



THEME

Mother and baby



John Condon

MBBS, MD, FRANZCP, is Consultant Psychiatrist, Department of Psychiatry, Repatriation Hospital, Daw Park, South Australia. john.condon@rgh.sa.gov.au

What about dad?

Psychosocial and mental health issues for new fathers

BACKGROUND

Although motherhood and the mother-infant bond have been extensively researched, the same is not true for fatherhood and the father-infant bond.

OBJECTIVE

This article discusses the psychological tasks of the expectant father, the adjustment issues for men during their partner's pregnancy and the postnatal period, and the development of the father-infant bond.

DISCUSSION

The 9 months of pregnancy are conceptualised as a time of psychological preparation for the first time expectant father. Four psychological tasks of this period are described with guidelines regarding how a health professional might assess and foster progress. In the postnatal period, 10% of new fathers will have a partner suffering from postnatal depression and the male response to this can positively or negatively influence recovery. This article concludes that the father-infant relationship is influenced by the partner relationship as well as the father's psychological wellbeing.

In comparison to motherhood in general, and the maternal-infant relationship in particular, research on fatherhood and the father-infant relationship is extremely sparse and methodologically weak. The Australian First Time Fathers Study was an attempt to overcome these problems.¹ This article draws upon the findings of this study, other published literature, as well as the author's clinical experience.

Expectant fatherhood

The experience of the new father in the first few postnatal months is highly dependent on the preceding 9 months of pregnancy which are best conceptualised as a time of psychological preparation for fatherhood.

The following four psychological 'tasks' provide a basis for understanding the experience of expectant fathers, talking to them in a therapeutic way, and analysing their difficulties or problems.

Task 1 – developing an attachment to the fetus

Before 16–20 weeks gestation, both parents often feel a sense of unreality about the existence of the fetus which is often referred to as 'it'. However, around 16–20

weeks gestation, a dramatic increase in attachment usually occurs. For the woman, this is often related to the first experience of fetal movement ('quickening') and also coincides with experiencing an ultrasound examination. The male equivalent of quickening is the ability to palpate the fetus (and feel movement) through the abdominal wall. The fetus is increasingly conceptualised by the father as something 'separate from her', 'the baby', 'something that moves when she doesn't'.

Paternal attachment to the fetus usually continues to rise for the remainder of the pregnancy, with obvious implications should the baby fail to survive. The development of antenatal attachment may be inhibited by depression or a dysfunctional partner relationship, and fostered by encouraging the father's involvement in the pregnancy.

Task 2 – adjusting to the dyad becoming a triad

In all pregnancies the importance of the fetus as a real participant in the family dynamics for both parents and other children in the family cannot be overemphasised. For the first time expectant father, antenatal maternal attachment represents his first experience of his partner's developing a new 'emotional involvement' with a third

party. Not all men find such sharing easy, and some may resent the fetus as a 'rival', especially if (as is the case with the majority of couples) a decline in the sexual relationship occurs during pregnancy. Simple counselling of the couple may assist the male to be more accepting of sharing and to develop a more positive relationship with both the fetus and his partner.

Task 3 – Conceptualising the self as 'father'

The transition to fatherhood inevitably involves relinquishment and loss. A father cannot function as such if he himself is still emotionally a needy child. In the latter case, he will unconsciously look to the infant to gratify his own needs, and is likely to experience a sense of feeling cheated, disillusionment and anger if the infant fails to do so. This is a common dynamic in physical child abuse and domestic violence. The practitioner should be aware that domestic violence actually increases during pregnancy.

During pregnancy, the first time father needs to begin to work through and develop a sense of acceptance of the anticipated lifestyle changes and an appreciation of the realities of fatherhood in terms of positives and negatives.

Task 4 – what type of father?

Unfortunately, compared to women and their own mothers, men are very much less likely to want to emulate their own fathers in terms of their relationship with their future child. Therefore, many men lack a role model of a 'good father', or a foundation upon which to build an acceptable style of fathering.

If a practitioner takes time, they will discover the eagerness of many expectant fathers to discuss and examine the fathering they themselves received. This type of talking, perhaps together with some guided reading during pregnancy, can be highly beneficial for men lacking an acceptable role model.

Expectant fathers are a rewarding population for health practitioners to engage. The First Time Fathers Study clearly demonstrated that pregnancy is a more stressful period for most men than the postnatal period.¹ The practitioner may have an opportunity during pregnancy to utilise nonintrusive questions to identify men who are struggling with the above four tasks, and assist them in their preparation for the father role, with significant long term benefit for the man, his partner and his child (Table 1).

Fathers in the delivery room

Over the past 3–4 decades, a dramatic change has occurred from total absence of fathers at delivery to

Table 1. Breaking the ice with expectant dads

<p>'So how are you feeling about this baby now she is... weeks?' (Task 1)</p> <p>'I guess your partner is getting really involved with the baby now?' (Task 2)</p> <p>'Do you think much is going to have to change for you yourself when the baby arrives?' (Task 3)</p> <p>'A lot of dads want to do it differently from their own dads' (Task 4)</p>

almost their total presence. Indeed, the latter is now 'assumed'. However, new fathers often state that: 'I would have liked to have been asked' in relation both to being present, as well as delivery room 'tasks' allocated to new fathers postdelivery.

It is a well established research finding that approximately 20% of men and women do not feel an initial emotional attachment to the infant at (or in the hours following) delivery.² It has also been demonstrated that this absence of very early feelings of attachment is really of no long term significance.

These new parents may experience significant distress, anxiety and guilt about the initial absence of feelings of attachment, incorrectly believing that it is indicative that they will never bond with their child.

The postnatal dad

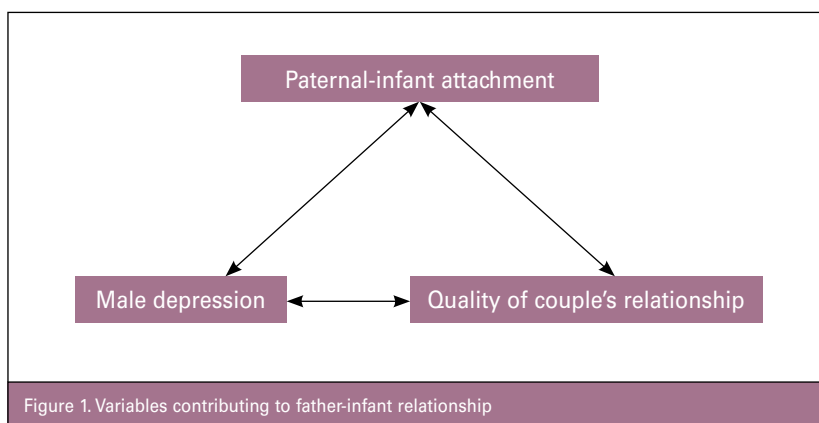
Results from the First Time Fathers Study suggest that many of the more important changes in first time fathers such as lifestyle, relationship and stress levels have already occurred by the third trimester of pregnancy.¹

Dads and postnatal depression

The First Time Fathers Study provided no evidence to support the existence of male postnatal depression.¹ However, there is very recent evidence that if a father does develop depression in the postnatal period, this can have serious long term negative implications for the development of the child.³ Therefore, a few simple screening questions to the male partner are worthwhile.

Approximately one in every 10–15 new fathers will have a partner with postnatal depression. Several studies have identified male partners of women with postnatal depression as an 'at risk' group with significantly higher levels of depression and anxiety compared to male matched controls.⁴

The response of the man to his partner's depression can powerfully influence its course for better or worse. Most men are initially bewildered, but supportive. However, as the depression continues over months, support is often withdrawn and replaced by a more critical or even punitive stance.



Men tend to find their partners irritability (an invariable symptom of postnatal depression), and withdrawal from physical affection far more difficult to cope with than the depression itself and its associated tearfulness and negative thinking. This perceived rejection often generates considerable anger and resentment. This, in turn, may cause further distress to the woman, and so one of many possible vicious cycles is initiated. A significant number of these male partners increase their alcohol intake as a maladaptive coping mechanism.

Men (and other relatives) may tend to progressively 'takeover' more and more of the care of the infant. The woman, in turn, may perceive this as a validation of her incompetence and 'uselessness'. Communication breakdown is very common in these couples, and this, together with other potential stresses on the relationship can eventually lead to separation. If health professionals are alert to these patterns, they are well placed to assist the couple to break these cycles and facilitate recovery from depression.

Sexual relationships and the perinatal period

Data from the First Time Fathers Study suggest that the transition to fatherhood coincides with a male perception of a very dramatic decline in the sexual relationship in terms of satisfaction and frequency of sexual activity. The majority of change appears to occur during pregnancy, with only slight recovery by the end of the first postnatal year. Furthermore, these changes, their magnitude, and especially their failure to recover, were quite unexpected by the majority of men. The study also suggested that couples who maintain a high level of sexual activity during pregnancy (a minority) tended to continue this throughout the first postnatal year.¹

The practitioner should be aware of this aspect of childbearing, which can lead to resentment as well as guilt in the man. The latter can arise from men experiencing a desire for sexual activity with other women or resorting to masturbation. Women can also experience guilt about 'letting down' their partners.

Dads and breastfeeding

Australian research has demonstrated that the male partner's attitude to breastfeeding is the single most important determinant of whether or not a woman elects to breastfeed.⁵ The health professional who seeks to influence a woman's decision in this regard may find it helpful to involve the male partner.

The father-infant relationship

The First Time Fathers Study revealed the complex, bidirectional relationship between three constellations of variables as shown in *Figure 1*.¹

Conclusion

With an awareness of the psychological tasks facing new fathers, a health professional is able to take opportunities to assess and foster progress in a man's preparation for the role of father, with significant long term benefit for the man, his partner and his child.

In the author's experience, both men and women readily relate to the model shown in *Figure 1*. Understanding of the factors underlying their difficulties and distress in adjusting to the dynamics of the relationships in the new triad can be highly therapeutic and lead directly to specific strategies to improve the situation.

Conflict of interest: none declared.

References

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