FEATURE

Men's Peripartum Mental Health:
Yes, It Actually Exists

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"A father is a biological necessity, but a social accident."

Margaret Mead

The above quote captures a common sentiment – even among psychologists – that the parenting of infants is best left to mothers. This perspective discounts shifting social norms regarding the role of men in their newly-expanded family and the very rich psychological transition that men experience as they become fathers. Limiting fathers' involvement with their infants has far-reaching negative influences for children, mothers, and fathers alike. This article gives a brief overview of the theory and research concerning new fatherhood; specifically, key biopsychosocial aspects of men's peripartum functioning during the transition to new fatherhood.

Generative fathering

Considerable practice, research, policy, and resources are now promoting the importance of fathers to the well-being of their children and partners (Lamb, 2010). The "generative fatherhood" movement draws on Erik Erikson's principle that a key element of adult development is rooted in broadening the sense of self to include subsequent generations – what he termed "generativity" (Dollahite, Hawkins, & Brotherson, 1997). However for many men, the lack of clear guidance and models regarding how to be an engaged, generative father results in a variety of behavioral and psychological issues that often go unnoticed until a crisis emerges. Furthermore, few medical or mental health practitioners have a clear understanding of how to apply research and theory regarding generative fatherhood in their work with new and expectant fathers. Compounding this issue is men's difficulty in connecting with their own internal experience when problems arise (Berger et al, 2005), and their historical underutilization of mental health services (Vogel, Wester, Hammer, & Downing-Matibag, 2012). This systematic lack of awareness points to a widespread health disparity for men's peripartum mental health treatment.

Mental health history

The stress related to adjusting to new parenthood can easily be a catalyst for relapse of previous psychiatric issues, yet many new fathers avoid acknowledging the prospect of having mental health problems at a time which they expect to be among the happiest in their lives. One in ten fathers develop peripartum depression, and they commonly exhibit symptoms of irritability, self-isolation, overworking, substance use, and hopelessness, in contrast to more "expected" reactions such as crying or intense sadness (Kim & Swain, 2007). It is important to note that the DSM-5 criteria for major depressive disorder with peripartum onset stipulate that symptoms must occur during pregnancy or in the four weeks following delivery. However, men's symptoms tend to develop 6-8 weeks postpartum, with a tendency to increase throughout the six months to a year following the birth (Kim & Swain, 2007). This disconnect between the diagnostic criteria and men's typical development of peripartum mental health concerns has further compounded the lack of awareness regarding fathers' mental health.

Masculine socialization

David and Brannon (1976) posited that the four major themes of traditional masculinity include antifemininity, status and achievement, inexpressiveness and independence, and adventurousness and aggressiveness. Absent from these themes are some essential elements for effective parenting including nurturance, warmth, emotional awareness, and working as a team with their partners. Most men are aware that they are socialized in their families-of-origin, but tend not to understand how the threat of violating traditional masculine gender norms can keep them from fully engaging with their babies and partners. Any new father who clings rigidly to one or more of these themes would be unlikely to strap on a Baby Björn and head to a play group with other babies – yet, dads are now commonly expected to do so. Furthermore, both men and women receive this "protect and provide" socialization about what it means to be a man and, more specifically, the father of an infant (Parke, 1996). In this way, mothers and fathers alike are caught in a kind of generational gap because they typically had fathers who were not very involved with their care as infants, yet dads are left to find their own way toward generative fathering without much in the way of models or guidance.

Men's peripartum hormonal shifts

New fathers' attentiveness to their children may be related to changes in hormonal levels that mirror those of mothers' throughout the peripartum period; specifically, increased levels of prolactin and cortisol, with decreased levels of testosterone and estrogen (estradiol) around the birth of their infants (Storey, Walsh, Quinton, & Wynne-Edwards, 2000). Each of these hormones has implications for different aspects of how men behave with their newborns and partners, suggesting that imbalances in these levels may account for psychological and/or behavioral issues. Although there is as yet no research definitively linking these phenomena, there is some initial evidence that peripartum depression may have a biological basis, potentially linked to changes in hormone levels (Ramchandani, Stein, Evans, & O'Connor, 2005).

The parental alliance

A couple's relationship satisfaction typically decreases significantly after the birth of their first child, in large part due to role conflicts and restrictions in their freedom (Twenge, Campbell, & Foster, 2003). The fact that mothers' experience of postpartum depression is the strongest predictor of men's mental health issues (Condon, Boyce, & Corkindale, 2004) is a testament to how key the parental alliance is for the health of the family system. In a recent study, researchers found that maternal and paternal postpartum depression were indirectly related through pathways of impaired spousal support and reduced relationship satisfaction (Don & Mickelson, 2012). It seems clear that new fathers need to give and to receive support from their partners in order to thrive during the transition to parenthood.

Social support

It is critically important that both parents continue to nurture their broader networks of support to buffer and reduce the impact of the stress of new parenthood (Crnic et al, 1983). Men are generally socialized to look to their romantic relation-

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ships in order to get their emotional closeness needs met; however, during a period that involves both parents experiencing some stress, the ability to get support from a broader network is essential (Castle, Slade, Barranco-Wadlow, & Rogers, 2008). New fathers often remain largely focused on their partners and babies, even to the exclusion of involvement in activities with others that they typically find energizing (I commonly hear men make comments such as "She's up all night with the baby – I can't ask to go play golf"). However, both parents need to maintain a "diverse social support portfolio" in order to optimize their experience as new parents.

Efficacy

The primacy of Parental Self-Efficacy for the transition to parenthood becomes apparent when you realize that, according to Social Cognitive Theory, self-efficacy strongly influences whether someone will undertake a given task in the face of challenges (Bandura, 1997). If a father has low confidence in his ability to feed, swaddle, bathe, or soothe an infant, then he is unlikely to do so. Not surprisingly, a recent research study determined that supportive or engaged parenting behaviors were predictive of paternal parenting self-efficacy (Murdock, 2013). A mother's "other-efficacy" regarding the father's ability informs his own self-efficacy via covert and overt messages which she gives him about his fitness to parent. Overly-anxious "gatekeeping" behavior on the part of mothers can deprive new fathers of the much-needed practice and connection they need to feel more confident and bond with the baby (Lamb, 1986).

Father involvement

Fathers' involvement with their infants has been shown to have positive outcomes for the children, mothers, and fathers alike (Parke, 1996; Pleck, 2010). Infants with highly involved fathers have been shown to be more emotionally secure and confident in exploring their environment, to have better social relationships with peers as they grow older (Yeung, Duncan, & Hill, 2000), and are also less likely to get in trouble at home, school, or in the neighborhood (Harris, Furstenberg, & Marmer, 1998). Fathers spend a considerably higher percentage of their time alone with their infants in highly stimulating, playful interactions (Parke, 1996) and by playing with dad, their children learn how to regulate their feelings and behavior (Fletcher, 2011).

The information presented here is by no means comprehensive, but rather is intended to give psychologists a clear list of considerations in working with men and couples in order to take a father-inclusive whole-family approach to the peripartum period. While new parenthood is by nature a "learn-on-the-job" endeavor, there are a number of important factors which can optimize the transition. It's my hope that by making this information more readily available to the clinicians who serve them, new and expectant fathers will be more likely to receive needed care in order thrive during this new chapter of their lives.

One final tip that I regularly pass on to fathers: "You can't babysit your own kid – that's called 'fathering.'" ■