

PARENTAL FUNCTIONS IN HOMOSEXUAL MALE COUPLES WITH BABIES¹

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ABSTRACT. The present study aimed to investigate parental functions in male homosexual couples with babies based on Winnicott's theorizations. This is a case study with two male couples, one who adopted their daughter right after her birth, which was 2 years and 5 months old at the time of the study, and another that resort on surrogacy, with a child of 1 year and 3 months. Interviews were conducted jointly and individually. Participants' reports were submitted to thematic analysis, investigating aspects of parenting practice. The results showed that the parent-child bond was built from daily care, which the couples sought to divide equally. It was possible to identify in each participant both aspects of the maternal and paternal functions proposed by Winnicott. The findings indicate that the functions that adults carry out with infants, rather than maternal and paternal ones, are parental functions that are independent of the gender or the sexual orientation of the caregiver.

Keywords: Homosexual fathers; family relations; parenting.

AS FUNÇÕES PARENTAIS EM CASAIS HOMOSSEXUAIS MASCULINOS COM BEBÊS

RESUMO. O presente estudo objetivou investigar as funções parentais em casais homossexuais masculinos com bebês a partir das teorizações de Winnicott. Trata-se de um estudo de casos com dois casais de homens, um deles adotou a filha logo após seu nascimento, a qual estava com dois anos e cinco meses na época do estudo, e outro recorreu à barriga solidária, cujo filho já estava com um ano e três meses. Foram realizadas entrevistas conjunta e individualmente. Os relatos foram submetidos à análise temática, investigando-se aspectos da prática da parentalidade. Os resultados demonstraram que o vínculo pais-filho(a) foi construído a partir dos cuidados cotidianos, que os casais buscaram dividir de forma igualitária. Foi possível identificar em cada participante tanto aspectos da função materna propostas por Winnicott, quanto da função paterna. Os achados indicam que as funções que os adultos exercem junto aos bebês, mais do que materna e paterna, são funções parentais que independem do gênero ou da orientação sexual do cuidador.

Palavras-chave: Pais homossexuais; relações familiares; parentalidade.

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FUNCIONES PARENTALES EN PAREJAS HOMOSEXUALES MASCULINAS CON BEBÉS

RESUMEN. El presente estudio tuvo como objetivo investigar las funciones de los padres en parejas homosexuales masculinas con bebés basándose en las teorizaciones de Winnicott. Este es un estudio de caso con dos parejas de hombres, una de las cuales adoptó a su hija poco después del nacimiento, que tenía 2 años y 5 meses en el momento del estudio, y otra recurrió a la subrogación, cuyo hijo ya tenía 1 año y 3 meses. Las entrevistas se realizaron de forma conjunta e individual. Los informes fueron sometidos a análisis temático, investigando aspectos de la práctica de la parentalidad. Los resultados mostraron que el vínculo padre-hijo se construyó a partir del cuidado diario, que las parejas trataron de dividir en partes iguales. Fue posible identificar en cada participante ambos aspectos de la función materna propuesto por Winnicott y de la función paterna. Los resultados indican que las funciones que los adultos desempeñan con los bebés, en lugar de maternas o paternas, son funciones parentales que son independientes del género o la orientación sexual del cuidador.

Palabras clave: Padres homosexuales; relaciones familiares; parentalidad.

Introduction

The study of mothers and babies has been the focus of attention of numerous psychoanalysts, including Winnicott, whose work reflects a historical period in which mothers were primarily responsible for caring for their children. Although they continue to perform this role, other forms of family organization are becoming more common in western societies, such as, for example, the care of babies by male homosexual couples, the subject of this study. Faced with this other reality, it is worth asking: Can Winnicott's theory contribute to thinking about this context? And what are the dynamics of maternal and paternal functions in male homosexual couples?

Throughout his work, Winnicott (2015a, 2000, 2011) built his theory of personal maturity, based on his studies on the initial stages of life and the care offered by the environment. According to him, in the beginning, the baby is totally dependent on the mother and does not yet exist as an individual entity (Winnicott, 2000). At this stage of life, the mother provides the baby with a facilitating context for his innate tendency to development (Winnicott, 2015a).

Explaining the concept of maternal function, Winnicott (2011) highlights three important aspects that compose it: holding, handling and presentation of objects. Initial care constitutes the holding, the mother's empathic ability to physically and emotionally support the baby, in order to meet its needs. The holding provided by the mother is based on physical care, which are the most primitive and basic needs. For the author, in the beginning there would be no distinction between physiological and psychological care, so that all needs would be covered in the daily care of rocking, feeding, cleaning, etc.

Handling would involve the manipulation of the baby's body by the mother during care, which would allow the development of the psychosomatic relationship, because through this care the baby bases the experiences in its own body (Winnicott, 2011). And the presentation of objects refers to the mother's task of presenting the world to the baby in small doses, as it is able to absorb the stimuli that are presented to it, thus inserting it in the shared reality

and allowing it to relate with objects external to it (Winnicott, 2011). It should be noted that, although he theorized mainly about the biological mother, he assumed that someone else could exercise the care function (Winnicott, 2012).

Still, according to Winnicott (2011), for the mother to be able to exercise her care function, it is necessary that she also have an environment that provides her with feelings of security. This environment that encompasses the mother, for Winnicott (2015b), would involve the figure of the father. The father, by ensuring that external concerns do not disturb the mother, allows her to be fully devoted to her child. Thus, he becomes responsible for the well-being of both the mother and the baby (Winnicott, 2015a).

The father is more effectively inserted in the direct relationship with the child around the age of four, a time when the child is already able to develop triangular relationships (Winnicott, 2015c). However, despite this later insertion, the author highlighted that to be part of the children's lives it is necessary to be present from the beginning to acquire the right to apply their authority when necessary. For him, the paternal function is configured as the man using his sensitivity to care for and protect his child, his authority to say 'no' and teach the child to deal with aggressiveness, as well as being a support for his wife (Winnicott, 2015b, 1999). For the author, it would be important for the child to have both mother and father present, as this would enrich their world based on different personalities (Winnicott, 1999).

With regard to changes in family configurations that have occurred in recent decades, some authors (Arruda & Lima, 2013; Belo, Guimarães, & Fidelis, 2015; Ferreira & Aiello-Vaisberg, 2006; Santos & Antúnez, 2018) have highlighted the potential of Winnicott's theories to think of the father as a caregiver in today's society, in which the conceptions of parental roles are changing. Arruda and Lima (2013) emphasize that historically men had the social role of provider in the family, which distanced them from parenting. This context has changed in part, mainly with the greater insertion of women in the labor market, who began to play a more prominent social role outside the family sphere, changing the relationship between male and female roles. This allowed men to get closer to the social role of care and closer to their children.

For Belo et al. (2015), although care appears in Winnicott's theory linked to the female gender, the result of a heteronormative family conception present at the time, one could currently think of this same care being exercised by men, undoing this gender binding. This idea is corroborated by Ferreira and Aiello-Vaisberg (2006), when they postulate that an adult who is spontaneously present and willing to devote themselves to the child can fulfill this function, without necessarily needing to be a woman or even to have any biological bond with the child, as in cases of adoption. Santos and Antúnez (2018) go beyond theorizations and present empirical data from a heterosexual father who actively participated in the child's care routine, offering paternal holding. Thus, they show how what was theorized as being characteristic of the mother can also be observed in the father and, regardless of gender, it is possible to offer the care the child needs for their development.

Thus, these authors understand that the father can provide good enough care in the same way as expected and theorized for the mother, not being limited to the function traditionally assigned to him as a representative of the law or maternal support (Arruda & Lima, 2013; Belo et al., 2015; Ferreira & Aiello-Vaisberg, 2006; Santos & Antúnez, 2018). It has also been proposed to use other terminologies that are not necessarily mother/father, mothering/fathering or maternal/paternal function, such as caregivers, parenting and parental functions.

Despite the suggestions regarding the potentiality of Winnicottian theories, we found no published empirical work using these conceptions to specifically understand parenting in male homosexual couples. This configuration puts the fathers in charge of caring for and calls into question the distinction between mother and father functions as it departs from the traditional family model. Therefore, the present study aimed to investigate parental functions in male homosexual couples with babies, based on the theory proposed by Winnicott.

Method

Participants

Four men participated in this study, comprising two male homosexual couples, who were officially married in a notary, living together and with their child. The first couple is made up of Antônio, a 39-year-old physician, his husband Bruno, a 32-year-old psychologist, and their son Antônio Neto, aged one year and three months, born through surrogacy. They resided in the state of São Paulo. The second couple consists of Carlos, a 33-year-old psychologist, his husband Daniel, a 32-year-old civil servant, and their adopted daughter Camila, aged two years and five months. They resided in the state of Santa Catarina. At the time of the interviews, all worked outside the home. All names shown are fictitious to preserve the identity of the participants.

Design, procedures and instruments

This was a case study to know in depth a condition or phenomenon (Stake, 2006), which in the present study are the parental functions in male homosexual couples.

From the dissemination of the study and the active search on social media, the participants were contacted by the responsible researcher, first author of this article⁵. Participants were then informed about the objectives and procedures of the study. Based on this contact, a day and time were arranged for the interviews, which were carried out by videoconference, with the consent of the participants, considering that the couples lived in cities far from the interviewer. On the stipulated date, the researcher presented the Informed Consent, which everyone read, signed and returned digitally.

On the same occasion, participants were asked to respond: (1) *Family Demographic Data Sheet* (Nudif, 2015) used to obtain sociodemographic information such as age, profession, education, socioeconomic level of each participant; (2) *Family History Interview* (Ogaki & Piccinini, 2017a), carried out jointly with the couple and consisting of four blocks of questions that investigate: (a) formation of the couple, (b) formalization of the relationship, (c) choice process and transition to parenthood, and (d) changes in marital relationship after having a child; (3) *Interview on the Experience of Male Homosexual Parenting* (Ogaki & Piccinini, 2017b), carried out individually with each member of the couple and consisting of eight blocks of questions, investigating: (a) first experiences with the child, (b) child development, (c) relationship with the child, (d) insertion in school, (e) experience of being

⁵ Throughout data collection, great effort was made to contact and interview male homosexual couples. In all, six couples and one single father were contacted. Four couples reported not having time for the interviews or not being available to carry out the interviews via videoconference. Thus, only two couples and the single father were interviewed. In view of the difficulties involved in involving male homosexual couples, at a certain point it was also decided to broaden the focus of the research, including female homosexual couples, who more easily accepted to participate in, with three female couples being interviewed. For the present study, data from two male homosexual couples were selected due to the established objectives.

a father, (f) perceptions about the spouse as a father, (g) experience as a homosexual family and (h) relationship with the family of origin .

The interviews took place between May and November 2018. Each interview lasted approximately 01 hour. The present study was approved by the Research Ethics Committee of the UFRGS, under opinion nº 2.648.389.

Results and discussion

Thematic analysis (Braun & Clarke, 2006) was adopted to analyze participants' responses to interviews. The main themes were derived from the axes of parenting proposed by Houzel (2006), namely: the exercise of parenting, which refers to the legal and socially constructed aspects of recognizing filiation, the experience of parenting, which concerns the conscious and unconscious subjective experience of being a father, and the practice of parenting, which refers to tasks that parents take on with the child and involve parental care, both physical and psychological.

Due to the length of the interviews, the analyses carried out and the richness present in each of the themes, we decided to publish them separately, considering that they have a different focus. This practice has been advocated for qualitative studies (Levitt et al., 2018) in view of the extension of these studies. The results presented here concern the last theme of analysis.

Following Braun and Clarke (2006), transcripts of the interviews were read and reread in their entirety and, then, excerpts from the interviews were selected and classified into the themes proposed above, following a deductive approach, proposed by the authors. Then, the excerpts were grouped around common ideas that they expressed and sub-themes were organized, which represented the reports considered relevant to understand the phenomenon. After the initial grouping, sub-themes were reviewed to verify whether the reports really expressed the proposed idea, whether the grouping was relevant and, finally, the names of the sub-themes were decided. At the end of the review, four sub-themes remained in the Practice of parenting theme: relationship with the child, care for the child, demarcation of limits and division of tasks between the couple.

Some of the main reports illustrating the theme of the practice of parenting and its sub-themes are presented below. In the dissertation that gave rise to this article (Ogaki, 2019), there are other reports that, due to space limitations, were not included in this article. Finally, the reports associated with this theme and sub-themes will be discussed in the light of the available literature, based on the Winnicottian theory, but without disregarding other authors who may contribute to understand parental functions in male homosexual couples.

Case 1: Antônio and Bruno, and their son Antônio Neto

This case refers to the family of Antônio (physician, 39), Bruno (psychologist, 32) and their son Antônio Neto (1 year and 3 months). The couple had been together for seven years at the time of the interview. The couple tried surrogacy abroad, but attempts at assisted fertilization were unsuccessful. Then, they made attempts in Brazil, with the help of Antônio's cousin who offered to be the surrogate mother, and one of them was successful in providing a pregnancy. In 2017, the couple's son, Antônio Neto, was born.

Relationship with the son

During the interviews, the couple reported the son was more attached to them than

to anyone else, recognizing them as parents: “Our bond, if he is in our lap, it is difficult to take him out of our lap” (Bruno). They also mentioned that their son’s relationship with them alternated moments of being closer to one or the other, depending on how much they made themselves available to him: “He varies a lot, whoever pays more attention to him, he becomes more attached. If I paid more attention to him during the day, he would want me more” (Antônio); “Sunday, I stay with him all day. And on Monday he is super attached to me. Then, the week starts and I end up being more absent, when I arrive, he gets attached, but then more to Antônio” (Bruno). According to Antônio, this oscillation of the son had already been a reason for jealousy between the couple: “We are jealous of each other with the baby, sometimes there is a little fight (laughs). This oscillation of him liking one, liking another, then you understand that it is his time, right”.

In addition, Antônio spoke about how he liked to be in contact with his son, holding him in his lap: “I love making him sleep here [on his chest]”, showing affection: “I have him in my lap, I hug, kiss him, seems to be, it is very good [...]”; and playing: “I play a lot too with him. We sit on the floor with him a lot, we lie on the floor with him. We stay there the way he is”. Bruno also mentioned that he really enjoyed the moments he had alone with his son, in which he tried to leave him free to play and explore, always being attentive to his safety:

The part of waking up in the morning I like it a lot, bathing him I also like it a lot, you know, these are the moments that are more ours [...] let him explore like this. I like to do that, you know, to make him feel free, to play.

Being with the child and leaving him free to explore and play, being available if he needed some attention, provides a facilitating environment for children to set in motion their developmental tendency, as theorized by Winnicott (2000). From the maintenance of this environment, along with the necessary care, children can feel that there is continuity in being, insofar as they integrate their experiences until they reach the experience of unity.

The care of the son

According to the couple, in the beginning, all the care related to the baby, such as feeding and hygiene, were carried out by both of them, something they had already decided before the birth, as mentioned by Antônio: “I said before he was born ‘I won’t let nobody do it, I’ll do everything’ [...]”; “In the beginning, the first few times, we did everything, sometimes me, sometimes him [Bruno]. I think it’s super important because it creates a bond, we didn’t get pregnant, so you have to build a bond when the baby is born, right?” Undoubtedly, the main tasks they had to assume with regard to their son during this period were mainly physical care, such as feeding, hygiene and sleep, with a great impact on the emotional development of the baby and on the father-baby relationship, which was perceived by the parents. According to Winnicott (1983), in the beginning, physical care is also the basis for psychological care, as these would not be differentiated. This sensitive and constant care constitutes the holding, which provides the development of the personality.

Antônio also highlighted: “Formula bottle mainly, we stipulated, we would take off our shirts, to put him in contact with our skin, you know, to talk to him, with our voice, right?”. This form of handling, among others reported by the fathers, could be understood as an example of handling (Winnicott, 2011), in which, through touch, these fathers would be helping the baby to give contour to his own body and settle his experience in it, developing the psychosomatic relationship.

Assuming this initial care was important for the couple to build a bond with their child. Although there were other people providing support from the beginning, such as

grandparents, aunts and the nanny, this support was characterized by being present and guiding, rather than being directly involved in the care of the child: “The issue of care was more about us, they didn’t get their hands dirty, let’s put it that way, no. They were more [...], they were present” (Bruno). Despite the presence of these female figures, often socially understood as more capable of providing care, it is clear that it was the fathers who assumed the responsibilities of care and that this allowed them to create a space to bond in a special way with the baby, without a necessarily female maternal figure was missing for this family. Even so, Antônio stated that there were times when they had to leave the tasks to other people, as the care routine in the first days was very exhausting: “At dawn, when we were with the nurse for the first three days, then she would change it once or twice, you can’t stand it, you’re awake all night in the first few days”.

Demarcation of limits

A point highlighted during the interviews was the importance of saying ‘no’ to the child. According to Antônio, the ability to say ‘no’ was being developed in him after becoming a father. At first, he felt anxious about demarcating the limits for his son, but he gained confidence in his authority: “The first few times it was very difficult for me to have to say ‘no’. It distressed me a lot, I say ‘No is no!’ and then I manage to not have that suffering of seeing him crying, and my authority prevails”.

Antônio demonstrated that he understood that limits should only be set in what is essential and that he should be firm in his decision to maintain his authority, not giving in to his son’s cries:

I don’t want to be a father who says ‘no’ to everything, because otherwise the ‘no’ won’t have any effect. So, I say ‘no’ to the priorities. For example, there are several drawers, so I leave those drawers that he will keep messing with, that I don’t need to say ‘no’, now there’s a drawer that he can’t touch, that one there I’ll say ‘no’ [...] He accepts it, he cries, but he respects me a lot.

Bruno also pointed out that he needed to say ‘no’ to his son in some situations in order to protect him and, like Antônio, he tried to be firm with his son, without going back when he cried: “For me, the issue is I have to protect him, understand? It’s my duty, so if what he’s getting is going to hurt him, I won’t let him get it”. According to Winnicott (1999), parents prepare a safe environment for the child, giving them more and more freedom to explore external reality and need to say “no” to what could threaten the child, to keep them protected. From then on, parents set limits to the child. According to the author, the authority to say ‘no’ is acquired by the parents who are present and offer care before the restrictions, so that children accept the limits because they are set by a person who cares about them and with whom they have already established a relationship.

In the present case, it can be seen that the same fathers who provide care, a traditionally maternal function (Winnicott, 2000), are also responsible for setting limits, a traditionally father function (Winnicott, 2015b). Saying ‘no’ appears as a complementary form of care, aimed at the child’s safety, and which does not need to be exercised by another person, but is assumed alternately by both, without distinctions between what would be the responsibility of one or the other in the couple. Thus, in this case, it is understood that there is no opposition between what is traditionally seen as maternal and paternal functions, caring and being the representative of the law. In fact, these conceptions constitute patriarchal and heteronormative inheritances, as highlighted by Belo et al. (2015), which may have been the reality of a previous historical period, but represent less and less current families.

Division of tasks between the couple

The couple reported sharing care of the child very equally. They shared all the care from the beginning and at times one or the other was more responsible for the child due to the availability of time in relation to work or studies. Antônio reported having a heavier work routine, while Bruno worked a few days away from home, studied for the college entrance exam and was responsible for household chores, although they had an employee to help. This division corroborates the findings in the literature that homosexual couples present an equal division of both domestic tasks and child care (Kelly & Hauck, 2015; Panozzo, 2015; Tornello, Kruczkowski, & Patterson, 2015).

The couple also said they had the perception that their relationship was more egalitarian than heterosexual relationships, as there was no division of tasks by gender, which often overloads women, as expressed by Antônio: “We divide tasks a lot, something the straight couple does not share. So, one gets tired and passes it on to the other, one did a little, the other does it. The tasks are the same, no one has to do more [...]”; and in Bruno’s speech: “In most straight couples, the woman is responsible for most of the care and we, as much as possible, we share that a lot”. Despite this, Bruno mentioned that, comparing his relationship with heterosexual couples, he felt as if he were “[...] the mother, who has the maternal instinct [...]” while this did not occur in the same way with Antônio, who would be “[...] the father in a heterosexual relationship [...]” and that “They are different forms of care and both have their importance [...]”, without distinctions of value between them. It is possible to see in Bruno’s speech the internalization of traditional discourses on the division of tasks guided by gender (Dantas & Ferreira, 2015; Rodriguez, Merli, & Gomes, 2015), establishing a distinction between his experience of parenting, considered more maternal, and that of the husband, considered paternal. Winnicott (2015b) postulated that the presence of the father as someone with a personality and characteristics distinct from the mother could enrich the child’s world. Thus, the child could benefit from the existence of the mother and father duo, equal in importance, but not undifferentiated. However, despite differentiation involving gender not occurring in homosexual couples, other differences may appear between them, which helps to mark alterity. For example, while Antônio was portrayed as ‘kind of fucking crazy’, ‘carefree’ and ‘off balance’ at times, Bruno was ‘straight arrow’, ‘centered’ and ‘very concerned’ about their son’s safety.

For Arán (2009), based on psychoanalytic theory, the division between maternal and paternal functions is based on the idea of the device of sexual difference as fundamental to psychic constitution. This difference is limited to a binary matrix of female/male opposition. However, for the author, it is necessary to think about the notions of difference and alterity beyond sexuality, as there are other forms of differentiation within homosexual couples that are transmitted to their children. Thus, although they can perform the same care activities, these parents imprint their personalities on them, have their own preferences and ways of doing them. Furthermore, it is plausible to think that this care occurs spontaneously, and not mechanically, as highlighted by Winnicott (2015a, 2000) when referring to the necessary care for babies.

Case 2: Carlos and Daniel, and their daughter Camila

This case refers to the family of Carlos (psychologist, 33), Daniel (civil servant, 32) and their daughter Camila (2 years and 5 months). The couple had been together for ten years. In 2015, the legal process of adoption began; the following year they joined the queue and in two weeks they were meeting their daughter Camila, a newborn who was hospitalized

in the neonatal ICU because she was born prematurely and had been given up for adoption shortly after her birth. Camila still remained hospitalized for two months and, after that period, they were able to take her home.

Relationship with the daughter

The couple reported that they had a good relationship with their daughter, trying to be available, interacting and playing with her. The interactions between them were described as very much based on teaching her new things and also providing her with new experiences. Carlos said he tried to be open to everything his daughter could communicate in order to understand and meet her needs: "I'm trying, right (laughs) to identify her needs, at least I make an effort for that".

In his relationship with his daughter, Daniel said that he enjoyed being with her, and spoke about his favorite activities: "What I like to do most is painting, we play a lot of painting, drawing, I think that stimulates her a lot [...]"; and also, the things that irritated him when he was with his daughter:

She is repetitive. Yesterday we were playing the memory game, I spent almost three hours playing the same game, she didn't get sick of it (laughs), and you have to keep going otherwise she cries. We try to give in, you know, because we're exchanging affection, affection with each other, that's good.

On a daily basis, Daniel reported that he introduced his daughter to things she didn't know and provided new experiences when he had the opportunity: "When I'm doing something new, I try to call her to show what I'm doing. Sometimes I'm cutting a vegetable or fruit that she doesn't know; I ask her to try it".

Being the father who spent most of the day with his daughter, Carlos told how he structured his care routine:

I try to divide my day and teach her something through games and educational toys, and then I intersperse the learning of issues like the alphabet, colors, with learning about life like that. A little while ago I learned how to make biscuits and then I put her to do it with me, it was a lot of fun.

For Winnicott (2011), one of the maternal function is the presentation of objects, exercised by providing the child with new experiences, teaching new things and increasingly incorporating the world into the child's reality, as they develop. All these concerns and proposed activities that Carlos organized with his daughter seem to reflect what Winnicott was referring to. Although this function of presenting objects is particularly maternal in the Winnicottian theory, as well as others, we can think that they are inscribed in a larger context of human relationships of care, which in the present case is present in the father-daughter relationship, just as it commonly appears in the mother-child relationships (Ferreira & Aiello-Vaisberg, 2006).

The care of the daughter

The couple reported in the interviews that caring for their daughter began the day they met her at the hospital: "When we met Camila, she had never been held in anyone lap [...] And then the first time we met her, the nurse asked us to do this. Daniel changed the first diaper and I took her in my arms first". During the hospital stay, contact with the daughter took place through the kangaroo method, which is a form of intervention used in the NICU that promotes skin-to-skin contact and was adopted as a public policy (Brasil, 2015): "When she was still in the incubator, the parents could already make the kangaroo, this is the first contact you have with the child" (Carlos). From then on, this care became routine during the hospital stay, in which they had to: "Change the diaper, then the first change in the morning, and the feeding, weigh the baby, bathe her, change clothes, that was it" (Carlos). All these

basic care activities and the use of the kangaroo method performed by these fathers can be understood based on concepts of Winnicott (1983, 2011) of holding and handling.

Due to her prematurity, the daughter required special care, as Daniel reported: “She required care that is different from a normal child, at least until the first three months, everything counts, everything, she could not receive too much medicine, I couldn’t give too much food, you know, everything is restricted like that, more care [...]”; and this care continued after they took her home: “The premature child requires a little more care. So, then we have to adapt the house, we had to put gel alcohol everywhere”. In addition to home care, Carlos pointed out that due to the prematurity it was necessary to maintain a routine of medical appointments to monitor her health: “For a year we continued to do medical follow-up. Every month, to see if she would have any vision, hearing and heart problems and before completing a year she was discharged”.

In addition, Daniel said that they sought to encourage their daughter’s development so that she could keep up with children of her age, regardless of being premature: “We try to encourage her as much as possible, so that when she goes to school, she won’t have that difference with the other children, to know that prematurity makes no intellectual difference to anyone”.

Regarding the care of other people, the couple reported having chosen not to enroll their daughter in a daycare. Despite this, Carlos pointed out socialization as the strong point of the day care center, which he sought to provide in other ways: “There are several large parks, I sit there, I talk to another family, I ask if she can play with their children and she starts to interact. There are children from the condominium, we have a toy library here, there are always children”.

It is possible to see that these fathers offered sensitive care, which in Winnicott’s theory is commonly attributed to the mother (2011), according to the daughter’s needs, such as attention to her physical health, stimulation due to prematurity and socialization with advancing age. Although the author highlights the importance of pregnancy as a preparation for such care (Winnicott, 2000), we can see that the absence of this biological bond is not necessarily an impediment, as well as the gender of the parents.

Demarcation of limits

Carlos’ reports showed that he was working on the issue of limits with his daughter and that the results were considered satisfactory: “The issue of limits she has accepted well [...] she asks for a cookie and some days I give it to her, some days I say no and she doesn’t cry and she doesn’t throw a tantrum about it”.

Despite this, Carlos reported that setting limits was a point of disagreement between the couple: “The issue of imposing limits sometimes bothers me a little because Daniel is more permissive in some things [...]”; and “If she wants to jump on the couch, he [Daniel] permits, and I don’t, so we have this different look”. This situation is also evident in the previous Daniel’s speech about the games he did not want to play with his daughter, but he could not sustain the ‘no’ and ended up giving in to her crying.

In this case, unlike the previous one, the delimitation of limits is a point of disagreement in this couple. While Carlos establishes this function as important and firmly exercises it, Daniel demonstrates that he is unable to work out the limits with his daughter. This difficulty seemed to be linked to Daniel’s personal issues, related to the rigid way he was raised. Here we can perceive a point of differentiation and alterity in the couple (Arán, 2009). Despite this, at no time was the authority to say ‘no’ understood as something

masculine or as a father's role, in contrast to the role of caring considered maternal and feminine.

Division of tasks between the couple

According to the couple's reports, the division of tasks between them from the beginning took place in such a way that one was more responsible for a period of the day, while the other was working. About the period in which their daughter was hospitalized, they said: "We agreed like this, Daniel would not leave work, I would reduce my consultations in the office to be with her" (Carlos); and "We kind of shared it, I stayed more at night and in the morning, you know, when he was with his patients and he was in the afternoon" (Daniel).

Later, when they took their daughter home, as Carlos was autonomous and had greater freedom in relation to his schedules, he dedicated himself more to fatherhood in terms of time available for his daughter and he was the one who spent most of the day with her, while Daniel was at work. This division between them was well thought out so that neither of them was overloaded, as in addition to caring for their daughter, they still had to work, take care of the house and themselves. This concern with the division of tasks is apparent in the following statements: "Who was responsible for her, who was taking care of her, did everything, you know? [...] We tried to balance it out so as not to overload the other" (Daniel); also highlighted by Carlos: "The nocturnal issue was also like who to wake up first, who is less sleepy, it was always trying not to overload anyone".

It can be understood that in addition to the alternating shifts, when they were together, care was left to whoever was more available or willing at the time, as also appears in the following statement by Daniel: "When it was my turn, I was awake at night, I didn't sleep, so in the morning I was a zombie. He saw that I was in that state, he helped, took her out, then I could take a nap".

This care for the partner refers to the function that Winnicott (2015b) attributed to the father, of being an environment that encompasses the mother, worrying about her and taking care of her when necessary. One might think that this could also be happening in this case, although it circulated between the two fathers. Despite this, as pointed out by Belo et al. (2015), Winnicott portrays paternal care as a simple mimicry of the mother. In the cases presented here, there is no mother/woman to be mimicked, so it is understood that both caregivers are equally important and that care can occur from the spontaneous gesture of these fathers.

Despite this division, in which both took turns in care, Carlos also said that the moments of care were shared by the couple: "Sometimes we bathed together, saying that it was divided, it seems that it was something like one does and the other keeps looking, it wasn't always like that, most of the time it wasn't like that".

Although there were two fathers who took care of the child, there was an organization of a routine and a constancy of care. They were the same people in charge of the care and doing all kinds of tasks. The couple also had family moments, in which both were present and shared care, supporting each other. This form of division can be understood as one of the characteristics of parenting in homosexual couples pointed out by Passos (2005). This would be characterized by the absence of fixed parental functions, in which members can move between taking care, which would be socially considered a female role, and outside work that brings financial support to the home, a role socially considered to be male.

In this case, as in the previous one, both spouses worked and it can be seen that they alternated between the traditionally maternal role of care and the traditionally paternal role of provider. Still, according to Passos (2005), there would be a prevalence of horizontal

relationships, insofar as there is no figure of a mother, understood as the authority on issues related to the child and the domestic environment, a domain in which the father would not enter. This would be observed in the partnership relationship between the fathers, who would be seen as equals, as portrayed by the cases of the present study.

Final considerations

Despite the particularities of the two cases presented herein, one can think of processes involving parenting that are similar to each other, and can be understood, at least partially, in the light of Winnicott's theory, as proposed for this study. In addition, it can be understood that parenting in each of the members of these couples involved both components of what is understood as a paternal function, such as environmental support and the establishment of limits, and components of what is understood as a maternal function, such as holding, handling and presentation of objects.

The evidence brought by the cases studied allows to think that the Winnicottian theory can be used to understand parenting in the context of male homosexual couples. At the same time, this context presents challenges that lead us to advance and eventually rethink aspects of the theory. As has already been pointed out by other authors (Arruda & Lima, 2013; Belo et al., 2015; Ferreira & Aiello-Vaisberg, 2006; Santos & Antúnez, 2018), the care function is closely linked to the female gender in Winnicott's work, with the father being relegated to a secondary role in his child's life, as was expected at the time of his writings. Nevertheless, the ability to rescue primitive experiences of being cared for, identifying with one's own child, being sensitive and dedicated can be present in both female and male genders, particularly among those who wish to be more participative with their children, as it seemed to be the cases presented here.

However, traditionalist models of gender still exist in our society, which dictate to men that they cannot be sensitive and careful (Arruda, & Lima, 2013; Belo et al., 2015). For male homosexual couples, it may be easier to break with these models, being able to place themselves in the position socially considered as maternal (Maqueda, 2018; McKee, 2017), in addition to the expected position of father. In the function of caring, the fathers presented here could also count on environmental support, so dear to Winnicottian theory, mainly represented by the husband, who was always very present.

Despite the apparently harmonious portrait of the couples in the present study, difficulties were also present. Being a father brings enormous challenges for anyone and it is no different for homosexual couples. On the contrary, conflicts are potentially greater, due to criticism from a predominantly heterosexual world, which does not accept difference, especially in relation to male homosexual couples, who are seen as having little potential to care for a baby and small child.

Finally, it is very important to continue investigating the different parental contexts, in particular male homosexual couples, which rarely appear in the literature. Even theories, such as Winnicott's, aimed at the heterosexual world, deserve to advance and be rethought to include the new family arrangements and, if necessary, that others be developed to account for this new reality. Although Winnicott pointed out that someone other than the mother can exercise the functions of care, the close connection with the female gender was very present in his theory, relegating to male fathers a secondary function. The evidence from the present study can contribute to advances in this direction, by empirically demonstrating cases in which parents take care of their children from birth, fulfilling the functions necessary for their development. They also indicate that functions that adults

perform with babies, more than maternal and paternal, are parental functions, which do not depend on the gender or sexual orientation of the caregiver to be present.

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