

Discussion of “Analyst as Father” by Christine Hill

I’d like to begin by expressing my admiration for Chris’ courage. In the past 100 years several thousands of analytic case histories have been written, and almost all have represented only the analyst’s viewpoint. The only exceptions are recent evaluations of training analyses where both members of the dyad are studied (Cabaniss and Roose, 1997; Cabaniss, Glick and Roose, 2000; Cabaniss et al., 2002). To choose to explore the patient’s viewpoint is an extraordinary innovation, and one that might expose her to criticism from traditional analysts. I think Chris has made a valuable methodological contribution. Henceforth, we should try to examine the patient’s perspective as well as the analyst’s when trying to understand the course and outcome of analytic treatment. A further example of her courage is her raising the important question of whether “any analyst can analyze any patient” with this audience of international analysts.

Although Chris recognizes the power of the impact of the analyst’s gender she does not consider gender as a significant enough factor when she concludes these case reports “also demonstrate the significance and reality of “father hunger.” I don’t think the treatment experiences described by her patients are aptly characterized by the construct of “father hunger,” primarily in boys, for several reasons. Only two of the described nine patients reported a childhood absence of father, one of the two putative precursors of the “father hunger” syndrome. 16 of the 18 analysts were men. When the analyst is a man the patient is likely to concentrate on dealing with feelings about and needs for support from men and from father, especially if a traditional male analyst is uncomfortable being viewed in a maternal role. Further, if the analysts were physicians and the patients were mental health workers, the analysts were in a superior position.

When the analyst is a woman, the patient is likely to deal with feelings about and needs for support from women and from mother, but that itself doesn't warrant a concept of "mother hunger." If "father hunger" is a valid syndrome it should emerge with women analysts as well. Did the two women analysts report "father hunger"? Significantly, we have no data about this configuration in treatment by women analysts. Among the half-dozen papers about "father hunger" listed in the PEP CD-ROM, none are by women analysts. What would it mean if women analysts failed to find evidence of "father hunger" when they treated troubled boys?

I noted that only two of the nine patients described mentioned expressing any anger toward their analyst which raises some question about the quality of those relationships. It's also interesting that the fact that there are so few women medical analysts in Australia suggests there are some differences in attitude about gender in Australia as compared to the United States and Germany.

Now, I'd like to comment about the syndrome of "father hunger" itself. The syndrome describes a patient who had missed a caring, supportive paternal figure as a child, and subsequently displays an intense need as an adult for a caring, supportive paternal figure. Herzog (2004) developed this concept on the basis of analytic work with his child patients, who I found to be severely disturbed, not just neurotic but verging on the psychotic. For example, Felix, a four-year old in a session sneezed violently, spewing mucous from his nose, took a glob of the mucous in his hand, waved this hand in Herzog's direction, almost touching him, and then put it into his mouth. Another patient, the less disturbed three year old Ralph, came into the consulting room for his fifth session, the first one in which his mother was not present in the room, took off his shoes,

threw them at Herzog and said, “Fuck off, weirdo!” At a later session, after he again took off his shoes, he said “My feet stink” and stuck both feet in Herzog’s face. Children with such gross early disordered development like this raise the question of genetic influence and make us wonder how they would have fared if they had had reasonably caring, supportive fathers? Of course, we can’t know, so this is one example of the pervasive uncertainty that plagues psychoanalysis, but I would guess that they would still be severely troubled children. One reviewer of Herzog’s book asks if it is the father’s gender or certain of his behaviors that these children seem to crave? What qualities of fathers are assumed by others? Are there a subset of child patients who have special needs that our society assigns only to fathers for caring?

Next, we need to consider the possible role of sample bias, since patients who come for treatment may be those who were not able to adapt to a missing paternal figure. Many children experienced a missing paternal figure, do adapt, and never came to treatment. We need look no further than Bill Clinton and Barack O’Bama, two current public examples. The question then becomes, why are some children able to adapt to a missing paternal figure while others are unable to do so?

Studies of other traumatic childhood experiences illustrate the complexity involved. DeBellis (2000) found that while 42-48% of sexually abused children developed post-traumatic stress disorder; 52-58% did not. Caspi et al (2002) found that physically abused children with a genetic polymorphism (related to the metabolism of serotonin) have much higher rates of antisocial behaviors than those without this polymorphism. In addition, the meta-analytic study by Rind, Tromovitch and Bauserman (1998) of college students, found that childhood sexual abuse itself had little relation to

adult psychopathology, but related family environment was strongly associated with adult psychopathology. Child development is extraordinarily complex, and, as Freud observed, outcome is unpredictable. Despite our theorizing, it seems unlikely that there would be a simple, unitary, linear causal connection from childhood to adulthood, that experience A in childhood would directly cause psychopathology B in adulthood.

Now I'd like to specifically discuss Herzog's formulation. He writes that "a kind of narcissistic pathology featuring perverse sexuality may eventuate in the absence of paternal availability and in the presence of a disordered relationship between his parents" (2004, p.893). That is, an absence of a paternal presence and of a reasonably stable marriage may cause the syndrome of "father hunger." Herzog described the fathers of four of the "father hunger" boys as follows: one had died of alcoholism; one was defeated and depressed and in analysis; one was divorced but was still involved in the boys care; and one was described only as a philosopher. Apparently, two of the four fathers were potentially available to their sons.

It would be difficult to test Herzog's hypothesis empirically. Even if the incidence of boys with "father hunger" was greater in populations with disordered marriages and unavailable fathers than in families with stable marriages and available fathers that itself would not establish the nature of the causality since the disturbed families are more likely to transmit predispositions to disordered behavior genetically as well as to transmit predispositions to disordered behavior environmentally. Herzog does consider that a genetic predisposition may increase the likelihood a boy would respond negatively to a disturbed family. However, he does not consider that causality may proceed in the opposite direction. The presence of a seriously disturbed boy may stress and fragment a

family, and, indeed, because of identification, impact the father more than the mother. Thus, Herzog's view verges on blame of the parents for the boy's disturbance as psychoanalysts earlier had blamed the mother for her child's autism.

Indeed, psychoanalysis has not been sufficiently mindful of Hippocrates' wise precept, "To do no harm." Psychoanalytic views of femininity and of homosexuality have caused considerable harm to many.

There have been several empirical studies of the effects of father absence. Bach (1946) studied the effect of absence of father from the home on school-age children's fantasies. Children whose mothers were antagonistic toward or contemptuous of the fathers showed more aggression toward the father doll than did children whose mothers were affectionate toward and were longing for the absent father. Many factors impact on the child in the father's absence, and these are influenced by the reasons for the father's absence. There may be economic hardship and maternal depression. There may be alleviation and relief for the boy if the relationship with father had been unsatisfactory. Another study, (Sears et al., 1946), examined the effects of father absence, in most instances due to military service, on 3-5 year old boys and girls using doll play. Boys showed the exact opposite of the predicted relationship; boys in the father-absent group were much *less* frequently aggressive in their doll play than those in the father-present group. Perhaps father is a model of greater aggressiveness than mother, and mother, the remaining parent, may tolerate less overt aggression in the boy. Boys' aggression toward the father was greater than toward the mother. Significantly, there was no investigation of how the doll play related to their behavior in their real relationships. These studies vividly demonstrate the complexity of boys' responses to fathers' absence. It is

noteworthy, that despite the father's absence these children continued to function normally in their school environment.

Let me now tell you a little about myself as an example of my thesis about the intrinsic complexity of development and the need for analysts to tolerate uncertainty. My analyst died at the termination of my analysis, and I felt cheated; I had anticipated some kind of continuing, post-termination contact with him. At that time, in the 1950's, post-termination patient-analyst contact was considered deleterious and was proscribed. Was my wanting some post-termination contact with my analyst an expression of a modest neurotic "father hunger"?

My father had been ambivalent toward me, often critical and deprecating, but also, usually privately, taking pride in my successes. For most of my childhood he worked nights so although he was a significant family presence, he had substantially little direct interaction with me in childhood. He was also responsible and caring; he knowingly jeopardized and lost a job during the depression in order to be with me in the hospital when I had a life-threatening operation at 18 months.

Since traditional analysts so intensely proscribed post-termination patient-analyst contact, it took me a long time to begin to think that my feeling cheated was not a neurotic reaction, that perhaps it was a healthy response to the loss of a caring, supportive, helpful, unambivalent paternal figure. I began to question the rationale for proscribing post-termination contact and found it had no solid basis. In several papers I published, including one study of post-termination contacts, I argued that the risk/benefit ratio of such contacts is highly beneficial in most cases.

If I had had a less ambivalent and more present father, would I not have felt cheated when my analyst died? Of course, we cannot know. Here again, is the uncertainty of psychoanalysis. My own inclination is to think I would have had the same reaction.

My personal story is inconclusive. I think if you closely examine the complexities of patient's stories carefully, often they too will be inconclusive. The concept of "father hunger," by contrast, provides a tidy explanation. There is so much troublesome uncertainty in the analyst's attempts to understand the patient, that any neat construct of a simple, linear causal connection from childhood to adulthood is reassuring to the analyst and provides a framework for theoretical and therapeutic formulation. At one time, the Oedipus complex provided such a universal framework of understanding. Unfortunately, it may dull the analyst's curiosity and minimize surprises about the complexities involved. At the least the analyst should consider, if the boy's father was absent, did the child try to find a substitute? If not, why not? If he found a substitute how did he relate to and feel towards the substitute? If an analyst utilizes the concept of "father hunger" this should not constitute the end of the patient's story, but, rather, the beginning of the story.

I'd like to close my comments on a speculative note. I think there are two developments in psychoanalysis that are relevant to the future of the construct "father hunger". One is the feminization of psychoanalysis as well as of medicine. Psychoanalysis, always hospitable to women, is now becoming a profession of women, although perhaps not in Australia. The second is the growing emphasis on the uniqueness of psychopathology largely as a result of the interpersonal "relational turn" in psychoanalysis, in contrast to the past focus on the commonalities of psychopathology.

The increased focus in the literature on the uniqueness of analytic dyads and the uniqueness of patients led me to expect that papers dealing with commonalities in psychopathology such as the Oedipus complex, libido theory, the death instinct and castration, would show a diminishing frequency in the literature from the 1940's to the present. To my surprise, examination of the PEP CD-ROM indicates that that is not the case, suggesting that at least a core, if not, indeed, much of psychoanalytic theory, has remained essentially unchanged through these many decades. Nonetheless, my hunch is that we will see increasing focus on the uniqueness of each patient's psychopathology and the importance of analytic fit. Cognizant about what that sage, Yogi Berra, warned, that predictions are risky – especially about the future – my guess is that the combination of the feminization of psychoanalysis plus the focus on uniqueness of psychopathology, will lead to a gradually decreasing interest in the construct of “father hunger.”

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