

## **Men's Peripartum Mental Health during the Transition to New Fatherhood**

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Although men are now expected to be more involved in the birth and care of their infants than ever before, there is still a pervasive belief, even among mental health providers, that the parenting of infants is really just “mothering.” This perspective greatly short-changes the clear benefits that children, fathers, and mothers experience when new fathers are highly engaged with their newborns and infants. More specifically, this attitude discounts the very rich psychological transition that men experience as they become fathers. This article is intended to give an overview of the theory and research concerning new fatherhood; specifically, key aspects of men's peripartum functioning during the transition to new fatherhood. Secondly, the intent is to give clinicians concrete ways to apply this information; however, the “Recommended interventions” below are not meant to offer a comprehensive treatment plan. The emphasis in these passages is how clinicians can put these principles into practice in order to work more effectively with new and expectant fathers and their partners

While the 1990's were dubbed “the decade of the disappearing father,” due to a near double in the number of U.S. children living apart from their biological fathers (Blankenhorn, 1995), the current decade might be framed as “the decade of the reappearing father” in that considerable practice, research, policy, and resources are promoting the importance of fathers to the well-

being of their children and partners (Lamb, 2010). This shift is reflected in President Obama's Responsible Fatherhood and Strong Communities initiative and his statement regarding the role of fathers in healthy families, "We need fathers to realize that responsibility does not end at conception. We need [fathers] to realize that what makes you a man is not the ability to have a child - it's the courage to raise one." This perspective is closely aligned with the broader "generative fathering" movement, which 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" (Hawkins & Dollahite, 1997).

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. There is a maturing body of research and theory regarding how factors such as a history of mental health issues, masculine socialization, the strength of the parental alliance, men's peripartum hormonal changes, fathers' self-efficacy, mothers' "other-efficacy," degree of social support, and fathers' involvement in the care of their infants relate to key outcomes for every member of the family (Pleck, 2010). However, few medical or mental health practitioners have a clear understanding of how to apply this evidence base 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). When neither the fathers themselves nor the clinicians who care for them are adequately prepared to recognize, conceptualize, or work effectively with this at-risk

population (1 in 10 new dads develop peripartum depression) we are faced with a widespread health disparity for men's peripartum mental health treatment. The information below clarifies key aspects and interventions for clinicians to consider in order to work most effectively with men making the transition to fatherhood.

### **Mental Health History**

The strongest predictor of men developing peripartum issues such as depression and anxiety is the mother's own experience of peripartum mental health problems (Paulson & Basemore, 2010), and of course the father having a history of psychiatric illness also predicts the development of these types of issues during new parenthood. The stress related to adjusting to new parenthood can easily be a catalyst for a relapse, yet many new fathers avoid acknowledging the prospect of having mental health problems at a time when they expect to be among the happiest in their lives. While men do develop depressive symptoms even when their partners do not, the fact that approximately 13% of all mothers experience symptoms of major depressive disorder during the perinatal period (Ross & McLean, 2013) underscores the need to address how men manage their own mental health needs. Fathers who develop peripartum depression 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 include the stipulation that the peripartum modifier may only be used when symptoms occur during pregnancy or in the four weeks following delivery. However, it is well-documented that while women's peripartum issues spike immediately before and after birth, men's 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). Thus, the tendency of men to underreport mental health issues and the lack of awareness about men's peripartum mental health amongst healthcare providers is compounded by a disconnect between the diagnostic criteria and men's typical development of peripartum mental health concerns. There is a clear need for the mental health community to make extra efforts to ensure that fathers are included when taking a family-wide approach to providing peripartum mental health services.

Recommended interventions include: taking a thorough health history of both parents; assessing both mothers and fathers using a valid instrument such as the Edinburgh Postnatal Depression Scale; educating clients about how men's peripartum mental health issues impact nearly 10% of all new fathers; and outlining the need to be mindful of how their previous histories and mental health status impact the family system.

### **Masculine Socialization**

David and Brannon (1976) distilled the essence of masculine socialization from a variety of research and theory by positing that the four major themes of traditional masculinity in the United States are:

- Antifemininity – “No sissy stuff”
- Status and Achievement – “Be the big wheel”
- Inexpressiveness and Independence – “The sturdy oak”
- Adventurousness and Aggressiveness – “Give ‘em hell”

Absent from these themes are some essential elements for the effective parenting of babies and children, including nurturance, warmth, emotional awareness, and working as a team with

mothers. It seems clear that any new father who clings rigidly to one or more of Brannon's themes would be unlikely to strap on a Baby Björn, pack up the diaper bag, and head to a play group with other babies -- yet, these are exactly the types of activities that dads are now commonly expected to do with their infants. Furthermore, both men and women receive this socialization about what it means to be a man and, more specifically, the father of an infant (Parke, 1996). In this way, both the father and his wife might simultaneously feel the need to have the father more involved with his infant, while unknowingly putting up barriers for him to do so, due to outdated beliefs about "what makes a man." It's in this sense that new parents -- mothers and fathers alike -- are caught in a kind of generational gap: new fathers today typically had fathers who were not very involved with their care as infants, and these same dads are left to find their own way toward generative fathering without much in the way of models or guidance. Most men are aware that they are socialized, in particular 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.

Recommended interventions include: having fathers read chapters 1 and 8 of Christopher Kilmartin's *The Masculine Self* to set the stage for a discussion of how their own masculinity relates to their fathering. Similarly, having fathers and mothers reflect on their own experiences and stereotypes about "the ideal dad" to identify areas of strength as well as concerns.

### **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).

Recommended interventions include: providing fathers with information about how their own biological systems are changing along with their partners' throughout pregnancy and birth.

Beyond educating new dads that there are biological correlates of the psychological role change they may be experiencing, this practice would also give men the "I can go see someone because it's a medical issue" pass if they develop peripartum mental issues.

### **The Parental Alliance**

It is a well-established finding that a couple's relationship satisfaction 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 peripartum mental health issues such as depression is a very strong 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 addressing how this relationship may be linked, 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** receive support from their partners in order to thrive during the transition to parenthood. It is also a clear indicator that the clinician should evaluate both mother and father for mental health issues whenever possible.

Recommended interventions include: assessing the strength of the couples' relationship using a validated instrument such as the Parental Alliance Inventory in order to determine the extent to which the parents' relationship is characterized by satisfaction and support. Providing brief couples counseling can help fortify the relationship as needed, especially by using interventions such as communication skills, particularly assertive rather than aggressive communication, productive conflict resolution, and best practices in effective co-parenting. I frequently have couples purchase and read together the first six chapters of *Making Marriage Work for Dummies* (Simring & Simring, 1999). This book is very clearly written with a sense of humor that invites clients to continue reading and following the information in the book.

### **Social Supports**

While the parental alliance is one highly important element in a man's transition to fatherhood, 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 birth and new parenting (Crnic et al, 1983). Men in the U.S. are generally socialized to look to romantic relationships with women in order to get their emotional closeness and support needs met; however, during a period that involves both parents experiencing some stress, the ability to get support from a broader network is critical (Castle, Slade, Barranco-Wadlow, & Rogers, 2008). In the rush of friends and

family to meet the new baby, men are likely to remain largely focused on the mother and baby, 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”). Women are commonly the “Social Chairs” in a partnership, and men tend not to reach out to others as often, particularly if one is a father but the other is childless.

Recommended interventions include: emphasizing to new fathers that they need to have a “diversified support portfolio.” Men can often connect well to this concept, since it draws on their “Big Wheel” socialization by clarifying the parallels between the strategy of having multiple sources of financial assets to minimize risk of failure, and needing to have diverse sources of social support. This model assures that they are not overly reliant on any one person for support. Because social support is essential for mothers as well, new dads should also be encouraged to care for the baby so that mom can get out and connect with her own supports.

### **Efficacy**

Albert Bandura (1997) posited that in order for parents to employ parenting behavior successfully, they need to believe that it will produce the desired outcome and have confidence in performing the specific task. Other research has found that parenting self-efficacy (PSE) is a likely predictor of adequate parenting practices, as well as an indicator of risk (Reece & Harkless, 1998; Jones & Prinz, 2005). The primacy of PSE for the transition to parenthood becomes apparent when you realize that, according to Social Cognitive Theory, self-efficacy strongly influences how a person behaves in the face of challenges as well as whether or not they decide to undertake a given task. With respect to a new father’s parenting self-efficacy, if

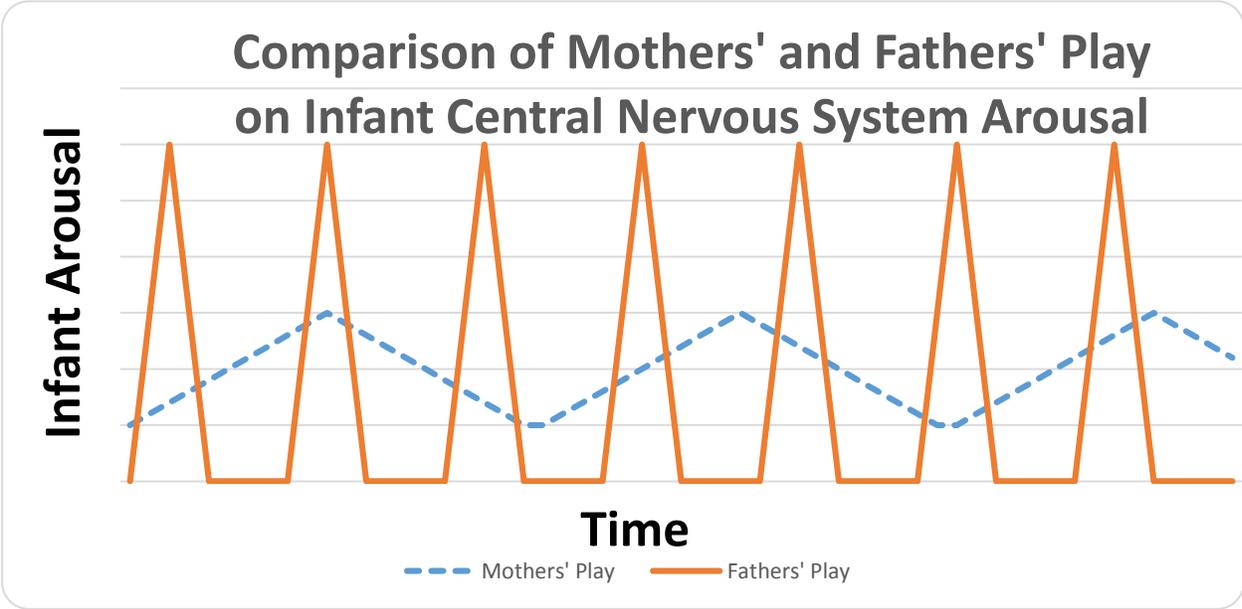
he has low confidence in his ability to feed, swaddle, bathe, or soothe an infant, then he is unlikely to do so. Not surprisingly, a recent research study determined that supportive or engaged parenting behaviors were predictive of paternal parenting self-efficacy (Murdock, 2013).

As the peripartum depression research cited above suggests, mothers' beliefs and behaviors regarding new fathers' ability to care for a newborn plays an important role in the dynamics of the recently-expanded family. 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. In this way, 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.

Recommended interventions include encouraging expectant fathers to practice caregiving activities such as bathing, diapering, swaddling, soothing, and feeding an infant prior to the birth. Once the baby is born, the couple should work to give the father the opportunity to be alone, caring for the baby as soon as possible. I regularly tell new and expectant parents that "Moms should do the nursing, and dads should do everything else." Assessing the extent to which the mother and father feel confident in caring for their baby, along with their sense of each other's competence in doing so is a key aspect of the newly-expanded family system.

## **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). Children whose fathers are highly involved with them, especially from birth, have been shown to be more emotionally secure and confident in exploring their environment; and to have better social relationships with peers as they grow older (Yeung, Duncan, & Hill, 2000). These children are also less likely to get in trouble at home, school, or in the neighborhood (Harris, Furstenberg, & Marmar, 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). For example, rough-and-tumble play with dad can be a way in which children learn about appropriately managing aggressive interactions and physical contact without losing control of their emotions. The graph below emphasizes another means through which fathers' involvement with their babies relates to subsequent mental health functioning:



Essentially, fathers stereotypically have highly-arousing yet shorter “bursts” of interaction with their babies (think of a father tossing his baby in the air several times and then setting her/him down), while mothers commonly have more sustained lower-intensity interactions with them (feeding, reading, rocking, soothing, etc). The benefit from fathers’ play style is that it gives the baby repeated opportunities to calm down to baseline from a highly-aroused state on their own. Over time, this experience may impact the development of the child’s ability to self-soothe and regulate emotion. Recommended interventions include: Normalizing fathers’ more “jazzed up” play style so that both mom and dad understand that it is good for the baby so long as they follow basic safety guidelines. It is also very helpful to encourage fathers to talk with other new dads and to give them a clear understanding of how their direct involvement with their newborns and infants impacts the child’s subsequent social, emotional, intellectual, and academic functioning.

The information presented here regarding key psychological considerations in men’s transition to fatherhood is by no means comprehensive, but rather is intended to give mental health practitioners 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 means (such as those listed above) to 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 to thrive during this new chapter of their lives.

One final tip that I regularly pass onto fathers: “You can’t babysit your own kid – that’s called, ‘fathering.’”

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