



ISSN: 2644-2957

DOI: 10.33552/OJCAM.2023.08.000692

Online Journal of  
Complementary & Alternative Medicine

Iris Publishers

Opinion Article

Copyright © All rights are reserved by John R Holmberg

# Protecting the Protectors: Supports for Fathers During the Transition to Parenthood

John R Holmberg<sup>1\*</sup> and Carolyn J Dayton<sup>2</sup>

<sup>1</sup>The University of Denver, Graduate School of Professional Psychology, United States

<sup>2</sup>Wayne State University, Graduate School of Social Work, US

**\*Corresponding author:** John Holmberg, The University of Denver, Graduate School of Professional Psychology, Denver, CO, United States.

**Received Date:** May 15, 2023

**Published Date:** June 15, 2023

## 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 the couple is expecting a baby and during the months following the birth [1]. Hormones shift across pregnancy and after birth, for example - testosterone, oxytocin, vasopressin, and cortisol [2]. These endocrine changes help fathers provide nurturing care to their infants. For instance, oxytocin is sometimes referred to as the “love hormone” and it increases for fathers as they care for their babies [3]. The changes don’t end there! When fathers spend time nurturing and caring for their infants the structure and complexity of their brains change in ways that support their continued attention to and bonding with their baby [4]. What’s more, this is not new news! Throughout the world many indigenous cultures have understood that fathers naturally undergo biological changes, including mood swings and weight gain, as they prepare for the birth of their baby [5]. Recent research is expanding our understanding of the nuances of these changes in men’s brains and in their bodies. Centuries-old knowledge and wisdom are the foundation from which we are now re-learning the impact of childbearing on the biology of men.

## Introduction

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 one of the conditions that are collectively referred to as Perinatal Mental Health Disorders or PMHDs [6]. Many situations can lead to the development of PMHDs in fathers including a genetic predisposition to experiencing prolonged distress, 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, which may be experienced as traumatic for fathers (and mothers) [7]. Awareness of the prevalence and impact of PMHDs on 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 PMHDs on fathers was recently highlighted in the film *Daddy Blues* which documents one father’s journey of experiencing and healing from depression and anxiety. The 6th International Fathers’ Mental Health Day in June 2023 MMHLA Dads Mental Health will bring further attention to the existence of PMHDs in fathers and the ways in which help is available.

## Strong and in Need of Care: The Experience of 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 PMHDs. 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 [8]. 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 [9].

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 they need to move through this stressful period and develop close and connected bonds with their babies. In addition to professional services, 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 [10].

### 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), the traumatic birth experience was almost two months before anyone expected the babies to arrive. In what seemed only an instant, he was now a dad with little medical or caregiving experience with fragile infants.

The journey of Zane's family through the Neonatal Intensive Care Unit or NICU was volatile and turbulent. His wife, of eleven months, developed pregnancy complications and her physical situation was dire. Zane's twin daughters were tiny and frail. He only gained a glimpse of the twins before they were whisked away. The doctor tried to be reassuring, "it's going to be alright after they get through 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.

Visits to the NICU lasted four weeks for his daughter Liya and 6 weeks for Dani. The post-birth surgery for his wife was successful and she was home and recovering after three days. While the road was rocky, Zane was incredibly thankful for the care and support during the NICU stay. Liya was strong and growing at discharge. Dani needed daily in-home nursing care but was making slow and steady progress. By the end of the first year, while the babies were still small and not quite hitting the developmental milestones as their gestational agemates, Zane felt he was starting to put his guard down.

Three months later, as Spring was fully in bloom and the family was thriving, Zane awoke in the middle of the night with a huge weight on his chest and couldn't breathe. The seemingly forgotten

overwhelming panic, worry, anxiety, fear, uncertainty, and sadness after they left the hospital. He couldn't sleep, even when the babies started sleeping through the night. Zane, a kind and exceptionally polite man, was mortified by his being short or irritable with others, and experienced panic attacks, seemingly without warning. When his pastor recommended psychotherapy might help, Zane reached out for treatment from a clinician skilled in working with dads.

During a treatment session described below, and therapist systematically revisited parts of the traumatic transition to parenthood to help the dad process and reflect on what had occurred.

"Breathe. Allow your lungs to take in a deep breath," the doctor said. 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 as they were whisked away to their respective emergency procedures.

During sessions, Zane found it a bit strange but was relieved that, indeed, it did help to talk through his experiences. The therapist's teaching him to be aware of his level of emotion while thinking and talking about his traumatic experiences and how to use grounding strategies, such as breathing techniques, to recreate calm in his body were helpful in-session and at work. In only a handful of treatment sessions and a few booster sessions, the symptoms which seemed to come out of the blue and interfered with Zane's ability to work and engage in family life were resolved.

### Increasing Awareness, Resources, and a Request for Your Help

It is heartening to see how an increasing awareness that fathers experience PMHDs especially when facing NICU and other birth-related stressors has resulted in the emergence of programs and services for dads. For these programs to be most effective, they need to meet the needs of fathers in such circumstances. Research initiatives help everyone understand how best to identify parents who may be at risk, assess parents to see if difficulties have developed, and determine which treatment approaches will best fit each family's specific needs [11]. Whether it is for you or a dad you know, there is help. Please reach out and support others in getting connected with professional support. A primary care provider will also be a resource for referral services.

### Acknowledgement

None.

### Conflict of Interest

The authors declare that there is no conflict of interest.

### References

1. Chin R, Hall P, Daiches A (2011) Fathers' experiences of their transition to fatherhood: A metasynthesis. *Journal of Reproductive and Infant Psychology* 29(1): 4-18.
2. Gordon I, Pratt M, Bergunde K, Zagoory-Sharon O, Feldman R (2017) Testosterone, oxytocin, and the development of human parental care. *Horm Behav* 93: 184-192.
3. Feldman R, Gordon I, Schneiderman I, Weisman O, Zagoory-Sharon O (2010) Natural variations in maternal and paternal care are associated with systematic changes in oxytocin following parent-infant contact. *Psychoneuroendocrinology* 35(8): 1133-1141.

4. Abraham E, Hendler T, Shapira-Lichter I, Kanat-Maymon Y, Zagoory-Sharon O, et al. (2014) Father's brain is sensitive to childcare experiences. *PNAS* 111(27): 9792-9797.
5. Powis R (2022) From Covade to "Men's Involvement": Sociocultural perspectives of expectant fatherhood. In: Sallie Han & Cecilia Tomori (Eds.). *The Routledge Handbook of Anthropology and Reproduction*, Routledge, pp. 410-421.
6. Fisher SD, Cobo J, Figueiredo B, Fletcher R, Garfield CF, et al. (2021) Expanding the international conversation with fathers' mental health: toward an era of inclusion in perinatal research and practice. *Arch Women's Men Health* 24(5): 841-848.
7. Hollywood M, Hollywood E (2011) The lived experiences of fathers of a premature baby on a neonatal intensive care unit. *J Neonatal Nursing*, 17(1): 32-40.
8. Provenzi L, Santoro E (2015) The lived experience of fathers of preterm infants in the Neonatal Intensive Care Unit: a systematic review of qualitative studies. *J Clin Nurs* 24(13-14): 1784-1794.
9. Fisher SD (2017) Paternal Mental Health: Why Is It Relevant? *Am J Lifestyle Med* 11(3): 200-211.
10. Sisson H, Jones C, Williams R, Lachanudis L (2015) Metaethnographic Synthesis of Fathers' Experiences of the Neonatal Intensive Care Unit Environment During Hospitalization of Their Premature Infants. *J Obstet Gynecol Neonatal Nurs* 44(4): 471-480.
11. Ocampo MJ, Tinero JA, Rojas-Ashe EE (2021) Psychosocial interventions and support programs for fathers of NICU infants – A comprehensive review. *Early Hum Dev* 154: 105280.