

Paternal Personality as a Prognostic Factor in the Treatment for Antisocial Tendency¹

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Abstract: Most studies addressing the importance of the family environment on children's emotional development and psychological treatment associate the characteristics of the mother's personality with the child's pathology, disregarding the characteristics of the father's personality. Therefore, this study's objective was to investigate the personality characteristics of fathers of children with antisocial tendencies by means of the psychodiagnosis interventive method and to investigate the potential relationship of such characteristics to the treatment results obtained for children. Six fathers of seven children were evaluated by the Rorschach test. Follow-up of the cases indicated five therapeutic successes and two failures. The paternal personality characteristics associated with success included the absence of severe impairment in the test of reality, control of impulses, and interpersonal relationships, in addition to a neurotic organization of personality. The results show the importance of including information concerning the father's personality when prescribing therapies and establishing prognoses.

Keywords: Psychodiagnosis, Antisocial Behavior, Treatment Effectiveness Evaluation, Fathers, Rorschach Test.

Personalidade Paterna como Fator Prognóstico no Tratamento da Tendência Antissocial

Resumo: A maior parte dos estudos, sobre a importância do ambiente familiar no desenvolvimento emocional e no tratamento psicológico de crianças, busca associar as características da mãe à patologia da criança, em detrimento da figura do pai. Tendo isso em vista, este estudo teve como objetivo investigar as características de personalidade de pais de crianças com tendência antissocial, submetidas ao psicodiagnóstico interventivo, e sua possível relação com os resultados terapêuticos dos filhos. Seis pais de sete crianças foram avaliados pelo Teste de Rorschach, e o *follow-up* dos casos indicou a ocorrência de cinco sucessos e dois fracassos terapêuticos. As características paternas associadas ao sucesso foram ausência de comprometimentos severos no teste da realidade, controle pulsional e relacionamentos interpessoais, além de uma organização neurótica de personalidade. Sendo assim, os resultados mostram a importância de incluir informações sobre a personalidade paterna na realização de indicação terapêutica de crianças e na proposição de prognósticos.

Palavras-chave: Psicodiagnóstico, Personalidade Antissocial, Avaliação Terapêutica, Pai, Teste de Rorschach.

Personalidad Paterna como Factor de Pronóstico en el Tratamiento de la Tendencia Antisocial

Resumen: La mayoría de los estudios sobre la importancia del ambiente familiar en el desarrollo emocional y en el tratamiento psicológico de niños busca asociar las características de la madre a la patología del niño, en detrimento del padre. Así, la finalidad de esta investigación fue analizar las características de personalidad de padres de niños con tendencia antisocial, sometidos al psicodiagnóstico de intervención, y su relación con los resultados terapéuticos de los hijos. Se evaluó a seis padres de siete niños por el Test de Rorschach. El seguimiento indicó la ocurrencia de cinco éxitos y dos fracasos terapéuticos. Las características paternas asociadas al éxito fueron ausencia de compromisos severos en el test de la realidad, control pulsional y relaciones interpersonales y una organización neurótica de personalidad. Los resultados muestran la importancia de incluir informaciones sobre la personalidad paterna en la realización de indicación terapéutica para niños y en la proposición de pronósticos.

Palabras clave: Psicodiagnóstico, Conducta Antisocial, Evaluación Terapéutica, Padre, Test de Rorschach.

The importance of the role played by the family in the emotional development of children has been recognized, both in the study of the etiological processes of pathologies

and their treatment. Hence, a child evaluation that does not include the family is now considered to be incomplete (Mishima, Pavelqueires, Parada, & Barbieri, 2009; Pratta & Santos, 2007).

When Freud (1917/1976) defined the etiology of neuroses, he highlighted the importance of childhood experiences because they occur in a time when one's development is incomplete and, for this reason, susceptible to traumatic effects. According to Freud (1917/1976), the causes of neurosis would be related to a "complemental series" in which different degrees of sexual constitution and

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experience interact, that is, libido fixation and frustration. Therefore, care received from the environment, which is initially mainly represented by the family, would be greatly relevant to the child's mental health, thus, should be taken into account in the tasks of diagnosing and implementing psychotherapies.

Given the relevance of the family context to one's emotional development, studies involving the association between the family's characteristics and infant pathologies are common. The studies mainly discuss the relationship between the mother's personality and the child's psychological disorders (Bueno, 2008; Calkins & Keane, 2009; Fracalozzi, 2009; Thornberry, Freeman-Gallant, & Lovegrove, 2009).

The role of the father is less frequently considered (Barbieri, 2009a; Mishima, 2007; Selan, 2009) and is mainly addressed in the case of antisocial personality disorders in children. Frick, Lahey, Loeber, Christ and Hanson (1992) observed an association between conduct disorders, namely the father's antisocial personality disorder and drug abuse, and various aspects of family functioning, as the type of supervision and discipline demanded by the mother. Janson and Stattin (2003) state that the development of delinquency is associated with a lack of parental warmth, the parents' psychosocial problems, inconsistent discipline, neglect, and conflicting relationships. Violent socialization and coercive practices, exposure to violent adult models, parental conflict, and maternal disaffection are also indicated as significant factors in the etiology of antisocial behavior in Patterson, DeBaryshe and Ramsey (1989). Blazei, Iacono and McGue (2008) suggest that antisocial behavior can be "transmitted" from father to child, when the first is present in most of the child's life.

Because the existence of therapeutic practices directed to the infant population in which a good quality family environment is essential to obtaining and maintaining any benefit the therapy helps the child to achieve, such as Winnicott's (1971/1984) therapeutic consultations, knowledge related to the parental characteristics promoting human development became as relevant as those concerning the adverse effects arising from environment (Cia & Barham, 2009; Ferreira & Aiello-Vaisberg, 2006; Gomes & Resende, 2004).

In his text concerning the father's role in psychoanalytical theory, Etchegoyen (2002) emphasizes its role in child development and as an intra-psychological construct in the Oedipus Complex ("the inner father").

Freud (1924/1976, 1925/1976, 1931/1976) assigns great importance to the Oedipus Complex as a nuclear organizing fantasy in sexual development. For the boy, the father has the power to castrate; hence, his possession over the mother should be obeyed, which eventually makes the father an object of identification. For the girl, in turn, the mother is the one considered responsible for her castration, and is then replaced by the father as object of desire, with the objective to possess a penis and a baby. Hence, castration represents the

end of the oedipal complex in the boy and the beginning of it in the girl. Freud (1924/1976, 1925/1976, 1931/1976) argues that the identification of the boy with his father and the girl's desire lead to the sublimation of oedipal desires because both sexes attribute power and authority to the father.

The development of Oedipus Complex results in a mental change. Previously, authority was externally exerted through the voice of one of the parents who prescribed certain actions and prohibited others. Thereafter, authority comes from inside the child's mind through the superego, which would be, according to Freud (1924/1976, 1925/1976, 1931/1976), the heir of Oedipus Complex, both having and being the parents' authority internalized.

The contribution of Winnicott is undeniable when it comes to environmental influence on child development. According to Winnicott, inherited maturity tendencies could occur only within an enabling environment, which would have absolute importance at the beginning of a child's life and would become gradually relative (Winnicott, 1960/2005). In relation to the parental characteristics enabling harmonious development, even though there is an emphasis on the qualities of the "good-enough mother" (Winnicott, 1945/1993, 1951/1993, 1956/1993, 1960/1983, 1971/1984), which were detailed by Barbieri, Jacquemin and Biasoli-Alves (2005), the role of the father was also addressed in the writings of Winnicott (1945/1982) and in the writings of his followers that organize and expand his thinking concerning this subject, such as Outeiral (1997).

The attributes of both parents and this desirable environment vary according to the child's developmental stage. According to Winnicott, in the first stage, that of *absolute dependence*, the infant's ego needs to be reinforced by the maternal ego through holding and a care routine that generates in the child a feeling of continuity of existence, until it is possible to achieve the three main tasks of primitive infant emotional development: integration, personalization, and realization. In this stage of total dependence, the role of the father would be to protect the mother-child dyad, dealing with external demands, so that the mother could fully devote herself to the child.

In the second stage, that of *relative dependence*, the mother needs to enable the infant to fill in the empty space between her/his own body and hers through fantasy, incipient thinking, and transitional phenomena and objects. It is at this point that the father (the third person) starts to play an important role. He is introduced to the child by the mother, who can promote, impede or disfigure this relationship. It is in this context that the father begins to provide external reality for the mother and child. These experiences concerning externality pave the way for the third stage, known as *towards independence*. In this stage, according to Barbieri (2009b),

with a greater integration obtained by the infant and his/her acquired ability to triangulate and the Oedipal relationship, the task of both parents is to

help the child to deal with the anguish of castration, ambivalence and feelings of exclusion. In this context, help provided by the parents essentially depends on their own defensive conditions, acceptance of sexual identity, and transformation of their feelings of rivalry into solidarity (p. 1169).

If mother and father are happy in their relationship, the bond established between father and daughter and the state of rivalry between father and son will not arouse anxiety or excessive jealousy (Winnicott, 1945/1982). According to Abram (2000), Winnicott divides the role of the father into three main areas: the relationship between father and mother, his support of maternal authority, and "being himself". Winnicott (1945/1982) states that the parents' sexual union represents a concrete fact upon which the child can construct his/her fantasy, as well as provide the bases for the child to solve problems of triangular relationships.

With regard to the moral support provided to the mother's authority, the father presents himself as a human being who supports the law and order implemented by the mother in the child's life. According to Winnicott (1945/1982), the child is constantly predisposed to hate someone, and if the father is not around to assume this role of being hated, this feeling will be directed to the mother, which will confuse the child because the mother is the person she/he loves the most. When Winnicott (1945/1982) refers to the father's role of "being himself", he argues that the child *needs* the father for his positive qualities, the vivacity of his personality, or to put it another way, for what distinguishes him from other men.

According to Newman (1995), the father acts as an indestructible environment, enabling the child's free and aggressive impulses to be safe and enjoyable, since the father has the ability to say "no" and remain firm. The child, then, feels confident enough to experiment with such impulses, and the safety provided by the father's presence gradually gives way to self-control.

Davis and Wallbridge (1982) state that it is with the father that the child learns, for the first time, what it means to be unique, that is, a human being different from the other humans, which helps in the child's own integration. The father would then open the world for his child. While the mother would represent the stability of home, the father would represent the vivacity of the streets.

In the same way as Winnicott (1945/1982), Target and Fonagy (2002) argue in their bibliographic review, that the role of the father is indirect at the child's beginning of life, that is, it is mediated by the mother. The possibility of the child internalizing a triangular relationship would be determined by the mother's conscious and unconscious attitudes directed to the father of her child. McDougall (1989) states that, depending on the way the mother talks about the father, a dead father would remain a very vivid figure in the child's mind in the same way a physically present father

could be experienced as symbolically absent or dead, in the child's inner world. Atkins (1984) suggests that the mother can strengthen the presence of the father and vitalize him in his essence. It is the mother who feeds the child's interest in other people, especially for the father. She can facilitate or inhibit the interest of the child towards her/his genitor, at the same time, she can either encourage or discourage the father's engagement with the child, for instance, smiling when the child look to her/his father, talks to him or tries to reach him. She can signify these interactions combining them with love, rejection or estrangement.

Target and Fonagy (2002) also state that the father, when introduced by the mother, contributes to the child's psychological development, such as the origin of symbolic functioning. According to Lebovici (1982), triangulation helps the child to develop a system of representation that departs from omnipotent dyadic fantasies and enables the integration of aggressive and libidinal desires.

While maternal function involves providing care for the child, the paternal function includes elements that can enable the child to assume his/her place in society as a human being (Target & Fonagy, 2002). When the father stands between the mother-child dyad and establishes limits, he enables the child to delay gratification, control impulses and tolerate frustration long enough to enable the development of thinking.

In addition to the father's indirect role of emotionally supporting the mother-child dyad, the most direct function as an alternative figure of attachment and a link to the outside world is also acknowledged (Muir, 1989).

Given these considerations, the role of the father in the "medium desirable environment" is undeniable, whether in early stages in which he enables the mother to perform her role with the child, or when he is perceived by the child as a complete person separated from the mother. Additionally, the literature addressing the importance of the father's characteristics as an etiological factor in the development of Conduct and Oppositional Defiant Disorders justifies the search for associations between the father's personality and the child's therapeutic result in various clinical practices, among them interventive psychodiagnosis.

A study of this nature, but also examining maternal characteristics, was performed by Barbieri et al. (2005). The mothers of children with antisocial tendencies were evaluated through the Rorschach test, which verified associations between the characteristics of the mothers' personality and the child's therapeutic success in interventive psychodiagnosis. The authors verified that the absence of severe harm in the mothers' instinctive control and personal relationships was associated with the child's good prognosis. Despite this clear association, Barbieri et al. (2005) also verified that children with mothers presenting mild or moderate psychological difficulties were successful in the intervenient psychodiagnosis. Given these results, they assert that therapeutic efficiency, among other factors, depended

not only on the integrity of maternal personality, but also on the way the mothers' difficulties were absorbed and handled by the other family members.

Hence, this study investigates the personality characteristics of fathers of children with antisocial tendencies, submitted to interventive psychodiagnosis, and the personality characteristics' potential relationship with the children's therapeutic results. The characteristics of mothers were evaluated in a previous study (Barbieri et al., 2005), as well as the characteristics of children (Barbieri, Jacquemin & Biasoli-Alves, 2004).

Method

Participants

Six biological fathers of seven children aged between 5 and 10 years old (six boys and one girl) participated in the study, who were undergoing interventive psychodiagnosis

due to antisocial behavior such as lying, stealing, physical or verbal aggressiveness, and defiant behavior, introduced by the principal of the public primary school they attended. All the parents except one agreed with the principal's complaint. The parents' socioeconomic status ranged from medium to low. Their ages ranged from 26 to 56 years old and educational level from the 4th grade to completed secondary school. All the fathers lived with the mothers and children. Parents with a history of self- or hetero-aggressive behavior, psychiatric hospitalization, or drug use were excluded from the study. Five children were diagnosed with the pre-structure of neurotic personalities and two children with the pre-structure of psychotic personalities, according to the results of the Rorschach test (Barbieri et al., 2004).

Table 1 presents a succinct characterization of children participating in the study, as well as the general constitution of their families, the reason they were referred for therapeutic treatment and an evaluation of therapeutic results. The names are fictitious to maintain the participants' confidentiality.

Table 1

Characterization of Children, Reason they Were Referred for Treatment, Diagnosis and Evaluation of Therapeutic Results

Name	Age (years)	Family socioeconomic condition	Complaint	Pre-structure of personality ^a	Duration of follow-up (months)	Therapeutic Result
Beatriz	10	Medium	Stealing money from family members	Neurotic	6	Success
Leonardo	10	Low	Agitation, quarrelling and disobedience	Neurotic	3	Success
Tiago	8	Low	Aggressiveness and disobedience	Neurotic	8	Success
Rafael	5	Low	Disobedience, stubbornness, rebellious and jealousy of his sister	Neurotic	—	Success
Paulinho	8	Medium	Fighting, lying, running away, and stealing	Neurotic	5	Partial success
Daniel	8	—	Disobedience and agitation	Psychotic	4	Failure
Michael	10	Medium	Lack of attention, refusal to perform tasks and aggressiveness	Psychotic	3	Failure

Note. ^aAccording to the Rorschach test, coding according to Traubenberg (1998), interpretation according to Brazilian standards (Pasian, 2000).

Instruments

The fathers were evaluated through the Rorschach test, with the exception of one of them. Because of that participant's color-blindness, we opted to use the Human Figure Drawing (HFD) test (Hammer, 1926/1991). The coding of the Rorschach test was performed following the French School (Traubenberg, 1998) and Brazilian standards were used to interpret the results (Pasian, 2000). In addition to the Rorschach test, there were also an anamnesis interview, playful sessions, and a diagnostic family interview, while the Hammer Drawing Battery and the Children's Apperception

Test – Animal Form (CAT-A) were also applied. To determine the children's therapeutic success or failure, follow-up interviews were performed with both parents together.

Procedure

Data Collection

An anamnesis interview was held and a non-interventive Rorschach test or the HFD was applied individually to the fathers. Children's treatment began right after this procedure. At the end of the children's interventive psychodiagnosis,

the parents were invited for a feedback interview, which was followed by instructions and guidance, and families were then discharged. The case follow-up ranged from three to eight months and was conducted through interviews with parents. In a single case, the parents were not able to personally attend the interview and follow-up was conducted by telephone.

Data analysis

Data analysis followed the model used by Barbieri et al. (2004, 2005) with children and mothers in the same sample. Data were descriptively analyzed and the fathers' results on the Rorschach test were related to the children's therapeutic success or failure, verified through follow-up interviews.

The indicators of the Rorschach test were addressed in an integrated manner based on the representative groups of the ego functions, systematized by Loureiro and Romaro (1985): production, rhythm, thinking, reality testing, impulse control, defensive functioning, and interpersonal relationships. The level of integrity of these functions was considered to be preserved or compromised at a mild, moderate or severe level, complemented by analysis through the nature of object relation and through diagnosis of personality structure.

With regard to the therapeutic results, the cases in which marked improvement of symptoms was reported in follow-up sessions were considered successful even if there was a need to refer the children for play therapy. The cases in which children did not show improvement by the end of the intervention were considered to be unsuccessful.

Ethical Considerations

After the study was approved by the Ethics Research Committee at the Universidade de São Paulo, Ribeirão Preto (SP), Brazil, College of Faculty of Philosophy, Sciences and Letters (protocol No. 021/2001-2001.1.600.59.0), the parents of the children indicated by the public school's principal were

contacted and invited to participate in the study. Those who agreed to participate signed free and informed consent forms, authorizing both theirs and their children's participation.

Results and Discussion

The HFD was applied to one of the participants (Michael's father) due his color-blindness. Despite the use of a different evaluation technique, we opted to include him in the analysis of results for two main reasons. The first is that both the Rorschach test and HFD assess the same construct, that is, personality organization; thus, both instruments are structural techniques. In addition, the personality structure diagnosis was performed as a clinical evaluation of the instruments based on the theory of Jean Bergeret (1998) and not on in terms of the tests' specific indicators, which leads to uniform interpretative terms, making the two techniques comparable. The second reason is that the inclusion of this participant enriched the study's informative quality, since only two children in the sample presented the structure of psychotic personality, and one of them is the son of this specific participant (Table 1). Therefore, his inclusion enabled a deeper discussion concerning the factors involved in a child's prognosis.

Despite this decision, the inclusion of this participant was partial because there were limitations in terms of evaluating the level of integrity of ego functions of Loureiro and Romaro (1985). Because these authors organized the evaluation criteria of these functions only for the HTP test as a whole and not specifically for the HFD, the results of Michael's father were considered in the analysis only in relation to his personality structure and the child's therapeutic results. Hence, in the analysis of conditions of ego functions, only the protocol of Daniel's father was included in the category "unsuccessful therapy".

The fathers' personality variables, as evaluated by the Rorschach test and HFD and the children's interventive psychodiagnosis results are presented in Table 2.

Table 2

The Fathers' Personality Variables Evaluated by the Rorschach Test and the Human Figure Drawings Test (HFD) and the Children's Interventive Psychodiagnosis Results

Fathers' Personality Characteristics ^a	The children's therapeutic results					
	Beatriz/ Success	Leonardo/ Success	Tiago and Rafael/ Success	Paulinho/ Partial Success	Daniel/Failure	Michael/ Failure
Personality structure	Neurotic	Neurotic	Neurotic	Neurotic	Psychotic	<i>Borderline</i>
Production	Low	Low	Low	Low	Low	—
Rhythm	Slow	Slow	Slow	Slow	Slow	—
Thinking	Inhibited	Immature	Inhibited	Immature	Inhibited	—
Reality Testing	MC	MC	MC	P	SC	—
Impulse Control	P	MC (RI)	MC (I)	MC (RI)	MC (I)	—
Defensive functioning	MIC	MC	MC	MC	SC	—
Interpersonal Relationships	MC	MC	MC	SC	SC	—
Bond with the object	Between total and partial	Between total and partial	Total	Impossible to affirm	Impossible to affirm	—

Note. P - Preserved. MIC - Mildly Compromised. MC - Moderately Compromised. SC - Severely Compromised. RI - Restrictive-Inhibitor. I - Insufficient.
^aEgo functions and personality structure

Table 2 shows that the fathers' personality variables that were determinant in the children's therapeutic successes and failures were: personality structure and quality of interpersonal relationships, impulse control (including defensive functioning) and reality testing.

Hence, in all situations in which therapeutic success was achieved (either total or partial), the parents presented a neurotic personality organization, while in the two cases in which therapy failed, the organization was psychotic (Daniel's father) or borderline (Michael's father). This evidence, coupled with the fact in the two unsuccessful cases the children presented a psychotic personality structure (Table 1) and Rosenfeld's (2000) assertion that the role of the father is only effective when he manages to contain the child's primitive feelings of anguish, lead to hypotheses that psychotic or borderline individuals face difficulties concerning their paternal role.

Considering that the role of fathers, during the stage of absolute dependence, is to protect the mother-infant dyad, that is, to deal with the demands coming from external reality, enabling the mother to dedicate herself to her primary maternal role (Ferreira & Aiello-Vaisberg, 2006; Outeiral, 1997; Selan, 2009; Target & Fonagy, 2002), it is possible that parents presenting borderline or psychotic personalities have difficulties performing their roles, since their relationship with the environment is permeated by narcissism and self-reference. In these conditions, the mother will need to take care of demands from the world external, impinging on her relationship with the infant. Consequently, she would become overloaded and compromise her work of containing the child's primitive feelings of anguish. It seems this is not the only difficulty found by fathers with such personalities in playing their role in their children's first stage of life.

Still in the period of absolute dependence, the paternal function is to confer affective coherence to the child's sensations and perceptions, despite objects in the outer world (Davis & Wallbridge, 1982; Rosenfeld, 2000). Such a task is mediated by the mother and is, therefore, inseparable from the maternal function, since she is the one who introduces the child to the first signs of the father's presence or absence, influenced by the relationship she has with her husband. The child may disregard these signs later when she/he will construct her/his own conceptions of her/his father, which may or may not be in agreement with preliminary indications. It is plausible to hold that this mediation played by the mother occurs through the maternal masculine element, formed in her psychological reality by hereditary factors and by her experience with her own parents. Subsequently, the mother's masculine element is changed due to the relationship established with the child's father (Rosenfeld, 2000). It is the integration of the mother's masculine and feminine elements that would enable her to develop the ability to reflect the child's uniqueness and organize the content of his/her projections, imposing limits, separating data from reality that may or may not be introduced to the child. In summary,

the mother's successful performance, even in the earliest stages of the child's life, is inseparable from her relationship with the child's father.

Because the mother is immersed in primary maternal concerns, the father is responsible for providing external reality to her, and indirectly, to the infant. Hence, the quality of his functioning is linked to the conditions of his reality testing. According to this assumption, Table 2 reveals that the parents of children who succeeded in the interventive psychodiagnosis presented moderate impairment, at most, in the reality testing. Daniel's father showed severe impairment in grasping reality, especially due to the use of denial and foreclosure mechanisms ($F + \% = 0$). Consequently, he was not able to use data from reality to limit, in a direct manner or mediated by the mother, the child's fantasies of destruction (Winnicott, 1945/1993; Newman, 1995) and freed him from the need for primitive and violent defenses to control anguish. Not supporting the maternal masculine element, the father collaborated with the identification between mother and son (feminine element) without encouraging separation between both (masculine element), keeping the symbiotic bond (Lebovici, 1982); its gradual discontinuation would be a father's task.

In addition to the difficulty of introducing the outer world to the child, the impossibility of perceiving oneself as unique and independent, which is a characteristic of psychotic and borderline personalities, may harm the father's direct bonding with the child from the second semester of life on, when he starts to emerge as a figure distinct and separate from the mother. At this point, which is called relative dependence stage, the father starts to serve as a model of integration for the child, a first glimpse of personal totality (Abram, 2000). Thus, a father struggling to conceive of himself as a person separated and independent from another, would not be able to contribute to the development of a child's capacity for integration, personalization, and realization (Winnicott, 1945/1993). In this regard, Table 2 also shows that Daniel's father showed severe impairment in interpersonal relationships (with com $H = 0\%$ on the Rorschach test), indicating loss of human contact at a deep level and an inability to identify himself with another (Anzieu, 1961/1988). In this context, in a bond of a narcissistic nature, the father's perception concerning the child as a "double of himself" would replace a genuine relationship of empathy. Even though empathy implies a certain degree of narcissism, as shown in the work of Misès (2000), in which narcissism of a borderline father was what enabled him to become interested in his child, it is argued that when narcissism becomes the father's organizing pole, he becomes unable to present himself to the child as a real and objective person, and therefore, unable to appropriately play his role. Therefore, an important characteristic for a "sufficiently good" father, capable of helping his child in a therapeutic process, would be a certain degree of narcissism allied with a perception of himself as being separated from others.

Despite the evident association between the parents' quality of reality testing and their interpersonal relationships with the children's therapeutic prognosis, these indicators should not be considered isolated but addressed in an integral manner. Otherwise, there is a risk the child will experience only a partial or temporary improvement, as happened with Paulinho. Although this child's father presented a neurotic personality structure and intact reality testing, he presented many difficulties in his interpersonal relationships, including $H = 0\%$. These results may be understood considering that his affective resonance was coerced and latent tendencies were coercive. This condition reveals that the chances of contact with the elements of the infant's personality were impoverished by a sharp restrictive-inhibitor control of impulses, which, even though it allowed him to adapt to the outer world, it also compromised his capacity to understand the child. Therefore, the degree to which reality testing and interpersonal relationships are preserved also forms a set inseparable from the fathers' degree of integrity and nature of impulse control, in the definition of the child's prognosis.

Specifically in relation to impulse control and defensive functioning, while the parents of children who were successful in the interventive psychodiagnosis exhibited moderate impairment, at most, Daniel's father (therapeutic failure) presented important impairments due to insufficient impulse control (Table 2). Even though Michael's father (therapeutic failure) was not systematically evaluated in this function as the other fathers were, the HFD revealed a poor and very compromised impulse control. Data obtained from Michael's father showed the existence of acting-out behavior, some of which was antisocial in nature, which unfold in the context of borderline personality of perverse ordering. In these cases, the individual is obliged to seek incomplete and urgent satisfaction, with partially erogenous objects and zones, since he failed to properly repairing his narcissism or find a total object or develop effective secondary processes (Bergeret, 1998).

Even though this quest for satisfaction can be verified in the HFD results of Michael's father, there are very few indicators of an acting-out tendency in the Rorschach test of Daniel's father (there is only a CF answer in the entire protocol and no C answers). However, a tendency to return affection (including the hostile ones) to himself was shown by his coercive affective resonance and his latent introversive potential. This tendency would expose him to a series of risks, since violent energy that does not have a socialized path to express itself (*kob* responses) would remain self-directed.

In general, this study's results indicate that the good prognosis of an antisocial child in the interventive psychodiagnosis is linked, among other factors (Barbieri et al., 2004, 2005), to the existence of a father capable of employing elements that originate from his contact with external reality to contain, consider, and organize his own impulses and the anguish arising from them. In these conditions, he enables the child to abandon omnipotence, integrate his/her own impulses and go from the object

relation to "object use" (Abram, 2000; Lebovici, 1982). If the father does not offer the child an appropriate means to assimilate impulses, the child keeps this constant feeling of being threatened by them, which can sometimes lead to action and other times to inhibition.

In this sense, this study's data suggest that if the fathers presented an impaired structural nature in reality testing and impulse control, including defensive functioning, it may be very difficult to depend on their help in the treatment of antisocial children through the interventive psychodiagnosis. The reason is that they can only identify themselves with the child's anguish in a narcissistic manner, without conferring on it form or limitations.

In relation to the ego functions of paternal productivity and thinking, Table 2 shows that the chances of the child being successful in the interventive psychodiagnosis are not necessarily restricted by a certain associative rigidity on the part of fathers, nor by the presence of inhibition or the depletion of their thinking. There are, however, indications that an absence of human kinesthetic responses diminishes them to a degree.

It is essential to consider that, even though this study's results indicate a clear and important association between the parents' characteristics and the children's therapeutic result, this link should be not considered to be exclusive, linear or monotonic. As previously mentioned, especially at the beginning of life, the figure of the father is introduced to the child through the mother's mediation. In this context, the quality of paternal functions undoubtedly depends on the quality of the maternal psychological reality. Additionally, the child's formation of reality begins from a symbiotic relationship established with the mother. Therefore, before the father appears to the child as a person in himself, much has already been covered in terms of infant emotional development in which the father performed his role as an element present in the mother's psychological reality. Hence, in the same way that the mother's performance depends on the support provided by the father, the paternal function also depends on the nature of the mother's function as well as the child's innate and personal potential (self).

It is also important to consider that, as presented in Table 1 and discussed by Barbieri et al. (2004), there is a link between the child's pre-structure personality and the therapeutic prognosis obtained in interventive psychodiagnosis. However, since the development of infant personality depends on the relationship of the children with their parents, to the extent that Bergeret (1998) established a genesis of parental relationship for each structure classification, this criterion cannot be considered as specific to the child and independent of her/his family group.

Therefore, in the process of establishing the prognosis of antisocial children undergoing interventive psychodiagnosis, it is essential to consider the personality factors of the parents and of children together, being part of a dynamic interaction, to obtain a holistic understanding of the whole family.

Final Considerations

Within the limitations imposed by a small sample and its diversity of cases, we find that, according to the Rorschach test, the paternal characteristics linked to a successful psychodiagnosis of children with antisocial tendencies were: (a) presenting a neurotic personality structure; (b) providing at least one K response and few or no kob; (c) having a preserved impulse control or, moderately compromised impulse control, at most; (d) lacking severe impairment in reality testing; (e) lacking severe impairment in interpersonal relationships and the ability to empathize.

Data presented in this study confirm the importance of the fathers' personality characteristics in the therapeutic results of interventive psychodiagnosis in children presenting antisocial tendencies. However, this influence should be considered together with other prognosis determinants, among them the mother's personality, since it can strengthen, improve, or compromise the father's performance. Hence, it is considered essential to understand the characteristics of the family group in an integrated and dynamic manner, to establish the prognosis of antisocial tendency through an interventive psychodiagnosis.

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