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Brandon Eddy
University of Nevada, Las Vegas, brandon.eddy@unlv.edu

Von Poll
Texas Tech University

Jason B. Whiting
Brigham Young University

Marcia A. Clevesy
University of Nevada, Las Vegas, marcia.clevesy@unlv.edu

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Brandon P. Eddy

University of Nevada Las Vegas

Von G. Poll

Texas Tech University

Jason B. Whiting

Brigham Young University

Marcia Clevesy

University of Nevada Las Vegas

Brandon Eddy, Ph.D., Couple and Family Therapy, University of Nevada Las Vegas, Las Vegas, NV, brandon.eddy@unlv.edu; Von Poll, M.S., Doctoral Student, Community, Family, and Addiction Sciences, Texas Tech University, Lubbock, TX, von.poll@ttu.edu; Jason Whiting, Ph.D., Department of Family Life, Brigham Young University, Provo, UT, jason.whiting@byu.edu; Marcia Clevesy, DNP, WHNP-BC, School of Nursing, University of Nevada Las Vegas, Marcia.clevesy@unlv.edu

Please address correspondence to Brandon Eddy, Couple and Family Therapy Department, 4505 S. Maryland Parkway. Las Vegas, NV 89154

brandon.eddy@unlv.edu; 702-895-3117 (phone)

Abstract

Although postpartum depression is common and well-studied in mothers, many fathers also experience symptoms. This qualitative study investigated fathers' experiences of postpartum depression. Data from secondary sources such as blogs, websites, forums, and chat rooms were analyzed using a combination of phenomenological and content analysis methods in order to understand father's experiences of paternal postpartum depression. Six themes emerged from the data including: fathers' needing education, adhering to gender expectations, repressing feelings, being overwhelmed, resentment of baby, and the experience of neglect. This data provides useful information that can aid health care providers, researchers, clinicians, and families in understanding the experience of paternal postpartum depression and in better coping with the challenges these families face.

Keywords: postpartum depression, fathers, paternal postpartum depression

Forgotten Fathers: Postpartum Depression in Men

Historically, postpartum depression (PPD) is a disorder associated with mothers, however recent studies show that paternal PPD is on the rise and can negatively affect how fathers interact with their families and can impact the level of paternal involvement (Garfield & Isacco, 2009; Bielawska-Batorowicz & Kossakowska-Petrycka, 2006). Paternal involvement has many protective factors for families and has been linked to increased maternal well-being and better maternal attitudes toward motherhood (Sejourne, et al., 2012). Furthermore, high levels of paternal involvement during a child's infant and toddler stage is positively associated with children's emotional, cognitive, and social well-being (O'Brien et al., 2007). The benefits of paternal involvement suggest a need to investigate factors that can hinder involvement, specifically paternal postpartum depression. Although there is a wealth of quantitative and qualitative research on maternal PPD, there is much less information regarding paternal PPD.

Currently paternal PPD is an under screened, underdiagnosed, and undertreated condition which creates considerable complications in families (Musser et al., 2013). Approximately 5-10% of new fathers in the United States suffer from PPD (CDC, 2012). Pinheiro et al., (2005), reported that nearly 12% of fathers sampled in Brazil suffered from PPD, and in China approximately 3.1% of fathers met criteria for PPD at eight weeks postpartum (Lai et al., 2010). Husbands whose wives suffer from PPD are especially at risk, with findings showing that between 24-50% of men whose partners suffer from PPD also suffered from PPD (Letourneau et al., 2011). Postpartum depression not only harms those experiencing it, but it also affects relationships with one's partner and children. Research shows that a couple's relationship is negatively impacted by PPD (Kerstis et al., 2014; Burke, 2003), with fathers who suffer from PPD reporting an increase in marital difficulties and lower levels of communication within their

relationship (Davey et al., 2006). Men who suffer from PPD have been found to have increased rates of substance abuse (Biebel & Alikhan, 2016), increased levels of paternal aggression and intimate partner violence (Roberts, et al., 2006; Hedin, 2000), and experience greater economic stressors (Ram & Hou, 2003; Boath, et al., 1998).

Researchers have also found harmful effects of paternal PPD on infants' cognitive development and parent-infant interactions (Sejourne et al., 2012). Prenatal and postnatal mental health of fathers plays an important role in children's development and executive functioning (Vanska et al., 2017). Paternal depression is associated with elevated psychiatric disorders in school-aged children and has been shown to have a negative impact on children's overall development (Nishimura & Ohashi 2010). Children of fathers who suffer from ongoing and severe depression are at higher risk for emotional and behavioral problems, with boys being at significantly higher risk (Ramchandani, O'Connor,et al., 2008). Moreover, children of depressed fathers are twice as likely to develop a psychiatric disorder by age seven as compared to children whose father was not depressed (Ramchandani, Stein, et al., 2008). Such psychosocial conditions for children may result in increased risk for anxiety and depression, higher rates of emotional and conduct disorders, hyperactivity, and delayed language skills (Paulson & Bazemore, 2010; Ramchandani, Stein, et al., 2008). Paternal PPD is also associated with higher levels of frustration and isolation in fathers (Davey,et al., 2006), which can have a significant impact on paternal involvement. As a result, research findings emphasize the need for PPD screening and management of paternal depression by healthcare providers at the maternal and/or newborn visit to prevent such negative consequences among infants and children (Musser et al., 2013).

While there are many ways in which paternal PPD negatively impacts the family system, relatively little is known about the lived experience of fathers with PPD. Thus, the purpose of this qualitative study is to fill a gap in research about the lived experience of fathers who suffer from paternal postpartum depression. Specifically, we asked the following questions: 1) How do fathers describe their own experience of postpartum depression? 2) What do they say is helpful or not helpful as they deal with it? Answering these questions may provide researchers and clinicians with the information necessary to help fathers who suffer from PPD, and as a consequence, benefit the entire family system.

Methods

Procedures

To answer the research questions we sought data where fathers described their personal experiences with PPD. There are a variety of places online where fathers have shared these stories, including the challenges and effects on their own life and that of their family. Some accounts were brief and focused on certain aspects of this experience, and others were in-depth, consisting of rich descriptions and highly personal reactions. To best analyze this data which was broad but also personal, we used a combination of content analysis and phenomenological methodology.

Content analysis is used for the "subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns" (Hsieh & Shannon, 2005, p. 1278). It is often employed where textual data is "thinner" than typical qualitative data, such as in a survey, or in a gathering of disparate types of text. For example, content analysis can be used to analyze Twitter responses or short answers to a survey, but it also can be used to inductively generate thematic groupings of other internet responses or

discussions (Cravens et al., 2015).

Creswell (2013) defines phenomenology as a method of qualitative inquiry in which the researcher attempts to describe the commonalities between individual experiences and condense those to a description, or a universal essence of a phenomenon. Phenomenology aims to accurately capture a lived experience of a particular phenomenon (Lichtman, 2013). In phenomenological approaches, data collection is often obtained through interviews, however it can also be gathered in the form of poems, observations, journals, blogs, chatrooms, and other documents (Eysenbach & Till, 2001). Data analysis focuses on moving from narrow to broad, with emphasis on the "what" and the "how" of the experience. In this study, we used a phenomenological lens to consider the text that was sorted during the content analysis. We sorted the data initially according to basic thematic groupings, and then organized and distilled their perspectives into an essence that attempted to express the personal experience.

This study took a transcendental approach to phenomenology, with a goal of understanding the essence of the experience of paternal PPD. Transcendental phenomenology places less of an emphasis on researcher interpretation, instead choosing to focus on the essence of experience from the participant's point of view (Reeder, 2010). The epistemological approach used for this study was social constructionism, with the assumption that the experiences are subjective and unique to each individual.

Participants

The data from this study comes from secondary data sources including blogs, chat rooms, book reviews, and interactive discussion forums. We searched for first person accounts of fathers who shared their experience of depression after the birth of a child. The majority of the data collected came from forums and chat rooms. In the forums and chat rooms, many fathers shared

their own personal experience with the phenomenon and then conversed with other fathers, comparing their experiences with one another. After analyzing the data and the conversations between participants it was clear that the fathers were not simply having a bad day or hard week, but had been suffering for an extended period. Some interactions between different users took place over several days or even weeks. This provided the authors with rich, in-depth descriptions of the experience. Although this data is of a different sort than interview data, which can be expanded upon and focused, there are advantages to this kind of shared data (Charmaz, 2014; Creswell, 2013). For example, those choosing to share have had firsthand experiences with the phenomena of interest, and thus have a vested interest in accurately conveying what it is like. Also, the anonymity of online forums may encourage honesty and openness in a spirit of helping and exchanging ideas that build from one participant to the next. Data was obtained from 27 fathers. The authors searched terms such as "depression in new fathers" and "father depression after baby," and found several forums, including the following: howisdaddydoing.org, citydadsgroup.com, thedaddycomplex.com, and multiple sub threads on reddit.com regarding postpartum depression in fathers. Little to no demographic information was available due to many fathers going by a username on these chatrooms, forums, and websites. Informed consent was not required, because the text was public, which makes this data exempt from subjects review. However, we excluded real or screen names as a measure of privacy protection (Flicker et al., 2004).

Data Analysis

One version of content analysis is a passive analysis, where information is gathered without being directly involved in its creation (Eysenbach & Till, 2001). The data was compiled into one large transcript, consisting of multiple sources of information. Two researchers read

over the transcript multiple times, and began the process of initial coding, or taking notes or making labels to identify and organize the content (Lichtman, 2013). Analytic decisions were made along the way to sort, organize and categorize the data. This process reduced the data into significant statements or phrases with explanatory power or that were particularly descriptive of the phenomena of interest (Creswell, 2013).

Two researchers categorized these significant statements and organized them into themes that described the essence of the experience of paternal postpartum depression. Along the way the researchers kept memos to track their analytic decisions and to refine and define their thematic categories. During this process the researchers discussed their decisions and findings to ensure congruence in their themes, and to be reflexive about their decision and their own influence on the process (Daly, 2007). Although we did not have full-length interviews typical of a phenomenological study, it became clear in the analysis that the data gathered was sufficient to generate several consistent themes that illustrated the perspective and experience of these fathers.

Researcher Reflexivity and Trustworthiness

In order to ensure rigor and trustworthiness in the study, the authors focused on credibility, transferability, dependability, and confirmability, as outlined by Anfara et al., (2002). The authors made use of member checks and peer debriefing to establish credibility. Transferability was achieved by providing thick description of the phenomenon and through purposive sampling. Dependability was achieved through the process of using a code-recode strategy and through use of an internal auditor, a person who looks at the data and emerging findings and offers feedback and direction. Confirmability was ensured through the process of memo writing and reflexivity, where the researchers are co-creators of the themes, and are the primary research instruments (Smith et al., 2012). In our case, memo writing helped the

researchers acknowledge and bracket their experience with the phenomenon, and be aware of how their own preexisting beliefs and familiarity with the phenomenon might have influenced the decision making in the research. In this study, three of the authors (B.E., V.P. & J.W.) are fathers and three of the authors (B.E., V.P. & M.C.) have experience with postpartum depression. The authors are also in an academic setting and spent time processing how these experiences influenced the analysis and findings of the study.

Findings

[Insert Table 1]

From all significant statements that were pulled from the participants' experiences of paternal postpartum depression six main themes were generated. Table 1 (Appendix A) illustrates some of the significant statements and these themes.

Theme 1: Needing education. Need education or information about PPD was a major theme for most of the participants. Participants reported not knowing men could suffer from postpartum depression and were surprised to learn that others experienced this. One said "learning about postpartum depression was a good thing because I saw myself in what I was reading and that means I'm not alone." Women could see postpartum depression in men, but were unsure of what to call it. One participant stated,

> After becoming more aware of paternal postpartum depression I began having discussions with fathers and many could identify. Then I had discussions with women and they could see the signs of depression in their husbands. It became clear that although they may not have known what to call it, many of them were living with paternal PPD.

Participants commented about not receiving information from doctors or therapists. One stated, "I'm currently seeing a therapist but instead of helping me cope with my stress, anxiety

and anger she's angling for a neuroses or psychosis." Another said, "None of our reading and none of the medical professionals we talked to ever mentioned anything significant about fathers getting PPD. By the time I realized I had depression, our family had nearly broken apart."

Many expressed confusion of what they were experiencing and although some sought information, they were usually unable find it. A few expressed frustrations about the resources they found. One participant who found a book about PPD stated that he was initially excited, but found that "the book gives surprisingly minimal attention to what a postpartum husband might do to take care of his own well-being." Many fathers sought information to help themselves, but could only find information about how to help their wives.

Theme 2: Adhering to gender expectations. Many fathers felt the need to live up to traditional male stereotypes and be a "tough guy." One participant had given advice to another father saying, "Suck it up." He stated that he knew it was bad advice, but explained that's what men are expected to do. Another described an "expectation of being 'the man of the house' to support everyone else's needs first (even the goddamn dogs get to shit before I do…)." The expectations society gives to men of what they are supposed to be, what they are supposed to do, and how they do it, was a significant factor on how many of these men choose to cope with life stressors. One participant stated, "I had the occasional thought that I could either leave or eat a bullet but I didn't because personal honor and macho shit." Another participant summed up being manly by stating,

> I wanted to cry and give up being a father. But I was afraid to acknowledge those thoughts and feelings in myself—it wasn't becoming of a man and father to feel those things. I pushed them down so deep that I couldn't feel anymore. I pulled away from my

family and started to spend more time outside of home, socializing and looking for companionship. It nearly destroyed my family.

Theme 3: Repressing feelings. This theme describes the reluctance of men to share their thoughts and feelings about what they were experiencing. One father said, “I don’t feel I can tell my wife about these feelings. It will make me look weak or it will sound ridiculous because she is with the kids more than me.” Another participant stated, “I felt the same way about not being able to tell my wife about it. She’s with the kids every day all day and I’m home to help for 6 hours and can’t handle it?” These men spoke of the difficulties of not being able to tell their wife because they believed their feelings sounded ridiculous. One expressed his reluctance of sharing with friends by stating “I don’t feel comfortable speaking with them.” Another described hiding his feelings: “I found myself huddled in my home office, secretly and somewhat reluctantly shedding a tear in the dark.”

Theme 4: Overwhelmed. Many fathers had feelings of being overwhelmed that were difficult to express. Many shared emotions of confusion, exhaustion, helplessness, feeling alone, and trapped. One explained, “I was so ready to be a dad but all I can think about is how miserable I am.” Another participant stated, “I have the feeling that I'm constantly on the edge of bursting into tears. My work, which I used to be able to cope with well, seems extremely stressful now. I'm easily irritable, I can't stand my 7-month baby's cry over more than a few minutes without becoming angry.”

Parents often suffer from a lack of sleep during the postpartum time period, which can exacerbate stress and depressive symptoms, making them more irritable to their children’s crying. Since babies communicate their needs through crying, this interaction can become more problematic when suffering from PPD. One stated, “I'm always exhausted, even the rare nights

where I get 7 or 8 hours of (albeit interrupted because of baby) sleep. I'm very frequently depressed, in a sour mood or very irritable." Another father stated, "I can't wait till he's older and his cries are no longer his default option for communication."

Theme 5: Resentment of baby. Many participants expressed joy and excitement for the arrival of their children. However, others resented their baby's constant needs and attention. One stated his baby was "to my eyes, an oozy bundle of constant need." One participant stated "Baby cries can unearth some darkness in me, I've found." Another explained:

> When I'm personally caring for our son I'm overwhelmed with hate. I hate this baby. I thought my dislike for him would go away and I'd start to bond but it's gotten worse. I hate him. I hate his crying, his needs, his endless discontent. I'm suppressing violent thoughts of ending his life and ending my own.

Other participants also talked about suppressing urges to hurt the baby or themselves as well. One participant stated that he "angrily typed into google, 'I hate my baby'." Another stated, "I always think back to that with a variety of mixed emotions. Of course, I feel guilty that it was even an issue. What kind of dad has to worry about hurting his kid?" The father explained that he was consumed by feelings of guilt over wanting to hurt his child.

Theme 6: The Experience of Neglect. Many fathers expressed a sense of feeling lost or forgotten during this time of their lives. Fathers felt neglected by their wives, by the healthcare system, and by society. One spoke of an experience he had when going to his child's first checkup appointment. He said:

> Typically at this appointment, women all over the country are asked to fill out the Edinburgh Depression Scale (EPDS) to find out if their experiencing "signs of symptoms associated with depression." After reading the questions I started uncomfortably laughing

> a bit because as she was answering them I began to feel like someone should be asking me the same questions.

Another made mention that “men don’t do the hard work of carrying a pregnancy for nine months. We don’t have to bear the pains of labor. We never had an umbilical connection to our children. We just have to hang on tight.” Another participant summarized his experience as:

> Many men I've spoken to share a similar story of struggling with depression when their children were first born, but they do so secretly, quietly, away from the dinner table. They understand that there's no truly acceptable place or context for men to publicly reveal being challenged -- much less rocked to the core -- by what I call "sudden parenthood."

Another participant described his experience,

> I blamed both her [wife] and my son for my feelings of loss and insignificance. I took on every parental responsibility with sucked-up reluctance on the outside and contempt on the inside. My wife seemed to consider me selfish and irresponsible. Even when the bickering ended, the wounds never healed. Our marriage took a fatal hit.

Many fathers in this study shared the theme of feeling forgotten or insignificant during this time.

Discussion

In this study we found that paternal PPD was in many cases very powerful and negative, and is worthy of closer exploration by researchers and clinicians. The findings in this study are supported by findings from previous studies. Letourneau, et al., (2011) found that fathers in their study reported needing help for PPD, but certain barriers stood in their way. Major barriers included a lack of information about PPD in general, not knowing where to look for help or information, and fear of the stigma associated with PPD. This correlates with our themes of

needing education and the socialization of repressing negative feelings. These feelings often cause fathers to distance themselves from their child, which can have many negative impacts. Paternal involvement has many positive outcomes for children, such as boys displaying less hostile behaviors than children with uninvolved fathers, reduced delinquency rates for both sexes, considerably higher IQ scores for children in their early developmental years, and lower levels of emotional distress in children (Sarkadi et al., 2008). Because paternal involvement is a significant factor in healthy development of children, it would seem wise to make information about paternal postpartum depression more available in order to combat its negative impact on families. Certain themes when paired together present considerable risks for the couple relationship. For example, feelings of contempt or neglect paired with the socialization to suppress feelings rather than discussing feelings with your partner is a recipe for a disastrous relationship.

The themes of being overwhelmed and feeling contempt are common signs of PPD and are supported by nearly all research on PPD. Other research supportive of these themes is that of Brownhill et al., (2005), who reported that men often react to depression by avoiding, numbing, escaping, anger, self-harm, or suicide. Research has shown that individuals who believe people are stigmatized for seeking help for depression are less likely to seek treatment from mental health professionals (Barney et al., 2006). Because men are already less likely than women to seek professional help for depression, it is vital that the stigma of PPD decreases. The findings from this study are also consistent with those of Darwin, et al. (2017) who found that fathers often experience psychological stress after the birth of a child, but tend to focus on their wives needs or even question if their feelings are legitimate. Many of the fathers in our study tended to feel as though their feelings were not valid or that their feelings were not as important

as their wives feelings, and as a consequence they suppressed their feelings. Overall, the findings from this study seem to compliment previous research conducted on fathers suffering from PPD, with this study providing a more in-depth view at fathers' experiences.

Limitations

One limitation of this study is that the data obtained comes from blogs, websites, forums, chat rooms, and book reviews. This kind of data is limited in that the authors had no direct access to the participants and could not ask specific questions, do member checking, or theoretical sampling (Creswell, 2014). It is also not possible to prove whether the people making comments were actually fathers, however participants would have little, if any, reason to be dishonest about their experience. On the other hand, internet data has advantages that interview data does not, including the wide variety of backgrounds of those sharing, and the anonymity of the posts (Charmaz, 2014). Due to shame or isolation, very little is known about fathers' experience with PPD, as many men do not report or share their experiences. As a consequence, finding enough fathers who have suffered from paternal postpartum depression could pose a significant challenge, therefore using secondary data from the internet provides data that might not be available otherwise. Had the researchers been able to interview the participants in person the data might be considered more reliable. However, it is also possible that the anonymity provided increased safety and willingness to share when taking about this sensitive topic.

Another limitation of the study is that the researchers could not validate that fathers in the study were diagnosed with PPD by a physician or a mental health professional. There is no measurement designed to specifically measure paternal postpartum depression as there is with mothers; healthcare providers typically use the measure designed for mothers or another depression assessment, however it should be stated that participants in this study expressed many

of the symptoms necessary to be diagnosed with postpartum depression. Another limitation is not knowing if fathers in this study had a previous history of depression or suffered from depression during pregnancy. It could be that some of the fathers from this study were already suffering from depression before the birth of the child and that the birth of the child just exacerbated their current depressive symptoms.

Implications for Future Research

Many women are screened for postpartum depression during and after their pregnancies. The United States Preventative Services Task Force (USPSTF) recently recommended that all women be screened for depression before and after giving birth (Belluck, 2016). With the vast amount of research conducted on the importance of paternal involvement and the raising rates of PPD in fathers, it seems logical that fathers should also be included in this recommendation. One study found that paternal depression increases the chances of psychiatric disorders in children and can have a negative impact on their infant's development (Nishimura & Ohashi 2010). In addition, the authors suggested that fathers' mental health be examined following the birth of their child (Nishimura & Ohashi, 2010). Future research could address whether healthcare providers are aware of the prevalence of PPD in fathers, what their typical protocols are for screening PPD, and to what extent they involve fathers during pregnancy. The findings from our study suggest that it is important to educate fathers on postpartum depression symptoms and how to receive help. Fathers receiving help for PPD will not only help themselves, but will also benefit the entire family unit. Because recognition of PPD is one of the major obstacles in treating it, an increase in psychoeducation provided to parents could prove beneficial to families.

There is no current assessment designed to specifically screen men for postpartum depression. The Edinburgh Postnatal Depression Scale (EPDS is the most widely used, but that

was developed to assess for maternal postpartum depression (Cox et al., , 1987). It may be of benefit for researchers to develop an assessment scale or a short interview specifically for fathers, which could be used by clinicians and other healthcare providers. Many fathers accompany their wives to their obstetrician appointments, which would be an ideal time to have them assessed for PPD.

Clinical Implications

Clinicians are encouraged to be aware of risk factors that increase the chance for PPD. Having a family history of depression or bipolar is a significant risk factor for PPD, and fathers are more likely to suffer from PPD if their wife is diagnosed with PPD. Also, it is important for therapists to collaborate with other healthcare providers. For example, therapists could encourage obstetricians to inquire about how the father or partner is doing when the mother comes in for her routine medical checkups during the postpartum period. Having both a physician and a therapist involved in treatment could prove useful in treating PPD, as PPD is best treated by a combination of psychotherapy and medication. This would also be beneficial in helping fathers feel less neglected by the medical field in terms of parenting.

Therapists can also provide psychoeducation to families about PPD, including the systemic implications for all members, including fathers. Fathers in our study spoke about being less involved in the pregnancy because they are not the ones who carry or give birth to their child. Fathers might become marginalized or forgotten, and as a result, pay less attention to their own needs. Therapists who encourage paternal involvement throughout pregnancy might help fathers to feel like they are a part of the pregnancy process and not forgotten.

Finally, the stigma of PPD needs to be addressed, and the needs of fathers should not be forgotten. Although it is crucial to assess and evaluate mothers for PPD, it should not be taboo to

speak of the depression of fathers. Men are already less likely than women to seek help for mental health related problems (Addis & Mahalik, 2003), and they are often unlikely to seek help for PPD because of the shame that can occur. Many who experience PPD feel guilt and shame, like the participant who said, “What kind of dad wants to hurt his baby?” When it is safer to speak up, it will be better for those who suffer. As another participant said, “I don’t know any of you. I will probably never meet any of you, but you made it a lot easier to get through the day.” Fathers in this study wanted to feel like their emotions and struggles were valid. Clinicians and researchers can make this kind of difference for fathers and help fight the stigma and gender stereotypes against men receiving help for mental health issues such as paternal postpartum depression. For many fathers, simply having someone to talk to can make all the difference.

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APPENDIX A

Table 1. Examples of Significant Statements and Main Themes

Significant Statements	Main Theme
After becoming more aware of paternal postpartum depression I began having discussions with fathers and many could identify. Then I had discussions with women and they could see the signs of depression in their husbands. It became clear that although they may not have known what to call it, many of them were living with paternal postpartum depression.	Needing Education
I wanted to cry and give up being a father. But I was afraid to acknowledge those thoughts and feelings in myself—it wasn't becoming of a man and father to feel those things. I pushed them down so deep that I couldn't feel anymore.	Adhering to Gender Expectations
I don't feel I can tell my wife about these feelings. It will make me look weak or it will sound ridiculous because she is with the kids more than me."	Repressing Feelings
I was so ready to be a dad but all I can think about is how miserable I am.	Overwhelmed
When I'm personally caring for our son I'm overwhelmed with hate. I hate this baby. I thought my dislike for him would go away and I'd start to bond but it's gotten worse. I hate him. I hate his crying, his needs, his endless discontent. I'm suppressing violent thoughts of ending his life and ending my own."	Resentment of baby
Men don't do the hard work of carrying a pregnancy for nine months. We don't have to bear the pains of labor. We never had an umbilical connection to our children. We just have to hang on tight.	The Experience of Neglect