

Protecting the Protectors through Natural and Social Supports for Fathers during the Transition to Parenthood

John R. Holmberg¹ and Carolyn J. Dayton²

¹University of Denver, Graduate School of Professional Psychology, USA

²Wayne State University, School of Social Work, USA

***Corresponding author:** John R. Holmberg, Psy.D., University of Denver, Graduate School of Professional Psychology, 2450 S. Vine ST, Rm. 106, Denver, CO 80208, United States.

Abstract

The transition to fatherhood is a time of joy, opportunity, stress, and change. Like mothers, the stress and change of the perinatal period is associated with elevated episodes of many mental health disorders in fathers (Fisher et al., 2021). Paternal experiences of perinatal high stress are especially true for those who have children facing significant medical challenges requiring intensive medical attention and neonatal intensive care (Hollywood & Hollywood, 2011). Stigma is a significant barrier to helpful natural or professional support for fathers such as psychotherapy (e.g., Ocampo, Tinero, & Rojas-Ashe, 2021), but once engaged, traditional treatments are successful. A case example is provided.

Introduction: Fatherhood Changes Everything – And It Always Has!

The power and possibilities of becoming a dad – for the first or the tenth time – are vast. Fatherhood influences every aspect of a man’s life across multiple life domains – biological, emotional and social, just to name a few. Research has shown that men’s bodies and brains undergo important changes during the “perinatal period” or when they are expecting a baby and during the months following the birth of their baby (Chin et al., 2011). Hormones, including testosterone, oxytocin, vasopressin, and cortisol (Gordon et al., 2017), shift across pregnancy and after birth, and these changes help fathers to provide nurturing care to their infants. For instance, oxytocin, sometimes called the “love hormone” increases for fathers as they care for their baby (Feldman et al., 2010). And the changes don’t end there! When fathers spend time nurturing and caring for their infants, the structure and complexity of their brains change, too – in ways that support their continued attention to and bonding with their baby. (Abraham et al., 2014).

What’s more, this is not new news! Many indigenous cultures throughout the world have understood that fathers naturally undergo biological changes, including mood swings and weight gain, as they prepare for the birth of their baby (Powis, 2022). Recent research is expanding our understanding of the nuances of these changes on men’s brains and bodies. Centuries old knowledge and wisdom is the foundation from which we are now re-learning the impact of childbearing on the biology of men.

Key Theme: With Great Joy Comes Great Challenges

The social, psychological, and biological changes fathers experience as they prepare for their infant’s birth and as they adapt to postnatal infant care can be exhilarating and lead to feelings of deep joy and love. The perinatal period is also challenging and, for most fathers, associated with a wide range of feelings that include sadness, worry, exhaustion, and many others. Sometimes, these feelings can become intense and longstanding. When this happens, a father may be experiencing

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one of the conditions that are collectively referred to as Perinatal Mood and Anxiety Disorders (Fisher et al., 2021).

Many situations can lead to the development of PMADs for fathers including a genetic predisposition to experiencing depression, medical difficulties experienced by the mother during the pregnancy that naturally cause worry and concern, and labor and delivery complications that place the health of the mother and infant at risk and may be experienced as traumatic for fathers (and mothers). Awareness of the prevalence and impact of PMADs for fathers is increasingly shedding light on the previously taboo idea that fathers, like mothers, also suffer from intense emotions following the birth of their babies. The impact of PMADs on fathers was recently highlighted in the film *Daddy Blues* that documents one father's journey of experiencing and healing from depression and anxiety. The 6th International Fathers' Mental Health Day in June MMHLA Dads Mental Health brought further attention to the existence of PMADs in fathers and the ways in which help is available.

Key Theme: Strong and in Need of Care: Fathers of NICU-Hospitalized Babies

Having an infant who is born prenatally or experiences medical complications that require admission to the Neonatal Intensive Care Unit (NICU), places a great deal of stress on fathers and may be a contributing factor to the development of PMADs. Fathers of infants who are hospitalized in the NICU sometimes describe their experiences as *invisible, forgotten, out-of-control, hopeless, lost, desperate* (for information), *intensely torn* (between keeping the family afloat outside and being involved at the hospital), or even *pushed away* by moms and/or medical staff (Hollywood & Hollywood, 2011). In response to these clearly stressful situations, dads can find themselves struggling with emotional and mental health difficulties which are hard to understand and difficult to express. Fathers may experience symptoms of depression, anxiety, panic, excessive reactivity, persistent worry and some have intrusive

thoughts and memories of the traumatic delivery and hospitalization of their infant, a condition known as *perinatal post-traumatic stress disorder* (Fisher, 2017).

The good news is that support can help! When family members, friends and hospital personnel recognize that fathers are dealing with increased stress – just as mothers are, they can link fathers to the help that fathers need to move through this stressful period and develop close and connected bonds with their babies. In addition to professional services (e.g., Ocampo, Tinero, & Rojas-Ashe, 2021), check-in texts and phone calls from friends and relatives, support from hospital and clinic staff who actively listen to fathers' concerns, provide accurate information using non-medical language and encourage father-infant contact such as skin-to-skin or "kangaroo care," can make a world of difference (Sisson et al., 2015).

Case Study: One Father's Journey from Frozen to Warmth

"Frozen and alone, I was standing there. I didn't know that I wasn't breathing. The next thing I remember was... I gasped, my knees buckled, and I was on the floor."

For Zane, a soon-to-be father (who gave us permission to share his experience and who is protected by a pseudonym), his traumatic birth experience was two months before anyone expected the babies to arrive. In what seemed like an instant, he became a father of two medically fragile babies.

He also feared his wife might not make it. How could he parent these two tiny babies alone? His wife of eleven months had developed pregnancy complications a month prior to the birth. Her physical situation was now acute. Zane's twin daughters were tiny and frail. He only gained a glimpse of their miniature bodies, before they were whisked away. A doctor tried to be reassuring, "it's going to be alright after the procedures." Zane didn't know what the "procedures" were or why this was all happening. He was consumed with the real potential of his greatest fear - losing his wife and his daughters.

Initially, all three - his wife and both daughters - underwent successful, but

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stressful, surgeries. His wife returned home to recuperate after just a couple of days. The journey of Zane's family through the Neonatal Intensive Care Unit or NICU was a rocky and turbulent ride. Nonetheless, Zane was incredibly thankful for the care and support from everyone on the medical team. Liya was strong and growing at discharge. Dani needed daily in-home nursing care after discharge from the NICU but she was making slow and steady progress.

A few months later, the babies were still small and not quite hitting their developmental milestones (e.g., rolling over, sitting up, making noises and responding to voices). As his daughters continued to recover and gain strength, Zane felt encouraged and began to let his emotional guard down. He felt sure that they were on the right track and that everyone would be ok.

Months later, as Spring was in bloom and the family was thriving, Zane was jarred awake by a huge weight on his chest. He couldn't breathe. The seemingly forgotten experience on the floor of the delivery room - feeling overwhelmed, confused, panicked, and terrified - was not left at the hospital. The ghost of that traumatic birth experience even found him during the day, in the form of unpredictable panic attacks. The babies were sleeping well, but Zane just couldn't rest. Worries swirled through his mind day and night. Worse, despite the fact that Zane was an exceptionally kind, thoughtful and polite man, he found himself becoming irritable and lashing out at others. He felt mortified by his short temper but couldn't seem to get back to his "former self." When his pastor recommended psychotherapy might help, Zane reached out for treatment from a clinician skilled in working with dads.

During treatment, Zane and his therapist revisited the traumatic birth to help him reflect, better understand, and ultimately work through his experience of the birth.

"Breathe. Allow your lungs to take in the deep breath," the doctor said during a moment when Zane was feeling particularly overwhelmed during the memory evoked

by the treatment. The therapist reassured Zane that he was safely in the office and not stuck as the frozen or "statuesque" version of himself, watching his wife and twin daughters being whisked away.

At first, Zane found talking in psychotherapy a bit strange but, over time, it started to help. The therapist offered lessons on how to maintain awareness of his emotional unrest and when to use grounding or de-escalation strategies to unpack the seemingly frozen thoughts, observations, and experiences of that moment. In a handful of treatment visits followed by some booster sessions (e.g., follow up sessions after the therapy has ended), the symptoms dissipated. Zane's ability to work and enjoy family life returned. Zane was back to feeling like himself.

Conclusion: Increasing Awareness and Resources, and a Request for Your Help

There is slowly growing awareness of how fathers' mental health is especially vulnerable during the transition to a new birth. Whether it is the mother or the father (or both) who experiences mental distress, everyone in the family feels the effects. The process of getting to know and bonding with one's baby is affected. Normal parenting behavior, connecting with your partner and parenting together are impaired by mental health issues. Overwhelming stressors such as birth trauma and NICU admission place dads at even greater risk of postpartum mental health struggles.

Fortunately, the word is getting out! We know that dads can suffer with mental health during the postpartum period. Programs specifically targeting fathers are being developed and increasingly available in communities. The authors of this article represent a multi-state collaboration designed to identify the specific challenges dads face in the NICU in order to inform program development that meets their needs.

The really good news is that whether it is for you or a dad you know, help is out there! Please reach out and

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support others in getting connected with professional services. If you're not sure where to go for help, try asking your primary care provider for referral information and see the links below for additional services available nationwide.

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