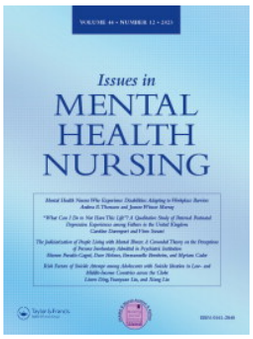

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"What Can I Do to Not Have This Life"? A Qualitative Study of Paternal Postnatal Depression Experiences among Fathers in the United Kingdom

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ABSTRACT

Understandings of paternal postnatal depression (PND) in fathers from the United Kingdom (UK) have received limited attention, particularly in view of changing dynamics of contemporary parenthood. To rectify this, eight UK fathers with PND took part in one-to-one interviews, with Interpretative Phenomenological Analysis used to understand their lived experiences. Our findings demonstrate that UK fathers with PND experienced extremely distressing emotions, including anger and misery, after their babies are born. Their working practices were highly relevant to their fatherhood, with working considered a key responsibility and a source of stress, but also a "legitimate" escape from the home. Fathers' relationships with their partners were experienced as less intimate and conflicted. Fathers often hid their feelings to protect their partners, but also reported their partners as being aware of their challenging and difficult emotions. Healthcare providers should be professionally curious about fathers' mental health and consider the assistance of mothers in identifying cases of paternal PND.

Introduction

Emergent research has characterised paternal postnatal depression (PND) as involving distressing emotions (Davenport et al., 2022). For example, in common with PND in mothers, fathers often report ongoing low mood, diminished self-esteem, and having reduced enjoyment in daily life, including negative interactions with their family unit. Similarly, lived experience narratives that have centred paternal experiences of PND indicate that the condition is severe, distressing, and debilitating (Davenport & Swami, 2023; Swami, 2019). However, unlike mothers, fathers do not typically recognise their distress as symptoms of (postnatal) depression but instead conceptualise their experiences as normative stress (Darwin et al., 2017), powerlessness, resentment, and/or feeling trapped (Edhborg et al., 2016; Pedersen et al., 2021). This mirrors men's conceptions of depression more generally (Johnson et al., 2012), as well as findings that paternal PND is poorly understood by the public in comparison with maternal PND, where recognition of the latter is much more common (Swami et al., 2020a, 2020b).

Methodologically, these findings have typically emerged from qualitative, interview-based studies (Dallos & Nokes, 2011; Edhborg et al., 2016; Pedersen et al., 2021), where fathers willingly share distressing emotions and describe the transition to fatherhood as an "emotional rollercoaster" (Baldwin et al., 2019). However, it is also possible that these studies do not provide a complete picture of the experience of PND in fathers. For instance, other research (e.g. through forum blogposts and telephone helplines) has suggested that fathers experiencing PND report more gender-specific symptoms, including anger (Eddy et al., 2019; Fletcher et al., 2020), with Eddy et al. (2019) noting that resentment and anger were sometimes directed towards partners and infants. Feelings of anger and irritability are included in other research on paternal PND (e.g., Barnes, 2019; Pedersen et al., 2021). Paternal PND was further characterised in one study by thoughts of suicide and harm towards the infant (Pedersen et al., 2021), yet it is also likely that fathers under report these difficulties due to a fear of their child being removed from the family (Davenport & Swami, 2023a; Pedersen et al., 2021).

Additionally, while reviews of the literature have suggested that there are some common triggers of maternal and paternal PND, such as previous history of mental ill-health or predisposing genetic factors, qualitative research has suggested that some contributing factors may be unique to men (Edhborg et al., 2016). For instance, one key factor contributing to paternal PND is a perceived discrepancy between fathers' expectations and perceived reality during childbirth and early fatherhood (Holopainen & Hakulinen, 2019). Indeed, greater symptoms of PND are reported by men who experience greater difficulties with parenting efficacy (Gross & Marcussen, 2017). This is related to the suggestion that fathers often do not receive sufficient support during the postnatal period from healthcare services (Davenport & Swami, 2023b). Men are also more likely to

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return to work sooner than mothers and are therefore more likely to experience difficulties managing conflicting demands between work and family life (Baldwin et al., 2019), as well as greater financial stress (Baral & de Guzman, 2021; Nishimura et al., 2015).

To explain these findings, scholars typically draw on theories of hegemonic masculinity, a specific idealised form of masculinity that is characterised as unequal, relational and legitimised (Messerschmidt, 2019). Characteristics often associated with idealised forms of hegemonic masculinity—such as being the provider for the family and being tough, stoic, and independent—may contribute to psychological distress that leads to PND (Swami, 2019). In turn, research shows that some men react to their experiences of PND by emphasising characteristics associated with hegemonic masculinity, such as through demonstrations of anger, engaging in risk-taking behaviours, or by highlighting the pain they were able to endure on their own (see also Ridge et al., 2011). However, consistent with patterns of hegemonic masculinity, they are more likely to deprioritise their own mental health needs and prioritise responsibilities towards their partners and children (Edhborg et al., 2016).

A key affordance of theories of hegemonic masculinity is their focus on dynamic social relations; that is, men's relationships with other men, women, partners, children, colleagues, friends, and others (see Kelly et al., 2023). The transition to fatherhood is undoubtedly a social process, involving the creation of a child and the formation of a new triadic relationship between the father, mother, and child. As such, it is important to consider how men's postnatal experiences are interdependent upon relationships with their partners and children, especially given evidence that men experiencing PND exhibit complex reactions to their new familial relationships (Davenport et al., 2022). Such reactions include feeling distant from, as well as resentment towards, their partners. This in turn likely increases feelings of isolation, as fathers struggle to cope with threats to their mental health. Additionally, perceived relationship deterioration is known to be associated with greater symptoms of PND (Chhabra et al., 2020; Gray et al., 2018; Nishimura et al., 2015), which in turn also negatively affects relational patterns (Bruno et al., 2020). Nevertheless, much more can be done to better understand how these social dynamics are affected and experienced by fathers during the postnatal period.

To date, much of the qualitative research on paternal PND has been conducted in the United States (Eddy et al., 2019), Sweden (Edhborg et al., 2016), Denmark (Pedersen et al., 2021), and Australia (Fletcher et al., 2020), with work conducted in the United Kingdom (UK) limited to a single case study (Dallos & Nokes, 2011). This is important because the national context is likely to affect the manifestation and experience of paternal PND in important ways. For instance, in comparison to Nordic nations, paternity leave provision in the UK is relatively more restrictive (Haas & Hwang, 2019), which may affect men's experiences during the postnatal period. Notably, fathers' experiences of depression are known to occur from pregnancy (Gürber et al., 2017; Finnbogadóttir & Persson, 2019; Maleki et al., 2018; Skjothaug et al., 2015). Accordingly, whilst qualitative research increasingly focuses on paternal postnatal mental health experience, often this neglects their depression during their partners' pregnancy.

The focus of this study is on the lived experience of paternal PND with regards to UK fathers' emotional experiences, their working practices, and their relationships with partners and infants. These are considered particularly pertinent given the context of contemporary parenting in the UK (Gaunt et al., 2022). A high-quality qualitative methodology was considered necessary to examine these issues in detail. Given that data richness is a marker of validity in qualitative research (Fitzpatrick, 2019), we aimed to examine fathers' perspectives through detailed individual interviews, which included their recollections of depression in pregnancy. We further sought to examine their experience both individually and as a group, which informed the methodological approach of Interpretative Phenomenological Analysis (IPA; Smith et al., 2009). Generating rich individual and group data about fathers' experiences of PND was prioritised in order to produce original knowledge on the experiences of UK fathers and to facilitate later application of the findings to UK healthcare practices and policy.

Method

Philosophical position

Nursing research is commonly divided between positivist and constructivist positions (Polit & Beck, 2012). Past research has defined PND as "measurable", through scores from assessment tools, such as the Edinburgh Postnatal Depression Scale (EPDS; see Edhborg et al., 2016; Pedersen et al., 2021). This instrument has been validated for use in men (Matthey et al., 2001) and a "score" above threshold diagnostically determines PND and thus eligibility for participant inclusion. Whilst such research is qualitative in design, the focus on measurability is also deterministic, which aligns to positivism (Cresswell, 2003). However, this approach assumes PND is defined by externally determined measures, as opposed to a subjectively experienced life experience from the perspective of fathers. A constructivist paradigm underpins this research.

Constructivism challenges the concept that knowledge is objective (Corry et al., 2019), with research based on this paradigm producing contextual understandings (Moon & Blackman, 2014). A constructivist paradigm supports the understanding of fathers' PND experiences not only in terms of their multiple realities, but across fathers' social environments, with contextual understanding being an explicit aim and epistemological approach to this study. Constructivism is also appropriate since it represents "the idea that people have a role in creating their knowledge and experiences" (Howitt, 2010, p. 473). This is particularly useful when examining men's unique roles and expectations during their transition to fatherhood and how these relate to their PND realities. It also allows for exploration of fathers' lived experiences at home and work, which men have found difficult

to navigate (Sigrid et al., 2022). Thus, we take a qualitative, interpretative approach to fathers' lived experiences of postnatal depression.

Research design

The study was carefully designed with the knowledge that men find it difficult to share emotional experiences (Chandler, 2022), which potentially conflicted with the need to generate rich data around their vulnerable experiences. One key consideration for the design was that data collection for research based on a constructivist paradigm should acknowledge that data is co-produced through the interaction between participant and researcher (Mann & McLeod, 2015), particularly when the phenomenon is "complex, ambiguous and emotionally laden" (Smith & Osborn, 2015, p. 41).

For data collection, some research on depression uses clinical interviews (Roche et al., 2016). However, this conflicts with the constructivist position since it assumes depression is a determined illness, which may not represent men's realities. Our interview schedule aimed to give the opportunity for participants to discuss relevant and important matters (Smith et al., 2009) designed around fathers' unique journeys into fatherhood. We examined an interview schedule for another father mental health study (Baldwin et al., 2019). We reviewed the data produced through that schedule before designing questions specific to PND, rather than mental health generally, to meet the epistemological aims of our study. Our final schedule (see Table 1) involved in-depth, semi-structured interviews with no time limit, but an expectation of these lasting up to two hours, allowing time for a comprehensive debrief. This allowed for unprompted comments, which are rich in meaning because they are of "particular importance" to the participant (Smith et al., 2009, p. 59), to be explored. The interviews were conducted by the first author and lasted between 22 and 94 min. There were no limits on stage of fatherhood, owing to a lack of recognition of PND amongst fathers generally. Thus, at the time of interview and participation in the study, participants ranged from being within the postnatal twelve months through to having a primary school-aged child.

Procedures

We used purposive sampling to recruit UK fathers, disseminating a study advert on social media which was shared by paternal mental health charities and advocates. The final platforms

Table 1. The full interview schedule used in the present study.

Question number:	Main question:	Probing questions:
1	How did you come to the decision to have a child?	Was it planned or a surprise? How did you feel when you found out you were going to become a father? When did you find out?
2	How was the birth experience for you?	Were you in the room? How did it feel when you saw your baby/heard them cry?
3	How were the first few days?	Did you use paternity leave? What was it like?
4	What about the first weeks?	What happened when you returned to work? How did you feel at home/at work? Did you have a routine?
5	What do you think of when someone talks about postnatal depression?	Who do you think it affects? What do you think the symptoms might be?
6	Were you aware, before your own experience, that men could experience PND?	If yes- How did you know? If no-what are your thoughts about men having postnatal depression? What do you think other people think?
7	When did you start to have difficulties with your mental health? For example, during pregnancy, after the baby was born?	How did you know you were finding things difficult? What were your emotional experiences? Did you have any physical symptoms?
8	Do you have a mental health diagnosis, are under mental health treatment, or have suffered past mental health difficulties?	What are these?
9	Going back to that time of when you found things difficult, what was happening for you?	How were you dealing with things?
10	Did you go to work?	Did you tell anyone there you were struggling? How did you behave- was this any different to before you had a baby? What did you think was happening, and why?
11	What were your feelings about yourself?	Did you have any? Were they positive or negative? What were they? Were they different to before you had a child?
12	Some men feel society expects them to behave in certain ways. Fatherhood can be one of these times. What did you feel about your masculinity when you became a dad and had the experiences you had?	How did you feel you had to behave as a father, partner and man? Did you encounter any stigma? Where do you think the pressure or stigma comes from (self or external)?
13	What was going on with your partner at the time?	Did she notice you were struggling? How was she feeling? What happened in your relationship?
14	How were your relationships affected?	Family, friends, colleagues?
15	Could you describe to me your lowest point?	What was it like? Why would you say that was your most difficult time?
16	Tell me about your baby.	How old is your baby now? What is your relationship like? What is your favourite thing about your child?
17	Do you plan on having any more children?	If yes-why do you want another child? If no-why not?
18	How are you now?	Do you feel better, are you still struggling? If no-when did things get better, what helped you to feel better? Did it take a long time? If yes-How are you struggling now? What is most difficult for you? Would you like help with anything?
19	How do you see the future going with your new family?	What are your plans? Are you looking forward to anything?
20	When your child is older, will you tell them about your experiences?	What will you say? Why?

used were Twitter, Mumsnet, Dadsnet, Postgraduate Forum, Facebook, and the second author's university student Intranet. The study was also shared across local news outlets and *via* a local radio interview. Snowball sampling was also used, which is common when accessing hard-to-reach groups (Sadler et al., 2010), where participants invited their fellow fathers to take part. Other research on father mental health has used National Health Service (NHS) caseloads (Baldwin et al., 2019; Webster, 2002) or an existing cohort (Cooklin et al., 2015; Darwin et al., 2017). However, in these cases, the focus was fathers' general mental health or well-being. The subject of this study—paternal PND—is not routinely recognised or diagnosed in the UK, despite women being routinely screened for the same condition (National Institute for Health and Care Excellence [NICE], 2014). Based on the recognition that fathers may not be diagnosed, or may have experienced PND in the past, self-identification of experiencing or having experienced PND was sufficient to take part. Fathers were offered a £15 gift voucher for their time, consistent with other research incentives at the time of the study. On responding to the study advert by email, one father did not meet the inclusion criteria and three others made contact but later withdrew.

For inclusion, fathers must have been living in the UK and been biological fathers living with the mother of their child at the time of birth. This sought to ensure homogeneity, which is commonly assumed when conducting IPA research (Larkin et al., 2019), since it aims to focus on UK fathers' shared experiences of PND in relation to biological parenthood and within heterosexual relationships with their child's mother.

Ethics

Ethics approval was granted from the School Research Ethics Panel at the second authors' institution (approval code: EHPGR-29). Given that PND is linked to suicidality (Quevedo et al., 2011; Pedersen et al., 2021), "participants" were asked to respond to the Patient Health Questionnaire (PHQ-9), a validated depression measure used in the UK for women with suspected PND (NICE, 2014). Our threshold determined that if a father had mild or moderate depression, he could continue if he was not experiencing suicidal thoughts. If a father was experiencing suicidal thoughts regardless of the previous score, he was excluded based on his current distress. Fathers who were not eligible were thanked for their time and the reason explained. They were offered a debrief sheet with information for further support (e.g. a link to self-refer to talking therapies, signposting to their general practitioner, and the contact number of a mental health charity). All "participants" gave informed written consent after being given a participant information sheet about the study and having any questions answered. Verbal consent was also given prior to data collection, where it was made clear that "participants" could stop the interview at any time without consequence. A verbal and written debrief occurred with all "participants" to ensure the "participants" well-being and signpost to any potential support.

Participants

The sample comprised eight fathers aged 27 to 41 years. All were biological fathers of young children living across the UK and six were first-time fathers. One father was Asian and the others were of White British ethnicity. All self-identified as experiencing PND and three had been formally diagnosed. All fathers were in long-term relationships with the mother of their child at the point of birth, though at the point of interview, two relationships had broken down

Table 2. Summary of themes in the present study.

Theme	Sub-theme	Exemplar quote
Fathers' Emotional and Embodied Experiences of Depression	Ambivalence and a reality shock	One of those things we thought we might like but never really, wasn't planned at that stage (Carl). I wasn't entirely convinced when I thought about it if I wanted to be a dad (David)
	A physical embodiment of depression	I carried it physically you know I used to pain I had stomach pains my joints used to hurt (Ben). I stopped exercising, erm, my diet went to pot, I ate a lot more, I ate badly and I drank a lot more (Harvey)
	Despair and disappointment	What can I do to not have this life? (Adi). I didn't get the rush of emotions (Edward)
	Anger and abandonment	A lot of the time I was angry at people like my mum and my wife (Adi). I was angry at the world (Ben). I was tired, so I just started getting really angry and shouting (David). And with how I was feeling as well I got very snappy very angry (George)
	Darkness and misery	I'd be better off or, they would be better off without me (Ben). You imagine everything's wonderful and everyone's happy and it's a fairy-tale and actually it's just unrelenting misery (David). I suppose it got darker and darker and darker and darker as the weeks and the months went by (Felix)
PND and Fathers' Social Environments	Needing to work	I've still got to put a roof over our head, I've still got to go to work I've still got to perform at work (Edward). I had to kind of do that job to make sure I paid bills and things like that (George)
	Avoiding going home	I used to get a horrible feeling when I was finishing work that I was going back home (Edward). I didn't want to go home anymore. Erm I didn't want to see what was happening (Harvey)
	Relationship with the baby	Hate is a strong word but as much as I felt I, I sort of hated my child (Carl). I remember sitting and I remember even googling, you know, what how do you, how do you put a child up for adoption? (David). It's because he doesn't like you, he cries when you pick him up it's cause he doesn't like you (Felix)
	Changed relationship dynamics	My wife and I hardly ever talked we just looked after our son (Adi). There wasn't really a relationship there for the last few months in respect we've just been being parents it's been all encompassing yeah there's no relationship (Edward)
	A general sense of role failure	It's me, I'm the problem (Ben). Him I'm not being the dad I wanted to be I'm failing at that I'm failing as a father I'm failing as a husband (Felix)

and the fathers lived separately. All the men had planned to become fathers in these relationships, which further supported the homogeneity of their experience.

Analysis

We used Smith et al. (2009) guidance for IPA, taking a 2-stage approach to analysis. The first stage sought to understand each individual father's lived experience, whilst the second examined how the fathers collectively made meaning of their PND across their social environments. During the individual analysis, the first author followed a process of initial coding, generating codes based on repeated utterances or meanings shared by the participant. These codes were supported by directly extracted quotes alongside their location within the transcript, which were then contextualised within the overall question and interview. This was to explore fathers' understanding of their PND within their social contexts. Finally, the first author proposed the participant's overall interpretation of their experience, prior to creating an interpretative theme. This was then reviewed by the second author, who agreed the interpretative themes were representative of the participants' experiences of PND.

Following this, the interpretative summaries were considered "initial themes". These were clustered into secondary themes based on similarity of meaning. This was in order to focus on men's most significant lived experiences of PND at each stage, recognising their realities as subjective (Moon & Blackman, 2014), changeable (Crotty, 1998), and contextual (Crotty, 1998). Finally, these clusters were grouped into superordinate themes, based on the context of their fatherhood, such as pregnancy, new fatherhood, and returning to work.

During the group analysis, the first author compared and discussed the individual findings, searching for patterns across cases (Smith et al., 2009) to offer interpretations of the meaning fathers made of their PND. This was structured into two themes. The first theme aims to represent the fathers' experiences as they occurred across the trajectory of their fatherhood (i.e. their emotions through pregnancy, early fatherhood, and as their infant became older). The second theme, recognising the context of the fathers' lives, explores their experience within their social world (i.e. their intimate relationships, their families, and their workplaces). This offers a nuanced representation of paternal PND in comparison to other studies.

Reflexivity

In IPA, it is well-documented that what the researcher seeks is attempting to understand the participants' understanding of their experience (Smith et al., 2009). The first author is a health visitor, whilst the second author is a Professor of Psychology. The reflexive process was achieved through repeated reflection and immersion in the data by the first author (listening to the recordings, transcribing, coding, and noting men's vocal intonation and repetition of key points), examining personal thoughts in a reflexive diary, and verbal communication between both researchers to reflect on personal reactions to the data. To ensure fathers were viewed as the focus of the study, they were assigned pseudonyms rather than numbers, in order to maintain the analytic process through the fathers as individuals with a collective lived experience of PND.

Results

Theme 1: Fathers' emotional and embodied experiences of depression

This theme was constructed having identified common emotional experiences across the transcripts and is categorised into several headings that aim to characterise their feelings as closely as possible.

Ambivalence and a reality shock

The present sample was one of fathers in stable relationships, who had planned to have families in that relationship. Yet, half of the sample verbalised a strong ambivalence towards their partners' pregnancies, as something Adi and his partner "kind of talked about in passing", and Carl described as "one of those things we thought we might like but never really, wasn't planned at that stage". Similarly, David viewed fatherhood an abstract concept:

> I wasn't entirely convinced when I thought about it if I wanted to be a dad. On an abstract level oh yes you know carry on the line all this sort of stuff but when it came to the crunch I wasn't sure.

Even among the men who felt initially positive about pregnancy, which Harvey described as "cool", all fathers experienced the reality and shock of the first weeks as being very difficult. Rather than using emotive terms such as "unhappy" though, their use of language was more direct. Fathers described their fatherhood negatively. Felix found it "tough", Carl said it was "daunting", whilst Edward described it as "grim". Such factual language suggests that the fathers experienced their transition to fatherhood as a collectively difficult time.

A physical embodiment of depression

The participants did not initially recognise their depression emotionally. Instead, they described their earliest PND experiences as an embodied experience, including a physical inability to get out of bed (Adi, George), sleep challenges (Ben, Carl, George), "stress stomach" (Ben), generalised pain (Ben), feeling constantly tired (David), and significant weight loss (Harvey). However, these physical symptoms were the first signs of internal distress and not being "right", with men lacking the awareness that the situation was also psychological. Whilst it was pregnancy (not the postnatal period) which was noted as a time of high anxiety and mental distress, during the early weeks, participants' emotional realities of PND became unavoidable, illustrated by Adi's

comment: "after, like the first couple of weeks at home and it was just us and with the baby and he was always crying that's when I felt I really struggled". Further examples of earlier deterioration include where Ben reflected that he could "feel myself sort of slipping". Other participants also spoke reflectively, but using past tense, to describe overwhelmingly negative experiences. Carl described himself as "'fall[ing] apart very quickly", whilst David referred to being constantly "on edge".

Despair and disappointment

Some fathers described a "euphoria" or "relief" immediately after birth, although Carl believed this disguised his emerging PND: "whether there was that little high that masked it". Often, fathers expressed relief that their spouse and/or infant were healthy and safe, which is arguably a socially expected response for fathers. However, at least five participants experienced problems with emotional bonding, and all participants reflected that their feelings were not what they expected fatherhood to feel like. For example, Edward said: 'I didn't get the rush of emotions', which was similar to Felix recalling "So there was [no] fireworks, [No] 'Oh my God I've never loved anything as much as I've loved you'. There was no immediate attachment for me". Adi described trying to work out how to escape his despair, asking himself "what can I do to not have this life?"

For the fathers who did not feel bonded to their baby, this continued across the first weeks, with Carl explicitly stating that he wanted things to be different, but did not know how to achieve it:

> knowing there's a way like having those feelings but also not wanting to have them, so there's a way that I can like, you know love my child, like being a parent but I don't know what it is and I'd like to find it but, I don't know how to.

Each father also described feelings of misery and guilt, which they attributed to expectations of fatherhood being different to the reality, also demonstrating an awareness that their feelings were not how they "should" be. Ben stated: "it's supposed to be great, you know, so you can't talk about finding it difficult," whilst George disclosed "I was ashamed in wanting to admit I'm struggling."

Anger and abandonment

Anger was experienced by five participants who shared their anger in the context of situations where they were not able to cope alone. Despite these situations being different for each participant, each father reflected on a situation where he experienced an absolute isolation and desperation, compounded heavily by not knowing what to do in his new role as father. Their anger was directed towards different sources. Adi described this in relation to his close family: "a lot of the time I was angry at people like my mum and my wife", but within the context it was spoken, really related to his feeling like nobody would help him, and that ultimately, he was on his own and powerless. George became irritable towards a family member, but accordingly, described that she was not prioritising his needs or supporting him:

> it did cause it caused a lot of tension and with how I was feeling as well I got very snappy very angry to the point where you know I did send her a text along the lines of, if you're not going to be the [family member] I want you to be then don't bother you know helping us.

Ben's anger was also targeted: "I was angry at the world but my anger was definitely directed at the maternity unit". In each case, the common theme was that the fathers felt desperately let down by others who should have been helping them, and out of control. Two men described feeling anger towards their infants because they could not work out how to stop them crying. One father described a verbal reaction, also stressing that it was not a physical reaction:

> I was tired, so I just started getting really angry and shouting. Never anything physical. Never anything physical. But shouting at my [baby] because [they] was crying and cause [they] wouldn't settle down… . I even remember saying I could strangle the life out of you.

Carl had a similar reaction, recalling that "if it needed a bit more sleuthing, a bit more or figuring out then yeah he usually just saw me getting very angry and probably just putting him down and off to find his mother I think".

Carl described hiding the extent of his anger from his spouse in his ongoing relationship. It is possible that a perceived social unacceptability of feeling angry towards a baby stopped other fathers from sharing the extent of their emotions with others, despite this anger arising from their feelings of being out of control and let down.

Darkness and misery

Further into the postnatal period, all eight fathers described an awful and miserable existence. David stated: "you imagine everything's wonderful and everyone's happy and it's a fairy-tale and actually it's just unrelenting misery". Here, David's reference to a fairy-tale represents the idealisation of parenthood. Indeed, from a social perspective, their positions were ideal. They were financially stable and in committed relationships. Yet, this ideal situation did not translate to happiness. On reflection, based on what fathers shared in their interviews, the fathers did have different intentions to the mothers of their children.

For many fathers, their partners were described as absolutely sure of wanting children. For example, Adi's described his wife as being part of a wider friendship group of other mothers, suggesting motherhood as bringing a sense of belonging to her:

> she was excited and she was…she'd had a couple of friends who'd had babies like not so long before and that group of friends were all really excited and she was gonna be part of the group now.

Ben's wife wanted a family, and David's wife wanted "children, not a child". Edward and Felix's partners were pleased to be pregnant. George was unsettled by the news, with

Harvey being the only father to be equally as excited as his wife. Conversely, Adi, David, and Edward described themselves as happiest prior to the baby being born, with the birth of their child triggering the onset of mental distress for all fathers. As the fathers' depression progressed, Felix described this as a descent, saying "I suppose it got darker and darker and darker and darker as the weeks and the months went by… I was kind of going deeper and deeper into not depression really".

Smith et al. (2009) referred to a "gem" of striking metaphors, which offer insight into the meanings participants are making. Felix's repetition of "darker" emphasises his perception of mood deterioration over time. He also speaks of this as "not depression", but being in an increasingly low place (reflected by his double use of "deeper"). Moreover, this darkness and suicide were experienced by half of the sample. Similar metaphors were used to describe being trapped in a negative place; Adi referred to both "a deep hole" and a "dark cloud" in relation to suicidal thinking:

> Yeah I think that's how it was there was this deep hole and you're thinking I'm gonna jump in this hole at some point and every day you're obsessing about it thinking about it 'is today the day is today the day I'm going to jump in.

Fathers considered suicide as both an escape, but also as a practical solution. Felix described this as a shift in mindset following a long process of trying to think of how to get survive: "I can't see any way out of that you start to go, from then the thoughts and processes you go through are very different, it's not just about seeing the day through". Equally, David shared that he had "thought about it properly and looked into which methods would be effective…". In addition, some fathers believed their families would be better off without them, as evidenced by Ben: "I'd be better off or, they would be better off without me".

Overall, this first theme highlights that PND was experienced through extreme emotions including ambivalence, despair, anger, and misery. These were in absolute conflict with how they perceived fatherhood should be. They also conflicted with the happiness their partners felt when becoming mothers.

Theme 2: PND and fathers' social environments

In contrast to the first theme, which focussed on the fathers' extreme emotions, this theme explores their PND as it affected their wider social environments.

Needing to work

Initially, the fathers shared a sense of anxiety around the need to work and provide for their families. This was highlighted by George who perceived a need to provide: "I had to kind of do that job to make sure I paid bills and things like that". Working was a behaviour that they used to fulfil their fathering role. Edward described this responsibility as one which meant he could not let his depression affect his working performance:

> I couldn't let it change me emotionally or physically cause I've still got to put a roof over our head, I've still got to go to work I've still got to perform at work. I've got a duty at work to perform even though I'm struggling at home and I've got a duty at home to work because I need to pay my contributions to the bills.

For other participants, their work performance dropped noticeably, with Felix identifying as "one of the higher achievers within the workplace and just overnight it just, just fell off a cliff really". Again, by referring to himself as a high-achiever, Felix compares his former success to his "failings" as a father. Harvey also found the return to work "very stressful" citing it as the start of his mental health decline. George also described his job as harder to achieve, suggesting "it didn't feel as natural as it used to be, and I suppose just general things like even seeing, talking to people, it felt like a lot more of an effort to do it".

Work was further described as a coping mechanism for PND by some fathers. David described a compensatory approach to balancing work and home, stating "because I'd had a rubbish day at work, I had a list of things to do in the home, help the family". Edward viewed his working as an escape from home duties: "when I went back to work it was like an escape or something for a few hours where I was working I was dealing with it". Similarly, Adi "kind of went overboard with working" to manage his depression. In these instances, work was not only ensuring they fulfilled their role requirements, but also helped them cope with home life and depression.

Avoiding going home

At home, fathers' lives felt out of control and they were in a situation they were trapped in. Five participants recalled feelings of dread of going home. Edward said: "when I went back to work and then I started I used to get a horrible feeling when I was finishing work that I was going back home". David recalled feeling dread at returning home to a stressed wife and screaming baby: "my wife had had a difficult day with the little one, she's crying or whatever she's screaming she's exhausted". Fathers' dread also translated to avoidance behaviours. Adi would sit in the gym "not doing anything just sitting there". Carl described sitting crying in his car and, rather than their former happy spaces, home became an overwhelmingly negative place to return to. Harvey's dread of going home was linked to his wanting to disappear generally, saying "I didn't want to go home anymore. Erm I didn't want to see what was happening, I just thought bugger it why not just disappear sort of thing".

Relationship with the baby

In extreme cases, fathers' feelings towards their baby were overwhelmingly negative. In particular, crying evoked strong emotional responses. Edward judged himself negatively for this, saying "that's pretty bad, my emotions, yeah like when I'd spent hours and he's crying at me still and I can't fix him". Other fathers also described an emotive response to being unable to comfort their babies. Adi recalled feeling out of his depth: "I don't know what I'm doing and I'm really

struggling every time he started to cry I'd be like I'd freak out I was like why is he crying what's wrong". David also became stressed at his daughter's constant crying: "my daughter wouldn't settle and I just started shouting at her… I just can't get her to calm down". Carl described his feelings as hateful, a mix of wanting to be able to care for the baby but being trapped and having to do it:

> hate is a strong word but as much as I felt I, I sort of hated my child I also didn't, I knew that I had to sort of support him and my wife so… I guess just kind of feeling between a rock and a hard place I guess, erm, wanting to do something but also not wanting to do it.

Their child's crying was interpreted by some fathers as a personal rejection, or a sign that the baby did not like them. Felix verbalised this quite clearly, stating it's your fault, [baby] cries it's because he doesn't like you, he cries when you pick him up it's cause he doesn't like you". Adi had a similar experience, which led to intense anxiety at the thought of even trying to hold his son: "I can't physically touch him because I know he's going to cry". Felix even recalled using family guests to avoid handling the new-born:

> [on] weekends I used to pray that we'd have guests at weekend cause then I could go back to, make everyone a brew, I wouldn't have to…the baby'd get passed around so I wouldn't need to worry about holding the baby.

On a more extreme level, David secretly sought information about adoption, describing being sat on his computer "Googling…how do you put a child up for adoption?". Overall, these findings are extreme in highlighting the severity of some fathers' reactions to their crying babies.

Changed relationship dynamics

A further way that men experienced their PND was through a changed relationship dynamic. The fathers stressed that they needed to support their partners and protect their families, which resulted in many of them keeping their depression private. To outsiders, fathers believed that they presented a normal front. Edward described a consistent external façade: "My behaviour still stays the same I'm still very much the same person. I was just unhappy". The need to appear strong was particularly noteworthy where the partner was struggling. Protecting the partner was achieved by Ben hiding his emotions: "by not talking about it and bottling it up I was protecting the rest of the family". Harvey, describing the scenario that his wife was unwell postnatally, described ignoring his own struggles to manage the situation "I was trying to do everything I could to make sure that nothing gets any worse".

All fathers expressed difficulties coping with changed relationships or reported a reduced closeness. This was often a consequence of the child's arrival meaning less focus on each other. For example, Adi shared that "my wife and I hardly ever talked we just looked after our son". Edward similarly described a lack of closeness: "there wasn't really a relationship there for the last few months in respect we've just been being parents it's been all encompassing yeah there's no relationship".

A difference in perspective was illustrated in areas of parenting challenges. Breastfeeding was a common source of this difference. The fathers also alluded to their partners being generally resentful, feeling betrayed, frustrated, and angry. Felix described a total role shift where his partner "very much became mum to [son], carer to [me] and that was the dynamic that kind of altered". Instead, partners were noted to have recognised their depression, with Ben describing that "she knew something was wrong". Adi's partner raised the issue of his PND: "saying to me we need to go to talk to someone like talk to someone". David's partner noticed his behavioural changes very early and actively made contact on his behalf. One father described responding to very direct questions from his partner about his feelings towards the baby. He described this as a "very bad day" because his honest response of "I wish we'd never had [the baby]" evoked great guilt in himself for causing upset to his partner.

Despite this, their changed emotions were visible to their partners and a source of frustration such that, in the case of Adi and George respectively, their partners threatened to end the relationship if they did not seek help for their PND:

> It just got to the point where she was fed up with me and not talking to me if you don't go and get some help I'm not going to have a relationship anymore (Adi).

> I think it took that conversation to realise that I really need to do something about this actually, because you know the thought of the relationship ending was really, awful (George).

Overall, the fathers perceived their relationships as different and less close, with vastly different perspectives around issues such as breastfeeding. Nevertheless, the fathers' depression was noticed by their partners, who expected them to seek-help to stay in the relationship. On a positive note, fathers did report an improved intimacy in their relationships following recovery, but did acknowledge a need to repair past damage.

A general sense of role failure

Although their PND influenced their experiences across their social environments, one way that it affected the fathers was as general failures in their role. Seven participants described a strong awareness of role expectations, which, in accordance with broader theories of masculinity, was particularly described in relation to actions. For instance, Adi felt his job was "to fix things" whilst David was a "breadwinner… to earn a living". Edward described knowing what was needed of him when supporting his partner, "I felt… what I needed to do as a partner", while others understood their role expectations as "to go back to work" (Felix) and "just get on with it" (Carl). By explicitly sharing their awareness of what a "good" father and partner looked like, participants appeared to measure their achievements against this baseline at the time of their PND.

Several participants described not being able to achieve the behaviours to fulfil their role across the contexts of home, work, and relationships. Examples included Adi and

George being unable to get out of bed, or David and Felix's physical inability to care for their infants. For the fathers still managing to fulfil their role requirements, they communicated this as being forced by an absolute lack of choice and powerlessness, with the repetition of his internal questioning demonstrating Edward's sense-making sense of his being stuck in his role: "it's like what can you do? What can you do?". Harvey similarly expressed "what was the alternative? You just kind of had to plod on with it".

Fathers commonly described themselves as failing in some way, particularly around their perceived inability to fulfil paternal role requirements such as caring for their babies or supporting their partners. Adi used "failure as a father" as a phrase to describe his view of self. Felix disclosed similar beliefs:

> Look at my son I'm not even picking up my son I'm not cuddling with him I'm not interacting with him I'm not being the dad I wanted to be I'm failing at that I'm failing as a father I'm failing as a husband.

These "failures" were considered personal traits rather than a symptom of illness, as illustrated by Ben, who considered himself as a personal failure: "It's me, I'm the problem".

Fathers described a strong awareness of masculine expectations. In particular, toxic masculinity was described by Harvey as "massively damaging". Harvey further shared that "you're not supposed to have weakness as a man", whilst Ben described his expectations as a man "don't talk about feelings don't talk about emotions". Therefore, men's PND and the way it influenced their behaviours as partner, father, provider, and man, are complex and rooted in social expectations.

Discussion

This study has produced novel understandings of UK fathers' experiences of PND, which we discuss in more detail below.

Extreme emotional changes

Our first finding illustrated the extreme and distressing emotions that characterised what the fathers considered to be PND. Accordingly, irrespective of whether they self-identified as having or were diagnosed with PND, the fathers collectively experienced emotions that were consistently extreme and distressing. These feelings included shame, misery, and anger, mirroring Davenport et al.'s (2022) systematic review into fathers' experiences of depression in the perinatal period. However, this study builds upon those findings, noting that fathers' anger was intense, sometimes extending to hatred, and did not have a singular target, but was rather directed towards family members and society. This suggests that fathers' anger may have been a reaction to their feeling out of control. For instance, two fathers verbalised anger towards their families, in part as a reaction to their perception of being let down, or being offered wrong advice, while two were angry towards the hospital staff who they felt had ignored their partners' maternity needs.

Strong reactions to the crying infant

Parental reports of infant temperament (i.e. perceived difficulties calming the infant) have been associated with paternal PND (Cockshaw et al., 2014). Here, two fathers' anger was triggered by the infant crying, where for other participants the baby's cry was also a cause of distress, including a perception that the baby did not like their father, or that he was not capable as a father. These findings further support research demonstrating the negative effect of infant crying on fathers as evoking anger (Eddy et al., 2019) or strong emotional distress (Pedersen et al., 2021). Consequently, it is suggested that education on coping with crying and on how crying can affect fathers' mental health is offered to parents during antenatal and postnatal appointments, such as by health visitors and midwives. This is particularly emphasised by the observation here that fathers did not expect to experience the emotions they felt as part of their PND, mirroring other research where there was a stark difference between their expectations and realities of fatherhood (Baldwin et al., 2019; Edhborg et al., 2016; Holopainen & Hakulinen, 2019). Preparation for this reality may therefore offer a potential way to meet the mental health needs of fathers.

A delayed but developing bond

The fathers' relationships with their infants generally improved over time, which supports another research (Darwin et al., 2017). Nevertheless, at least two fathers had decided not to have more children based on their PND experience. Fathers spoke positively of their developing children, an action supported by smiles, laughs or jokes, with references to their child's character. For instance, one was considered a "whirlwind", whilst another was called "pure of soul". Being called "dad" was noted as particularly "cool". At the end of the interview, fathers described a bond with their children, both boys and girls, who were often toddlers by that point, and described exclusive father-child interactions they had developed including playing, going on adventures to parks, and reading together. It was notable that the one father who had not yet noticed a bond fully develop had an infant under the age of one, describing his infant's smile as the one thing he perceived as the best thing about his baby. This suggests that fathers experiencing PND without a strong bond may be aware of loving thoughts (i.e. they do positively regard their babies), but that there is a delay before they "feel" love as an emotion. This also mirrors the difference between expectations and realities of fatherhood. It is also important to note that despite their difficulties bonding and unhappiness with the reality of fatherhood when they experienced PND, that all the fathers expressed a desire to be close to their children, and to be good fathers and good partners. Not being able to achieve this resulted in a common sense of failure.

Working as both a strain and a coping mechanism for PND

Another new insight from this research was around fathers' perceptions of working roles and working practices. In contrast to Pedersen et al.'s (2021) on depressed fathers' help-seeking, representing working practices in Denmark,

this study was centred around UK practices. Paternity leave in the UK is up to 2 weeks (UK Government, 2022). Shared parental leave has been introduced but when this occurred the uptake was only 1% (Taylor, 2021) suggesting that traditional gender norms remain dominant in the UK. Research into gendered parenting roles has identified that egalitarian parenting attitudes result in higher parental satisfaction (Gaunt et al., 2022), which are negatively correlated with experiences of paternal PND (Paredes & Parchment, 2021). Yet, all but one father in this study keenly expressed their perception that working and financially providing for their families was their responsibility, which aligns with more traditional norms of parenting.

Working was also perceived as limiting fathers' ability to support their partners, which corroborates research where fathers felt their working was a barrier to involvement (Rominov et al., 2018). Nevertheless, the fathers' working (in some instances over-working) was also a coping mechanism, which functioned as an escape from their family through an arguably "legitimate" (i.e. acceptable given their responsibilities as fathers) route.

Partners noticing PND despite fathers hiding their distress

Another new finding regarded changes in men's spousal relationships during their PND. The fathers attempted to protect their partners, supporting other findings (Darwin et al., 2017). However, this was achieved through a "keeping going" approach where fathers avoided sharing the extent of their depression. This aligns with research where women are less aware of men's PND (Konishi et al., 2016), but also the effects of this approach on the father himself. Such masculine norms as self-reliance are associated with increased risk of depression (Iwamoto et al., 2018), demonstrating that this approach is likely to be unsuccessful in ameliorating symptoms of PND. Whilst this study did not focus on their help-seeking, it did identify that the partner was usually the individual to whom the fathers disclosed their depression. This supports the observation that some partners detected changes in fathers before the fathers themselves did (Pedersen et al., 2021), but also highlights a need for direct research into the experiences of PND help-seeking in UK fathers.

Limitations

Overall, the design of this study allowed rich data to be constructed, which offers a deep insight into the lived experiences of postnatally depressed fathers within their social contexts. Whilst the sample could be criticised for a lack of racialised diversity, in fact the relative homogeneity of White, middle class, working men in stable relationships allows for a level of generalisability that may not have been achieved with a more diverse sample. Rather, the "privilege" of this sample highlights the severe depression experienced by fathers who might otherwise be considered "low risk" by health professionals which we recently published elsewhere (Davenport & Swami, 2023b).

The dynamics between fathers who were aware of role expectations and stigma, and the dynamics of fathers interviewing with a female researcher may have influenced the findings. Thus, it is possible that they did not share the full extent of their changed behaviours in the interview, due to a fear of being judged as men. Additionally, the remote format of the interviews may have reinforced the sharing of "truth", given that some fathers gave the interviews from their homes. However, at the time of interviews, COVID-19 restrictions meant some fathers spoke from their homes, and whilst video interviews have resulted in increased sharing of "deeply personal and/or potentially stigmatized experiences" (Jenner & Myers, 2019, p. 166), which did occur here, the possibility of being overheard by partners may have posed a barrier to the sharing of some perspectives.

Implications for nursing practice

1. Paternal PND is a hidden condition causing severe emotional distress, including anger and shame. Nurses should ask fathers about their wellbeing to support them to disclose their PND.
2. PND can affect fathers' bonding with their babies. Observing parent infant interactions may offer nurses an insight into fathers' mental health. Encouragement about their parenting may help build fathers' confidence and self-esteem.
3. Fathers perceive their PND as shameful. Reducing stigma through nurse-led health education and communication would be beneficial.
4. Nurses' communication skills are well suited to reassuring fathers and normalising PND as a common experience which can get better. Signposting fathers to father-specific charities (e.g., Dads Matter UK), will help fathers understand they are not alone in their mental health struggle.
5. Participants in this study experienced suicidal ideation. Asking fathers presenting with depression about these thoughts would be beneficial to understand the severity of their PND and the risk of self-harm and suicide.

Conclusion

This study sought to understand the lived experiences of UK fathers with PND within their social contexts, including home, work, and their relationships. Using IPA, rich data were produced, which highlight paternal postnatal depression as characterised by initial ambivalence towards fatherhood, followed by extreme negative emotions. These arise partly through a lack of control, and include intense anger, hatred, and pervading misery at being trapped in their situations. The fathers' work was affected, but was also an environment used to escape the home. Fathers commonly dreaded returning home, experiencing frustrated wives, crying babies, and relationship conflict. Overall, their bonding was lacking but improved over time. For health professionals working with men, this study

highlights that fathers fear judgement and may be reluctant to disclose the extremity of their emotions, particularly their anger and despair, at what is otherwise considered a happy time during their transition to fatherhood.

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