whether Leo could fully distinguish between pretend and reality’* (p.165).

Melandri, (2017, p.162), describes additional aspects of Leo’s view of the world around him and his internal reality: *‘In the first and in the second assessment sessions, Leo started his*

play with the doll's house by stating that the light was broken. Melandri's interpretation of this part of Leo's play suggested that: 'The image of the broken light suggests that something crucial felt missing, or damaged both in the environment and in the self. Bad and damaged objects appeared consistently in Leo's play' (Melandri, 2017, p.162).

Melandri, (2017, p.165), describes how *'Leo's anxiety was represented in his catastrophic phantasies of annihilation and disintegration. Melandri suggested that: 'The source of his anxiety was possibly very primitive. Without clear distinction between self and object, fear of loss of the object equates with loss of sense of self, which can subjectively be experienced as annihilation anxiety' (Melandri, 2017, p.165). Moreover, Melandri continues, 'for Leo anxiety appeared to be also caused by the fear of being invaded and flooded by external impingement. Leo's flight-fight-freezing responses suggest early relational traumatic experiences of feeling dropped and forgotten that had not been integrated'. Melandri, (2017, p.165), writes: 'He drew a square with crosses inside it, and then asked me if I knew what road sign it was. I guessed it was to signal a junction. "No," he said, "It is a difficult one . . . beware of the cemetery."* Melandri concluded this session: *'His communication had the effect of making me freeze, sending a chill down my spine' (Melandri, 2017, p.165).*

Melandri, (2017), adds: *'There was little evidence to suggest that Leo could distinguish between different affect states or was able to regulate affects effectively' (p.165).*

The outline of themes and related sub-themes coded from the Assessment together with clinical extract presented in figure 9.

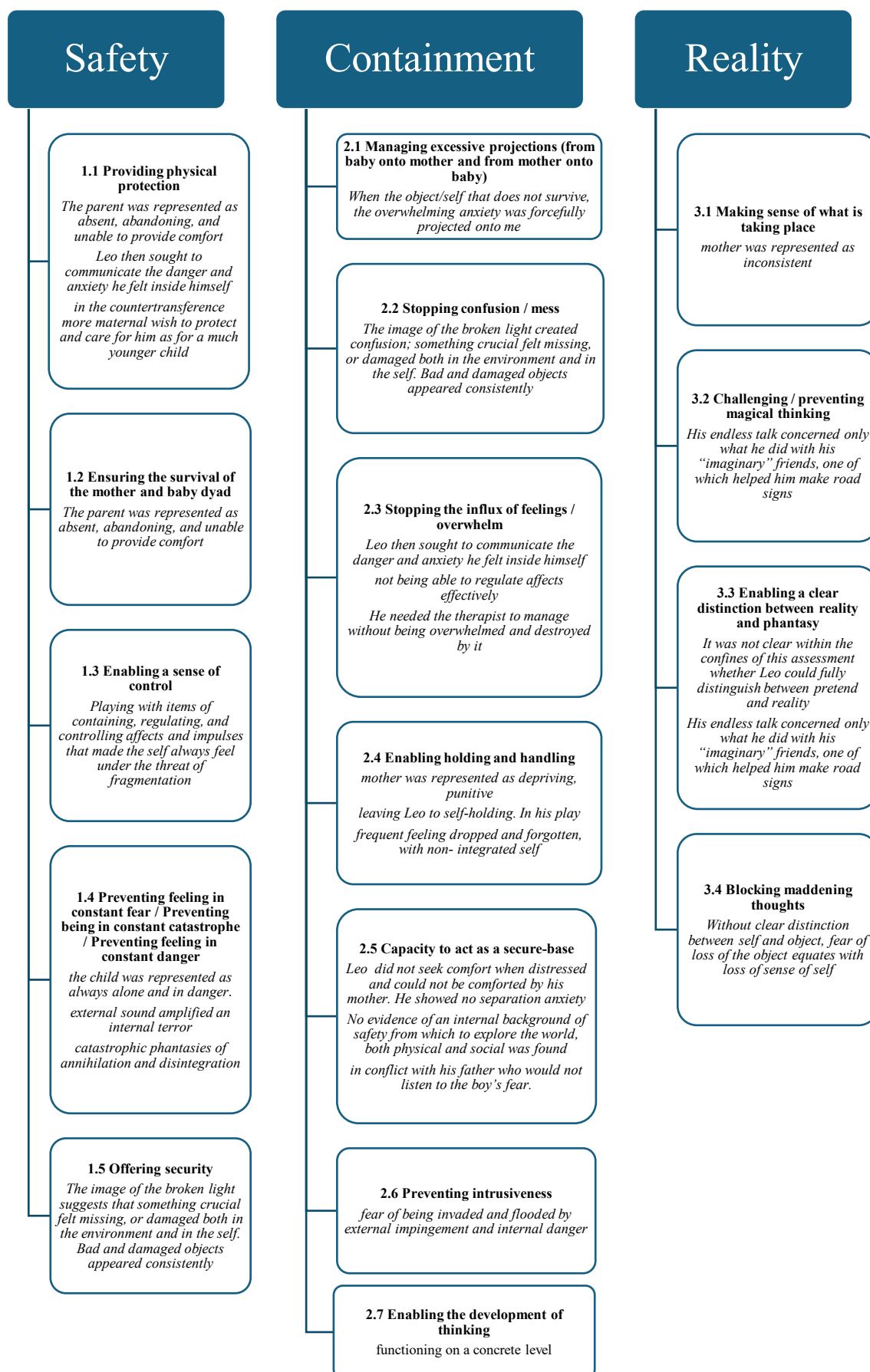


Figure 10: Nodal Map – Assessment

Table 10 below describes the analysis of the assessment following the research hypothesis.

Theme	Sub-Theme	Analysis
1.Safety	1.1 Providing physical 1.2 Ensuring the survival of the mother and baby dyad 1.3 Enabling a sense of control 1.4 Preventing feeling in constant fear / Preventing being in constant catastrophe / Preventing feeling in constant danger 1.5 Offering security Danger/fear/catastrophe	It is my understanding that Leo is in a constant state of alarm, with no safety generating paternal function. The original clinician describes how Leo sought to communicate the constant state of danger and anxiety he felt inside himself. It is my understanding that Leo communicated the urgency to be “found” psychically; according to this research hypothesis, Leo needed to have the protection and care to manage his mother’s difficulties to cope with her depression. Acknowledging the clinician’s countertransference with the view of this research, it appears that Leo was looking for an object with which he can communicate his sense of danger and anxiety and his need to be protected and taken care of. It is my understanding, following this research hypothesis, that the road signs stand as a replacing ego function to provide Leo some sense of safety; Leo’s ego is made of an internalised maddening, depressed and inconsistent maternal object and a disabled paternal function. Furthermore, Leo’s play enables us to establish a clear structure of his object. He wishes for a paternal function that will be solid and remain stable, a road sign fixed to the road with nails, that can protect him from this angry, depriving, punitive and inconsistent mother – who appears as a confusing, maddening object. It is my understanding that Leo longs for a paternal object that will stop the madness and confusion, stop the non-sense and bring in some order and sense. Following the sequence and content of the session, we can make sense of Leo’s internal world, of the nature of his objects and their (mal)functions. It is my understanding that the broken light in the dollhouse can represent the broken, paternal damaged function - the ‘broken’ object that needs reparation; a malfunctioned object that couldn’t shed light on reality and which wasn’t able to prevent the harm done by the damaged maternal object. It is my understanding that the lack of presence of both maternal and paternal functions can be clearly seen as Leo’s incapacity to care, alongside his intense and harsh play. Mother’s absent capacity of being concerned about Leo and her lack of care for Leo is reflected in Leo’s play of feeling abandoned and not being able to be comforted. As a consequence, Leo wasn’t able to demonstrate such capacities. We can assume, following this research hypothesis, that Leo’s internalised object maintains

		sadistic behaviour towards the young part of Leo, and that there was no paternal function to prevent these behaviours from taking place. Furthermore, Leo's lack of reparative actions suggests that the paternal function failed or wasn't present to perform reparation when it was essential for Leo and for the object. It is my understanding that, without the availability of mitigation by a consistent paternal function, Leo is left to manage his anxieties in a primitive way and often will withdraw from interaction as he doesn't feel protected and able to manage his object's projections.
2.Containment	2.1 Managing excessive projections (from baby onto mother and from mother onto baby) 2.2 Stopping confusion / mess 2.3 Stopping the influx of feelings / overwhelm, 2.4 Enabling holding and handling, 2.5 Capacity to act as a secure-base, 2.6 Preventing intrusiveness 2.7 Enabling the development of thinking	It is my view that in Leo's play, there are no containing or supportive objects; the parents are absent or lacking any parental functions and he has little sense of relatedness. Following this research hypothesis, Leo has no secure-base from which to emerge and explore the world. He is in constant state of alarm, with no safety- generating paternal function. In addition, the lack of containment leaves Leo with incapacity to learn from experience and develop psychologically, functioning on a concrete level.
3.Reality	3.1 Making sense of what is taking place 3.2 Challenging / preventing magical thinking 3.3 Enabling a clear	It is my understanding that Leo's internal world, was created out of the internalization of his object, and is therefore full of internalised maddening, depressed and inconsistent maternal object and dysfunctional paternal functions. Both parents partly deny reality and can't support Leo in making sense of the losses of the grandmothers, mother's difficulties and father's struggles. As suggested by the therapist, and follow this research hypothesis, Leo's play and functioning on a

	distinction between reality and phantasy 3.4 Blocking maddening thoughts	concrete level might indicate his lack of capacity to differentiate between phantasy and reality. It is my understanding that as mother's behaviour and responses were inconsistent, it was impossible for Leo to make sense of the world. Leo therefore resorted to his imaginary friends to be helped with making road signs – to stand for the missing paternal function, protecting and putting things in order. As indicated above, there was also an indication of Leo not clearly being able to distinguish between reality and phantasy and between self and object, which prevented the possibility of healthy separation.
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Table 10: Analysis - Assessment

4.5.4 Treatment

Melandri's, (2017), conclusion of the assessment was to offer Leo weekly individual therapy which was increased to twice weekly after a few months. Parents received parent work alongside his therapy. However, Leo's dad stopped attending parent-work sessions. He had been open about his wariness of psychological professionals, as in his mind they were linked with his mother's psychiatric problems, with which he still struggled to come to terms (p. 160).

The following extracts from Leo's therapy support indication of the hypothesis of this research around the lack of object's functions.

Melandri, (2017), describes: *'Leo's play would regularly end with a powerful tsunami, earthquake, or flood, which would destroy the dollhouse and the people in it. In this play, Leo appeared to represent the object/self that does not survive, where the anxiety was forcefully*

projected onto me. These were all elevated to feelings of being submerged or invaded by internal and external dangers, as if the “pretend” quality of the play was not firmly established for him. In his play, mother was represented as depriving, punitive, and inconsistent. The parent was represented as absent, abandoning, and unable to provide comfort, while the child was represented as always alone and in danger’ (p.166).

Melandri, (2017), continues: *‘I would verbalize feelings of fear and worry experienced by the people within the house, I also verbalized the feelings of shock, despair, and sadness, helping Leo to begin to recognize and then distinguish between different affective states’ (p 167).*

Melandri, (2017), describes Leo’s play: *‘involving the removal of old, broken, or damaged objects, and expired food from the doll’s house, which I understood to mean his need to get rid of bad internal objects and bad or damaged parts of the self, which he then fenced off or locked inside the garage’ (p.167).*

Melandri, (2017), continues: *‘Leo’s preoccupation with both cracked and broken skin, and his quest for new and unbroken skin, appeared to confirm his very early emotional development, where maternal holding and handling had not been “good enough,” which interfered with the process of establishing a coherent and integrated body-mind unity’ (p. 168).* Further on Melandri, (2017), describes *‘His endless talk concerned only what he did with his “imaginary” friends, one of which helped him make road signs. He spoke with them either on imaginary telephones or as if they were in the room with us’ (p.168).*

Melandri, (2017), describes another repetitive play: *‘These objects had buttons and volume control levels. The function of these objects, at this stage of the therapy, seemed to be that of containing, regulating, and controlling affects and impulses that made the self always feel under the threat of fragmentation, and testing whether I could take in, tolerate and modulate what came into me without being overwhelmed and destroyed by it’* (p. 169). As the treatment developed, Melandri’s (2017) continues: *‘together we co-constructed these objects that seemed to represent and carry these functions, and that Leo seemed to experience as concrete extensions of himself’* (p.170).

Coming back after the third summer holiday, Melandri, (2017), describes the narrative of Leo’s play *‘more autobiographical. He represented himself skiing on water, being scared of the waves, and in conflict with his father who would not listen to the boy’s fear. Leo could represent aggression and anger toward his father and the feelings of guilt that caused the little boy to be punished/killed’* (p.171).

In her concluding remarks, Melandri, (2017, p.172), confirms her formulation: *‘An early developmental disturbance (possibly connected to mother’s emotional state in the perinatal period) was at the root of Leo’s difficulties. The impossibility of Leo relying on his parents to contain his emotions and projections, and of discovering the self in the other’s eyes was very present in Leo’s therapy. It is possible that Leo turned to his father in the face of his mother’s overwhelming state of mind and was met by father’s lack of authenticity and covert hostility’* (p.172).

The outline of themes and related sub-themes coded from the Treatment together with clinical extract presented in figure 10.

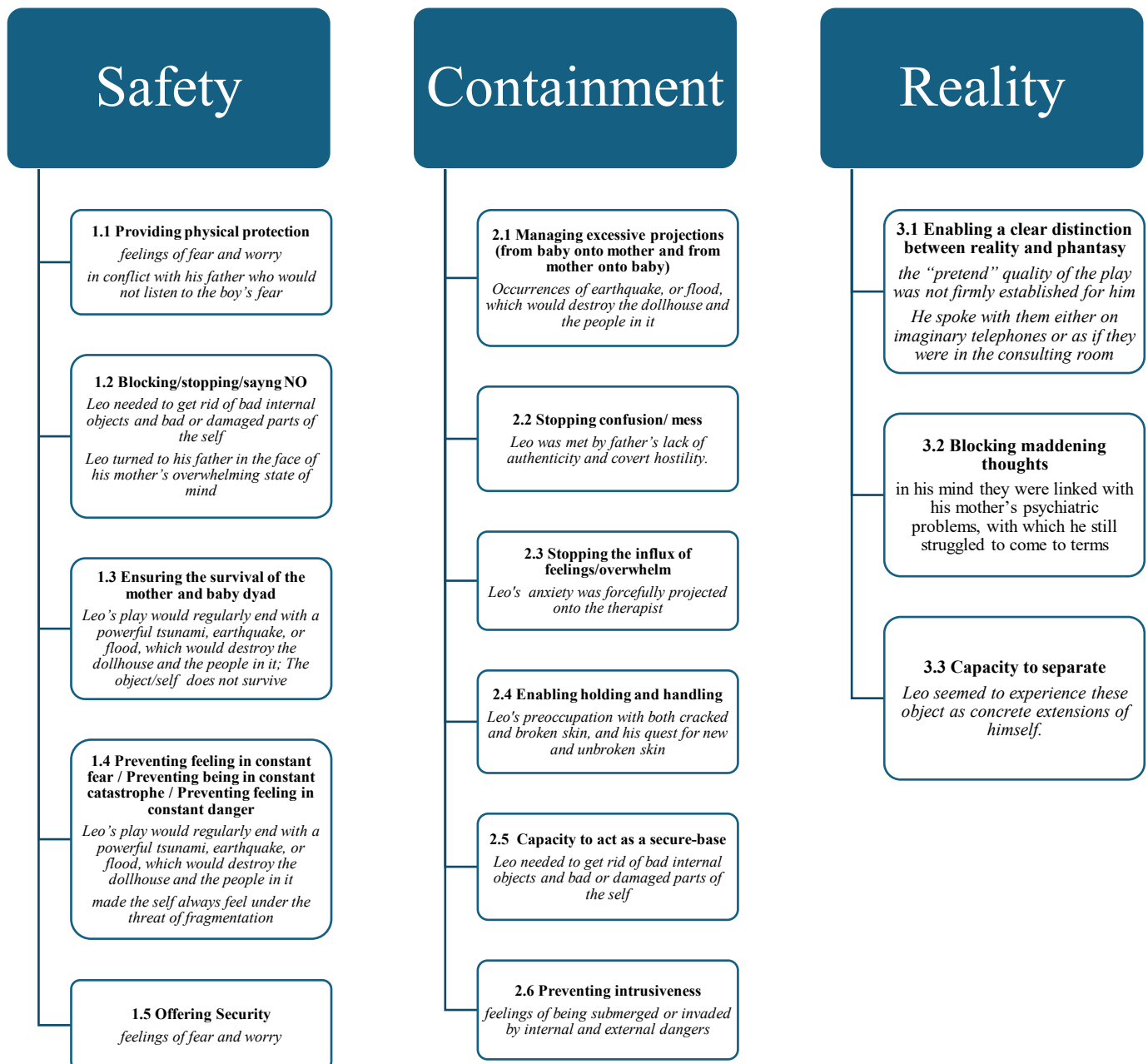


Figure 11: Nodal Map - Treatment

Table 11 below describes the analysis of the treatment following this research hypothesis.

Theme	Sub-Theme	Analysis
1.Safety	1.1 Providing physical protection 1.2 Blocking / stopping / saying no, 1.3 Ensuring the survival of the mother and baby dyad 1.4 Preventing feeling in constant fear / Preventing being in constant catastrophe / Preventing feeling in constant danger 1.5 Offering security	It seems from the original clinician's description that Leo's play and internal world was full of unsafe, life-threatening and terror of catastrophes. There is no sense of protection; surviving is not an option; a great sense of lack of security surrounds Leo's play. Following this research hypothesis, these are all an indication of a failure of the paternal functions.
2.Containment	2.1 Managing excessive projections (from baby onto mother and from mother onto baby), 2.2 Stopping confusion / mess 2.3 Stopping the influx of feelings/overwhelm 2.4 Enabling holding and handling, 2.5 Capacity to act as a secure-base 2.6 Preventing intrusiveness	The lack of presence of both maternal and paternal functions can be clearly seen as Leo's incapacity to care, and his intense and harsh play, mirroring mother's lack of capacity of being concerned about others. Following this research hypothesis, we can assume that Leo's internalised object maintains sadistic behaviour towards the young part of Leo, and that there was no paternal function to stop this. Moreover, Leo's lack of concern for others and reparative actions suggest that his dysfunctional paternal object failed to perform reparations and wasn't able to support the maternal function's reparative function. It is my understanding that Leo's incapacity for self-body integration stems from inadequate holding and containment; without the availability of mitigation, Leo is left to manage his anxieties in a primitive way.
3.Reality	3.1 Enabling a clear distinction between reality and phantasy 3.2 Blocking maddening thoughts 3.3 Capacity to separate	According to the original author, Leo doesn't have a sense of his pretend and real play; he relates to the imaginary friends as real, using imaginary items or experiencing them with him in the room. It is my understanding that Leo is using items to express his unfulfilled needs of his object's functions: control buttons to tuning-in, regulating and controlling. Creating these functional objects with the therapist, standing in for his parents, it seems that Leo still didn't establish internal paternal and maternal functions, and experience them as an extension of himself. He therefore feels unable to separate. Following this research

		hypothesis, we can assume that both his parents lacked the internalised functions too. Moreover, Leo's father is still denying Leo's needs and difficulties and relates them to the paternal grandmother's mental illness – and not as difficulties that are Leo's as a separate individual.
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Table 11: Analysis – Treatment

4.5.5 Summary

Leo's ego was developed while internalising a maddening, depressed and inconsistent maternal object and a weak paternal function. Leo's play enables us to establish a clear view of the structure of his object: an angry, depriving and punitive one. It is my understanding that Leo's wish is for a paternal function that will be solid and remain stable, a road sign fixed to the road with nails, that will stop the madness and confusion, stop the non-sense and bring in some order and sense.

4.6 Third Case – June, Ann Zadik, (1973, p. 71-82)

Zadik, (1973, p.71), describes a clinical case of a four-year-old girl with severe conflicts and anxieties that were obstructing her capacity to have separate from her mother and to maintain healthy development. The clinical intervention started as an initial joint work in an NHS clinic and later changed to an individual session for the child and separate parent work. Work was still on-going when the paper was published, however, June was able to start nursery part time.

4.6.1 Referral

Zadik, (1973, p.71), describes mother's report: *'At age four, June was not able to separate from her mother, refusing to stay with anyone but her. At home things were intolerable. June would start to cry and scream for no particular reason, or for 'petty' reasons – if the ketchup was on the wrong side of the plate. June then would go on sobbing inconsolably, for three hours or more.'* The family, mother concluded, felt tyrannised by June, "in terror of setting her off". Zadik, (1973, p.71), continues to describe: *'June demanded to wear only a few special clothes which fitted just so, and that her shoes be tightly buckled. June slept well, and had a large appetite, eating constantly, not out of hunger'*. The parents sought the referral for June, as they felt that, with June approaching school age, it had become urgent to "sort this thing out" (Zadik, 1973, p. 73).

The outline of themes and related sub-themes coded from the Referral together with clinical extract presented in figure 11.

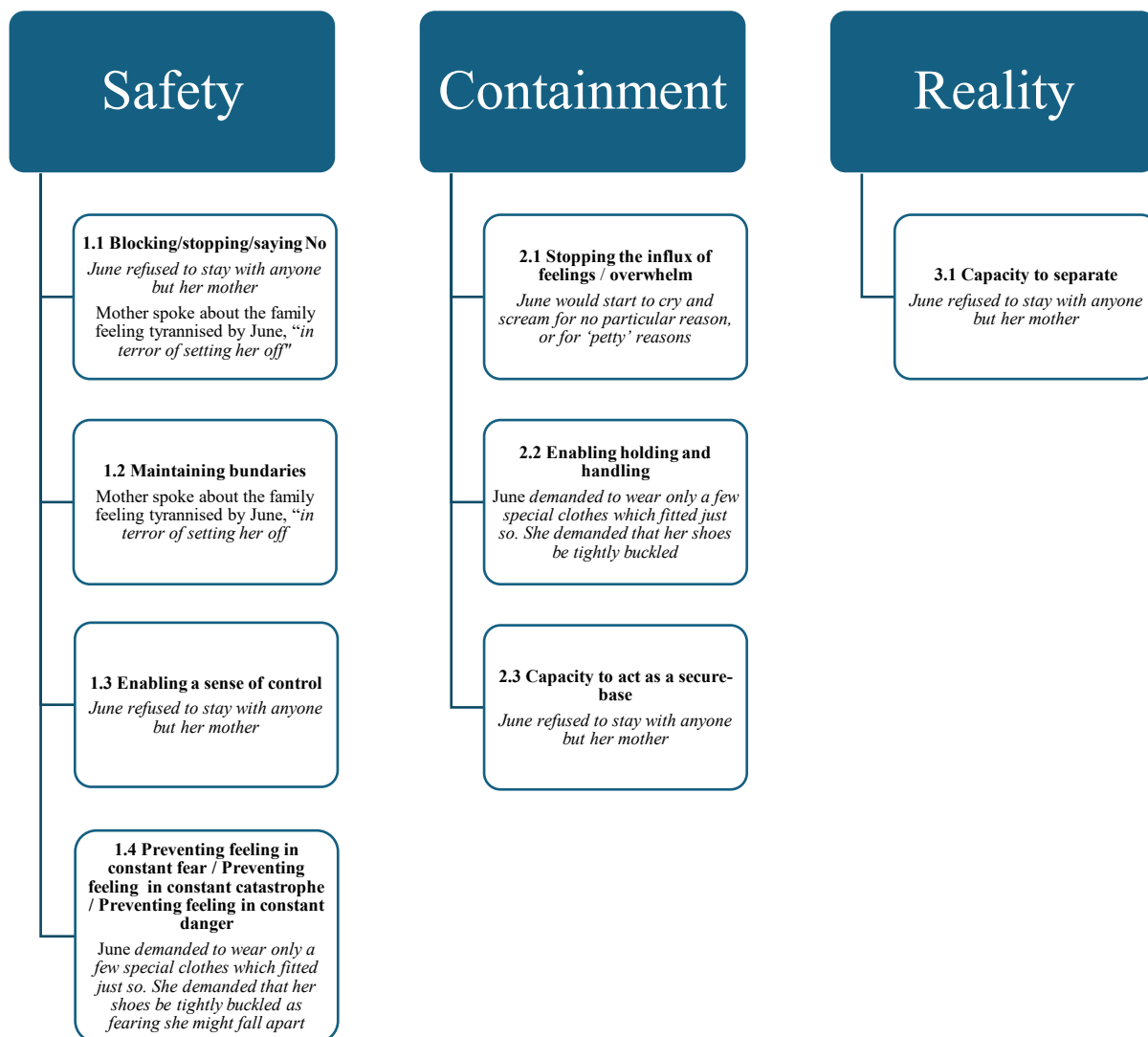


Figure 12: Nodal Map - Referral

Table 12 below describes the analysis of the referral following this research hypothesis.

Theme	Sub-Theme	Analysis
1. Safety	1.1 Blocking/ stopping/ saying 'No' 1.2 Maintaining boundaries 1.3 Enabling a sense of control 1.4 Preventing feeling in constant fear / Preventing being in constant catastrophe / Preventing feeling in constant danger	Following this research hypothesis, there is a clear absence of a paternal function that can stop June's tyrannical behaviour and support the development of a containing space. In the absence of paternal function, the presented mechanism used by June to manage her need for boundaries are her clothes - holding her together otherwise she will be in state of fragmentation and will crumble and repeated every time that separation from her mother approached. It is my understanding that June's holding herself together using the frame of her clothes is an indication of a lack a paternal function that supports the separation without June feeling repeatedly dropped.
2.Containment	2.1 Stopping the influx of feelings / overwhelm 2.2 Enabling holding and handling 2.3 Capacity to act as a secure-base	The referral indicates significant attachment difficulties. Parents also described June's behaviour at home as extremely difficult, naming it 'tyrannical'. Following this research hypothesis, this is an indication of an absence of a paternal function that can stop June's tyrannical behaviour and support the development of a containing secure-base.
3. Reality	3.1 Capacity to separate	The referral indicates significant attachment difficulties, alongside intolerable behaviour of June when separation from mother needs to take place. There is a sense that June will fall apart if she separates from mother. According to this research hypothesis, such behaviours are an indication of missing paternal function to enable separation, coming between the baby and mother.

Table 12: Analysis - Referral

4.6.2 History

4.6.2.1 Family History

Zadik, (1973, p.72) describes mother: *'as an attractive intelligent woman, with much affection, time and patience to give her children. Mother came from a large family of girls, of*

which she, like June, was the second youngest. Mother described her relationship to her mother as “problematic” and choosing to parent in the opposite way: an improvement on her own parenting. Zadik, (1973, p.72) mentioned mother speaking about her own childhood: ‘She was mainly brought up by an older sister to whom she was very attached. When mother was seven years old, her sister married and moved away, leaving her feeling very bereft. [Mother stated]: I never really forgiven my sister for abandoning me’. Mother studied nursing after school but married when she was nineteen’ (Zadik, (1973, p.72).

Father was working shifts but managed to join the initial referral interview meetings. Zadik, (1973, p.72), writes: ‘Father is one of identical twins, and, he and mother agreed, the less favoured. Zadik, (1973, p.72) further describes that: ‘Communication between the parents appeared good, and both parents described their marriage as close and loving’.

4.6.2.2 Early history

The following information was given by both parents during the initial referral meeting with the social worker (Zadik, 1973, p.72): ‘When Patricia, the eldest, was two-and-a-half years old, mother gave birth to a second daughter, Denise. There were complications during the birth and Patricia was left with her grandmother and aunt. Mother, who was certain it would be a boy, neglected the baby out of her disappointment. Soon after, mother got pregnant with a boy but had a miscarriage; mother said she felt that: “boys were “special” and “different”, highly vulnerable and infinitely preferable to girls’ (Zadik, 1973, p.72).

Zadik, 1973, p.72 continues with mother’s account: ‘Baby Peter was born when Patricia was seven and Denise five years old. He was born by caesarean section. Despite doctors’ disagreements, mother stressed that she felt from the beginning there was something wrong

with him. In desperation, mother had him admitted to hospital. Mother described how she “knew” he would not be coming home. After three days in hospital, Peter died of a heart failure condition, aged three-and-a-half months. The family kept Peter’s memory alive, as mother said: “Peter is my eternal baby, as the others will grow up and go away” (Zadik, 1973, p.72).

Zadik, (1973, p.73), continues: ‘June was born thirteen months after baby Peter died. Her parents, who had hoped for a girl were happy and welcomed her arrival. When June was ten weeks old, she developed aspirated pneumonia and was hospitalised for ten days. Mother visited June every day and felt ‘she will be OK’. Mother described how June was quite “spoiled” by everyone as she had been felt by the whole family to have replaced Peter’ Zadik, (1973, p.73).

Zadik, (1973, p.73) continues with the mother’s description: ‘when June was eight months old, mother, though fitted with the coil, became pregnant again. There were difficulties, and mother had many hospital appointments, leaving June with friends. Robert was also born in C-section and was desperately ill. Father spent these ten days in hospital by Robert’s side, while mother didn’t see Robert for the first week after his birth’ Zadik, (1973, p.73).

Following Robert’s birth, June, age seventeen months, and her two sisters, were sent to stay with their aunt and her family for over three weeks. Neither parent visited the girls during these three weeks, because they “did not want to upset their children after they had settled.”

The outline of themes and related sub-themes coded from the Early History together with clinical extract presented in figure 12.

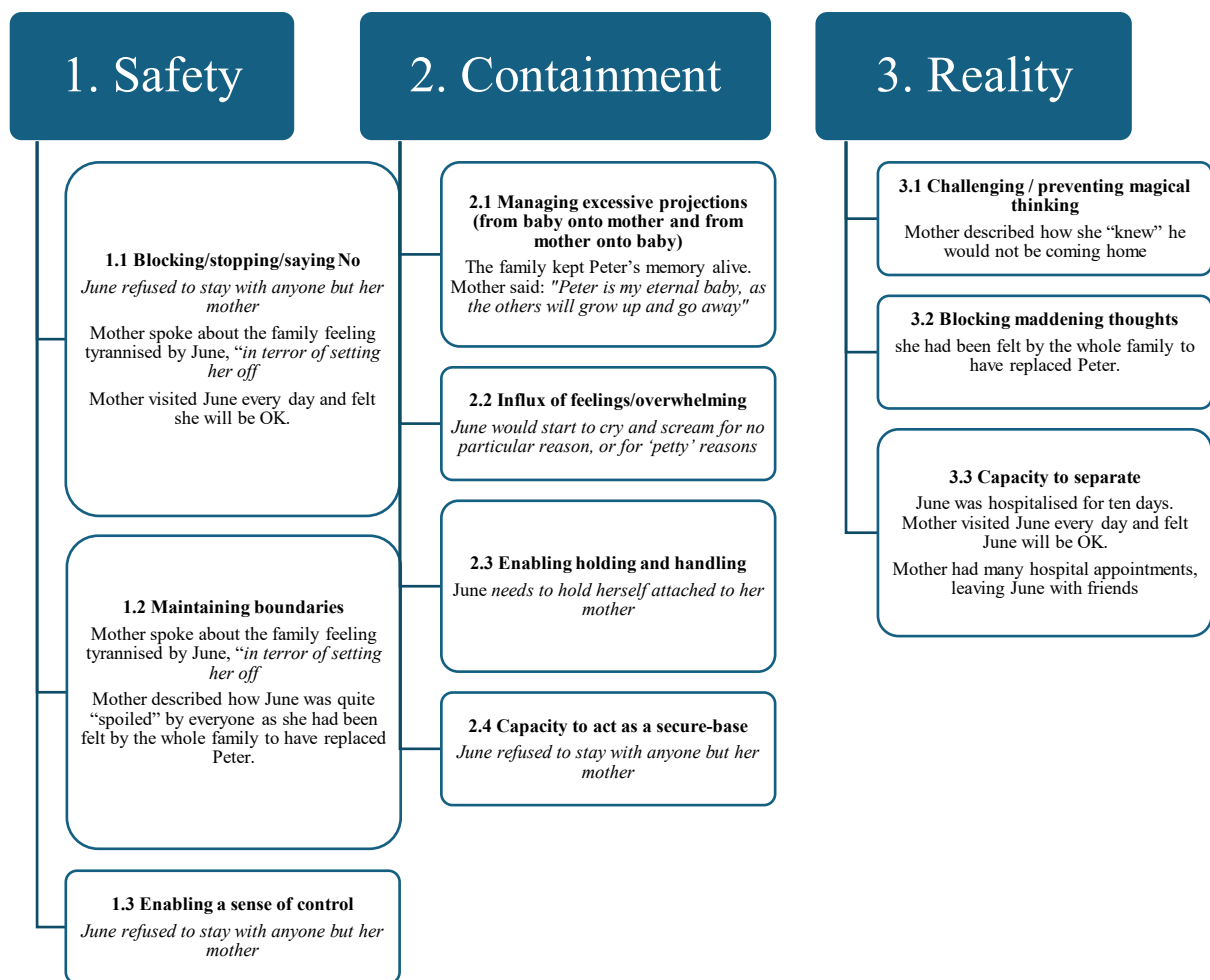


Figure 13: Nodal Map - Early History

Table 13 below describes the analysis of early history following this research hypothesis.

Theme	Sub-Theme	Analysis
1.Safety	1.1 Blocking/ stopping/saying 'No' 1.2 Maintaining boundaries 1.3 Enabling a sense of control	Following this research hypothesis, it seems that both parents' lack of paternal function is evident in their decision to avoid seeing the girls for three weeks after Robert's birth. Mother suggesting this to father, and father accepting her view, is an indication of absence of paternal function blocking this maddening idea. Similarly, the idea mother held, of not acknowledging the significance of June's hospitalization, is another confirmation of a lack of blocking the madness. These behaviours are extended to a sense of control by June, not agreeing to any separation, mitigating these constant feelings of falling apart. A significant lack of boundaries by June's parents and extended family is recognised through June tyrannical behaviour and of being spoiled
2.Containmentment	2.1 Stopping the influx of feelings / overwhelm 2.2 Influx of feelings/overwhelming 2.3 Enabling holding and handling, 2.4 Capacity to act as a secure-base	It is my understanding that June was left with no holding maternal function. This indicates a lack of containment of her sense of terror and a state of fragmentation by the notion of the upcoming separation, (following the previous many separations as described by parents). Moreover, June doesn't seem to have a sense of a secure-base that she can emerge from. Following this research hypothesis, with no paternal function to come between her and mother's dyad, June has no clear sense of her separate self and of a capacity to survive separately. It is my understanding that the devastating idea of the upcoming separation in mother's mind: 'the others will grow up and go away' is projected onto June. To manage her overwhelming un-contained anxieties, June is holding herself attached to mother, to avoid crumbling. There is no indication of a paternal function that can mitigate mother's incapacity for containment. Similarly, following this research hypothesis, parents' decision to avoid seeing the girls for three weeks indicates a lack of a paternal function that can tolerate and filter the projections and overwhelming feelings of the girls, if they were to visit. It is my understanding that mother's excessive use of maddening projections into June, seeing June as the replacement of Peter, her 'eternal

		child' is a clear indication of the lack of paternal function to dam these projections.
3.Reality	3.1 Challenging / preventing magical thinking 3.2 Blocking maddening thoughts 3.3 Capacity to separate	Already from the referral, and supported by the family and the developmental history, there is a clear lack of sense of reality, enhanced by mother's maddening thoughts of her views of the differences between genders, neglecting Denise and a sense of mother's magical powers of 'predicting' the future: knowing for certain that Peter will die, and that June will survive, and referring to Peter as her eternal baby – possibly in denial of his death. According to this referral hypothesis, there is a lack of paternal function to make sense of these ideas and prevent them from spilling over and being projected into the children. Mother's own experience of separation is clear from the loss of her older sister which mother described that was as a mother to her. In addition, there is an absence of a parent-child relationship in mother's memory. Father's experience is of the less loved twin – no details given, except the sense of deprivation by the object.

Table 13: Analysis - Early History

4.6.3 Assessment: Parent-Child together

Zadik's, (1973, p.73), describes the first assessment session: the social worker initially spoke with the mother, while June was by her mother's side. Father was not able to attend due to work commitments. Zadik, (1973, p.73) continues and describes June as '*a sturdy pretty little girl however, she was miserable and near tears*'. During the session '*Mother spoke about difficulties with separations, recalling a separation when June was born and needed to stay in hospital for 10 days. Father stayed at hospital with June and when he would come home to visit, the girls became upset. Parents therefore decided not to visit the girls at their aunt for 3 weeks after Robert's birth, (he remained in hospital for 3 week) and how they were distressed to find that June appeared to have forgotten her mummy. June called her aunt "mummy" and cried for her all the way home. However, the next time she saw her aunt-not very long after, she did not recognise her at all*' (Zadik, 1973, p.73).

Zadik, (1973, p.73-74), recorded '*the parents' need to avoid acknowledging the painful experience of the children, as well as to try and make sense of June's loss of memory*'.

Zadik, (1973, p.73-74), describes the mother saying she cannot really remember the date when June's separation anxiety began. Mother also couldn't acknowledge the significance of June's illness and hospitalization aged ten weeks and its possible impact on June and their relationship, concluding that otherwise, quoting mother claiming: '*they had never been apart*' (Zadik, 1973, p.73). During mother's description, the therapist reported feeling an 'acute fear' (Zadik, 1973, p.73).

It was then, Zadik, (1973, p.73), writes that psychotherapy was offered to June and both parents. Mother didn't think to include father, and in any case, he couldn't make it due to his work.

The outline of themes and related sub-themes coded from the Assessment together with clinical extract presented in figure 13.

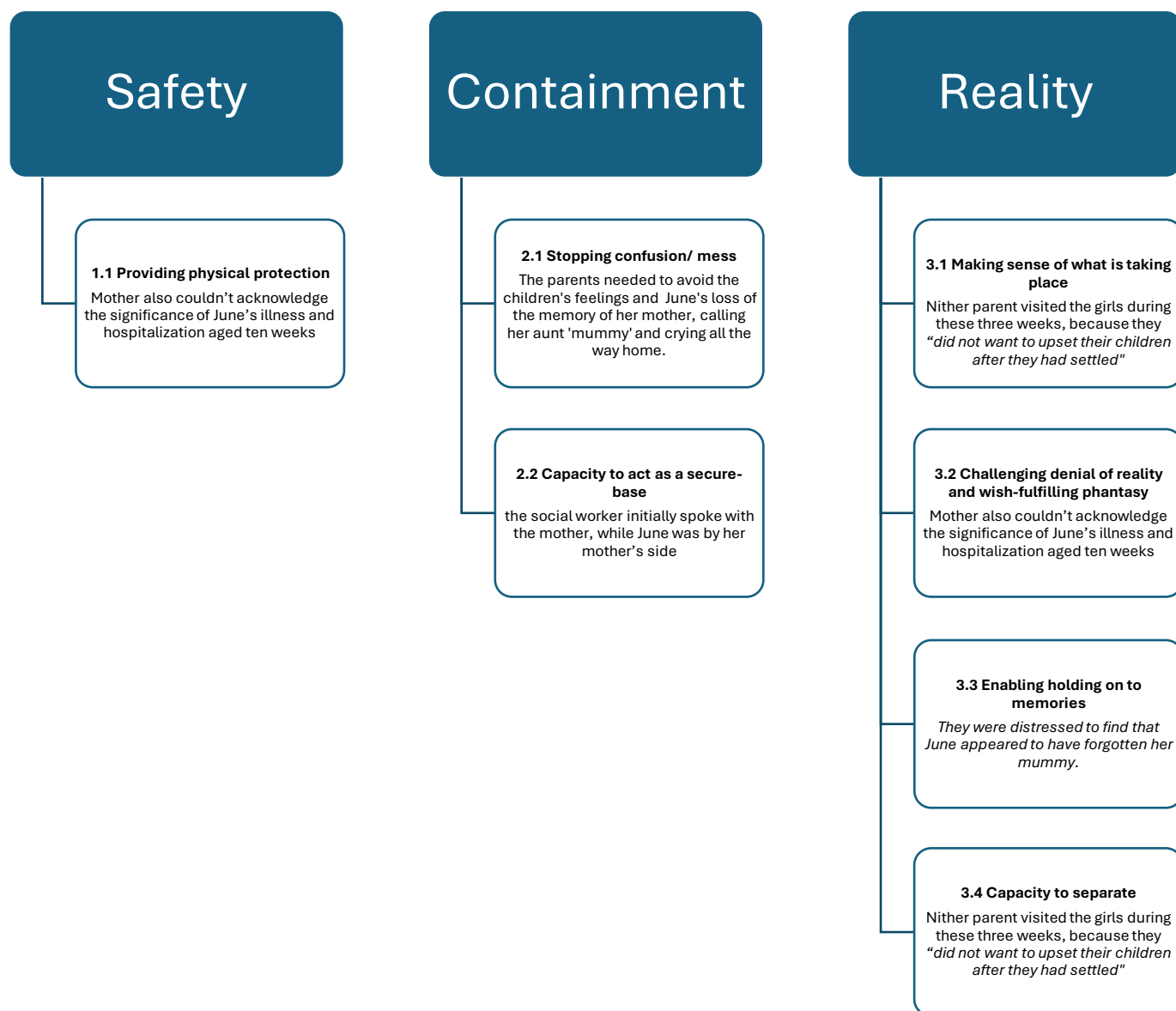


Figure 14: Nodal Map – Assessment

Table 14 below describes the analysis of the assessment following this research hypothesis.

Theme	Sub-Theme	Analysis
1.Safety	1.1 Providing a sense of protection	It is my understanding that the ‘acute fear’ reported as the therapist’s countertransference is an indication to June’s state of mind hearing mother’s description; sense of lack of protection seems to be indicated by these extreme feelings.
2.Containment	2.1 Stopping confusion/mess 2.2 Capacity to act as a secure-base	Following this research hypothesis and relying on the therapist’s countertransference of acute fear, it is indicated that June, standing the entire time by her mother’s side, doesn’t have a container for the feeling that are stirred up in her during the conversation or to act as a secure-base form her.
3.Reality	3.1 Challenging / preventing magical thinking 3.2 Blocking maddening thoughts 3.3 Enabling holding on to memories 3.4 Capacity to separate	Both parents’ lack of paternal function is evident in their peculiar, non-sensible, even maddening decision to avoid seeing the girls for three weeks after Robert’s birth. The rationale that they didn’t want to disturb them as they settled with their aunt. Following this research hypothesis, this reflects more of the parents’ lack of paternal function, indicating the parents’ difficulties to come together and separate than the girls. Moreover, both parents aren’t protecting each other from their madness. It is my view that June’s reaction to the long separation, forgetting her mother, is an additional aspect of June trying to manage parents’ decision. Not having a paternal function to provide her with a clear sense of reality and internal world, June can’t make sense of the separation, not from her mother nor her aunt. Furthermore, not acknowledging the significance of June’s hospitalization, indicates mother’s struggle to make sense of what is significance and what is less significance, which is, in my view, confirming a lack of paternal function to stop both mother and June’s madness.

Table 14: Analysis - Assessment

4.6.4 Parent-Child Therapy

Zadik, (1973, p.74), describes one of the joint sessions: ‘*June was in acute fear, as if she was imprisoned. She sank lower and lower in her mother’s lap until she was practically lying in it, quite limply*’.

Later on in the same session (Zadik, 1973, p.74) Zadik writes: *‘Mother kept telling June to play for my sake. She said with no basis of factual knowledge that Mrs. Zadik did not have any little girl of her own to show her, if June did not play Mrs. Zadik would be unhappy and sad; June refused. Only at the very end of this first session did June slip off mother’s lap, took a ball and wanted to take it away with her. Her mother said no but gave as the reason that it would get lost. Zadik, (1973. P.74) commented on reflection, how mother made the therapist the deprived one.*

Zadik, (1973, p.74) continues: *‘Mother felt that there was a problem between them, and she was determined to work it out with June. She was also very quick to see the controlling aspect of the struggle in which she and June were locked’.*

Once, after missing a session, Zadik, (1973, p.75), describes: *‘June stood by her mother and put her head in her mother’s lap. When I said to June that it might seem a very long time since she last saw us, mother replied for June, that for the first ten days she had asked, “Is this the morning we go and have the chat with the lady?” Then, her mother said, she had forgotten’.*

Zadik, (1973, p.75), continues: *‘When I referred to June’s crying, mother moved so suddenly, and I was startled; mother jerked her arm to her mouth and waved her hand, indicating to me, do not mention the word “cry”; it would start her off. Zadik reports feeling ‘tense and confuse’. Zadik said: ‘I wondered why mother could not stand the crying. She said she never knows how to treat them when they cry. She does not mind noise, or anger, but she cannot stand crying or fighting’ (Zadik, 1973, p.75).*

Zadik, (1973, p.75), continues: *‘June moved to play with the doll’s house. It seemed a step towards feeling more separated and able to contemplate something with an inside as well as an outside. Nevertheless, it was striking how June needed her mother to think for her, insisting on asking mother for every piece of furniture: ‘where does this go?’ (Zadik, (1973, p.75).*

Zadik, (1973, p.75), describes June’s comments: *‘we have all switched bedrooms at home. Patricia sleeps in June’s room, Denise in Robert’s room, and Robert in June’s bed. I asked where she sleeps, and she said with Robert, he comes into her bed, as he is lonely, but she said she wants her own bed. I said that she seems to want her own place, her own space, perhaps it feels as though they are all mixed up’ (Zadik, 1973, p.75).* In response, Zadik, (1973, p.75), commented on the massive confusion, and mother replied: *‘at three o’clock in the morning we will do anything for sleep and peace and quiet, mentioning not experiencing one unbroken night since Robert’s birth, three years ago’.*

It was then, Zadik, (1973, p.75), writes, that *‘mother said that she needs support sorting out underlying feelings to feel clearer in her own mind about what she feels she wants or needs to do, and the children will be less confused too’.*

The next session, the fourth, Zadik, (1973, p.76) saw June and mother on her own: *‘mother interrupted herself repeatedly to encourage June to play, but she did not want to budge from mother’s lap. June did not want to do things, to draw, to have pleasure; mother was wanting*

it for June. Mother said that she feels each child is what a mother makes it, and that she gives them all she has got' (Zadik, 1973, p.76).

Zadik, 1973, p.76 then describes: *'At this point, June left her mother and drew two figures next to each other. They consisted of square shapes, but each was incomplete; the left one was open on the bottom, the right one on the top. June drew faces in them - each feature a circle - two eyes, a nose, a mouth. In the one open at the top, she drew the face upside-down. The two figures appeared a striking couple. She gave them to me to see, and I asked what they were. She said mummy and a little girl. The little girl was the one open at the bottom and the mother was open at the top, and a bit bigger. Neither was complete, neither was contained, neither really had an internal space; each was the converse of the other, expressing an internal contradiction. The expression of the little girl appeared more alert and alive. She then took the plasticine and out of strips made what she called "a bridge" a "pond"; "a garden" and "two gates". When I asked her what the gates were for, she said "to keep you so you stay in your own garden and do not go where you don't belong"' (Zadik, 1973, p.76).*

Zadik, (1973, p.77), describes mother explaining: *'When she can take the anger and attacks from the children, they begin to be less intrusive and to feel more contained and separated from their parents in an enabling way; as mother was speaking, June left her side, took out the picture of the mother and little girl and closed off the figure at the top with lines and crosses, and partially closed the one at the bottom with a sort of bubble'.*

Zadik, (1973, p.77), described how: *'sensing the time was up and also clearly aware of the*

shape of our regular fifty-minutes session, just two minutes before the end of the session June whispered to me that before it would be time to stop, she could play for a minute more’.

The outline of themes and related sub-themes coded from the Parent-Child work together with clinical extract presented in figure 14.

Safety

1.1 Blocking/stopping/saying NO

Mother said she never knows how to treat them when they cry

commenting on the massive confusion, mother said that "at three o'clock in the morning they will do anything for sleep and peace and quiet.

for mother, who felt she had to put her children first, this child particularly made her feel that if she at all puts herself first, then she is a bad mother

1.2 Maintaining boundaries

The two figures appeared a striking couple.

The little girl was the one open at the bottom and the mother was open at the top, and a bit bigger. Neither was complete, neither was contained, neither really had an internal space.

1.3 Enabling a sense of control

She was also very quick to see the controlling aspect of the struggle in which she and June were locked

1.4 Preventing feeling in constant fear / preventing feeling in constant catastrophe / Preventing feeling in constant danger

June was in acute fear, as if she was imprisoned. She sank lower and lower in her mother's lap until she was practically lying in it

Containment

2.1 Managing excessive projections (from baby onto mother and from mother onto baby)

June's drawing indicates a bottom-less container that can't contain mother's projections.

June's cry, projected onto mother - is intolerable for mother

Mother projects the deprivation onto the therapist

2.2 Stopping confusion/ mess

The two figures appeared a striking couple.

The little girl was the one open at the bottom and the mother was open at the top, and a bit bigger. Neither was complete, neither was contained, neither really had an internal space.

2.3 Stopping the influx of feelings / overwhelm

Mother said she never knows how to treat them when they cry

The two figures appeared a striking couple. The little girl was the one open at the bottom and the mother was open at the top, and a bit bigger. Neither was complete, neither was contained, neither really had an internal space.

2.4 Preventing intrusiveness

for mother, who felt she had to put her children first, this child particularly made her feel that if she at all puts herself first, then she is a bad mother

Reality

3.1 Making sense of what is taking place

commenting on the massive confusion, mother said that "at three o'clock in the morning they will do anything for sleep and peace and quiet.

Mother needed to feel clearer in her own mind about what she feels she wants or needs to do, and the children will be less confused too

3.2 Challenging denial of reality and wish-fulfilling phantasy

for the first ten days June had asked, "Is this the morning we go and have the chat with the lady?"

3.3 Enabling holding on to memories

Then, her mother said, she had forgotten

3.4 Separation

it was striking how June needed her mother to think for her, insisting on asking mother for every piece of furniture: "where does this go?"

Figure 15: Nodal Map – Treatment

Table 15 below describes the analysis of the treatment following this research hypothesis.

Theme	Sub-Theme	Analysis
1.Safety	1.1 Providing physical protection	When mother and June are being seen together, there is a clear sense of the lack of safety for June. The ‘acute fear’ and the sense of being ‘imprisoned’, reported as the therapist’s countertransference, are an indication to June’s state of mind, and following this research hypothesis, reflects of the lack of paternal function to keep her safe.
	1.2 Blocking / stopping / saying no	
	1.3 Maintaining boundaries	Mother can’t maintain a paternal function that says ‘No’ when June wants to take the ball but makes an excuse that it will get lost – which also explains the fear of separation, as there is a danger of June getting lost.
	1.4 Enabling a sense of control	
	1.5 Preventing feeling in constant fear / Preventing being in constant catastrophe / Preventing feeling in constant danger	When the worker is absent, the parental couple is not maintained by June. Through her drawing, June portrays the lack of paternal function to stop the influx of projections and madness from both top-open mother and bottom-open girl; without a secured contained space, both mother and girl were not able to separate and function. June is able to represent the lack of safety and of a secure internal space, where she is not being held together; and is left distressed and confused. Another aspect of the lack of paternal function can be seen when mother speaks about not being able to tolerate June’s crying. The mother is not protected from the disturbing feelings of the baby, and as a result, can’t accept June’s communication of her distress.
2.Containment	2.1 Managing excessive projections (from baby onto mother and from mother onto baby)	Following this research hypothesis, June’s lack of capacity to think is an outcome of a lack of containing internal space where she can think her thoughts; she therefore relies on her mother to do all the thinking for her. Later mother requests to regain clarity about her own feelings as she recognises the impact of her state of mind. She doesn’t have the function to do it on her own. It is my understanding that without a secured contained space, both mother and June were not able to separate and function. Through her drawing, June is able to represent the lack of a secure internal space, one which can hold the container together and allow June to develop her thinking and portrays the lack of paternal function to stop the influx of projections and madness from both top-open mother and bottom-open girl.
	2.2 Stopping confusion / mess	
	2.3 Stopping the influx of feelings / overwhelm	Mother is not able to maintain a straightforward relationship, and projects the deprivation onto the therapist, asking June to play and engage with the session ‘for the therapist’s sake’.
	2.4 Preventing intrusiveness	
		It is my understanding that with mother’s possible lack of a paternal function she is lacking support with expressing and containing her suppressed, unspoken sadness and anger of the loss of Peter. Furthermore, reducing the need to project and intrude into June is

		difficult for mother, as she herself lacks the experience of being contained. When the therapist suggests separating June and mother therapy into individual sessions, it allows June to move away from her mother, to complete her drawings of mother and girl and to close their bodies- their internal space. Following this research hypothesis, it indicates a possibility of stopping the influx of mother's uncontained projections and of June's 'bottom' type projections.
3.Reality	3.1 Making sense of what is taking place 3.2 Challenging denial of reality and wish-fulfilling phantasy 3.3 Enabling holding on to memories 3.4 Capacity to separate	Following this research hypothesis, June herself is seeking a paternal function when relating to the concept of time. Due to the missing session, June became disoriented with their next session, and after 10 days forgot about it all together. Again, like with forgetting her mother and aunt, it can be that June lacks the ability to maintain memories over time. It can also be an avoidance of acknowledging an additional loss following the repeated separations experiences where June had been dropped of her parents' mind. The ongoing confusion that is portrayed by June through the sleeping arrangements is a clear representation of her confused internal space. Mother then confirms that due to the parents' wish to have non-disturbed nights, they maintain confusions and blurry sense of reality. It is my understanding that this leaves June with non-making-sense experience. There is later an honest plea of mother to regain clarity about her own feelings as she recognises the impact of her state of mind. Mother doesn't have the function to do it on her own. According to this research hypothesis, she lacks the paternal function and needs support to established it internally. In the session when the co-worker is absent, the parental couple is not maintained by June. The separation is not possible for June and mother, reflected in June's need for her mother mind to do the thinking for her. It is my understanding that there is no internal paternal function in mother or father, that can come between mother and June to enable the separation.

Table 15: Analysis – Treatment

4.6.5 End of parent-child treatment

Zadik, (1973, p.81), describes a session, three months into the therapy: *‘June glanced at her mother, turned to me earnestly, and asked “Why doesn’t this dollhouse have a light inside? Why isn’t there more light in here so I can see what I’m doing?” when I related June’s question to the issue of separating, to her expressed wish to look in more detail, with more*

light, at her internal world, they both readily agreed it was time to have separate sessions'
 Zadik, (1973, p.81).

Zadik, (1973, p.81), describes in her concluding statement: *'since then, June has improved greatly at home, and six months after treatment began she started nursery school three mornings a week'*.

It is my understanding that, by requesting light in the dollhouse, June is able to express her need of a paternal object that will help to explore and look into things, and where learning from experience can take place.

4.6.6 Conclusion of Analysis and Results

These three case studies provide clinical data of children with attachment difficulties that received psychotherapy from different theoretical approaches. The data offers a lens into the impact of the dysfunctional object on each child's experiences, highlighting the corresponding lack of security and trust that permeates both their lives and therapeutic interactions. A connection between attachment difficulties and the structure of the object, mainly paternal function, is evident through the lack of sense of safety and trust, as these themes emerge. Moreover, it became evident from the material that the maternal functions cannot fully occur without effective paternal functions. It is, however, important to mention that I didn't recognise a hierarchy between the paternal and maternal function, as it is evident from the case studies that their development is interwoven; their mutual importance and

existence are essential to the development of a combined object. The overarching theme of trust was identified in all three cases.

Chapter 5: Discussion of Findings

In the previous chapter, I presented and analysed three case studies of children with attachment difficulties using thematic analysis. In this chapter, I discuss the findings through the conceptual framework developed in this research and suggest relevant clinical implications.

5.1 Introduction

The clinical data offers a unique opportunity into the impact of the dysfunctional object on each child's experiences, highlighting the corresponding lack of security and trust that permeates both their lives and therapeutic interactions. The analysis of the themes within the clinical material elucidates the connection between each child's sense of being and attachment difficulties and their internal object. Following the literature review, the indicated paternal and maternal functions were all identified, often malfunctioning. On many occasions, the impact of the absence of the paternal function was identified. A connection between attachment difficulties and the structure of the object, is evident through the lack of

sense of safety and trust, as these themes emerge. The clearer the absence of maternal function became, the more evident the importance of paternal functions was, suggesting that maternal functions cannot fully occur without effective paternal support. As two of the three cases had a real father figure, the relevance and significance of an internal paternal function is clear.

5.2 The Conceptual Framework

The conceptual framework I presented in the introduction chapter and developed through the literature review is supported by the analysis of the clinical cases. The establishment of trust and safety, which are essential for the maternal function of reverie to take place and for the establishment of a secure-base, results in the development of meaning and learning from experience, a clear sense of reality, and psychological development. Without the presence and performance of the paternal function, initially in the mother's/carer's mind and then developed in the child's internal world, and unrelated to the presence of a real father, none of the above functions and growth are possible. Moreover, my analysis suggests that there is a clear link between the child's paternal function deficiencies and those of the parents, and in order to support the development of secure attachment, both need to be mapped, analysed, and supported via treatment and parenting work.

I therefore suggest a conceptual framework for clinical formulation and intervention that can be used to formulate the current state of the combined object in both parent and child, and that guides the structure of services and agencies around the child and family to attend to the critical deficiencies and dysfunctions of the parent/carer and support recovery through adequate parenting work. This work, communicated to and practised by the identified

relevant agencies (mainly therapeutic, social services and early years education), will enable the development and maintenance of the combined object's functions. Such a structure will become significant again when the child reaches adolescence (explained below). Using the conceptual framework's language and understanding offers a focus on the underlying issues of the object's structure and limitations and provides a starting point for change and support. Language and communication are crucial elements of my formulation, and the formulation offers the move towards functions-based terminology and diagnosis. In addition, this research places emphasis on the introduction of parenting work in place of traditional parent work. Identifying and restructuring the parent's object structure, following this research hypothesis, is a crucial element in the outcome of the psychotherapeutic intervention.

I will now discuss the case studies' authors' own hypotheses and formulations, and then present my own understanding and formulation, showing how I was able to broaden the lens and theoretical understanding of the clinical material, and, I hope, to strengthen my hypothesis. Extracts from the clinical cases are presented in italics.

5.3 Case study 1 – Maya

Original author's case summary, presenting difficulties and formulation

Zaphiriou-Woods & Gedulter-Trieman (in Hurry, 1998, p.168) describe '*Maya experiencing unassimilable separations and losses, having aggressive jealous and envious relationship of other children and strong possessive to mother substitute. Alongside a denial of her father's death, she was 'hungry' for adult's attention. extremely needy of adults' physical attention*'. Maya had a repeating pattern of '*being misunderstood and rejected and struggles with*

separation from mother in the nursery, feeling overwhelmed with aggression and anxiety' (Zaphiriou-Woods & Gedulter-Trieman (in Hurry, 1998, p.168)).

I will later describe how the lack of maternal containment was a key feature in Maya's presentation and will stress it was due to the lack of the protection of a paternal function in both mother and Maya.

Zaphiriou-Woods & Gedulter-Trieman (in Hurry, 1998, p.168), using Anna Freud's diagnostic profile concluded that Maya's developmental difficulties could be seen as rooted either in '*some sort of constitutional impairment (i.e. endowment or in early emotional experiences) whose impact on structuralization of ego and superego development and building up of self and object representations and which affected her capacity to make use of the educational provision*'. They relate Maya's disorganised presentation and panic to '*a general sensitivity to traumatization stemming from her early unprocessed loss*' (Zaphiriou-Woods & Gedulter-Trieman (in Hurry, 1998, p.168)).

An alternative explanation to the unprocessed loss, according to this research hypothesis, is an indication of a lack of paternal functions in both Maya and mother which contributes to the lack of comprehension of reality, a central paternal function. As the paternal function in mother's mind wasn't able to process the loss, so was it missing from Maya's object functions.

Zaphiriou-Woods & Gedulter-Trieman (in Hurry, 1998, p.169) conclusive diagnosis of Maya was of *'dominating anal sadistic features, while attempts at reaction formation, splitting, denial, and repression were not successful. Maya was possibly carrying some of the negative feelings that she dared not express in relation to her mother. Her fear of loss of the object and the object's love was extreme, and superego precursors had a punitive quality. It seemed safer to concentrates on pleasing adults and not to think too much, with serious consequences for her language and cognitive development. The boundary between fantasy and reality was not established, pretend mode swiftly shifts to psychic equivalent mode in play. Unbearable thoughts, frightening feelings and unacceptable wishes could all magically come true and were not permitted even in play'* (Zaphiriou-Woods & Gedulter-Trieman (in Hurry, 1998, p.169).

Moreover, Zaphiriou-Woods & Gedulter-Trieman (in Hurry, 1998, p.169) recognised that *'the effects of any modification in the environment would be limited by the child's endowment and the extent to which difficulties had become internalised and structuralized. In addition, mother's intolerance of her own affective life, had difficulty in mourning her dead husband and her externalisations onto Maya were interfering with Maya's development'*.

Formulation using this research conceptual framework

I will now show how my formulation, not only offers a functions-based view, but also uses language which is transferable to various aspects of the child's life whereas the original case authors' formulation, while using Anna Frued's diagnostic profile, is less approachable and straightforward, and not easily transferable to intervention.

As described by the therapist, the main difficulties at the early stages of therapy were to establish the boundaries and rules – what belongs to whom. This serves as a clear indication of an absence of an active paternal function in Maya's internal world, one that set the rules and helped clear up and contain the mess, as described in the literature review. This paternal function was clearly absent in mother's mind as well. Maya's box was messy and full of projections and needed sorting out, but she couldn't do it on her own; a paternal function was required for this task. The clinician's countertransference was an indication of Maya being overwhelmed with uncontained and unprocessed feelings, all not filtered by mother/ her internal paternal function. Maya's mother was lacking a paternal function that could stop the projections and influx of feelings onto Maya.

Maya's struggled to develop, physically and emotionally without first establishing a secure-base. Once again, mother wasn't able to provide Maya with holding and handling, as she was lacking it herself.

The case was concluded with a review session, where Maya was able to demonstrate a capacity to separate externally, managing going to school. Internally, however, Maya was able to acknowledge a part of her - 'spotty Maya' that was still projected onto by mother. Although it is a positive conclusion of therapy for Maya – as she is able to recognise mother's projections, it seems that mother wasn't able to refrain from using projections to manage her own distress and overwhelming feelings. It is possible that, in the long run, and thinking about the inevitable upcoming teenage years of struggles for independence and separations, Maya's need for a functioning robust object will meet a struggling object who

will fail to provide the required functions. It seems that despite the attempts made in the parent work, mother was not able, as hoped, to stop using Maya as a container for her difficult feelings. As my conceptual framework suggests, mother didn't establish a well-functioning paternal function.

It is important to note that Maya's therapy took place at the Anna Freud Centre Nursery, a setting that offered an unusually integrated model of care, involving the education system and children's services alongside the parents. This raises the possibility that the clinical shifts observed in Maya's case were supported by the exceptional degree of parental engagement this setting made possible — engagement that a more ordinary therapeutic setting may struggle to replicate. Nonetheless, the formulation proposed in this research does not depend on such specific setting: a similarly integrated approach, extending contact with parents and network beyond the clinical hour, could plausibly achieve a comparable impact on the internal object structures of both child and parents in a more typical service context.

5.4 Case study 2 – Leo

Original author's case summary, presenting difficulties and formulation

Melandri, (2017, p.158-174) describes Leo as *'an atypical child with uneven development, who exhibited thought problems and reality appraisal. Defects in his ego structure, his sense of self, and his capacity for object relations were related to Leo's possible early relational trauma led to Leo's insecure and disorganized attachment with difficulties in his capacity to relate'*.

Melandri's, (2017, p.159) initial formulations derived from Anna Freud's diagnostic profile, which she claims, *'can help us to create a preliminary map of a child internal and external world, in contrast to the limitations of organizing a treatment based on a categorical descriptive diagnosis based on symptoms, which limits the exploration of both conscious and unconscious motivations for behaviour'* Melandri, (2017, p.159).

Melandri, (2017, p.159) continues: *'An early developmental disturbance (possibly connected to mother's emotional state in the perinatal period) was at the root of Leo's difficulties. Leo's defence organization did not provide him with a sense of safety to enable him to cope with internal and external dangers effectively. Maternal grieving and depression probably interfered with mother's capacity to be attuned to her baby's needs and communications. Turning to father, Leo's was met with father lack of authenticity and covert hostility. Leo's appetite for life was fuelled by annihilation anxiety as his early feeds were imbued with indigestible maternal emotions and projections. His sense of self appeared damaged and possibly incorporated features of parental hostility'* Melandri, (2017, p.159).

Described by Melandri, (2017, p.159) Leo is presenting with *'an uneven development in the realm of self-development, capacity for object relatedness, and affect regulation [...] Leo had difficulties to emerge from the mother-infant relationship as a separate self. A very difficult beginning had become the baseline and organizer for his development'*.

I believe that this formulation, based on the diagnostic profile, vaguely addresses the early life's difficulties as the 'baseline' of his difficulties, with no clear explanation of the object and of how the impact of the early experience emerged. The structure of his ego, I believe, needs better exploration through the concept of functions which I suggest.

Melandri mentions (2017, p.160), that *'no evidence of an internal background of safety from which to explore the world was found. Leo used objects like road signs, to scaffold his sense of self by replacing some ego functions to provide him with some sense of safety. Anxiety was represented in catastrophic phantasies of annihilation and disintegration due to possible lack of maternal holding and handling which shook and crashed his developing sense of self'* Melandri, (2017, p.160).

Melandri concludes (2017, p.162) *'Leo's play suggested the emergence of a harsh superego, primitive and not internalized, suggests strong ambivalence expressed at the oral level. Leo's fantasy world seemed to obscure reality where there is a denial of the distinction between self and object, which profoundly distorts and alters the sense of reality. Leo had at his disposal primitive and inadequate defences to help him cope with internal and external stressor'* (Melandri, (2017, p.165).

Formulation using this research conceptual framework

The understanding of Leo's difficulties and presentation by the original author are descriptive and less directive. The general assumption of the intervention is, similar to my hypothesis, the lack of maternal containment, mainly due to mother's state of mind. This case clearly represents the gap in theory which I recognised and tried to address in the literature review and the case analysis: a need to formulate the understanding in terms of attachment theory, the structure and functions of the internal object. Again, the use of psychoanalytic jargon created a barrier in applying the clinical understanding to the work with the parents and to support additionally involved services.

Following my conceptual framework, alongside the clinical material, I described how Leo's play and internal world was full of terror and catastrophes, without an internal combined object that can take care of his vulnerable part. Leo's ego was developed while internalising of maddening, depressed and inconsistent maternal object and a weak paternal function that couldn't dam the influx of projections and provide containment and support when mother was unable or fails to feed and provide reverie.

In Leo's play the parents are absent or limited, parental functions missing and he has little sense of relatedness. Leo therefore has no secure-base to emerge and explore the world from. He is in a constant state of alarm, with no safety-generating paternal function.

Leo's play enables us to establish a clear view of the structure of his object. Leo wishes for a (paternal) function that will be solid and remain stable and stops the angry, depriving,

punitive and inconsistent mother. As suggested by the therapist, Leo's play and functioning on a concrete level might indicate his lack of capacity to differentiate between phantasy and reality. This, as I showed, is a significant lack of paternal function.

The broken light in the dollhouse can represent both the broken, damaged paternal function that didn't shed light and offered a clear view of reality, and which didn't prevent the harm done by the damaged maternal object. His road sign 'beware of the cemetery' acknowledges the deadening surroundings (mother) and the need to divert away from the dangerous, lifeless space.

The absence of both maternal and paternal functions can be clearly reflected in Leo's incapacity to care. Leo's intense and harsh play mirrors mother's lack of capacity of being concerned about others as well as his incapacity for reparative behaviours. Without the availability of mitigation, Leo is left to manage his anxieties in a primitive way.

Acknowledging the therapist's countertransference, Leo was looking for an object he can communicate with his sense of danger and anxiety and his need to be protected and taken care of. Following my conceptual framework, Leo was in search for a paternal function.

5.5 Case study 3 – June

Original author's case summary, presenting difficulties and formulation

Zadik, (1973, P.71) suggests that '*clinical work offers a safe setting in which conflicts and anxieties which are interfering with development can be better understood, and in which communications can be recognised, made explicit, and then be taken back, to become a part of the person to whom they belong*'.

In the literature review I recognised these communications as projections and described the process as reverie. Following this research hypothesis, I suggest that these activities need an active paternal function.

June, Zadik (1973, P.72) describes, presents with '*a very severe reaction to a traumatic separation, and where the parents had to avoid the pain, their children were experiencing*'.

Developing her hypothesis, Zadik (1973, P.72) wonders '*why June does not seem to be able to hold onto a memory, or her experiences; does she positively put it out of her mind as it is too horrible to think about? Or does she not have a capacity to remember, an internal space to contain her introjections?*'.

The joint work allows us to recognise mother's lack of paternal function. Acknowledging her need to understand and recognise how when she feels she can take the anger and attacks from the children they begin to be less intrusive and to feel more contained and separated in an enabling way is significant. Working hard was for mother a way of denial, because: '*to let go of them, externally, has become equated with psychic loss*' Zadik (1973, P.72). According to this thesis, to refrain from acknowledging reality is another clear indication of lacking the paternal function in both parents.

Zadik's (1973, P.72) summaries her formulation: *'mother and June being locked in a predicament: June was utterly dependent on the presence of an actual external object with which she felt confused. Being under the work of the powerful force of mother's omnipotent phantasies, which damaged mother's capacity to function as a container for June's most primal, concrete and overwhelming anxieties. The result was that June could not introject an external object'* Zadik's (1973, P.72).

Zadik (1973, P.81) concluded how *'initially tangled, trapped, they seem to be able increasingly to become unlocked. Openings appear, offering the possibility to relate to each other as separate individuals in their own right'*. Working with mother Zadik (1973, P.79) suggests, allowed to clarify mother's ability to recognise and respond to the anxiety and needs of June, and June's ability to express her own thoughts and feelings rather than those projected by her mother.

Formulation using this research conceptual framework

June's case is a clear example of the predicament of a child that didn't experience the paternal function of coming between the baby and the mother, separating them and allowing a space to form within the dyad. June lack of the capacity to think is therefore an outcome of a lack of containing internal space where she can think her thoughts; she therefore relies on her mother to do all the thinking for her.

Without a secured contained space, both mother and June were not able to separate and function. June's behaviour represents the lack of a secure internal space, one which can hold the container together and allow June to develop her thinking.

It is my understanding that lacking the support to express and contain her suppressed, unspoken sadness and anger of the loss of Peter, mother was unable to control her need to project and intrude into June. Offering separating the work upon conclusion of the joint work, allowed June to move away from her mother, to complete her drawings of mother and girl, and close their bodies- their internal space; This enabled the influx of mother's uncontained projections and of June's 'bottom' type projections to stop. In her plea for a light in the dollhouse, June is able to express her need for a paternal object that will help to explore and look into things, where learning from experience can take place; a secure-base to leave, come back and from which to develop.

According to this research formulation, offering to separate the work upon concluding of the joint work – to act as a paternal function that come between the dyad, allowed June to move away from her mother, to complete her drawings of mother and girl, and close their bodies- their internal space; This enabled the influx of mother's uncontained projections and of June's 'bottom' type projections to stop. In her plea for a light in the dollhouse, June is able to express her need for a paternal object that will help to explore and look into things, where learning from experience can take place.

The interim outcome of this joint work seems to be more in-line with this research hypothesis. However, the theoretical view is one which places the emphasis on mother and her parenting, focusing mainly on the maternal projections. Despite practising the development of a combined object, it avoids acknowledging the underlining absence of a paternal function.

5.6 Summary

The clinical data showed how each of these patients was lacking a safe containing object that will provide a secure-base, offering to develop a capacity to think, to distinguish between what is real and what is not, and to protect the self from excessive projections of anxiety and overwhelming feelings.

All three patients struggled with a dysfunctional object that, due to the absence of an internal paternal function in all three mothers' minds, was unable to offer containment and reverie and to provide the secure-base needed for exploration and psychological development. We don't know much about Maya's father but can assume from her ordinary early development that while he was still alive, both he and mother maintained functioning paternal functions. According to the clinical data and following this research hypothesis, both Leo and June's fathers were also lacking paternal functions.

However, in all three case studies, the clinicians' understanding is of an object defined as the maternal/mother object and described by its actions, helpful or damaging. Moreover, there is no reference to the structure or functions of the object. All the three case studies' authors established a comprehensive understanding of the child's ego structure and parents' deficiencies, focusing only on the mothers' lack of containment and their projections into the child. There is no clear understanding of the underlying circumstances (e.g. referencing to the father and paternal) except the actual loss or absence of the fathers. The original authors describe an early trauma or parental incapacity. Following this research's conceptual

framework, such focus on the child's ego and maternal capacities is lacking and doesn't explain how these deficiencies developed and neglects the additional support from the related services in their contribution to help establish and enhance maternal capacities. My formulation offers functional explanation and reasoning of the need to develop a paternal function.

In addition, it is evident from the three case studies that the paternal and maternal functions' development is interwoven, and their mutual importance and existence are essential to the development of a combined object.

As indicated in the literature review, within attachment theory, the development of secure attachment relies solely on the mother's capacities. Holmes, (2014), mentions multiple writers' view:

‘poor maternal capacity to recollect her own childhood and her experiences with her primary caregiver, which they name maternal representation, also affects the maternal-infant attachment relationship and add that adverse relationships in mother's past, may compromise the development of secure infant attachment’ (p. 95).

Holmes, (2014 p.95), description of ‘Inter-generational transmission of psychological health or vulnerability maternal deprivation’ remains more a descriptive method, without a

formulation towards a treatment that addresses the maternal object's underlying structure and its possible developmental pathways.

Moreover, parent work, which according to this research and its suggested conceptual framework is a crucial aspect of a clear formulation and a positive outcome, was introduced in two out of the three case studies presented, and parent-child work only in one. However, in all three cases, the emphasis was on the change with the child's ego. It is my understanding that without a clear formulation of the parents' internal object and its functions, the child would struggle to move towards secure attachment with a secure base, and therefore a substantial, entrenched change in the child's object function, is not possible. Moreover, support for the other carers within the wider network that can stand as attachment figures wasn't mentioned.

The need to support the establishment of the object's functions, which is in the core of the application of my formulation, is missing. As we can recognise the lack of combined object in the parent, the educational and social agencies involvement and contribution, outside the family home and consulting room, is crucial. Unfortunately, they were missing in the clinical work described for all three cases, and from the cases' formulations. The focus of the individual therapy in all three cases was on the establishment of benign good object within the child internal world. As I suggested above, the parent work and the impact on the parent/main carer object's structure was minimal in Leo's case and limited in June's case. The formulation in all three cases focused on the patient's ego structure alongside an

understanding of the mother's limited capacities and struggles. There wasn't a view of the parental object's structure and its implications on the child's object's structure.

Without such comprehensive formulation, long term change is difficult to maintain.

Numerous research studies indicate that the link between attachment security and healthy functioning continues to exist in adolescence (Dykas, Ziv, & Cassidy, 2008; Kobak & Sceery, 1988; Allen, 2008, in Cassidy, Jones and Shaver, 2013, p.1430). Therefore, following the conceptual framework of the parental object function through what I term parenting work can, later on in life, increase adolescent attachment security and have a long-lasting change on the child and parent object's structure.

Moreover, despite all three cases addressing attachment difficulties, there was no one coherent explanation of the attachment struggles. This is the gap I identified: an absence of a theoretical and practical conceptual framework to address the presentations of 'attachment difficulties' in object-relations' terms; a formulation that includes the child's emotional difficulties which often results in developmental impairment. In addition, the acknowledgement and understanding of the internal object of the parent and its contribution to the child's difficulties, despite being mentioned, is not addressed in two of the three cases. The parent work in all three case studies was with the mothers, all recognised by the conceptual formulation suggested in this research as lacking object functions. The implications of missing out these elements in the structure of the object and the child's ego, based on this research literature review and conceptual framework are that the intervention was limited, especially if we consider long-term effects into adolescent and early adulthood

when these patients might become parents themselves. Moreover, the support required from other professionals and services involved, was limited as language and clear formulation were not accessible.

Attachment difficulties develop through the interactions and experience of a child with his object's functions. It is therefore crucial to include all aspects of both child and object in the treatment and when the object is recognised as limited, to extend the treatment and work to other possible figures and services that can provide the object's functions alongside the parent/carer. The formulated form (Appendix B) can provide common structure and guidance to the agencies' intervention. The conceptual formulation offers a shift from individual diagnosis of the child to a formulation of the parent-child experience based on the parent and child object's structure, alongside functions-based view which can support 'outside-the-consulting-room' intervention.

Following the suggested conceptual framework, without a solid paternal function within the parent or main carer's mind, the capacity of the child to develop and maintain a robust, functional object, and ego is limited. Despite all three cases reporting of a recognisable shift in the child's presentations, they all used the parents reports to develop a view of the child's internal world and structure. The work therefore concentrates on the strengthening of the ego and the lessening of unhelpful defences. However, the parents' internal world is described but not thought about as significant apart from the use of projections and lack of containment capacity. June's case is the only one where there is a clear understanding of the importance of parent-child intervention, but the focus is mainly around lessening mother's projections. This

is, however, only a partial element of the paternal function. According to this research hypothesis, the parenting work should be widened and should support the mapping of the parent object's functions. The parenting work then needs to shift further towards supporting the establishment of the required functions within the mind of the parents, alongside those agencies which have been identified as working with the child and family (e.g. educational children service etc).

I will now suggest how this conceptual framework can be applied to clinical work with attachment difficulties.

5.7 The Combined Object Functions: Implications for Clinical Practice

This study was based on published case studies where attachment difficulties or disorder were a main difficulty in the child's experience and family life.

As mentioned in the literature review, NICE guidelines (2005) are not recommending psychoanalytic psychotherapy as preferred intervention for attachment disorders and mainly refer to children in the care system or who about to go into care. One of the aims of this research will be to introduce a comprehensive conceptual framework that will be accessible to all family structures; e.g. single parent, same-sex parents, foster care family, adopted child as well as any other family structure. The clinical formulation based on the suggested

conceptual framework will enable a comprehensive view of the lack of object's functions across the child's settings, outside the family home and consulting room.

The conceptual framework offers a formulation of attachment difficulties based on the object structure of both child and parent/carer, using the language of object functions. These understandings will be developed following a review of the referral, the developmental history and assessment sessions as well as the first part of the individual sessions and the separate work with the parent/carer with an emphasis on social constructive language and references to the paternal function of the maternal internal object.

The implementation of the conceptual framework through the work of Community CAMHS alongside Children Services and the education system can enhance the assessment and treatment of attachment disorders. Adding the nodal-map form (Appendix A) to clinical interventions can help recognise the difficulties' origin. This in return will support the development of service-appropriate interventions to re-establish the required object functions, alongside offering object-relations' psychoanalytic psychotherapy. Parallel to this, my aim will be to present the conceptual framework in attachment theory related conferences, where psychoanalytic psychotherapy is often less present.

In addition, given the international scope of attachment theory and research, this research can support moving away from the almost sole emphasis on the mother and maternal and using it as a bridge between Object-relations psychoanalytic thinking and attachment theory. This

conceptual framework will also contribute to widening the understanding of early attachment difficulties by neonatal professionals, health visitors, nursery age teachers and social workers. In addition, it can add to the current on-going work of the Parent Infant Foundation and various parents' support courses.

The comprehensive investigation into the functional structure of the child's internal object, describing functions instead of structure, can be applied to children and family in the care system as well as in the biological family setting, and across settings and professions, e.g. nurseries, schools, Children Social Services.

5.7.1 Diagnosis and assessment of attachment difficulties – implications of study

DSM V's, (p.127), description indicated that attachment disorders are difficult to diagnose as practical guidelines require repeated observations in multiple settings. In addition, there are no specific validated tools for screening or assessing attachment disorders in children and the diagnosis given based on interviews, early history and observed behaviour. The DSM V, (p.127) however, advises on the development and offer of a structured observation and formulation. The suggested conceptual framework of the patient's object structure can be developed into a tool that can be used across settings and professionals in the language of functions and of the child's current object's structure, based on early history, perceptions and observed attitude. This in return, can generate a common understanding and view, which can be used when interventions and support are developed, alongside the individual work and the parent work.

An example of how the paternal functions diagnosis can be used during interaction with the child, based on this research hypothesis, can be found below (based on Leo's referral (case study 2)).

Paternal Functions Assessment

Observable functions during Child / Parent interaction (Delete as Appropriate)

Child's name: Leo Date: xx/xx/xxxx
 Observer name: xx Observer role: Nurse Teacher
 Type of intervention: Summary of Referral

Safety

Function	Present	Ambiguous	Clearly Absent
Providing physical protection	☐	☐	☒
Blocking / stopping / saying no	☐	☐	☒
Ensuring the survival of the mother and baby dyad	☐	☐	☐
Maintaining boundaries	☐	☐	☐
Enabling a sense of control	☐	☐	☐
Preventing feeling in constant fear / Preventing being in constant catastrophe / Preventing feeling in constant danger	☐	☐	☒
Offering security	☐	☐	☒

Notes / Observations

In his play, Leo spoke about experiencing floods and how his house got damaged due to floods and earthquakes, with no one to protect. His home or to make sure he can survive. Neither his body, not his 'play' home felt safe and secured from the floods.

Leo's own way of playing and managing his experience of feeling flooded and overwhelmed was to play with the toy road signs and to speak about real road signs. Leo used them to control the traffic and used them in an obsessive way in his play.

Containment

Function	Present	Ambiguous	Clearly Absent
Managing excessive projections (from baby onto mother and from mother onto baby)	☐	☐	☒
Stopping confusion / mess	☐	☐	☒
Stopping the influx of feelings / overwhelm	☐	☐	☒
Enabling holding and handling	☐	☒	☐
Capacity to act as a Secure-base	☐	☒	☐
Preventing intrusiveness	☐	☐	☒
Enabling the development of thinking	☐	☒	☐

Notes / Observations

When Leo felt overwhelmed with emotions and feelings during his play or daily activities, he struggled to regulate his reactions and would become impulsive. he interacted

only in an aggressive way, as well as difficulties in managing his chaotic and impulsive behaviour in

the nursery setting. In the nursery, he was often agitated, seemed confused and overwhelmed, unable to participate in any shared routine.

The world Leo described in his play was full of death and murderous. Leo built a sort of cocoon, with curtains and cloths to make a protective and containing den for himself - needs to create a safe place by himself

Reality

Function	Present	Ambiguous	Clearly Absent
Making sense of what is taking place	☐	☐	☒
Challenging / preventing magical thinking	☐	☐	☐
Enabling a Clear distinction between reality and fantasy	☐	☐	☒
Challenging denial of reality and wish-fulfilling fantasy	☐	☒	☐
Blocking maddening thoughts	☐	☐	☐
Enabling holding on to memories	☐	☐	☐
Capacity to separate	☐	☐	☒

Notes / Observations

Leo seems confused and overwhelmed, without a capacity to manage reality. He didn't feel either hot, cold or pain. It felt that he wasn't able to separate from mother and didn't seem to be aware of being left in nursery.

Figure 16: Paternal Function Assessment - Child

Another aspect of the implications of the conceptual framework suggests a move away from the language discourse emphasising the parent's gender. Currently, in both practical and research, it is almost solely the mother who is being referred to as the sole parent responsible for the impaired attachment. This research, however, suggests a fundamental basic view of non-gendered object's functions. Moreover, the traditional view of paternal function as a synonym to fathering is challenged. As described in the Introduction chapter, the traditional family structure is being constantly challenged and requires a new conceptual framework and approach to the description and understanding of the object and attachment structure. The understanding that the paternal function in the carer's mind is not only significant but sufficient, and therefore must be developed and supported, is fundamental. It offers a new perspective in the debate about the possible impacts of single parent families on their child's psychological development. The understanding that the paternal function in the mother's mind, develops through her experience and relations with her object, can contribute to the understanding of cross-generational impact, expanding Fraiberg et. Al., (1975), view; not only an intergenerational trauma and experiences but intergenerational object structure.

During the parenting work, as an integrated part of psychoanalytic psychotherapy (and following this conceptual framework), a secure-base for the parents can be suggested and developed (alongside the strengthening of the paternal function in the parent's mind). Using the paternal functions diagnosis form (see below), the parents' paternal and maternal functions can be mapped. Then, following the mapping of the parents' object structure, parenting work rather than parent work should be offered – a significant intervention which is identified as crucial as the individual work with the child; a space where clinicians and professionals can stand for the identified missing paternal functions, challenge the parents'

views and make links to the child's object structure. Such an approach enables the understanding of the impact of intergenerational dynamics, together with current anxieties. In return, it will enable the creation of a therapeutic space where the experience of a combined object's functions can be thought about and formulated alongside the practise of the language and understanding of object's functions.

An example of how the paternal functions diagnosis can be used during interaction with the parent, based on this research hypothesis, can be found below following Leo's early history investigation with the parents (case study 2).

Paternal Functions Assessment

Observable functions during ~~child~~ / parent interaction (Delete as Appropriate)

Child's name: Leo Date: xx/xx/xxxx
 Observer name: xx Observer role: referral form and Clinician
 Type of intervention: Early history

Safety

Function	Present	Ambiguous	Clearly Absent
Providing physical protection	☒	☐	☐
Blocking / stopping / saying no	☐	☒	☐
Ensuring the survival of the mother and baby dyad	☐	☐	☒
Maintaining boundaries	☐	☐	☐
Enabling a sense of control	☐	☐	☐
Preventing feeling in constant fear / Preventing being in constant catastrophe / Preventing feeling in constant danger	☐	☐	☒
Offering security	☐	☒	☐

Notes / Observations

Father pushed to return to the way things were before and denial of the pain of mourning for both of them, while mother was unable to stop father. Mother reported struggling to manage Leo's demands on her and felt father wasn't able to support her with her anxieties and depressed feelings getting into Leo. Father seemed not to be able to cope with the overwhelming sense of catastrophe due to the loss of both grandmothers.

Containment

Function	Present	Ambiguous	Clearly Absent
Managing excessive projections (from baby onto mother and from mother onto baby)	☐	☐	☒
Stopping confusion / mess	☐	☐	☒
Stopping the influx of feelings / overwhelm	☐	☐	☒
Enabling holding and handling	☐	☒	☐
Capacity to act as a Secure-base	☐	☐	☒
Preventing intrusiveness	☐	☐	☒
Enabling the development of thinking	☐	☒	☐

Notes / Observations

feeling 'loss, grieving, and lack of pleasure in her newborn baby' – leaving baby Leo vomiting when anxious. Both parents described feeding difficulties, as if Leo wasn't able to take in food and maintain food inside him,

When Leo was left in nursery or when he fell and hurt himself, he wasn't able to turn to an adult to be cared for or comforted, and parent described similar behaviour at home.

Reality

Function	Present	Ambiguous	Clearly Absent
Making sense of what is taking place	☐	☒	☐
Challenging / preventing magical thinking	☐	☐	☐
Enabling a clear distinction between reality and fantasy	☐	☒	☐
Challenging denial of reality and wish-fulfilling fantasy	☐	☐	☒
Blocking maddening thoughts	☐	☐	☒
Enabling holding on to memories	☐	☐	☐
Capacity to separate	☐	☐	☒

Notes / Observations

Father's pushing to return to the way things were before the pregnancy and denial of the pain of mourning for both grandmothers seemed to be his way to manage by denying reality. Father difficulties to make sense of his mother mental illness was an indication of long-term difficulties with addressing reality. Father didn't believe in Leo's difficulties and rejected the support that was offered in the parents' sessions.

Figure 17: Paternal Function Assessment – Parent

Most central to healthy development, according to attachment theory, is the infants' need for a committed caregiving relationship with one or a few adult figures. Although 'the majority of attachment studies have focused on mothers because mothers tend most often to fulfil this

role, there is evidence that infants can be attached to a hierarchy of figures, including fathers, grandparents, and siblings (Schaffer & Emerson, 1964, in Bretherton, 1992, p.770) as well as to day-care providers' (Howes, Rodning, Galuzzo, & Myers, 1988, in Bretherton, 1992, p.770). Using the mapped function form of both the parents and child, an intervention plan can be developed.

The suggested conceptual framework identifies the significance of the daily aspects of child-care. Acknowledging the limitation of the parent, it suggests a common language and formulation for 'establishing and strengthening the child's internal paternal function in care and education systems while training and development of high-quality daycare that can increase children's chances of achieving attachment-related security' (NICHD Early Child Care Research Network, 1997, in Cassidy, Jones and Shaver, 2013, p.1430).

This view was already recognised by Dr. Maria Montessori, developing her entire early years' system on early attachment principles, years ahead of John Bowlby's attachment theory. This approach will contribute to the efficiency of the overall work and will most probably reduce the lengths of the intervention.

During the last ten years of his life, Bowlby was preoccupied with the uses of attachment theory in psychotherapy (Bowlby, 1988, in Holmes 2014, p.68). Holmes, (2014), describes how 'under attachment theory, the point of the therapist and client is to understand the origins of the client's dysfunctional IWM of self and attachment figures'. Holmes, (2014, p.68), further suggests, 'the therapist can be most helpful by serving as a reliable secure-base from which an individual can begin the arduous task of exploring and reworking their IWM'. When it comes to intervention, Cassidy, Jones, Shaver, (2013, p.1433), suggest that 'in early

intervention, parental behaviour, parental representations and maternal emotion regulation capacities might be useful in bringing about change’.

This research suggests that without a fundamental change or establishment of the object’s functions, in both child and parent’s internal reality, a new IWM and a secure-base cannot be established long term.

Using the mapped functions, this research implications suggest, therefore, to focus on the underlying functions being exercised, both paternal and maternal, in the infant’s relationship with parenting and caregiving figures.

Another important implication of the conceptual framework is around parenting education with emphasis on the early parent–child relationship. The use of the conceptual framework will enable a move away from the language of gender and the sense of helplessness to a structured object’s functions and probable hopeful active change and learning through experience. As suggested above, when using the parents’ functions form analysis, a clearer and functions-based understanding is presented; away from what often is a vague, too professional picture using attachment difficulties vocabulary that can often leave parents overwhelmed and defeated and into a practical, example-based understanding. The emphasis is not what the parent did or didn’t do, but what are the functions that need to be in place to support a change and how the parents and involved professionals can work together to establish these functions.

Chapter 6: Discussion of methodology, Future Research Work and Conclusions

6.1 Introduction - Summary of Thesis

This study sought to develop a conceptual framework of the object structure in children with attachment disorders and to build a bridge between object-relations theory and attachment theory. A methodical literature review was conducted to establish the understanding of object structure and object functions across various psychoanalytic theories. Attachment theory was reviewed, focusing on the concept of the secure-base. A consideration of the structure of the internal object, attachment difficulties and how they relate to external reality and the parents' internal object's structure was presented. These concepts were applied to a comprehensive analysis of clinical material using thematic analysis.

6.2 Discussion of methodology, findings and implication for practice

6.2.1 Reflections on the method

Thematic analysis isn't widely used, at the time of writing, within psychoanalytic research, and therefore not yet intensively developed for the psychoanalytic discipline, (Mears, 2018, p.73). I believe that it offers a flexible method of analysing clinical material, which can be applied across a range of theoretical and epistemological approaches. It provides a helpful tool for the analysis of data and a structured way to account for the data and to support the conceptual framework.

6.2.2 Evaluation of the methodology used

I believe that I was able to provide a confirmation of the suggested conceptual framework based on the analysis of the clinical data. What can seem like personal emphasis on the analysis and interpretation of the data, can, by using thematic analysis, facilitate the move from a clinical paper to clinical research and I recommend using it in future psychoanalytic clinical research.

It is important to acknowledge that despite thematic analysis' significant advantage of flexibility, it also means that, as Braun & Clarke (2006, p. 27), indicated, there is a potentially wide range of things that can be said about the data. This limitation was addressed by considering the original authors' formulation and successful intervention (see 5.3, 5.4, 5.5).

6.2.3 Limitations

This research attempts to bridge mainly Klein's object-relations theory and attachment theory. Despite presenting other psychoanalytic theories in the literature review and using clinical data of an Anna Freudian intervention, it is heavily based on Klein's internal object and Bion's theory of container contained. That being said, other theories' perspectives could also explore attachment difficulties.

A further limitation is that the case studies didn't include children in a non-biological family structure as happens with children in care. Future comprehensive research needs to include such clinical cases and to address the impact of the non-biological carer object's structure.

Another limitation is that the parent's internal object functions were discovered based on the child's presentation and parent work and was therefore limited. This issue will be addressed below.

6.3 Further Research

In relation to future research work, and as a consequence of this research limitations, I identified the following future studies: further research into children in care and children of non-conventional family's structure will be essential to support the finding of this research that the object's functions are more important, and that the object's gender is less significant, in impacting the child's internal object's functions and her secure attachment. Further research should aim to look at the parenting gender discourse as a consequence of this research's suggested conceptual framework which offers a different perspective on family structure and parenting.

A wider implication from this research's understanding will be using the formulation to address other psychological disorders and difficulties and map the relevant parental functions that are at stake (e.g. ADHD).

In addition, to support the applicability and significance of psychoanalytic case study-based research, more such research should be conducted.

6.4 Conclusion

This research attempts to move away from the common, traditional intervention used in promoting child's attachment using object-relations theory and the concept of secure-base in attachment theory, thus bridging the two.

The purpose was to review, from a psychoanalytic theoretical, non-gendered perspective, the concept of the combined (maternal and paternal) object and its functions in the context of infant attachment and psychological development and to offer a contemporary, non-gendered/sex functions-based related conceptual framework. Identifying the essential functions of the combined object and moving away from the emphasis on the mother and maternal offer a broader formulation which relies heavily on the parental object's structure. Attachment difficulties presentations were chosen as they make a common reason for referrals both in the public and private consulting rooms.

Bowlby didn't focus on 'the qualities of the container and the disastrous results of the absence of the containment of infantile anxiety on the development of a capacity for thought'. (Rustin, 2007, p.258). The tremendous impact of 'powerful unconscious projections by parents that can shape a child's mind', Rustin claims, (Rustin, 2007, p.258), wasn't acknowledged enough in Bowlby's theory, especially, in terms of its manifestations.

The originality of this study lies in the attempt to bridge between these two theories and be used in clinical formulation and treatment of attachment disorders and difficulties in particular, and in additional disorders in general.

The identified emotional difficulties that were presented in the clinical data suggested that, within psychoanalytic psychotherapy, therapists are able to identify and in themselves experience the excessive projections, maddening thoughts and insufficient containment that is presented in their patients as attachment difficulties – to experience the absence of a secure-base; an unavoidable understanding given the psychoanalytic way of working in the transference. Using the suggested formulation, therapists can widen their language and description of presentation, recognise the absence of a psychologically supportive secure-base, sense of curiosity and experience of safety and trust, as a consequence of the lack of paternal function. In the NHS's current climate of short, quick interventions, such conceptual framework and formulation can support a more coherent language to promote understanding and to contribute to more structured, multi-agency interventions.

It is my view that throughout the psychoanalytic psychotherapy work with the child, we can notice and name the object's pathological aspects and add or replace them with straightforward and truthful ones. However, the role of adults who can provide secure-base caregiving is central. They must take on a parenting role for the child, acknowledging, instating and reinforcing their internal object's paternal function, in order to change the child's most fundamental sense of self and others through the establishment of a functioning combined object. I hope that my formulation will be an additional needed lens and framework to this work.

6.5 Closing statement

Freud, (1930, p.72) the father of Psychoanalysis, wrote that he 'cannot think of any need in childhood as strong as the need for a father's protection'. Bowlby, (1988, p.90), the father of

attachment theory, expressed how ‘serving as the dyad’s original “protective agent”, the father shields the mother from the impingement and interference from without while she carries, bears, and suckles their infant’, which is essential for the development of what Bowlby termed a “secure-base”. Furthermore, Klein, (1952, p.79), the mother of object-relations theory, the one who brought the maternal and paternal together, explained how ‘these sexual theories are the foundation for combined parent figures’.

Thus, it was time to reintroduce the father into the crucial development of a child’s object and secure-base.

I was not alone in thinking so. As I described, earlier, Diamond, (2017, p. 863), stressed the need to ‘return the “missing” father, primarily in the form of the paternal function, to its rightful place in the analytic dyad—alongside the mother and the maternal function’. This depends, he added ‘on an infant-with-mother-and-father in terms of an unconscious triad in the mother or her surrogate’s mind’. He further stressed that ‘this triadic experience does not depend on the gendered presence of a father’. After a long absence, this research has suggested a conceptual framework which brings back the paternal aspect and restores a triadic structure. This non-gendered combined object is functions based, and which, as I have shown can also be executed ‘in the name of the father’, (Davids, 2014, p.85), in mother’s mind.

Object-relations theory, psychoanalytic observations and psychotherapy, alongside the responses of the therapist – countertransference – informs, as my conceptual framework suggests, the understanding of attachment difficulties using the combined object’s functions, emphasising the significance of both maternal and paternal functions’ mutual dependency

and presence. This understanding can then be translated into the supporting system around the child, enabling a comprehensive understanding, common language and a successful outcome that will help establish a permanent functioning combined object in the child's internal world. This will be enabled throughout their various life stages, mainly adolescence, early adulthood and parenting, and supported by their parent's enhanced and reinstated object's functions.

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Appendix A: Paternal Functions Assessment

Observable functions during child / parent interaction (Delete as Appropriate)

Child's name: _____ Date: _____

Observer name: _____ Observer role: _____

Type of intervention: _____

Safety

Function	Present	Ambiguous	Clearly Absent
Providing physical protection	☐	☐	☐
Blocking / stopping / saying no	☐	☐	☐
Ensuring the survival of the mother and baby dyad	☐	☐	☐
Maintaining boundaries	☐	☐	☐
Enabling control	☐	☐	☐
Preventing feeling in fear / in the sense of catastrophe / in constant danger	☐	☐	☐
Offering security	☐	☐	☐

Notes / Observations

Containment

Function	Present	Ambiguous	Clearly Absent
Managing excessive projections (baby onto mother and mother onto baby)	☐	☐	☐
Stopping confusion / mess	☐	☐	☐
Stopping the influx of feelings / overwhelming	☐	☐	☐
Enabling holding and handling	☐	☐	☐
Capacity to act as a Secure base	☐	☐	☐
Preventing intrusiveness	☐	☐	☐
Enabling thinking	☐	☐	☐

Notes / Observations

Reality

Function	Present	Ambiguous	Clearly Absent
Making sense of what is taking place	☐	☐	☐
Challenging / preventing magical thinking	☐	☐	☐
Clearing blurry distinction between reality and phantasy	☐	☐	☐
Challenging denial of reality and wish-fulfilling phantasy	☐	☐	☐
Blocking maddening thoughts	☐	☐	☐
Enabling holding on to memories	☐	☐	☐
Capacity to separateness	☐	☐	☐

Notes / Observations
