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FATHERHOOD'S SUBJECTIVE EXPERIENCE IN THE FACE OF ADOLESCENT CHILDREN' DEPRESSIVE SYMPTOMATOLOGY AND SUICIDE ATTEMPT

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ABSTRACT. "Fatherhood's subjective experience in the face of adolescent children' depressive symptomatology and suicide attempt". The fatherhood's experience of living with a teenage son or daughter who presents depressive symptomatology and has tried to commit suicide constitutes a subjective experience in and of itself. For the father, these adverse conditions represent a challenge in his constituted role and cause an emotional impact which must be analysed by considering his subjective constitution. The aim of this research is to explore this experience by using a phenomenological qualitative approach. To do that, semi-structured interviews and the application of a test of incomplete sentences were applied to parents whose adolescent children received ambulatory care after a first suicide attempt in a psychiatric hospital in Peru. The results show that participants experience various emotions that involve impotence, anger, sadness, guilt, and relief around three stages: the onset of symptoms, attendance at a psychiatric hospital and the perception of remission of the symptoms. It was found that although at the beginning the fathers find it difficult to get involved with affection with their younger children, they are able to recover the bond through of the reconstitution and reorganization of their role.

Keywords: subjective experience, subjective constitution, fatherhood, depressive symptomatology, suicide attempt, adolescence

INTRODUCTION

Fatherhood is a process that is being built along a series of situations, experiences, expectations and social norms (Figueroa, 2000; Fuller, 2000; Jimenez, 2001; Salguero&Frías, 2001). This process begins with the decision to have and take care of a child (Olavarría, 2000). In this sense, it represents not only a biological achievement but also its correct or incorrect development has an impact on the

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different areas of the development of its descendants (Amato, 1994; Biller, 1993; Gottfried, 2013), such as to improve or hinder the development of skills such as independence and pleasure in exploring the external world (Chodorow 1989; Dienhart 1998; Oiberman 1998).

From a sociocultural perspective, fatherhood is closely linked to male identity (Bardinter, 2000), so the paternal role is related to be a "strong man", which means being the image of authority and being away from household chores (Fuller, 2000; Fuller, 2001; Lupton & Barclay, 1997; Salguero, 2006). However, due to important social and cultural changes such as the entry of women into the labour, political and economic fields (Fuller, 2001; Oiberman, 1998), we can observe a resignification in the masculine identity and, consequently, in the fatherhood. In assuming a role in the domestic sphere, fatherhood is resignified and it implies new forms of childcare and parenting that are currently being considered as the existence of "new fatherhood", which contemplates the role played by the father in and out of the house, as well as the physical and emotional relationship with the descendants (Carvalho & Pereira, 2009; Teixeira & Nascimento, 2014).

Following the above, fatherhood is modified according to social and cultural changes (Fuller, 2001; Oiberman, 1998) giving rise to an inhomogeneous process and forming part of the subjective constitution of each individual, which it simultaneously contemplates the internal and the external, the intrapsychic and the interactive, since in both moments are occurring significations and senses (González-Rey, 2002). When speaking of subjectivity it is necessary to stop thinking in isolated terms and begin to understand the experience in terms of relationships. In addition, it does not refer to fixed entities, but too complex processes (Elías, 1994 cited in González Rey, 2002) as is fatherhood. For Volnovich (2000) fatherhood performing by a man is associated with daily subjectivity in a process that has no starting point, and which lacks a point of arrival, so it is not known when the person begins and ends up being constituted as a father.

Under this conception, fatherhood is a continuous process (Leff, 1995) in which the desires and expectations of parents come together with the psychic possibilities they have to play this role. Despite this aspect, fatherhood has been investigated quantitatively under the father involvement construct, which is measured by quantitative indicators such as the number of hours the father spends with his child and what activities he does with him/her (Day & Lam, 2004; Marsiglio, 1991). However, these researchers showed inconsistent results in relating the variables of the father to the psychological development of the children (Cabrera, 1999 quoted in Janto, 2015). In addition, these researchers do not consider the qualitative dimension of fatherhood; which raises the need to study the subjectivity of fathers in themselves (Cabrera, 1999).

The practice and assessment of the role of the father will vary, among others, according to the child's age, sex and health condition (McBride, Schoppe, Ho & Rane, 2004; Palkovitz, 2002). Thus, for example, the subjective experience of fatherhood in the face of the depressive symptoms and suicidal attempt of his adolescent children is unique because it varies according to the personality, the attachment with the children and his coping skills, giving rise to a variety of feelings, emotions, sensations, interpretations, and senses, which constitutes his subjective experience (Ángeles, 2003; Dedios, 2010).

Depression is characterized by a change in the patient's usual mood (Shaffer &Waslick, 2003). The habitual humour will be replaced by a state of predominant sadness, disinterest, displeasure and other symptoms (American Psychological Association, 2005). Similarly, the World Health Organization (WHO) (2008) reports that depression is currently the disorder that produces the greatest number of disabilities and is the most common cause in the case of suicides. For parents, living with a child who has some "disability" represents a conflictive, stressful and difficult situation to face, which generates fear, impotence, uncertainty as men and as parents (Ortega et al., 2005).

Other authors such as Vázquez, Hervás, Hernangoméz, and Romero (2010) and Shaffer and Waslick (2003) mention that there is no single cause for depression and that there are several theoretical models that try to explain it; however, the term "cause" is currently rejected and rather refers to "risk factors" (Paz & Bermúdez, 2006). When the fathers face with the depressive symptoms of their children, they think over the reasons why their children show certain behaviours and they question themselves about their personal responsibility and they feel frustrated about the expectation of having a child in that condition (Ortega et al., 2005).

On the other hand, Freeman and Reinecke (1995) assert that the suicide would not have to do with an introjected hostility or aggression towards the environment, but with a negative predisposition towards itself and its future predictions. In the same vein, these authors point out that the suicide attempt occurs because of feelings of hopelessness, as well as the idea that the difficulties experienced are unbearable; so that ending with one's life is conceived as the solution to psychic pain.

As mentioned earlier, the health condition of the child is a factor that affects the performance of fatherhood, as it affects the way parents provide care, affection, and attention to their children (McBride, Schoppe, Ho &Rane, 2004; Palkovitz, 2002). When you have a child with a disability or illness, the expectations of paternity change and they go through an adaptation process that can be difficult, because it involves the assumption of an unplanned process, as well as the loss of expectations of the child to not be according to the expectations (Ortega, Torres, Garrido & Reyes, 2012).

In this particular coexistence, the fathers are confronted daily with children who show a risk condition that could mean their definitive deterioration or death. It causes an impact on his interaction with them; as well as in his forms of care, since by their condition demand more time and affection from the father. Thus, a serious or chronic illness - such as a mental disorder- can cause a considerable psychological and emotional upheaval not only in the child but also in the parent or primary caregiver (Hovey, 2003; Quispe, 2014).

The emotional experience can only be narrated by those who have experienced it because it belongs to the field of the subjectivity of each individual that includes behavioural, cognitive and affective aspects (Ángeles, 2003). For this reason, emotional experience includes the personal perception of the object or situation from which the emotion process is performed and with which the individual is kept interacting and influenced by his / her personal, social and cultural characteristics (Birdsong, 1993; Christakis and Iwashyna, 2003; Kalikztein, 2000).

In order to be able to explain this subjective dimension it is necessary to explore it from a qualitative approach that allows explaining cognitive and affective processes based on (i) personal experience; (ii) the diversity and complexity of the experiences of parents in relation to their children; (iii) the unique characteristics of the fathers and his children; and (iv) the specific family context in which the father-child relationship is situated (Carvalho and Pereira, 2009, Salguero 2006). These factors constitute the subjective experience of the father and allow to understand it without falling into generalizations that undermine the understanding of it (González-Rey, 2007).

In this line, the present research aims to explore the subjective experience of the fatherhood of five male parents whose adolescent children present depressive symptomatology and suicidal attempt. For this, a semi-structured interview and a test of incomplete sentences were formulated, whose purpose was to approach the subjective psychological dimension of the processes that touch the parents because of the adverse situation around their fatherhood and the demands of their children, as well as to the answers they give to these demands and their appreciation of them.

Finally, the material collected in the interviews has been worked through a thematic analysis based on what is significant. In this line, the results allow to understand and give meaning and sense to the subjective experience of each participant. This research contributes to the fatherhood studies because it produces knowledge from a dialogical and relational approach with the participants (González Rey, 2003, 2007).

METHOD

The present research has a qualitative approach of dialogical, communicational and progressive character (Márquez, 2007). The communicative processes are highly significant for psychology because the data collected in the interactional dynamics between the observer and the observed are as legitimate as those provided by quantitative instruments (Coffey & Atkinson, 2003). Qualitative methods start from the basic assumption that the world is constructed of meanings and symbols. In this way, they understand that human beings do not relate linearly to their world, but in a changing way (Márquez, 2007).

For the purpose of the present study, the phenomenological approach has been used, which by definition includes the experiences from the perspective of the actor, examining the way in which he experiences his world (Taylor & Bogdan, 2000).

Participants

Participants in the present research were five parents with no psychiatric history between 36 and 53 years of age (M = 45; SD = 7.17), they live with their adolescent children who are 14 and 15 (M = 14.8; SD = 0.44) years in the same house, and they have a low socioeconomic level. On the other hand, the adolescent children were hospitalized at the Emergency Service of a psychiatric hospital for a first suicide attempt and present depressive symptomatology diagnosed by the same hospital. After the crisis was controlled, the children were discharged and were admitted to the Department of External Consultation to be treated by specialists in psychiatry and psychology. The sample does not seek statistical representativeness, but rather structural representativeness (Flick, 2015). In this line, the number of respondents was defined on the basis of the saturation criteria (Flick, 2014) because of the redundancy in the information expressed by the participants.

Techniques of data collection

As part of the phenomenological model, the techniques used served to provide information at a descriptive level in order to understand the phenomena from the point of view of each participant. From a semi-structured interview, the perceptions, feelings, and knowledge of the fathers were interpreted (Patton, 1990). This interview allowed access to the subjective experience from the type of questions that Patton

(1990) describes as "questions about feelings". The interview guide addressed the following dimensions: family context, emotional experience around depressive symptomatology and the relationship with the adolescent children with depressive symptomatology.

In order to deepen the subjective experience, a list of incomplete sentences was created and they were completed by the participants. This activity facilitated free association by expressing itself spontaneously, creatively and personally (González Rey, 2007).

Procedure

At first, the supervisor in charge of the Department of External Consultation of Children and Adolescents of the psychiatric hospital was asked for authorization. When the permission was obtained, the prospective parents who attended family counselling sessions were contacted after their children attended a four-session evaluation process conducted by the researcher. In these sessions, the Kovacs Infant Depression Questionnaire (1992) was applied, which elucidated indicators of depressive symptomatology. Subsequently, a pilot interview was conducted in order to verify the relevance and comprehension of the questions. The interviews lasted between 60 and 90 minutes and were audio recorded in order that the transcript is faithful to what was expressed verbally by both the participating parents and the researcher.

The data analysis was thematic and it allowed to identify, organize and analyse the recurrent themes in the participants' discourses in order to know the meanings of their particular experience (Braun & Clarke, 2006). The Taylor and Bodgan approach (2000) is based on three stages: (1) the discovery phase, which consists of reading data, searching for emerging issues, developing typologies and developing a guide to history. Once this was done, (2) the coding phase was carried out, which consisted of the gathering and analysis of all the data referring to themes, ideas, concepts, interpretations and positions and later codifying and categorizing said data, to 7. Finally, (3) the relativisation phase of the data consisted of interpreting the data in the context in which they were collected, that is, under the particular situation and dynamics of each of the participating parents concerned. Finally, the results were returned to the parents.

Research Quality Criteria

Dependence or *logical consistency* (Salgado, 2007) is the degree to which different researchers who collect similar data in the field and carry out the same

analyses, generate equivalent results. For this, the researcher had intersubjective validation made from the comparison of the results of related research (Ortega et al., 2005), and the thesis advisor corroborated these results, which were structured and analysed, avoiding incurring in biases of any research.

Credibility (Salgado, 2007) is the result of the collection of information that the participants recognize as a reliable approximation to their beliefs and emotions. In order to achieve this purpose, textual transcripts of the interviews were done in order to avoid altering the interpretation object. Likewise, the results were returned to the participants who validated the conclusions and these are equivalent to other studies (Ortega et al., 2005).

Auditability (Marquez, 2007) refers to another researcher or consultant monitoring what the main researcher is doing as well as the examination of the data collected and reach similar conclusions. For this, the main researcher presented to the consultant the data collected for further analysis.

Transferability (Flick, 2014) refers to the possibility of extending the results of the study to other populations. For this, the research described the place of study of the phenomenon and the specific characteristics of the participants. In this particular case, the location was the psychiatric hospital with patients have low socioeconomic status.

RESULTS AND DISCUSSION

The following will present the results according to the objectives set out from the analysis of the interviews and the test of incomplete sentences. The presentation of these findings has been organized around three stages: the appearance of symptoms, attendance at a psychiatric hospital and the perception of remission of symptoms.

First stage: Appearance of symptoms

Feeling of perplexity

The appearance of depressive symptoms generates a feeling of perplexity because fathers do not understand what happens to their children. This lack of understanding of the situation leads them to perceive themselves as incapable of responding to the demands of their children. The testimony of Juan (53 years, Father of Javier, 14 years) says:

> He (his youngest son) always came annoyed, did not even say hello, he went into his room and he had a face of annoying, annoying. Sometimes there was a visit and

> he could not even say hello, just like someone who was annoying, not even a look. I said to myself: what is wrong?

For many connected reasons, for example, that they spend most of their time at work or away from home, parents who are perceived as unable to respond to the demands of their children, limit their role to that of observers. This implies a loss of physical and emotional involvement with their children and reinforces the fact that they do not know how to approach them in the depressive situation and suicidal attempt.

Difficulty responding to demand

Incomprehension of the situation and perplexity can also give rise to violent responses caused by feelings of anger, frustration, impotence to meet the demands of the children as can be seen in the following fragment of Walter (36 years old, father of Helena, 15 years):

> I got to use a belt in my hand to tell her what's wrong with her, why she is behaving like that and she did not want to, 'kill me,' she said, but she did not want to. I even pressed the wounds on her wrists to tell me why she did it, I was desperate. It was a terrible situation.

About that, Ortega, et al. (2005) mention that feelings of impotence do not allow reflective evaluation of what is happening so that everything related to the child is seen in a highly negative perspective. On the other hand, feelings of guilt give rise to the questioning of their ability to be parents, because they realize that they do not have an emotional proximity to their children. In this line, Fuller (2005) points out that the increasing generalization of the discourse that censures authoritarianism and preaches the importance of the father's proximity is contradicted by the real difficulties that men face in implementing new demands such as emotional involvement with the adolescent children.

Faced with these difficulties, the parents' response translates into an apparent underestimation of the magnitude of their children's depressive symptoms. Thus, in the early stages of this disorder parents assumed that such unusual behaviours in their youngest children were age-specific; thus diminishing the understanding of the disease.

Pursue proximity

In this context of guilt, parents try to understand the condition of their children. For this purpose, they identified stages of their own lives in which they behaved

and felt in a similar way and it facilitated father-child proximity. However, it was not easy for the fathers to approach their children because they usually rejected the proximity, which generated sadness and impotence. When the father is rejected, he feels that he is not a father figure for the child and unable to fulfil his paternal role, which is experienced with frustration and as a result devalued, as shown in the following fragment:

> Then I went to his room, I sit with him and I tell him: Javiercito, tell me, what is going on? And he does not want to tell me. […] One feels bad. One feels helpless, what is the matter with your child? You wait for your child to be different and one like dad cannot do anything for it at that moment you do not feel like a father, you feel like anything, because if you were a father, your son would listen to you and he would not listen to me, it makes you feel bad (Juan, 53, Javier's father, 15 years old).

In addition, fathers believe that their children are not able to perceive the love they feel for them, even claiming that they would feel better if they knew how much they love them. Thus, fathers conceive the affection that they can give to their children as a good predictor of development and, in that sense when observing the symptoms of their children, feel guilty for not having given or demonstrated enough the love they feel for them.

Although the fathers recognize the lack of proximity, they are not able to understand why this is the case. This is related to the lack of understanding and knowledge of the peculiarities of the adolescent, as well as to the fact that they do not recognize that children tend to underestimate paternal influence (Toro, 2010). Adolescents, in their quest for independence, tend to avoid contact with their parents in conflict situations, rather than going to their caregiver as they did in childhood (Gottfried, 2013). In this scenario, there is a progressive desidealization of the father, as the adolescent children are able to recognize faults in the former caregiver, in addition to questioning his way of life (Carvajal, 1999). This transformation, in which the father-child bond is broken, causes in the parent's feelings of frustration and impotence. Thus, the children and the fathers are placed in an ambivalent state between the longing for autonomy and the desires for protection; and authority with care respectively (Flouri, 2008, Laursen, Coy & Collins, 1998; Steinberg, 2001)

Role confrontation

As noted earlier, the psychological and emotional impact makes the fathers ask himself how he plays his role, but also questions the role of his own parents,

through memories of their experiences as a child in which the union or separation of the family, the inference or warmth of the father (Marcos, 2010). Thus, although the participants stated that they did not hold a grudge against their own parents, they did express a desire to act with their children differently than how they were treated.

This role confrontation also extends to the couple; because the parents spend most of their time away from home and the mother is the one who is most of the day with the children, they are given more responsibility for the conflictive events of the home. This affects the relationship because the father perceives that his partner fails in his role, generating anger and impotence in the couple; however, the questioning that generates feelings of guilt is greater towards themselves as expressed by Juan (53 years, father of Javier, 15 years):

> I feel guilty, he (his son) told me and yes, I feel guilty for not supporting him. Suddenly when he needs me I'm not there, suddenly he has wanted to walk with me, sit with me and I have not been there. I have not given him that support.

Second stage: Assistance to a Psychiatric Hospital

The first separation

This stage is characterized by the intensification of the depressive symptomatology in which the first suicide attempt of children occurs; which is the reason why they are transferred to the Emergency Service of a Psychiatric Hospital. It was found that this event was the most emotionally shocking to the fathers who expressed a deep sadness and pain, not only because of the medical condition of their children, but also because the hospitalization brings a physical and emotional separation at the time the fathers feel that their children need their affective proximity more than ever, as can be seen in the following fragment:

> "Then we took her to the hospital, we interned her for the first time and that internment to me broke my soul because to take away my daughter in those circumstances" (Jorge, 41, father of Carla, 15 years).

Psychotherapeutic process

During the appointments at the External Consultation Service of the psychiatric hospital, children carry out a psychotherapeutic process after they are discharged by the Emergency Service. For fathers, depressive symptomatology is a "state" or "passing

phase," and they express that belief to their own children. Such transmission of tranquillity could respond to their desire not to see their expectations regarding the development of their children broken (Nurmi, 2004).

Although the parents assume that the state of their children is temporary, they recognize the suffering that this condition brings, as well as their implications in daily life inside and outside the family environment. Later, the fathers stated that they understand better the process their younger children are going through, especially when similar situations are remembered in which they felt a deep sadness. Thus their conception of their children's depressive symptoms is influenced by their past and present experience, as Walter (36 years, Helena's father, 15 years) mentioned:

> For me, it was very sad, it was too sad that. It made me remember a lot when I was little when I was suffering ... It reminded me of the action of seeing her cry, of seeing her in so much sadness.

Empowering the fatherhood role

It is evident that the identification with the condition of their children allows a better understanding and commitment to their role, which involves the physical and emotional dimensions. There is also a change in the play of the roles within the family since the figure of the father who provides sustenance outside the home is complemented by that of the father who stays at home and is an emotional support. In sum, fathers assume that the current situation of their children requires care and vigilance, as is evident in the following fragment:

> That is why I do not leave her, that is why I support her. My schedule at work has changed, I do not have a fixed schedule, my family is more involved, I am with my children. (Walter, 36, Helena's father, 15 years old).

In relation to the emotions generated by the fact that their children go to a psychiatric consultation, the parents said they feel relieved that a specialist evaluates the case of their children; even stating that "everyone needs a psychologist". This may be due to the fact that the family counselling sessions had a positive effect on a reflexive process in which they identified some variables that influenced the performance of their role. On this, Geenen and Corveleyn (2014) affirm that in the construction of the father identity, the man makes a revision of his first identification figures and, if he rescues positive aspects of his paternal identification, he will be able to get involved in a healthier way, as well as being more prepared to perform as a father and to bond with their child more effectively (Mantilla, 2014).

However, fathers prefer to keep this topic in the family and in private, they argue that having a child in psychiatric consultation generates "a pain that is better to carry on the inside". In this line, Ortega et al. (2005) found that the perception of a "disability" in the child implies prejudices and myths about it, which generates feelings of shame that not only affect the personal but also the social environment.

Third stage: Remission of depressive symptomatology

Re-thinking the disease

In the course of family counselling sessions, fathers perceive that there is some remission of the depressive symptomatology presented by their adolescent children, which gives them relief and reduces feelings of frustration. Regarding this emotion, the participants report that the positive development of the disease is due to two factors: first, the adequate attention by the health staff of the psychiatric hospital and, secondly, the reorganization of their role. In this way, a sense of tranquillity with oneself arises that could be due to the return of the confidence about their paternal role and, therefore, their self-perception is positive (Ugarte, 2000).

However, fathers express feelings of concern and fear of relapse and suicide attempt; which may be due to the fact that their knowledge about the disease has expanded and they recognize that it is not a transient condition as previously believed, but that it needs constant care and vigilance in order not to intensify the symptoms and to reduce the probability of presenting another episode.

Subsequently, parents begin to approach their children more affectionately and they find a positive response from their children unlike before; also they show a higher level of understanding of the disease. In addition, there is a greater commitment to the paternal role as a participant mentioned: it is a disease that must be taken with care, because otherwise, it may eventually lead you to a more chronic state that can create more problems for you (Manuel, 51, father of Maria, 15 years old).

Expectations

The perception that the depressive symptomatology is in remission makes the fathers return the expectations that they have about their adolescent children. It is very important for parents that their children develop as professionals, pointing out that it is what every parent wants for their children. These expectations have to do with what the father expects of his son or her daughter in the public field,

which represents an important dimension for the male identity (Fuller, 2000). They fell responsible for training their children as people of value to society and, therefore, this recognition is for both the children and their parents.

For them, to have these expectations again on their children represents a joy and a relief; this may be because they reaffirm that their role of forming people with value for society is more likely to be fulfilled and, thus, to a better self-perception of themselves as fathers and as men (Ugarte, 2000).

CONCLUSIONS

In conclusion, from the beginning, fathers play a conflicted role; this is because, although they understand that fatherhood involves the material, physical and emotional dimensions in the relationship with their children, its performance is hampered by a variety of social and normative demands that influence how fathers represent and play their role. Among these, the present research has highlighted the following: (1) fathers accomplish a social demand that restricts them to be outside the home or, what is the same, to not fully realize the emotional and physical dimensions of their fatherhood. Therefore, (2) certain dimensions that also correspond to the fatherhood, like the raising of the children, are assumed as exclusive tasks of the mother. In addition, the representation of masculine identity in fatherhood (3) is experienced in fulfilling the family's economic function (the figure of the provider), and (4) represses the expression of emotions and affections. Finally, (5) the situation of having a child with a psychiatric condition is perceived with guilt and shame because it entails prejudices on the part of the environment which affects the self-perception of the father.

The depressive symptomatology and the first suicide attempt of the adolescents were a turning point in the performance of fatherhood. The initial response to this critical condition was the questioning of the tools and resources with which the fathers dealt with this situation, as well as the denial of the seriousness of the health condition, which has repercussions on the father and his children relationship characterized by a distance or a hostile and inappropriate approach.

Being the responsibility or obligation to take care of their own, and realizing that the situation is not good for them, fathers feel it as a direct *hit* to self-esteem (Ugarte, 2000). In this line, Seideler (2005) mentions that an important part of the construction of stereotypes of hegemonic masculinity is to assume that a man- and father - must have the correct answer to all situations; in that sense, part of his role includes the maintenance of control in the problems of everyday life.

Despite this, fathers are able to take on the relationship with their children being affectionate linked and giving rise to a father more committed to his role. To this end, a reorganization of the family dynamics where support is mutual is necessary, and in which expressions of affection, physical and emotional closeness are incorporated, without neglecting concerns about the formation, integration and social adaptation of their children.

This research has allowed deepening in the subjective experience of the fatherhood; we consider that its contribution consists in studying a construct, which unlike maternity, has not been exhaustively investigated. In addition, their results can show the difficulties that fathers have to face in fulfilling a role whose social and normative demands exceed their own capacities in some cases.

Finally, it should be noted that future research on this topic should take into account the cross-cutting variables used in this study: socioeconomic level and the representation of masculinity as keys for interpreting the theme in different scenarios. On the other hand, although this research and the existing bibliography on the subject comprehensively include fatherhood in relation to a repressive masculinity and a society that does not generate spaces of interaction between father and son/daughter, these variables do not necessarily exhaust the understanding of the subjective experience of fatherhood, which - in so far as experience - is always singular.

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