

**What to Expect When You're Expecting to be a Dad: Exploring the Psychosocial Factors
Influencing Mental Health Outcomes During the Transition to Fatherhood**

By

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Dedication

I dedicate this research to my dad and to all the dads who've shown me strength, love and vulnerability through my life.

Most of all, I dedicate this work to my husband Shaun who's been an unwavering pillar of support through the completion of my education and this project. You have been and will always be my life's greatest adventure. May we be blessed one day with children of our own, may I be so lucky to partner with you in parenthood and witness you take on the role of father with the same passion and devotion as you have my husband.

To all the strong dads who are weak sometimes too and who are hoping to do just a little bit better than the generation that came before. I see you.

Acknowledgments

It takes a village.

I would like to thank my family and friends for their unwavering support through this capstone and the completion of this program. Everything I have accomplished is because of how you have adapted to support me. Without you, I am nothing.

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Abstract

Through a comprehensive literature review, this capstone addresses the psychosocial factors that impact the psychological outcomes of the transition to fatherhood. Historical literature has primarily focused on mothers when exploring the impacts of the transition to parenthood. This capstone seeks to address the research gap by focusing on fathers, a minority population. The research has been guided by Vygotsky's social constructivist theory (SCT) and employed the following research question, what psychosocial factors influence the psychological outcomes of the transition to fatherhood? (1978). Through a thematic analysis of 12 articles, the synthesis of findings revealed three main themes, each with subsequent sub-themes, which are discussed in depth: social pressures, solidifying the fatherhood identity, and support factors. This work describes the relevance of these findings to the counselling profession and details recommendations for clinical practice, illustrating the benefit of this work to support improved mental health outcomes for new dads. This work provides final conclusions, recommendations for future research, and a professional reflection.

Keywords: mental health, psychological outcomes, fatherhood, psychosocial factors, social constructivist theory

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What to Expect When You're Expecting to be a Dad: Exploring the Psychosocial Factors Influencing Mental Health Outcomes During the Transition to Fatherhood

Chapter One: Introduction

Background

The motivation for pursuing this research comes from three key considerations: Fatherhood represents a significant psychological shift which can result in negative mental health outcomes, Western fathers are more involved than ever before, and research and resources have not kept pace with the needs of modern fathers. To address this clinical issue, this capstone will explore the psychosocial factors that affect the psychological outcomes of the transition to fatherhood.

Once upon a time, mothers were the child-rearing homemakers of the family, whose work took place within the home, and fathers focused on garnering financial provisions for the family by working out of the home. As mothers have shifted toward working out of the home, fathers have also shifted toward the home, increasing their direct involvement in raising their children (Sayer, 2015; Statistics Canada, 2023; Statistics Canada, 2024). Considering the increased significance of fatherhood in modern society, the purpose of this study is to deepen the understanding of the psychological impacts of the transition to fatherhood on new dads.

Existing research on this topic indicates that the transition to fatherhood represents a significant shift in the lifestyle of fathers (Watkins et al., 2024). Transitioning to fatherhood is a period of identity reorganization as fathers decide how to take on the role, make changes to their lifestyles, handle new stressors, and manage impacts on their relationships. Fathers can feel underprepared for these shifts, underappreciated in the transition, excluded from the mother-

child relationship, and struggle to bond with their children. Therefore, what is known about the transition to fatherhood is that fathers are often under-supported, their experience is understudied, and the transition has a significant impact on fathers and their families. Despite this, fathers continue to be understudied and the psychosocial factors affecting the outcomes of the transition to fatherhood are not well understood.

Research Problem

Existing research indicates that the social demands faced by fathers are evolving, father involvement is on the rise and that the transition to fatherhood is psychologically straining (Leach et al., 2016; Statistics Canada, 2024; Thomas, 2010). However, the existing literature does not adequately examine the psychosocial factors influencing the mental health outcomes of the transition to fatherhood. Without a sufficient understanding of these factors, support offered for fathers by the counselling profession and others remains primitive, and fathers continue to face unmitigated risks of negative psychological outcomes.

This research is guided by the following research question: What psychosocial factors influence the psychological outcomes of the transition to fatherhood?

Rationale/Justification

This research is important because the role of the father is rapidly changing; there are limited existing models accounting for the complex interaction of factors involved in the transition to fatherhood and for the significant impact that the transition has on the well-being of fathers, mothers, and children (Cabrera et al., 2014).

Existing research primarily focuses on the experience and impact of the mother through the transition to parenthood. However, existing research also demonstrates that fathers have a

unique ability to promote adaptive development of their children and mitigate the impact of external risk factors such as poverty and the mother's mental health (Dietz et al., 2009; Letourneau, et al., 2009; Rollè et al., 2019). This illustrates the importance of the father's well-being and role for the success of the family system. Therefore, what remains unaddressed by the current body of literature is the psychosocial factors that impact the mental health outcomes of the transition to fatherhood.

If the identified research gap continues to go unaddressed, the psychosocial factors that impact the well-being of fathers in their transition to fatherhood will remain unknown, stunting the implementation of effective support strategies for fathers and prolonging suffering for them and their families. Without intentional exploration of this topic, fathers will continue to be at risk for negative outcomes such as postnatal depression, their families will experience strain and children's developmental success will be jeopardized. The implications of this paper could inform societal change toward improved support of those transitioning to fatherhood, leading to improved psychological functioning for them and their families.

Significance

This research is important to the field of counselling psychology because it fills the gap in existing literature on the impacts of the transition to parenthood by focusing on the underserved population of fathers. Historical research in this field has primarily focused on mothers, neglecting the nuanced experiences and challenges faced by fathers as a minority population in the birth and parenting space.

The findings of this research are significant because they deepen the profession's knowledge base of this population and may inform therapeutic approaches to treatment for new

fathers and guide implementation of support at the individual, family, community and policy level. For example, Counsellors may employ the findings of this research to reduce negative symptoms by improving client conceptualization, developing therapeutic support groups, and increasing intervention specificity.

Addressing this topic is also important because it aligns with the counselling profession's guiding ethical tenets (CPA, 2017). Because new fathers have been identified as an underserved population within the existing research on parenthood, this research executes principles of social justice by distributing the benefits of research within this profession to those in need. This research also supports cultural humility by providing clinicians with new insights into the specific experience of new dads.

Theoretical Framework

The conceptualization of the father begins with Freud's theory of the role of parental figures in the psychological development of children, the Oedipus complex and later Electra Complex (Mander, 2001). Although Freud's theory acknowledges the importance of the father-child interaction for child development, this narrow conceptualization does not address several important factors relevant to understanding the psychological outcomes of this transition.

Expanding conceptualization, Bowlby's attachment theory proposes that child-primary caregiver interaction has significant and long-lasting impact on children (1988). Where Freud's theory narrowly prescribes the role of the father with strict assumptions, Bowlby's theory introduces more flexibility, which increases the relevance of the theory (Mander, 2001).

Examining primarily the attunement and attentiveness of the primary caregiver (father), and the child's developed style of interaction with others, Bowlby's conceptualization of attachment

figures introduces the consideration of social factors. Although more applicable than the previous models, attachment theory fails to address the vast and complex web of social factors that influence the meaning-making of the fatherhood role supports a thorough understanding of the role of fatherhood.

Where previous models leave much to be desired, Vygotsky's (1978) SCT clearly demonstrates how the broader cultural context shapes the meaning of fatherhood for individuals. Broadly, Vygotsky's SCT posits that identity develops through the interaction of an individual with others in social contexts through language and further deepens through discussion of specific constructs.

A key component of Vygotsky's SCT, the zone of proximal development suggests that bridging the gap between an individual's current development and what they have yet to develop requires the support of knowledgeable others (1978). When examining the development of the role of the father, Vygotsky's theory demonstrates the importance of supportive and knowledgeable others, such as peers, partners, health professionals and the community, to support men in their transition to fatherhood in a way that encourages confidence in the role. Central to the zone of proximal development is what Vygotsky refers to as scaffolding. Describing the support offered by others in the zone of proximal development, Vygotsky suggests that successful development comes from an initially high level of support, which decreases over time in correlation with the confidence and success of the individual. This reiterates the important diffuse role of social support in the successful transition to fatherhood.

Vygotsky highlights that internalization of knowledge is a key part of growth through the zone of proximal development (1978). He clarifies that through the process, support of others

facilitates cognitive development of the individual rather than simply the ability to mimic knowledgeable others. This suggests that the development of fatherhood identity is not a copy-and-paste process of those closest to the individual, but that his internalization of the role arises through his own cognitive development via interaction with others.

Vygotsky's theory also highlights the importance of language as communication with the outside world and as a form of cultural transmission (1978). Vygotsky proposes that through language, individuals learn about the world and their place in it, establish meaning and solidify their beliefs and values. Mapped onto the development of fatherhood, Vygotsky illustrates how individuals may construct their fatherly identity through exposure to cultural narratives promoted through language and then negotiate resultant cultural expectations.

In summary, SCT aligns with this study's research question by emphasizing how identity is shaped through cultural context, language, and supportive interactions with knowledgeable others (Vygotsky, 1978). SCT offers the best and most comprehensive lens to understand the psychosocial factors influencing fathers' mental health in the transition to fatherhood, as it accounts for cultural expectations, relational dynamics, and the role of social supports.

Beyond conceptualization of the role of fatherhood, Vygotsky's SCT may also be relevant to therapeutic counselling practice by informing effective intervention strategies for this population (1978). For example, the development of therapeutic groups including men at various stages of fatherhood may leverage the benefits of social interaction with knowledgeable others through the zone of proximal development. Clinicians may also encourage storytelling to externalize the impact of cultural narratives and reorient the client toward their own values and beliefs. Through therapeutic alliance, clinicians may also take on the role of the knowledgeable

other, encouraging cognitive development of identity through clarification of client beliefs and values.

Beyond conceptualization of fatherhood, SCT is relevant to the methodology of this work, which continues to embrace interaction as the vehicle for meaning making (Vygotsky, 1978). Using thematic analysis, the research summarized in this work reflects the meaning derived from the intersection of the data and the researcher's interpretation, informed by the researcher's unique societal position and biases. Therefore, as SCT has been the acting framework for the interpretation of the data, it has also been employed through the research process. To mitigate negatively negative impact on the data, the researcher has remained faithful to the theoretical framework, identified biases, and employed mitigation strategies throughout the research process to preserve transparency (Clarke et al., 2023)

Definition of Key Terms

The following is a list of terms relevant to the understanding of this capstone.

Psychosocial Factors: Environmental, social and cultural factors that affect an individual's psychological well-being and behaviour (American Psychological Association, 2018).

Father/Fatherhood: *Father* refers to the male parent of a child, and the term *fatherhood* refers to the state of being a father (Merriam-Webster, n.d.).

Mental Health: The quality of an individual's psychological and emotional well-being (Government of Canada [GOC], 2020).

Researcher Positionality

Informing my practice, the CCEP Principal IV *Responsibility to Society* indicates the

duty of psychologists to be aware of the needs of society and engage in advocacy where needed (CPA, 2017). In practice, I have witnessed the psychosocial barriers and stigma that men face in the mental health space and in their transition to fatherhood, which has prompted my pursuit of father-focused research that will address the identified research gap and support my ongoing work with this population.

My personal experience with fatherhood is both a motivation for pursuing this research and a bias. I have been impacted throughout my lifespan by several fathers around me and the impact of their stories about becoming fathers, being fathered and the intergenerational effects of fatherhood. These experiences are further filtered through my experiences as a white woman raised in the middle class in a blended family. Acknowledging the intersection of my experience and social location strengthens the credibility of this research and situates the interpretation of the research findings within transparent boundaries. My positionality reflects the following biases toward the research.

As a woman, I recognize that I do not belong to the social group being studied and that my outsider position may limit the research because I have no direct experience as a current father or future father. I also acknowledge my privileged access to social parenting spaces in ways that are not as accessible to men and that this social position may influence the data. As a White person raised in the middle class, this research is vulnerable to unconscious biases related to my social position and privilege. This is especially important because fatherhood is a culturally dependent role and therefore warrants careful mitigation of research bias. I may also be biased toward the data, as my experience being fathered was heavily influenced by parental divorce and experiencing a blended family as a child.

Although it is impossible to eliminate biases due to personal experience when conducting research, I have identified them and implemented the following mitigation strategies to reduce their impact on this research (Bengtsson, 2016). I kept the research field as wide as possible and recorded justification for narrowing the search field. I attended regular counselling throughout the research process to externalize and process transference reactions to the data. I also remained faithful to my theoretical framework through which I have interpreted the data.

Comprehensive acknowledgement and statement of my positionality as the researcher provides important context and transparency to the reader and therefore increases the credibility of the findings of the current study.

Overview of the Paper

With this study aiming to deepen understanding of the psychological impacts of fatherhood transition, the paper presents a systematic literature review of psychosocial factors affecting new fathers' mental health. *Chapter Two* details the literature search process guided by the three main factors embedded in the research question. *Chapter Three* synthesizes thematic findings to address the research question directly. *Chapter Four* applies the discovered psychosocial factors impacting the mental health outcomes of the transition to fatherhood to the counseling field and clinical practice. *Chapter Five* summarizes recommendations for future research questions and provides final conclusions.

Chapter Two: Methods of Literature Search

This chapter describes the literature search process used to obtain the content summarized in Chapter Three's literature review. The objective of the literature search was to identify a sufficient sample size of primary research studies relevant to the research question: What psychosocial factors influence the psychological outcomes of the transition to fatherhood? This chapter will also address the research framework, evaluate significant studies reviewed, and highlight challenges in the literature search and methodological limitations.

Databases and Search Engines

The literature search began in January of 2025 with a cutoff date of March 2025 and used the following search engines and databases: PsycINFO, Google Scholar, the City University of Seattle Library, and Consensus. Each database and search engine was employed for its unique benefits, such that PsycINFO provides psychology-specific coverage, while Google Scholar allowed for breadth and access to grey literature. The City University of Seattle Library offered institutional access to paywalled journals, and Consensus provided an augmented artificial-intelligence synthesis of academic findings relevant to the search. These sources were also chosen for their broad search scope, allowing the researcher to revise the article population according to relevance to the research question.

Search Terms and Parameters

The initial literature search remained broad: focused on the three broad factors drawn from the guiding research question and filtered only for peer-review status, and date within the last five years (2020 to 2025). The search was limited to articles published within five years to ensure that findings reflect the most relevant psychosocial frameworks and contemporary

research on fatherhood. The initial search revealed a vast population of articles; therefore, subsequent searches employed increasingly specific keywords to produce a smaller population.

The following summarizes the aforementioned progressive searches and keywords used.

- Psychosocial AND father AND outcomes
 - Yielded 1697 results
- Psychosocial AND fatherhood AND outcomes
 - Yielded 111 results
- Psychosocial factors AND fatherhood transition AND psychological outcomes
 - Yielded 62 results
- Psychosocial factors AND fatherhood transition AND paternal psychological outcomes
 - Yielded 37 results

To preserve the significance of the review, the sample was further limited to primary research and therefore did not include meta-analyses or other types of secondary research. To preserve the utility and generalizability of the findings of this review, the search process limited study inclusion to those occurring in Western countries, defined for this paper as Canada, the United States of America, Europe, or Australasia. The writer reviewed each article to assess its relevance to the research question and identify psychosocial factors impacting the psychological outcomes during the transition to fatherhood. Methods, results, and discussion were the focus of each article review. The writer did not emphasize a review of the background information to ensure that thematic findings were exclusively based on the findings of each article and not on supplementary information. After critical assessment, articles were included or excluded from the initial pool, resulting in the final sample of 12. Thematic analysis was conducted using an

inductive approach to identify relevant data within each article, and subsequent data grouping was used until the final themes discussed in Chapter Three emerged (Braun & Clarke, 2006).

Inclusion and Exclusion Criteria

The writer refined the article population by developing and applying strict inclusion and exclusion criteria intended to titrate the literature population based on relevance to the research question.

Inclusion Criteria

- Peer-reviewed
- Published in English
- Conducted in one or more of the following regions: Canada, the United States of America, Europe, and Australasia
- Publication date range between 2020 and 2025
- Primary research
- Focus on psychosocial factors + fatherhood transition + psychological outcomes

Exclusion Criteria

- Non-peer reviewed
- Published before 2020
- Secondary Research
- Conducted outside of Canada, the United States of America, Europe, and Australasia
- Participants within 5 years of the arrival of their first child

Evaluation of Significant Studies Reviewed

This literature review focuses on the factors impacting the transition to fatherhood and the associated psychological outcomes of this transition. Therefore, the participants of the included studies were required to be within the early stages of fatherhood. Despite the utility of progressively tailored keywords to narrow down to an appropriate final population, many articles at this stage included participants beyond the early stages of fatherhood, meaning they did not exclusively focus on the transition to fatherhood which is the focus of this research as indicated by the research question. Therefore, for the purposes of this study the writer defined early fatherhood as the first 5 years and excluded articles that included participant experience beyond the first 5 years of fatherhood to preserve the focus of this review.

Challenges Encountered

Despite initial hopes to keep the population criteria as wide as possible, it became clear that for the study to be relevant to fathers in any cultural context, the field of research would need to narrow due to the intrinsic cultural nature of fatherhood. Therefore, the inclusion criteria shifted to focus exclusively on Western populations, intending that the conclusions drawn from this literature review will be generalizable to Western fathers and clinicians working with them. Despite increasing the utility of the resultant findings, narrowing the sample to focus on Western fathers significantly reduces the diversity and inclusivity of the study and neglects the ethnic, cultural and geopolitical perspectives of the rest of the global population.

Another challenge encountered during the literature search was the inclusion of diverse styles of fatherhood and gender and sexual minority groups. The research on this topic predominantly focuses on the experiences of cisgender heterosexually coupled fathers having

children through natural childbirth. This excludes the experiences of a variety of other pathways to fatherhood, as well as the experiences of minority individuals such as trans and queer fathers. Therefore, this research does not generalize to the diverse populations not included in the primary literature, and clinicians must carefully consider the relevance of the findings from this work when supporting those transitioning to fatherhood with diverse experiences.

Practical challenges of the literature search included access to research studies featuring emerging minority populations due to limited published literature, inconsistency of indexing terms, and required parsing through overlapping search results between databases.

Methodological Limitations

The literature search process was limited by several methodological constraints. First, despite the precise selection of key words used in the literature search for their relevance to the research question, the reliance on certain key words and the exclusion of alternatives (e.g., “parenting” vs. “fatherhood”) may exclude relevant studies.

Secondly, researcher bias may pose a limitation because of the lack of a second coder during the thematic analysis, which decreases the validity and reliability of the findings of this review. Without a second coder, thematic groupings could be distorted by the researcher’s unconscious bias.

Third, the findings of this literature review do not account for new literature published between the identification of the literature sample in March 2025 (cut-off date) and the dissemination of these findings due to the synthesization and writing period.

Fourth, the findings of this literature review may be limited by limited access to unpublished or grey literature and bias via the use of pay-walled/institutionally accessed

databases (PsycINFO, City University of Seattle Library). Grey literature is not accessible via institutional databases because it is not published and disseminated through commercial journals. To mitigate possible bias and introduce access to grey literature to this research, the writer employed a combination of both open sources (Google Scholar) and private journal search tools (PsycINFO, City University of Seattle Library).

Fifth, the available primary research on the relevant factors and psychological outcomes of the transition to fatherhood is mainly qualitative, and therefore, the literature selected for this review disproportionately uses qualitative data. Although qualitative research yields comprehensive descriptive data relevant to this review's exploratory nature, it has limited predictive power (Neale et al., 2014). Therefore, the findings of this review are limited to the predictive power of the predominantly qualitative data used.

Future reviews may be strengthened by the inclusion of more grey literature and global/minority father experiences and employing dual coding during thematic analysis.

Summary

This chapter describes the literature search process, including the challenges and limitations encountered and the necessary adaptations made to arrive at the final literature sample. This demonstrates that the literature review findings described in the following chapter, *Chapter Three*, are grounded in transparent methodological practices.

Chapter Three: Literature Review

Not only does the transition to fatherhood mark an important and meaningful part of a man's life, impacting his mental health, but in recent decades, fathers have significantly increased their involvement in childcare. Additionally, there is a gap in research addressing the nature and impacts of this transition, which has left fathers insufficiently understood and supported.

Therefore, Chapter Three presents research that seeks to fill this important gap by answering the following research question: What psychosocial factors impact the psychological outcomes of the transition to fatherhood? Guiding this review, Vygotsky's SCT emphasizes the relationship between culture and context and the individual to create meaning (1978).

This chapter presents the analysis and interpretation of the literature summarized through main and subthemes, which illustrate several intersecting psychosocial factors that impact the psychological well-being of fathers in their transition to parenthood. The following three themes emerged from the review: *Competing Narratives of Fatherhood*, *Solidifying the Fatherhood Identity*, and *Support Factors*. This chapter also identifies gaps in research, highlights ethical considerations throughout, and the relevance of findings to counselling practice.

Findings From Literature

Table 1

Thematic Summary

Article	Societal Pressures		Solidifying the Fatherhood Identity				Support Factors				
	Competing Narratives of Fatherhood	Motivation to Comply with Social Norms	Prior Individual Experiences and Factors	Expectations for Fatherhood and Beliefs About Self	Events Related to Fatherhood	Integration and Conflict with other Identities/Parts of Self	Partner	Health Professionals	Family, Friends and Peers	Employment	Coping and Help seeking
(Psouni & Eichbichler, 2020)	✓		✓	✓							
(Ross-Plourde et al., 2022)	✓	✓		✓		✓	✓				
(Meleagrou-Hitchens & Willig, 2022).	✓	✓	✓	✓	✓	✓	✓		✓		✓
(Lewington et al., 2021).	✓	✓	✓	✓	✓	✓	✓			✓	✓
(Daniels et al., 2020)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
(Vidaurreta et al., 2022)	✓		✓	✓	✓	✓	✓	✓			
(Scarlett et al., 2024)			✓		✓	✓	✓				
(O'Connor et al., 2024)			✓	✓	✓						
(Davenport & Swami, 2023)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
(Fletcher et al., 2020)	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓
(Pedersen et al., 2021)	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓
(Hodgson et al., 2021)	✓		✓	✓	✓	✓		✓	✓	✓	✓

Social Pressures

Social pressure is the first theme identified in the literature review with commonalities across 10 of the 12 sample articles (Daniels et al., 2020; Davenport & Swami, 2023; Fletcher et al., 2020; Hodgson et al., 2021; Lewington et al., 2021; Meleagrou-Hitchens & Willig, 2022; Pedersen et al., 2021; Psouni & Eichbichler, 2020; Ross-Plourde et al., 2022; Vidaurreta et al., 2022). Examining the norms exerting pressure on modern fathers in Western nations, it is apparent that the nature of fatherhood and social expectations of fathers are evolving. As a result, fathers are caught between bilateral forces that may be oppositely reinforcing in different

contexts within the same society, leading to role confusion, unmet expectations, and a lost sense of self.

Competing Narratives of Fatherhood. Understanding the competing social narratives of modern fatherhood is central to understanding the challenges faced by new fathers and their mental health outcomes. Compared to the traditional standards of previous generations, modern fathers are expected to have an increased level of investment in their children's care, continue to support their family financially, and also care for their recovering birthing partner (Daniels et al., 2020; Fletcher et al., 2020).

Many fathers experience tension during the perinatal period due to their desire to be equal parents, yet they often feel that they are the secondary parent (Daniels et al., 2020; Lewington et al., 2021; Meleagrou-Hitchens & Willig, 2022). Lewington et al.'s research identified that fathers experienced devaluation of their role as an equal parent in fatherhood through the reactions of others when caring for their children (2021). Within the perinatal arena, the promotion of biological essentialism by birthing partners, medical professionals, family, friends, and others reinforces divisive and restrictive gender roles for fathers (Lewington et al., 2021; Meleagrou-Hitchens & Willig, 2022; Ross-Plourde et al., 2022). Partners reinforce this tension through maternal gatekeeping, which restricts the father's access to childcare and reinforces the father's role as the secondary parent (Lewington et al., 2021; Vidaurreta et al., 2022). This behavior can be reinforced by beliefs of biological essentialism, which suggests that certain traits and abilities are inherently related to one's genetics or biology, such as mothers being more important parents because of their physiology (Ross-Plourde et al., 2022). Fathers experiencing postnatal depression (PND) report feeling excluded from caregiving during the breastfeeding

phase, which led to feelings of uselessness and uncertainty in their role (Davenport & Swami, 2023; Ross-Plourde et al., 2022). Although mothers have a unique biological role in heterosexual reproduction, mothers also play an important social role through promotion or restriction of fathers' involvement in childcare (Fletcher et al., 2020). These findings are significant to the present study because they demonstrate a link between the dual reinforcement of opposing social expectations to the negative psychological outcomes experienced by fathers, such as PND.

Fathers face the consequences of hegemonic masculinity and subsequent social norms as they transition to fatherhood. Men face social pressure to be strong emotionally and physically and are discouraged from demonstrating or admitting weakness (Lewington et al., 2021). An extension of masculine norms of power, men may feel there are material preconditions to fatherhood, which legitimizes their right to becoming a father, such as having a house and stable employment (Lewington et al., 2021; Vidaurreta et al., 2022). As men journey toward fatherhood, masculine norms also inform how men are allowed to experience the transition (Lewington et al., 2021; Meleagrou-Hitchens & Willig, 2022). Many fathers feel that entering fatherhood conjures emotions that conflict with harmful masculine norms, such as sadness, fear, anxiety, loneliness, and shame, and that these norms prevent men from sharing and seeking help from others. In the preconception period, men have reported that their virility, or ability to conceive, impacts their sense of masculinity, which clarifies the connection between men's perceived sense of manhood and fatherhood (Vidaurreta et al., 2022). When men struggle to conceive, they may feel like less of a man as they journey toward fatherhood, putting the two identities at odds. These findings demonstrate how social mechanisms reinforcing hegemonic masculinity can challenge fathers' adaptive psychological evolution into fatherhood.

Influenced by masculine norms, Lewington et al. reported that fathers feel pressure to be their families' providers as the working parent, while desiring to be more involved with their children (2020). This can make dads feel like they are unable to have both or that they are failing to succeed at both. Fathers also reported that partners, friends, and family expect them to work and provide financially, often while the mother is on leave, yet also expect them to be equally involved as parents, creating a double standard and psychological dissonance through the transition.

Due to patriarchal social norms, men may be disadvantaged as they enter parenthood because they are likely to have been prioritized over women historically in a patriarchal society but often become socially relegated in matriarchal parenting spaces where women are the focus. Vidaurreta et al.'s article describes the phenomenon where the couple is the primary focus of the preconception period, which shifts almost exclusively to the mother in the pregnancy, delivery, and postnatal period (2022). Many articles have noted that men experience feelings of invisibility, ineffectiveness, and powerlessness, which contrasts with the attention and support that mothers receive (Hodgson et al., 2021; Meleagrou-Hitchens & Willig, 2022; Vidaurreta et al., 2022). These findings are relevant to the present study by illustrating how the hierarchical demotion that fathers may experience as they transition from existence in general society to parenthood may cause new mental and emotional challenges for men as new fathers.

A pervasive theme throughout the research illustrates that fathers experienced several negative emotions in their transition to fatherhood, such as exclusion, loneliness, anxiety, failure, helplessness, inadequacy, weakness, and disenfranchisement (Daniels et al., 2020; Hodgson et al., 2021). Through birth, Fathers internalized that their role was to remain silent and avoid

drawing attention to their experience, no matter how traumatizing (Daniels et al., 2020). Fathers delegitimized their birth experience because of beliefs that their partners were more entitled to negative experiences than themselves. Fathers also reported fears of further burdening their partners with their emotions, choosing instead to maintain a facade of strength (Daniels et al., 2020; Lewington et al., 2021; Meleagrou-Hitchens & Willig, 2022). Fathers reported limited disclosure of their negative experiences with other men due to fear of stigma, which led many to suffer alone (Daniels et al., 2020). Relevant to the current study, these observations suggest that fathers may experience cognitive dissonance as a result of suppressing their affective experience and behaving in accordance with internalized yet inauthentic social norms.

Fathers with PND reported believing that the disorder was exclusive to women, which limited their recognition of their symptoms and access to support while also reinforcing emasculation once they sought help (Davenport & Swami, 2023; Pedersen et al., 2021). Research identified that fathers experiencing negative symptoms may have acknowledged their change in wellbeing but failed to recognize the change as clinically significant, instead normalizing their symptoms and causing more harm (Pedersen et al., 2021). Many fathers diagnosed with severe mental health disorders also felt embarrassed, incompetent, and as if they had failed to meet the demands of their employment, home life, and their relationship, which is contrary to masculine norms of strength, ability to fix problems, and breadwinning (Davenport & Swami, 2023; Fletcher et al., 2020). These findings further demonstrate the connection between internalized self-limiting social norms and the development of psychological symptoms in the postnatal period. Despite the significant impact of competing social narratives, the next subtheme illustrates how individuals mediate may their permeability.

Motivation to Comply with Social Norms. Fathers' motivation to resist or comply with social expectations plays a role in the impact of these forces on fathers. Beginning as early as pregnancy, fathers experience varying degrees of internalization of their emerging role as fathers (Meleagrou-Hitchens & Willig, 2022). Ross-Plourde et al.'s research identified that the fathers' subjective norms for fatherhood correlated with their behavioral involvement with their children, highlighting the individual's ability to throttle the impact of societal expectations through self-efficacy (2022). Lewington et al. found that although fathers may have encountered resistance to executing their intentions in fatherhood, fathers are cognizant and reflective of how traditional or contemporary they wanted to be as fathers (2021). Despite the ongoing pressure of social norms, these discoveries suggest that fathers may be able to mediate negative psychological outcomes through conscious adherence to rejection of these norms.

Conversely, Daniels et al. reported that fathers who experienced traumatic births reported that the reinforcement of harmful gender norms by health professionals during the experience and the sheer stress of the event, together, were responsible for worsening their postnatal mental health outcomes (2020). Of fathers who experienced PND, some reported focusing on work to fulfill their fatherly duty to care for their family, as this was more tolerable for them than focusing on hands-on care in light of their symptoms (Davenport & Swami, 2023). This suggests that fathers in high-stress situations with low support had less ability to mediate their compliance with harmful norms, which had negative trickle-down effects on their psychological functioning.

Employing SCT, this theme illustrates how the larger social context impacts fathers as they navigate the transition to fatherhood in the process of internalizing their own fatherhood identity (Vygotsky, 1978). New fathers are suspended in the tension of competing social

narratives, representing the one half of the construct producing meaning, and then use internal motivation to regulate the impacts of these norms within the larger social context, comprising the second half.

In response to the research question, this theme illustrates how social pressure creates barriers to fathers in their transition to fatherhood through bidirectional pressure, which can limit their autonomy in their new role and give rise to negative psychological symptoms such as depression, incompetence, failure, and more. Fathers may also mediate the negative impacts of social norms through their awareness and motivation to comply with these norms. What remains unexplored in the literature is the mechanisms underlying the motivation to comply or contest competing social narratives affecting new fathers beyond stress. Shifting from the impacts of the larger social environment toward internal mechanisms, the next theme dives into the development and integration of the fatherhood identity within new fathers.

Solidifying the Fatherhood Identity

This is the second emergent theme in the literature review identified in all 12 of the articles in the sample (Daniels et al., 2020; Davenport & Swami, 2023; Fletcher et al., 2020; Hodgson et al., 2021; Lewington et al., 2021; Meleagrou-Hitchens & Willig, 2022; O'Connor et al., 2024; Pedersen et al., 2021; Psouni & Eichbichler, 2020; Ross-Plourde et al., 2022; Scarlett et al., 2024; Vidaurreta et al., 2022). Whereas the prior theme examined higher-order societal influences, this theme addresses the individual factors that influence the crystallization of the fatherhood identity among other parts of the self (Habib, 2012).

Prior Individual Experiences and Factors. Across the literature, many historical experiences and factors were identified as impacting men's transition to fatherhood.

Reflecting the impact of the entire lifespan on this transition, father's childhood experiences play into the development of their fatherhood identity. New fathers' experiences with their fathers' parenting style and degree of involvement were significant factors for new dads who were determining how they wanted to reprise the role (Fletcher et al., 2020; Lewington et al., 2021; Pedersen et al., 2021). Furthermore, research has identified a link between childhood experiences, such as the participants' relationship with their fathers and adverse childhood experiences (ACES), and mental health symptoms in early fatherhood (Fletcher et al., 2020; Scarlett et al., 2024). Attachment in early life can also impact the transition to fatherhood, as increased attachment insecurity, anxiety, and avoidance have been linked to an increased risk of PND (Psouni & Eichbichler, 2020).

The literature reveals demographic factors impacting the transition to fatherhood, such as financial stress and age. Scarlett et al. identified that unemployment/financial stress causing limited access to healthcare increased the risk of adverse mental health symptoms in early fatherhood (2024). The literature reveals contradictory findings related to the risk of age, where Scarlett et al.'s study identified that fathers over the age of 60 were four times more likely to report high-risk symptoms of postnatal anxiety and depression (2024). In contrast, O'Connor et al. identified increased age as a protective factor against negative mental health symptoms (2024).

Fathers with difficult experiences leading up to fatherhood, such as miscarriages and in vitro fertilization (IVF) treatment, reported throttling their excitement and connection to their current pregnancy (Hodgson et al., 2021; Meleagrou-Hitchens & Willig, 2022). Navigating these challenges, with low support, in the pursuit of fatherhood was found to negatively impact fathers'

sense of readiness for fatherhood, making the transition harder and hampering the solidification of the role.

Preconception mental health symptoms also increase the risk of adverse mental health outcomes for fathers in the postnatal period (O'Connor et al., 2024; Scarlett et al., 2024). O'Connor et al. identified preconception mental health to be the most important predictor of fathers' postnatal mental health outcomes, where a one-unit increase in reported mental health symptoms in the preconception period correlated to a 19% increase in experienced symptoms in the postnatal period. (2024).

These findings are significant to the present study because they highlight the connection between historical lifetime factors and men's mental wellbeing as they reorient their identity while transitioning to fatherhood.

Expectations for Fatherhood and Beliefs About Self. A persistent theme throughout the literature identifies that fathers hold expectations about fatherhood that are significantly different than what they experienced, resulting in internal dissonance, challenging the solidification of the father identity and therefore increasing adverse mental health outcomes (Daniels et al., 2020; Pedersen et al., 2021; Ross-Plourde et al., 2022; Vidaurreta et al., 2022).

Focusing on fathers who experienced PND, participants of Davenport and Swami's (2023) and Pedersen et al.'s (2021) study noted that social messaging had created expectations for a fairytale experience, replaced with intense misery. Exemplifying these inflated expectations, some fathers identified beliefs that fatherhood would inherently change them for the better by enhancing their abilities through near-magical or cosmic powers, which fell far from their lived experience and resulted in feelings of unfulfillment and inadequacy (Pedersen et

al., 2021; Psouni & Eichbichler, 2020). Fathers reported that society reinforced their unrealistic expectations, and wished that those around them had been more honest about the reality of fatherhood (Hodgson et al., 2021; Pedersen et al., 2021).

Fathers who had trouble bonding with their children reported disappointment considering high expectations, which resulted in despair and failure (Davenport & Swami, 2023; Fletcher et al., 2020; Pedersen et al., 2021). Fathers with PND continued to experience challenges in their new role as they struggled to manage the stress associated with the infants' needs and found themselves unable to comfort their children. This compounded negative experiences as fathers felt a simultaneous desire to tend to their children, yet struggled to do so, which gave rise to feelings of failure and entrapment.

Examining the adaptive beliefs and cogitations that supported fathers in their transition, Hodgson et al. reported that practical and emotional preparation helped fathers effectively manage the stress that they experienced through their transition (2021). Researchers also found that fathers' beliefs about self-efficacy in the fathering role correlated with the degree to which they were involved with their infant in the postnatal period which could have rippling positive effects on bonding with their child (Ross-Plourde et al., 2022). This suggests that fathers who believed external factors would not interfere with their intentions to be involved in their child's upbringing correlated with an increase in fathers' behavioral involvement with their child and a reduction in mental health symptoms postnatally.

The findings presented in this sub theme are relevant to the present study because they demonstrate how a father's beliefs and expectations for the transition mediate their psychological symptoms and outcome of their transition to fatherhood.

Events Related to Fatherhood. Whereas the prior two subsections illustrate the impact of lifetime experiences indirectly related to fatherhood, this subtheme shows the impacts of acute parental events and experiences on new fathers. Analysis of the literature reveals that there are several important periods and events over a man's transition to fatherhood, each impacting his transition to fatherhood.

Preconception. Illustrating the impact of the preconception period on fathers' transition, researchers have identified a decrease in mental wellbeing in the year before the arrival of their child, marked by increased anxiety and depression (Scarlett et al., 2024). Corroborating the impact of the preconception period, O'Connor et al. found that elevated depressive symptoms and the presence of mental health diagnoses in preconception were the most important factors when predicting depressive outcomes of fathers in the postnatal period and noted that prenatal wellbeing correlated to a reduction of moderate to severe depression postnatally (2024).

For couples planning pregnancy, fathers identified the couple as the focus of this period and noted their central role in conception (Vidaurreta et al., 2022). Fathers reported concerns over their fertility and the impact on their self-perception if conception is not achieved immediately, without medical intervention, or at all. Meleagrou-Hitchens and Willig reported that in vitro fertilization had an enduring effect on fathers as it was an unexpected process associated with the unforeseen barrier to conception that altered fathers' connection to the eventual pregnancy and potentially their perception of self as effective fathers (2022). Historical miscarriage also impacts fathers' emotional investment in the current pregnancy as they throttle their excitement to protect against the heartbreak of another loss (Hodgson et al., 2021; Meleagrou-Hitchens & Willig, 2022). Fathers reported a lack of father-focused support through

these challenges, suggesting that this may have stunted the development of their fatherhood identity relative to peers who did not experience barriers to pregnancy.

Pregnancy. Compared to the preconception period, where fathers have a similarly important role to the mother, fathers experienced a shift to a secondary role in pregnancy (Meleagrou-Hitchens & Willig, 2022). For fathers, confirmation of the pregnancy brings about excitement and anticipation while formalizing the beginning of their journey toward fatherhood (Vidaurreta et al., 2022). Fathers also report that the pregnancy feels like an abstract concept due to the limited physical change, however, engagement with the fetus through ultrasound appointments, feeling the baby's movements and witnessing the partners body change deepens the sense of realness of the pregnancy (Hodgson et al., 2021; Meleagrou-Hitchens & Willig, 2022; Vidaurreta et al., 2022). Although friends and family tend to focus attention on the mother during pregnancy and often neglect checking in with the father, receiving supportive reactions through sharing the news of the pregnancy with the couple's social circle was supportive for new dads and reinforced their decision to pursue fatherhood (Meleagrou-Hitchens & Willig, 2022). Generally, the father's emotional investment in the pregnancy increases as the pregnancy progresses, which is identifiable through actions, cognitions about the future of their child, and new emotional experiences. Late pregnancy was characterized as a preparatory period where fathers engaged in nesting behavior, which further enhanced the reality of the impending birth and arrival of their infant. Pregnancy is considered a period of progressive psychological reorganization where fathers begin orienting themselves to impending lifestyle changes and perception of self-shifts to allow for the addition and reinforcement of their new role (Meleagrou-Hitchens & Willig, 2022).

Birth. Although the moment that fatherhood begins may be contested and might be better explained as an emergent process than a single event, multiple studies report that birth is a meaningful and definitive moment for the developing fatherhood identity (Hodgson et al., 2021; Vidaurreta et al., 2022). Rolling out of pregnancy, feeling secondary to one's partner, the experience of birth maintains and amplifies these sentiments for fathers. Fathers reported feelings of diminished autonomy and exclusion as the focus was on their birthing partner and infant (Daniels et al., 2020; Fletcher et al., 2020; Hodgson et al., 2021; Pedersen et al., 2021). Focused on fathers from the UK, Hodgson et al. identified restrictive policy prohibiting fathers from staying with their partner and infant overnight in the hospital, which had substantial negative impacts on fathers by reinforcing exclusion (2021). Fathers identified tension between appreciating the attention their partner received and yearning for more support and inclusion themselves. Exclusion of fathers in the birthing process limited internalization of the fathering role (Vidaurreta et al., 2022). Conversely, inclusion in the birth, interaction with the baby, and experiencing private time for intimacy with the father's partner and infant supported the father's establishment of their new role. Fathers who experienced traumatic births reported similar sentiments to fathers of standard births, except there was a more significant effect of inclusion/exclusion in the birth (Daniels et al., 2020). These findings illustrate the significance of the birth experience on the overall transition to fatherhood and the resultant psychological outcomes experienced by new dads.

Postnatal. Following the excitement of the birth, fathers face significant novel challenges in the postnatal period while beginning to settle into the new normal of their role: the destination in fatherhood (Vidaurreta et al., 2022). In this period, fathers must adjust to the new demands of

their baby and balance other important aspects of their life, with often only a brief break from work (Fletcher et al., 2020). The compounding impacts of several stressors can result in high emotions, which can negatively impact fathers' resilience (Fletcher et al., 2020; Pedersen et al., 2021; Scarlett et al., 2024). At approximately two weeks after the birth, fathers report being overwhelmed, intensely exhausted, and a lack of support for their family, which they identify as potential mediators of the adverse outcomes they experience (Daniels et al., 2020; Davenport & Swami, 2023; Hodgson et al., 2021). Research suggests that a lack of information and support for fathers may result in fathers with PND concealing their symptoms of depression and prolonging suffering (Davenport & Swami, 2023). Over time, fathers in the postnatal period build confidence in their role as fathers and begin to shift focus back towards themselves and their partners to some degree, establishing a more sustainable equilibrium between responsibilities (Vidaurreta et al., 2022).

These findings are relevant to the current study because they highlight that fathers' mental health is deeply shaped by events leading up to conception, during pregnancy, at birth, and after birth. Furthermore, the impacts of these events are the product of a complicated intersection with various other factors discussed in this chapter.

Integration and Conflict with other Identities/Parts of Self. This persistent theme illustrates how the fatherhood identity emerges amidst other identities comprising an individual's entire sense of self.

The literature highlights how manhood conflicts with fatherhood (Daniels et al., 2020; Fletcher et al., 2020; Vidaurreta et al., 2022). Many fathers described intentions to be more emotionally and physically present with their children but also addressed stigma against tender

displays of affection toward their children in front of other men (Lewington et al., 2021). Fathers reported that although they respected and desired the role of the stay-at-home dad for how it would allow them to be present in their child's life, fathers also admitted hesitation as they perceived the role to be emasculating. For fathers with PND, manhood conflicts with fatherhood as experiencing symptoms of PND contradicts masculine norms that prohibit weakness or emotionality (Davenport & Swami, 2023). These findings illustrate how the development of fatherhood identity can be challenged by persistent conflict with a new dad's manhood causing psychological dissonance and negative symptoms.

The father identity also clashes with the employee identity as fathers can feel tension to succeed in both realms, which is very difficult (Davenport & Swami, 2023; Fletcher et al., 2020; Lewington et al., 2021). Hodgson et al. found that fathers who returned to work two weeks after the arrival of their child indicated that the quick turnaround had limited their ability to effectively bond with their child and adjust to the new normal of their life, resulting in exhaustion and overwhelm (2021). Furthermore, developing a strong connection with their baby is crucial for the development of a man's sense of self as a father, which may be interrupted by a swift return to work (Fletcher et al., 2020). Pressures to return to work could negatively impact the solidification of the fatherhood identity and result in adverse mental health outcomes for new dads. Supporting this perspective, fathers experiencing PND identified that they felt conflicted between fatherhood responsibilities and work but found it easier to cope by focusing on known work challenges (Davenport & Swami, 2023; Pedersen et al., 2021). Although this behavior may temporarily ease the mental discomfort experienced by these fathers, it would not support the

cohesive integration of the fatherhood role as part of the self-prolonging dissonance and psychological distress.

Fathers may also experience tension between their role as a partner in their relationship and their role as a father (Daniels et al., 2020; Fletcher et al., 2020; Hodgson et al., 2021; Scarlett et al., 2024). Fathers found it challenging to care for their partners while also tending to the needs of their children in the postnatal period, a sentiment that only intensified if the father's partner experienced severe mental health challenges in the postnatal period (Daniels et al., 2020; Fletcher et al., 2020; Scarlett et al., 2024). Fathers whose partners experienced severe postnatal mental health challenges reported being blamed by their partner for their postnatal challenges, causing fathers to feel like they were failing both as a partner and a father, while causing them to fear losing their partner and child (Fletcher et al., 2020). Fathers experiencing symptoms of PND also reported regret for choosing parenthood, indicating that they yearned for the previous status of their relationship (Pedersen et al., 2021). These findings suggest that the arrival of a child requires identity reorganization which often demands a devaluation of the partner role to make space for the parent role. Naturally this process can be challenging for new fathers as it may strain their partner relationship and cause distress.

Beyond conflict with major identities such as manhood, employee or partner, fathers may also experience a loss of their sense of self through the process of identity reorganization. Fathers found it difficult to integrate their new role into their overall identity as it restricted or challenged previous aspects of themselves (Meleagrou-Hitchens & Willig, 2022). Fathers had to adjust their lifestyles by giving up time that would have been spent on individual pursuits, which left some men feeling that they had lost their sense of self. Connecting with the baby helped to reaffirm

and calm the anxieties that arose from the perceived or actual conflict with other identities (Davenport & Swami, 2023; Hodgson et al., 2021; Vidaurreta et al., 2022). As the baby developed, and home life began to normalize, fathers developed more confidence in their role, suggesting adaptive integration of the father's role into the identity of self. The father's role in childcare equalized with the mother's as the child developed, and the focus of the parents began to shift more toward the couple in a way that was more sustainable for the family (Vidaurreta et al., 2022).

Research on fathers experiencing PND indicates that successful integration of the fatherhood identity within the father's overall sense of self is crucial for the prevention of adverse mental health outcomes (Davenport & Swami, 2023; Pedersen et al., 2021; Psouni & Eichbichler, 2020). Fathers with PND experience tension between their desire to connect with their child while simultaneously feeling rejected by their child for their insufficiency and describe their symptoms as a sense of losing themselves (Davenport & Swami, 2023; Pedersen et al., 2021). This is significant to the present study because it demonstrates the importance of fathers integrating the fatherhood identity into the whole self to preserve psychological wellbeing through the transition and the function of bonding with their child to do so.

Although this theme more closely examines individual factors in the transition to fatherhood, each subtheme illustrates Vygotsky's SCT through the social context of the individuals' relevant experience and development as fathers solidify their fatherhood identity (1978). For example, the first subtheme addresses how a father's previous experiences impact their transition, including factors such as their own experiences being fathered as children and ACES.

Returning to the guiding research question, this theme suggests that there are several psychosocial factors which impact the solidification of the fatherhood identity such as the fathers previous experiences, established expectations for fatherhood and self, experience of events leading up to and throughout the transition to fatherhood, and the integration of the fatherhood identity within an individual's other prominent parts of self. The intersection of these factors, among others, influences the psychological outcomes of the transition to fatherhood. What remains contested in the literature on this topic is when the fatherhood identity first begins to develop and if long before conception, how this impacts the solidification of the father identity. Additionally, although research reported the impact of advanced age on the transition to fatherhood, the findings were inconsistent and lacked breadth, warranting further exploration.

Support Factors

Whereas the two previous overarching themes showed a progression from larger social impacts to internal individual processes, the third theme, *Support Factors*, highlights the impacts of ubiquitous support throughout the transition to fatherhood. This theme was identified in 10 of the 12 articles in the sample (Daniels et al., 2020; Davenport & Swami, 2023; Fletcher et al., 2020; Hodgson et al., 2021; Lewington et al., 2021; Meleagrou-Hitchens & Willig, 2022; Pedersen et al., 2021; Ross-Plourde et al., 2022; Scarlett et al., 2024; Vidaurreta et al., 2022). This theme illustrates the role of external support in a father's transition toward fatherhood.

Partner. The partner relationship is important because it has been linked to the development of paternal mental health outcomes, such that fathers who did not live with their birthing partner and child were at a higher risk of developing postnatal mental health symptoms (Scarlett et al., 2024). Furthermore, the quality of the preconception relationship between the

mother and the father was found to impact fathers' postnatal mental health because the postnatal period is a time when unresolved relationship conflict tends to resurface and poses a risk to fathers' mental wellbeing (Fletcher et al., 2020; Psouni & Eichbichler, 2020).

Through maternal gatekeeping, mothers can impact the connection that the father develops with their child, which can influence the solidification of his identity as a father (Fletcher et al., 2020; Ross-Plourde et al., 2022; Vidaurreta et al., 2022). Father's partners can be dual reinforcers of traditional and contemporary fatherhood expectations by expecting fathers to financially support the family and maintain high involvement in childcare, which can complicate their transition (Lewington et al., 2021). Conversely, fathers experiencing negative mental health symptoms through the transition to fatherhood were most likely to seek help from their partner first (Davenport & Swami, 2023; Fletcher et al., 2020; Meleagrou-Hitchens & Willig, 2022; Pedersen et al., 2021). These findings show how the father's partner is an important support because they can have a significant impact on the trajectory of his transition to fatherhood, attributed to the intimacy of the relationship.

The impact of traumatic births on the partner relationship can vary significantly. Some fathers reported that the trauma had brought them and their partner closer together, whereas others noted that preoccupation with their partner's experience and recovery was a barrier to them accessing their support (Daniels et al., 2020; Davenport & Swami, 2023). Conversely, some fathers reported that the trauma had caused an interruption in their connection with their partner, suggesting that it was hard to engage in sex for fear of conceiving another pregnancy and causing another traumatic birth (Daniels et al., 2020). This demonstrates the interaction

between trauma and the partner relationship and the consequential impacts on paternal mental wellbeing.

The early postnatal period is a challenging time for the couple, as the primary focus is on the baby, which can create distance between the father and his closest support (Davenport & Swami, 2023; Vidaurreta et al., 2022). As the postnatal period progressed, the couple was able to re-establish focus toward their relationship, which was adaptive for fathers who considered it an opportunity to reconnect by increasing emotional and physical intimacy (Vidaurreta et al., 2022). These findings are relevant to the current study because they illustrate how the partner relationship is an important factor for modulating postnatal paternal mental health outcomes through the transition to fatherhood.

Health Professionals. In positions of power and authority, health professionals can promote or dismantle harmful social pressure and mitigate the adverse outcomes experienced by fathers as they transition to parenthood (Daniels et al., 2020; Hodgson et al., 2021; Pedersen et al., 2021; Vidaurreta et al., 2022).

Fathers felt that antenatal programs inadequately prepared them for their transition to fatherhood, suggesting that they were primarily geared toward mothers and left dads with limited practical information to care for their children (Hodgson et al., 2021). This theme endured as Fathers with PND reported a lack of information regarding the possibility of experiencing paternal PND and further struggled to find professionals sufficiently experienced in paternal PND treatment (Davenport & Swami, 2023; Pedersen et al., 2021). The literature also identified themes of exclusion perpetrated by health professionals, which reinforced beliefs that fathers were the enemy and contributed to adverse mental health outcomes (Daniels et al., 2020;

Hodgson et al., 2021). However, experiencing a connection with health professionals and calm, clear communication from them was a protective factor for new fathers' mental health (Daniels et al., 2020). This highlights health professionals as an important psychosocial factor for development of positive mental health outcomes for new fathers.

Regarding postnatal father mental health care, the literature illustrates a range of experiences where mental health may or may not be addressed for either parent, fathers might be included, or available support is not functionally available to working fathers (Daniels et al., 2020; Hodgson et al., 2021; Pedersen et al., 2021) However, the consensus is that fathers want gender inclusive postnatal healthcare that is accessible to them because it would introduce support, education and destigmatization for new fathers, ultimately decreasing adverse mental health outcomes for them and their families.

Family, Friends, and Peers. The literature indicates that close family and friends play an important role in the affirmation of the reality of fatherhood and can be strong, supportive social connections that protect against the adverse mental health outcomes experienced by new dads (Fletcher et al., 2020; Hodgson et al., 2021; Meleagrou-Hitchens & Willig, 2022). Illustrating the pervasive impacts of harmful social norms, fathers reported receiving less social support from friends and family than their female counterparts due to interfering masculine social norms (Hodgson et al., 2021).

The literature revealed a consistent lack of peer support for new dads (Daniels et al., 2020; Fletcher et al., 2020; Hodgson et al., 2021). Fathers reported feeling isolated from their friends without children who did not understand what they were going through and were not able to be adequately empathetic (Meleagrou-Hitchens & Willig, 2022). Fathers reported that

although they felt isolated from other dads, connection with others who shared similar experiences was protective against adverse mental health outcomes, suggesting the importance of peer support for new dads making the transition to fatherhood (Fletcher et al., 2020; Hodgson et al., 2021).

There appeared to be compounded negative impacts resulting from fathers experiencing unforeseen challenges on the route to fatherhood, who may feel that their experience puts distance between them and their social support. Fathers who had gone through IVF reported enhanced loneliness due to their unique experiences (Meleagrou-Hitchens & Willig, 2022). Similarly, fathers who experienced traumatic births reported the same barriers to social support, such as masculine norms, as other dads, in addition to the impacts of the trauma, where others did not understand the mental and physical impact of the trauma (Daniels et al., 2020).

Relevant to the current study, these findings indicate that fathers have less access to quality social support compared to women which may increase paternal risk of developing adverse mental health outcomes and experiencing enduring negative symptoms. Furthermore, experiencing difficulties like IVF or trauma as part of the birth story compounds risk.

Employment. The postnatal period is exhausting and highly stressful for new dads coping with the novel challenges of their new role, which is worsened by pressures to return to work (Daniels et al., 2020; Fletcher et al., 2020; Pedersen et al., 2021). Fathers are often pressured to return to work earlier than mothers or do not have access to the same leave benefits as mothers, which can reinforce gender norms and maintain traditional fatherhood expectations (Lewington et al., 2021; Pedersen et al., 2021). For dads desiring to pursue contemporary fatherhood, limited access to work leave can force dads to focus on providing financially and

restrict them from pursuing the stay-at-home father role (Lewington et al., 2021). Pertinent to the current study, these findings illustrate how new fathers face pressure to return to work sooner than mothers which can reinforce social norms that are not consistent with the individuals desire and result in increased stress, inhibit bonding with their children and potentially lead to negative mental health outcomes.

According to Hodgson et al., UK fathers returning to work after a two-week leave reported that their leave access was inadequate and that they were forced to abandon their partner and their baby (2021). Fathers also reported that returning to work too soon negatively impacted their work performance, leading to feelings of failure both at home and at work (Davenport & Swami, 2023; Hodgson et al., 2021). Fathers reported that more time off after the arrival of their children would have allowed them the necessary time to adapt to the new demands of fatherhood and reduce adverse mental health outcomes.

Coping and Help Seeking. This subtheme addresses how fathers cope and seek help through the challenges presented on their journey toward successful integration of their fatherhood identity. Several articles illustrated how masculine norms prevented fathers from seeking support from others and often resulted in ongoing silent suffering alone (Daniels et al., 2020; Fletcher et al., 2020; Pedersen et al., 2021). Daniels et al. identified that whereas mothers are socialized to seek out emotional support, setting them up for support seeking during the perinatal period, men are socialized against help seeking, which is a barrier to accessing support during their transition to fatherhood (2020). Gender exclusive language may also prevent fathers from accessing mental health support, as Pendersen et al. report that the Danish word for PND is exclusive to birthing parents (2021). Fathers discounted their experience compared to their

birthing partners and avoided disclosing them to their partner for fear of burdening them, preventing access to support (Daniels et al., 2020). This is significant to the current study because it demonstrates how the challenges that men face on route to fatherhood are somewhat worsened by restricted help-seeking behavior and therefore increases the risk of negative mental health outcomes.

Research on callers to an Australian help line for parents reported that fathers focused on issues related to their partner but indirectly addressed their struggles, demonstrating that the mother's mental health was a way to get their foot in the door for support without directly contradicting pervasive masculine norms (Fletcher et al., 2020). Fathers identified that father-specific information on mental health challenges and access to a variety of supports, such as peer support groups, therapy, or other, would have supported adaptive coping through the process (Daniels et al., 2020; Hodgson et al., 2021; Pedersen et al., 2021). Fathers reported an array of strategies to cope with their transition, such as substances, work, exercise, and meditation (Daniels et al., 2020; Fletcher et al., 2020; Hodgson et al., 2021; Pedersen et al., 2021).

SCT posits that the interaction of the individual with society and culture, or through relationships, builds identity (Vygotsky, 1978). This theme explicitly illustrates how the interaction between a father and other significant individuals impacts the formation of the individual's fathering identity, acting to either hamper or support adaptive integration.

This theme illustrates how social relationships act as important support factors for fathers in their transition to fatherhood and can support or hamper the development of their fatherhood identity. These supports, or lack thereof, play a role in supporting them in their transition and, therefore, their psychological outcomes. What remains not well understood in the literature is

why the presence of some psychosocial factors or experiences can result in adaptive or conversely maladaptive responses in new fathers and warrants future exploration.

Summary of Findings

Through thematic analysis, three major themes of psychosocial factors have been identified for their impact on the mental health outcomes experienced by new fathers. The first theme, Social Pressures, illustrates the impact that the broad social environment has on new fathers. Subthemes identified include Competing Social Norms, which illustrates how fathers are suspended between opposing social demands, and Motivation to Comply, which illustrates the mediating power of a father's willingness to comply or resist the impact of social pressures. The social environment described by the first main theme illustrates the context of the second main theme, Solidifying the Fatherhood Identity. This second theme examines how the fatherhood identity develops within the individual through the following subthemes: Prior Individual Experiences and Factors, Expectations for Fatherhood and Beliefs About Self, Events Related to Fatherhood, and Integration and Conflict with Other Identities/Parts of Self. The third main theme, Support Factors, indicates how individuals and organizations in close proximity to the father can either facilitate or create barriers to the successful transition to fatherhood. Taken together, the themes identified in this work map closely to Vygotsky's SCT, which emphasizes how the broad social environment shapes the meaning of fatherhood and how social interaction is relevant to the development of individual identity. Vygotsky's theory provides a roadmap for understanding how the discussed psychosocial factors impact the mental health outcomes experienced by new fathers and also creates a framework for understanding how to mitigate and treat this population through counselling (1978).

Gaps in the Research

Two main gaps in research emerged through the process of this capstone research: Eurocentric assumptions and the exclusion of diverse father identities.

Eurocentric Assumptions

To preserve the quality and usefulness of this literature review, the article sample was intentionally limited to Western countries of origin: Canada, the United States of America, Europe, and Australasia. Naturally, this literature does not reflect or represent the experience of fathers globally or those from cultures outside of Western nations and, therefore, may not apply to their experience. As this research may be helpful in those from the intended social context, one must also acknowledge the social impact of limiting the study to specific populations at the cost of others.

Exclusion of Diverse Father Identities

Although this research aimed to capture diverse experiences of fathers within the context of Western nations, a significant gap in the available literature remained in including diverse experiences of becoming a father. The articles included in this sample focused primarily on heterosexual cisgender couples conceiving using their gametes, therefore, excluding the experiences of homosexual couples, transpersons, single parent fathers, those choosing to have children through surrogacy, stepfathers, adoptive fathers, and others. Although the information resulting from this literature review may not apply to the aforementioned populations, one must recognize the impact of choosing to focus on one population over another and the possible impact on minority groups.

Ethical Considerations

This section addresses the most important ethical considerations in three main areas related to this literature review: a critique of the research ethics employed in the studies that form the basis of this review, important ethical considerations for clinical practice with new fathers, and professional systemic ethical considerations.

Research Ethics

The Canadian Code of Ethics for Psychologists (CCEP) and the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS) illustrate crucial ethical considerations when conducting research that protect individuals and preserve the validity and applicability of research for the betterment of humanity (Canadian Psychological Association [CPA], 2017; GOC, 2022).

Informed Consent. Gaining participant informed consent by providing an accurate and comprehensive explanation of the risks and benefits of taking part in research is a requirement that ensures the autonomy of individuals and prevents coercion (a central aspect of Principle I: Respect for the Dignity of Persons and Peoples of the CCEP), which may skew research findings (CPA, 2017; GOC, 2022). Half of the research featured in this review did not address informed consent processes. Furthermore, one study used data sourced from help line conversations, and although the data was anonymized, researchers did not report informing participants that their data would be used for research. If the researchers did not receive informed consent, then this action would contradict CCEP and TCPS policy on informed consent.

Relevant to the ongoing research and treatment of paternal mental health, informed consent is particularly important to guarantee to establish trust with this population. Forgoing

rigid informed consent procedures risks damaging these vulnerable individuals, increasing hostility toward mental health professionals, and removing autonomy from client or participant (CPA, 2017).

Confidentiality. Internationally recognized as a requirement, researchers must ensure participant confidentiality through every phase of the research process as is central to the Principle I: Respect for the Dignity of Persons and Peoples of the CCEP (CPA, 2017; GOC, 2022). Related to the topic at hand, this review addresses harmful social norms such as toxic masculinity, which can negatively impact fathers through their transition to fatherhood. Considering these pervasive norms, it is essential to ensure confidentiality, allowing participants to be transparent and protected from any social repercussions of participating in research.

Confidentiality is critical to the exploration of the research topic because of the stigma and social pressures limiting the normalization of father negative mental health outcomes in the perinatal space (CPA, 2017). The assurance of researcher and counsellor confidentiality when working with this population is crucial to both increased understanding of this issue and the reduction of symptoms via counselling.

Inclusion Bias. The TCPS and the CCEP emphasize the importance of including participants in research in a manner that does not restrict access to or incentivize participation based on prejudice, illustrated through Principle I: Respect for the Dignity of Persons and Peoples of the CCEP (CPA, 2017; GOC, 2022). When evaluating the generalizability of the findings from this literature review, it is essential to acknowledge that the strength of generalizability is only as strong as the sampling methods employed in the reviewed studies. As the article sample features predominantly qualitative research using smaller sample sizes and

non-random sampling strategies, there is a significant risk of inclusion bias. This could skew the data by overgeneralizing the experience of fatherhood in a way that is not representative of the entire Western father population, but rather a few culturally homogeneous groups of fathers.

Trauma-Informed Methods. When researching mental health issues, it is likely that research could trigger participants' historical trauma and warrants extra protection through the use of trauma-informed practices (Isobel, 2021). Furthermore, the TCPS and the CCEP share passages illustrating the researcher's responsibility to limit harm through research practices (CPA, 2017; GOC, 2022). Although some articles noted trauma-informed practices when selecting and engaging with participants, such as pre-screening for high mental health risk, providing comprehensive debriefing and support resources, many studies in the sample did not.

Gender and Sexuality Based Exclusion. Researchers must conduct their research in a manner that fairly distributes benefits to all individuals and groups, including those from gender and sexual minority groups (CPA, 2017; GOC, 2022). Despite efforts to be inclusive of such minority groups, the participants in this research are predominantly cisgender individuals pursuing fatherhood through heterosexual natural conception, which excludes the experiences of a broad range of minority groups transitioning to fatherhood. Future research is needed to address the unique experiences of diverse fathers, and generalization of these findings to diverse fathers must be made with caution and care to avoid discrimination and harm.

Clinical Ethics

There are several important ethical considerations in the clinical treatment of new fathers in counselling.

Continued Harm Through Oversight. As a minority group within the parenting and birth space, therapist oversight of paternal distress when working with new fathers can extend client suffering, promote limited help-seeking behavior, and maintain negative social norms affecting new dads. Furthermore, these impacts can ripple beyond fathers, affecting their families, the broader society, and the profession of counseling (CPA, 2017).

Cultural Humility. Because fatherhood is a culturally dependent social role, counselors must be knowledgeable about the diverse meanings and norms attributed to the individual client's perception or experience of fatherhood (CPA, 2017). This includes considerations for the intersectionality of fatherhood with sexual, gender, religious or other diversity. Clinicians who do not approach treatment of fathers through a culturally sensitive lens will fail to understand the individual meaning of the role and may cause harm to the client rather than benefit them.

Treatment/Attunement. The successful treatment of negative symptoms experienced by this population depends on the degree to which the counselor is well-versed in the issue and the associated factors, mechanisms, and systems (CPA, 2017). Therefore, the successful treatment of symptoms experienced by new fathers depends on the clinical knowledge of this area of research, which is relevant to the current study.

Summary

Guided by SCT, this literature review explores the psychosocial factors that impact the psychological outcomes of fathers as they transition to fatherhood. Thematic analysis identified three core emergent themes: social pressures, solidifying fatherhood identity, and support factors, and provided a thorough analysis of factors through the discussion of subthemes within each main theme. Additionally, this analysis reveals overlap and intersectionality between the

identified factors, illustrating the complex interactions occurring to impact the father's transition to fatherhood. This review also presents gaps identified in the literature reviewed, as well as a review of ethical considerations related to the application of these findings to the counselling profession which will be further discussed explored in the following chapter. The next chapter will expand on the application of these findings to counselling practice.

Chapter Four: Application to Clinical Practice

This chapter integrates emergent findings from the literature review discussed in the previous chapter with application to clinical counselling practice. The following will illustrate the utility of this research to enhance clinical practice and provide specific recommendations for working with this population. Illustrating rigorous consideration for the application of these findings, this chapter will also discuss relevant law and policy, as well as limitations to the implementation of these recommendations in clinical practice.

Application to Clinical Practice

The findings of this review illustrate the complex interaction of different psychosocial factors, such as societal pressures, factors impacting identity, and support factors, which influence the journey toward fatherhood and the psychological outcomes experienced by new fathers. These findings are relevant to the counselling profession because they provide valuable and specific insight into the factors that influence the mental health outcomes of the transition to fatherhood and may improve counsellor skills such as cultural attunement, rapport building, case conceptualization, and tailored interventions when working with this population.

Cultural Competence

Cultural competence is crucial to effective counselling as a foundational ethical tenet of the practice and is especially important when working with this specific population who may also already feel side-lined through birth, hesitant about mental health professionals, and demonstrate restricted help-seeking behaviour (CPA, 2017; Hodgson et al., 2021; Pedersen et al., 2021). Clinicians may demonstrate the use of father inclusive language when speaking about perinatal experiences, such as postnatal depression rather than postpartum depression, which

would be consistent with the CPA's Principle I: Respect for the Dignity of Persons and Peoples (2017). Furthermore, SCT indicates the role of the father and the meaning attributed to it is specific to an individual's culture and intersectionality, further iterating the importance of counsellor cultural competence when working with this population (Vygotsky, 1978).

The findings of the current study will strengthen counsellors' cultural competency to work with clients who are transitioning to fatherhood by providing new insight into the factors that impact the mental health outcomes of the transition to fatherhood.

Due to the cultural nature of the fatherhood role, the findings of this literature review are limited to the study of participants in Western countries. Although there may be some overlap with the experiences of fathers in diverse cultures and across several countries, the findings have not been intended for clinical application to individuals outside of Western countries.

Furthermore, counsellors must use conscious ethical discretion when applying the findings of this work to therapeutic work with individuals to avoid overgeneralization of the findings to the diverse experiences of individuals within Western populations (CPA, 2017).

Rapport Building

These findings will enhance counsellors' ability to attune to clients, build rapport and establish a strong therapeutic relationship with clients transitioning to fatherhood. Research has demonstrated the significance of the therapeutic alliance to successful outcomes in therapy; however, research has also shown nuanced differences in the factors that are important to the development of the therapeutic alliance for male clients, which iterates the importance of the application of these findings to clinical work with this population (Li et al., 2025). In alignment with the CPA's CCEP Principle III: Integrity in relationships, these findings support clinicians

working with this population to attune to their unique needs and protect the dignity and well fare of this group through intentional relationship building.

Case Conceptualization

Counsellors will be able to employ the findings of this review to enhance case conceptualization of clients transitioning to fatherhood. Central to the effective treatment and reduction of symptoms is the construction of a comprehensive case conceptualization. The findings of the present study strengthen counsellors' abilities to develop accurate and specific case conceptualization through a comprehensive illustration of the breadth and complexity of psychosocial factors that impact the mental health outcomes of transition to fatherhood.

Tailored Interventions

The findings of this review support the implementation of tailored interventions. Effective reduction of symptomology is contingent on the development and use of effective intervention strategies. Research shows that therapy is not one size fits all, and that instead the success of the intervention is dependent on its relevance to the individual seeking treatment (Li et al., 2025). Therefore, the findings of this review support the development and application of specific interventions best suited to those transitioning to fatherhood.

Recommendations for Clinical Practice

The following summarizes recommendations for counsellors working with individuals transitioning to fatherhood, informed by the findings of the literature review summarized in Chapter Three. These recommendations target the psychosocial factors identified for their impact on the mental health outcomes of new dads.

Therapeutic Support Groups

The literature revealed that fathers face competing narratives, which can create conflict as they journey toward fatherhood. The literature also identified that social support and fathers' willingness to comply with social norms mediated the negative impacts of competing and harmful social norms. Therefore, counsellors should establish or recommend therapeutic support groups for clients transitioning to fatherhood who may benefit. Therapeutic groups for fathers have the same therapeutic benefits as individual therapy, with the added benefit of creating relationships with supportive peers, reducing experiences of loneliness and dismantling toxic masculinity, which stigmatizes vulnerability and promotes support seeking among men. Consistent with the CPA's CCEP, Principle II: Responsible Caring, clinicians may advocate for the use of treatment methods best suited to maximizing benefit for this population through trauma informed methods and attachment considered support groups (2017).

Identity Cohesion Through Internal Family Systems

Solidifying the fatherhood identity emerged in the literature review as the second major theme, illustrating the challenges that fathers face when integrating their fatherhood identity into the whole self-concept, often among other aspects of their identity. The literature revealed that an increased risk of negative mental health outcomes is related to the disintegration of the fatherhood identity. This is consistent with Schwartz's internal family systems theory (IFS), which conceptualizes that the self is comprised of several parts of self and that conflict or lack of cohesion between parts gives rise to negative psychological experiences (Schwartz & Sweezy, 1995). Employing the findings of this research, counsellors should consider the use of IFS when conceptualizing and treating fathers experiencing negative psychological symptoms related to the successful integration of the fatherhood identity. Counsellors may narrow in on the symptoms

experienced by the client to identify the associated part and their needs/desires, and work with clients to address those needs to promote cohesion of all aspects of the self and reduce negative symptoms.

Psychoeducation and Vygotsky's Social Constructivist Theory

Support factors emerged as the third theme in the literature, illustrating the impacts that support from others played in the outcomes experienced by dads as they journey toward fatherhood. This theme showed that often dads do not receive the support from others that they wanted, and that focus was often diverted toward their birthing partner. In counselling, clinicians can work with new fathers experiencing shame, guilt and loneliness can leverage the therapeutic relationship to re-author fatherhood narratives employing dialogue and frameworks inspired by Vygotsky's SCT (1978). In practice, a clinician might employ scaffolding in combination with psychoeducation to develop client awareness of societal forces and the barriers to meaningful supportive connection. The clinician and the client might then work toward orienting the client toward new relationships or deepening existing ones in order to meet the client's needs for social support through their transition.

Advocacy

Although not a sufficient target for individual counselling, addressing the systemic barriers faced by new fathers is an issue warranting ongoing advocacy from professionals in the field of counselling who are in positions of power to promote a cultural shift on behalf of new fathers. Finally, both counsellors working with this population, and in general, should engage in advocacy work on an individual, community and policy level where possible to promote social change in favour of improving the mental health outcomes of those transitioning to fatherhood.

For example, counsellors should promote the development of round table discussions with colleagues, encourage discussion of the topic in social circles or run educational seminars related to this topic for members of other professions.

Legislative and Policy Considerations

The following is relevant legislation applicable to counselling individuals transitioning to fatherhood in Canada. This legislation highlights the protection of vulnerable people and children, which could be disclosed through counselling new fathers.

- **Child, Youth and Family Enhancement Act.** This piece of legislation stipulates that counsellors are required to report to the necessary enforcement agency if a child requires intervention.
- **Health Professions Act.** Stipulates that regulated Albertan health professionals are required to report suspected or known threats (Health Professions Act, 2000). This piece of legislation also regulates the authority and practices of the profession of psychologist and directs regulatory power to the College of Alberta Psychologists (Health Professions Act, 2000).
- **Health Information Act.** This Alberta legislation stipulates that health professionals ensure the confidentiality of those they work with both in individual and group therapy settings (Health Information Act, 2000). Particularly relevant to working with this population, clinicians must work to establish norms in group therapy settings to protect the confidentiality of their clients in relation to each other.
- **Employment Insurance Act.** (Employment Insurance Act, 1996). In Alberta, counsellors advocating for father-inclusive parental-leave policy must align their work

with social justice aims under CPA's CCEP Principle IV: Responsibility to Society and within the policy framework of the benefits established by the Employment Insurance Act for new parents (1996).

Relevant to counselling of new fathers experiencing negative mental health symptoms, it may be important for counsellors to be aware of the general processes and entitlement of the individual to parental employment leave and particularly paternal employment leave. According to the GOC, fathers who pay into employment benefits have access to 40 weeks of parental benefits shared with their coparent and receive 55 percent of their original income up to \$695 a week. Mothers, or those delivering a child, have access to maternity benefits inaccessible to non-birthing parents (2025).

Limitations in Practice/ Cultural Considerations

Due to the cultural nature of the fatherhood role, the findings of this literature review are limited to the study of participants in Western countries. Although there may be some overlap with the experiences of fathers in diverse cultures and across several countries, the findings are not intended for clinical application to individuals outside of Western countries. Furthermore, counsellors must use conscious ethical discretion when applying the findings of this work to therapeutic work with individuals to avoid overgeneralization of the findings to the diverse and intersectional experiences of individuals within Western populations (CPA, 2017). Some examples highlighting the intersectional experiences of fatherhood include trans-fathers, single fathers, immigrant fathers, indigenous fathers, fathers from two-fathered homes, single fathers pursuing fatherhood through surrogacy or adoption and non-nuclear families where the term father might not be the best label but the best available term for the role of a family member.

Demonstrating the intersectionality of culture and fatherhood, research has found that Mexican fathers living in the US report societal pressures rooted in machoism, or the idea that the father is the family head, protector, and provider, ideals persistent in much of Latin culture more so than American culture (Behnke et al., 2008). Research also shows that although black men from the United States internalized their role of father as a provider for their family similar to their nonblack counterparts, there is a nuanced thematic difference where fatherly protection extends to the broader community, which has been traced back to African culture (Chaney, 2009). This illustrates that fathers across cultural, racial, and ethnic groups share some overarching social expectations yet maintain nuanced experiences and interpretations of their roles which would yield diverse impacts on them and their families through their transition to fatherhood and careful counsellor application of these findings to intersectional groups. To do so, counsellors must work to develop multicultural competencies focused on self-awareness of their own biases, enhance knowledge of the experience cultural groups and develop skills to work with diverse clients (Sue et al., 1998).

Furthermore, counsellors are required to develop cultural competence when working with diverse individuals according to the CAP's CCEP, through educational means such as research, seminars or other means to alleviate the burden of the client to educate professionals (2017). However, counsellors must also mediate the harm of overgeneralizing this research, and other general sources, possibly neglecting the uniqueness of the individual to preserve the benefit of therapy. Consistent with the CPA's CCEP Principle II: Responsible caring, clinicians working with this population must also seek out additional supervision/continuing education when

supporting new fathers whose experiences fall outside of the scope of practice of traditional maternal focused frameworks.

Summary

In summary, counsellors working with clients who are transitioning to fatherhood may use the findings of this research to strengthen their practice and expedite the reduction of negative symptoms. Not only can the findings of this study refine the foundational skills of counsellors when working with new dads and their families by enhancing their cultural competence, ability to build rapport, conceptualization, and targeted intervention selection, but these findings also yield specific clinical recommendations. These recommendations include the use of peer support groups, conceptualization and treatment of clients using IFS therapy, and the importance of counsellor advocacy on behalf of these individuals to promote systemic and long-lasting societal change that will benefit fathers and their families. Reflecting the strength of the recommendations discussed, additional legal and policy considerations and limitations have been addressed to illustrate the precise application of these findings. These recommendations have been made considering relevant legal and policy factors affecting new fathers, as well as the limitations of these recommendations in practice, illustrating reflection and rigor.

These findings have the power to significantly alleviate the suffering of not only a few individuals transitioning to fatherhood but could change the trajectory of the mental health outcomes for an entire generation of new fathers and families if employed properly by the profession of counsellors bound by ethical duty to do so.

Chapter Five: Conclusions and Recommendations

Chapter Five revisits the purpose of the study and provides a conclusion to summarize the findings drawn from the literature review and the relevance to counsellors. Expanding on the impacts of this research, *Chapter Five* will also provide recommendations for future research on this topic with associated research questions. Lastly, this chapter features professional reflection on the capstone process, the completion of this program, and the impacts on my future career as a counsellor.

Conclusions

Despite Western fathers becoming increasingly involved in parenting in recent decades, the existing research on the mental health outcomes experienced by fathers as they transition to parenthood has historically focused on mothers and neglected to address fathers. This study sought to address this gap employing the following research question: What psychosocial factors impact the psychological outcomes of the transition to fatherhood? Through comprehensive thematic analysis, this study concludes that fathers' psychological outcomes during the transition to fatherhood are primarily influenced by three interacting psychosocial factors—*Social Pressures, Solidification of the Fatherhood Identity, and Support Factors*—which together mediate risk and resilience. The emergent main themes and subsequent sub-themes are summarized in Table 1: Thematic Summary.

The first theme, *Social Pressures*, illustrates that social expectations are linked to the negative mental health outcomes experienced by new and prospering fathers (Daniels et al., 2020; Davenport & Swami, 2023; Fletcher et al., 2020; Hodgson et al., 2021; Lewington et al., 2021; Meleagrou-Hitchens & Willig, 2022; Pedersen et al., 2021; Psouni & Eichbichler, 2020;

Ross-Plourde et al., 2022; Vidaurreta et al., 2022). Exploring the subthemes identified, the *Competing Narratives of Fatherhood* identified that new fathers face opposing social pressure, often reinforced by social connections, which has a negative impact on the individual's mental health outcomes, such as PND, dissatisfaction or anxiety. For example, fathers' partners can set expectations for being equal parents while also expecting fathers to be the financial breadwinner, causing an impossible role for new dads. A second subtheme emerged, illustrating that the *Motivation to Comply with Social Norms* can mediate the negative impacts of competing social norms, as fathers do or do not allow the permeation of these norms.

The second main theme, *Solidifying the Fatherhood Identity*, explores internal processes by illustrating that the successful development and solidification of the fatherhood identity is important for the successful transition to the role and the resultant mental health outcomes (Daniels et al., 2020; Davenport & Swami, 2023; Fletcher et al., 2020; Hodgson et al., 2021; Lewington et al., 2021; Meleagrou-Hitchens & Willig, 2022; O'Connor et al., 2024; Pedersen et al., 2021; Psouni & Eichbichler, 2020; Ross-Plourde et al., 2022; Scarlett et al., 2024; Vidaurreta et al., 2022). The subthemes showcase emergent factors impacting the solidification of the fatherhood identity: *Prior Individual Experiences, Expectations for Fatherhood and Beliefs about Self, Events Related to Fatherhood, Integration and Conflict with other Identities/Parts of Self*. These represent a broad range of factors and events across the individual's lifespan, from the father's childhood attachment, the road to pregnancy, and how other aspects of the individual's identity interact with the fatherhood identity.

The third main theme, *Support Factors*, examines external aspects by describing the impact of support (Daniels et al., 2020; Davenport & Swami, 2023; Fletcher et al., 2020;

Hodgson et al., 2021; Lewington et al., 2021; Meleagrou-Hitchens & Willig, 2022; Pedersen et al., 2021; Ross-Plourde et al., 2022; Scarlett et al., 2024; Vidaurreta et al., 2022). The following subthemes emerged: the individuals' *Partner, Health Professionals* involved in the arrival of the child, the *Family, Friends and Peers*, the individuals' *Employment*, and lastly, *Coping and Help Seeking*. This theme and its subthemes suggest that support from external individuals and that father's own coping and help-seeking tendencies can mitigate the negative mental health outcomes of the transition to fatherhood.

Returning to Vygotsky's SCT, these findings highlight that fathers' identity development occurs through language-mediated social interaction and scaffolding provided by partners, peers, and professionals. Therefore, the counsellor's task is to become a knowledgeable other who facilitates adaptive internalization of the father role.

Take Home Message

These findings are important to the counselling profession because counselors who understand the psychosocial factors relevant to the outcomes experienced in the transition to fatherhood such as the social pressures, solidification of the fatherhood identity and the support factors, can more effectively intervene to support new fathers and reduce suffering. Counsellors will be able to use the information present in this work to improve cultural competence, rapport building, case conceptualization and intervention selection when working with new fathers.

Recommendations for Future Research

Despite the efforts of the current study to bridge the research gap, there is much left to be understood about the transition to fatherhood. Therefore, I recommend that future researchers employ a variety of quantitative and qualitative methods to continue exploration of this topic.

Although much of the current research is qualitative, continued qualitative efforts would lend to deepening the understanding of nuanced experiences of fatherhood, particularly for diverse fathers. Expanding this research through quantitative methods is recommended to increase the acuity of the knowledge of the mechanisms that have been revealed by historical and ongoing qualitative research.

Brought to light by the current research are the following recommended research questions for future research pursuits. These questions reflect increased specific curiosities related to understanding the mental health outcomes of the transition to fatherhood:

What mechanisms underlie the motivation to comply or resist social pressures?

Although this research identified social pressures as a core theme when looking at the psychosocial factors relevant to the transition to fatherhood and identified that the individual's motivation to comply with these pressures mediates their impact, this research did not address the mechanisms behind this motivation. This is important to explore because it informs how individuals defend against the negative effects of social pressures and would be useful in mitigating future risk for those transitioning to fatherhood.

How do diverse routes to fatherhood impact the transition?

Access to literature addressing the experiences of diverse fathers (such as gender and sexual minorities, single fathers and culturally diverse fathers) was a significant limitation to the current study. Therefore, future researchers need to address this gap and equitably distribute the benefits of research to intersectional and minority populations.

How does the time between the inception of the fatherhood identity and the arrival of the child impact the solidification of the fatherhood identity?

The current study identified that the fatherhood identity may develop long before the arrival of a child for some individuals. However, the research did not explore the impacts of the time between the initial development of the fatherhood identity (when the father begins to see himself as a possible father) and the arrival of the child on the successful integration of the fatherhood identity into the self. This warrants future research because the effect of time on the solidification of the fatherhood identity may inform the mental health outcomes and form a basis for future intervention to support mental health outcomes.

Professional Reflection

The completion of this capstone marks the end of the formal academic process as a student on route to a career as a counsellor. With that, the following illustrates the professional reflections of not only this research process but also this program.

Knowledge: Power, a Burden and a Responsibility

Both through the completion of this program and this project, I have learned that having knowledge comes with power and with that power comes the responsibility to use it and the burden of carrying it. Through this program, I have learned to understand people, which brings me the power to help others and the burden and responsibility to use it to equitably promote the well-being of others. Through the completion of this capstone, I have learned what challenges face new fathers, which comes with the burden of knowing the suffering caused and the responsibility to bring attention and healing to this population. As a future counsellor, I will be

faced with the same power through my title and my ability to help others, which will also be weighed against the burden and the responsibility to do so in challenges yet known.

GRIT

Completing this capstone, and this program, has taught me growth, resilience, integrity and tenacity. I have been forced to stretch my ability to think beyond what I thought was possible, and I have had to become resilient. I have had to ask myself hard questions about what is important to me and learn to lead from those, even when difficult and learn to persevere no matter what. This I have learned through every step of this program, and through the intense academic process that has been this capstone. Most importantly, this is what I take forward to my future career as a counsellor and all the chapters ahead.

Forever Learner

Despite the discomfort presented in the challenges of this capstone, I have remained motivated by my passion to learn. To learn about fathers, to bring this information to others and to develop as a competent counsellor. As I look to the career ahead, I recognize that this is not the end of my education or my development, but just one part of a career and a lifetime of ongoing development as a forever learner.

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