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COMMENTARY

Paternal depression and the family context

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This invited commentary highlights how this special issue provides multiple perspectives from which to understand the nature and consequences of paternal depression. Articles herein examine paternal depression in the context of the family environment and identify specific mechanisms that link paternal depression and child well-being. This commentary identifies limitations of the knowledge base, specifically, little research on depression and psychosocial functioning among nonresidential fathers. One promising avenue for intervention is screening fathers for depression and other mental health problems in primary care settings.

Keywords: parenting; father; mental health; child well-being

This special issue makes important contributions to theory and research that links fathers' psychological functioning, and paternal depression in particular, to family and child well-being. Although depression during the postpartum years and throughout childhood is less common in fathers than mothers, depression is experienced by a significant number of men during their child's early years (Goodman, 2003) and may occur in as many as 1 in 10 fathers of infants and toddlers. Studies from a large community-based sample of urban families indicate that among residential fathers, 7% of fathers of one-year-old children (Davis, Davis, Freed, & Clark, 2011) and 10% of fathers of three-year-old children were depressed (Lee, Taylor, & Bellamy, 2012). By the time children are 12 years old, 21% of fathers experience at least one episode of depression (Davé, Peterson, Sherr, & Nazareth, 2010).

Studies document the potential long-lasting direct and indirect effects of paternal depression on men's positive interactions with their children. Depressed fathers are less engaged with their children and display fewer positive parenting behaviors (Paulson, Dauber, & Leiferman, 2006; Wilson & Durbin, 2010) and less cognitive stimulation (Davis et al., 2011; Paulson, Keefe, & Leiferman, 2009). Depressed fathers are more likely to use harsh parenting practices toward their young children (Davis et al., 2011; Lee, Perron, Taylor, & Guterman, 2011). Importantly, independent of the strong and significant influence of maternal depression, paternal depression is associated with increased child emotional and behavioral problems (Weitzman, Rosenthal, & Liu, 2011).

Studies in this special issue extend understanding of paternal depression by identifying specific mechanisms

that may link paternal depression and child well-being. For example, the study by Malin and colleagues in this issue (Malin et al., 2013) points to one mechanism by which paternal depression may hinder children's cognitive outcomes. Fathers who reported higher levels of depressive symptoms used fewer utterances during interactions with their children, and as a result, their children had less grammatically complex speech (Malin et al., 2013). A future step is to consider whether the influence of paternal depression remains after accounting for the potential effect of maternal depression on children's language acquisition.

Theories of family functioning stress on the interdependence of relationships within families (Cox & Paley, 1997), and the studies in this special issue also highlight the complexities of the empirical evidence, particularly when accounting for interactions between mothers' and fathers' psychosocial functioning and parenting behaviors. In this issue, de Mendonça, Bussab, Rodrigues, Siqueira, and Cossette (2013) use longitudinal data to examine maternal and paternal depression in low-income Brazilian families. The results of their study indicate that fathers' depression had a positive impact on their self-reported evaluation of child involvement and on the quality of his co-parental and marital relationship (de Mendonça et al., 2013). Although a positive link between paternal depression and child involvement stands in contrast to recent research, which indicates that paternal depression is associated with decreases in fathers' positive engagement and parenting (Davis et al., 2011), the finding that paternal depression may link to some positive outcomes is not without precedent. In their contribution to this special issue, Cabrera, Tamis-LeMonda, Shannon, Bradley,

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and Hancock (2013) note that in at least one early study (Field, Hossain, & Malphurs, 1999), depressed fathers displayed more positive behavior toward their children than depressed mothers. Interpreting these findings is difficult in that fathers were reporters on their own behaviors, and it is possible that depression may contribute to some difficulties with recall (Airaksinen, Wahlin, Larsson, & Forsell, 2006). It is also the case that very few of the men had clinical levels of depression, and there is at least suggestive evidence that modest levels of depressive symptoms may actually increase fathers' focus on values they consider important for their children even though high levels decrease the focus (Wilson, Woods, & Schmidt, 2001). This increased focus may be particularly likely among Brazilian fathers given the centrality of *familism* in the society (Hofferth, 2003).

Even in the absence of strong direct effects of paternal depression in some studies presented herein (e.g. few effects of paternal depression on children's language use (Malin et al., 2013)), fathers' parenting behaviors interact with or exert an indirect effect on child well-being through their influence on maternal parenting. In their study of parents from the National Early Head Start Research and Evaluation project, Cabrera and colleagues find that when fathers were depressed, mothers were more likely to supportively engage with their sons (Cabrera et al., 2013). Cabrera and colleagues (2013) posit that mothers may compensate for father's withdrawal by being more engaged with their sons, showing that paternal depression influences family functioning indirectly via influencing maternal parenting behaviors. In another study from the National Early Head Start Research and Evaluation project, McKelvey and colleagues find that fathers' higher levels of supportiveness buffered children from the negative effects of maternal alcohol problems (this issue: McKelvey et al., 2013). Specifically, children with more supportive fathers were less aggressive and hyperactive. These studies dovetail nicely with prior research showing that father involvement is beneficial in buffering infants from maternal depression *except* when he is also depressed, in which case high levels of father involvement exacerbated the negative effects of maternal depression on infant development (Mezulis, Hyde, & Clark, 2004). McKelvey and colleagues' (2013) research suggests that positive father involvement may also buffer children from the negative influence of maternal alcohol use. In sum, the combined impact of these studies suggests that positive paternal involvement is beneficial to children and may often buffer children from the consequences of poor maternal functioning.

In addition to expanding knowledge regarding fathers' psychosocial functioning and the interplay between paternal and maternal functioning, studies in this special issue contribute to our understanding of how other aspects of the family context may influence fathers' and mothers' parenting behaviors. Cabrera and colleagues (2013) show

that parental relationship quality, the level of chaos in the home environment, and the sex of the child may influence fathers' parenting behaviors. In their study, fathers may engage in less supportive parenting behaviors toward their daughters, but not their sons, when there is a high conflict marital relationship. Chaos in the home environment is also detrimental to fathers' engagement with their sons.

In this issue, Bergmann and colleagues examine gender differences in parenting, focusing on differences in mothers' and fathers' emotional availability (Bergmann, Wendt, von Klitzing, & Klein, 2013). They find that mothers were more likely than fathers to engage in three of six parenting behaviors encompassed under the broader framework of emotional availability. However, in general, fathers' scores were high on these measures and the mean differences between fathers' and mothers' scores were quite small, especially for sensitive parenting behaviors, and there was no mean difference between mothers' and fathers' score on non-hostile, responsive, and involved parenting behaviors. A possible extension of this research is to examine similarities and differences in emotional availability at the level of the couple or family. Studies suggest that most parents have complementary or overlapping parenting styles (Simons & Conger, 2007). At the couple level, mothers and fathers tend to be similar in their use of supportive and negative parenting behaviors (Martin, Ryan, & Brooks-Gunn, 2007). Emotional availability is another dimension of parenting quality, where we may observe patterns of similarity or difference. In couples who have discordant levels of emotional availability, does the parent who is high in emotional availability compensate for the lack of emotional availability in the other parent, in a manner similar to mothers supportive engagement with their sons when fathers are depressed or fathers buffering their children from the negative effects of maternal alcohol use?

Limitations of the knowledge base

One limitation of this research base is knowledge regarding depression and psychosocial functioning among nonresidential fathers. As seen in the studies in this issue and in the research base more broadly, studies of paternal depression often rely on residential fathers who are married or cohabiting with their child's mother. After all, it is difficult to conceptualize and measure father involvement in families when fathers are, in fact, not residing in the home and therefore have fewer opportunities to interact with their children. Few studies have examined depression among nonresidential fathers, and little is known about how depressed nonresidential fathers may influence the family context, maternal psychosocial and parenting behaviors, and child well-being (notable exceptions include Meadows, McLanahan, & Brooks-Gunn, 2007; Paulson, Dauber, & Leiferman, 2011).

The complexity of father involvement in diverse families also brings to the fore the importance of longitudinal studies to examine the questions noted above. Fathers may transition in and out of households, especially fathers who are cohabiting, not married, or nonresidential when their child is born (Carlson & McLanahan, 2004; Tach, Mincy, & Edin, 2010). Thus, the influence of fathers on their child may also wax and wane during periods of greater involvement or absence. There are still few longitudinal studies examining how paternal depression affects child well-being and that also account for changes in father residential status during the same time period.

Implications for intervention

The papers in this special issue provide important insights for intervention. Focusing on the family context is particularly critical for programs aimed at preventing or treating depression among parents. Depression during a child's early years is often experienced by both parents (Paulson et al., 2006), and one of the strongest predictors of paternal depression is maternal depression (Rosenthal, Learned, Liu, & Weitzman, 2013). Yet, the birth of a new child may present a 'magic moment' when both fathers and mothers are optimistic about the future and thus may be motivated to address mental health problems that may interfere with optimal parenting. We see this most clearly in the ruminations from men presented in the study by Shannon and colleagues in this issue (Shannon, McFadden, & Jolley-Mitchell, 2013). This study highlights the motivation of men to be excellent fathers and to develop and maintain positive, supportive relationships with their children, despite or perhaps because of their fathers' lack of accessibility and engagement. The majority of the men in this qualitative study expressed the desire to be accessible and engaged and to serve as a positive role model to their children. Such reflections highlight the strengths of fathers, and a next step is to capitalize on these strengths for intervention to promote family well-being.

One promising avenue for intervention is mental health screening in primary care settings. Remarkable strides have been made in recent decades regarding awareness of and screening for maternal depression, and brief maternal depression screening is common at well baby visits (Olson, Dietrich, Prazar, & Hurley, 2006). There is growing evidence that similar efforts are needed for fathers (Goodman, 2003; Paulson et al., 2006). Brief screening for fathers who attend well baby visits presents a unique, and as yet, under-utilized opportunity to identify and intervene with depressed fathers. Promising primary care intervention models for at-risk parents, such as the Safe Environment for Every Kid (SEEK), can be adapted to or tailored to the needs of fathers (Dubowitz et al., 2011).

In sum, this special issue highlights multiple perspectives from which to understand the nature and

consequences of paternal depression, as well as the potential influence depression may have on parenting and family functioning more generally. An implication is the importance of efforts to engage fathers in depression screening and treatment not only for their direct benefit, but also for the benefit of their children and partner.

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