Professional gatekeeping toward fathers: A powerful influence on family and child development

By Frascarolo, France, PhD

Co-director of the Center for Family Study,

CHUV, Lausanne, Switzerland

Feinberg, Mark, PhD

Research Professor of Health and Human Development

at The Pennsylvania State University, USA

Albert Sznitman, Gillian, MSc

Family and Development Research Center (FADO), Institute of Psychology,

University of Lausanne, Lausanne, Switzerland

Favez, Nicolas, PhD

Professor of clinical psychology and interpersonal relationships

at the University of Geneva, Switzerland, and

Co-director of the Center for Family Study

CHUV, Lausanne, Switzerland

After a few words as to the role of fathers as well as a brief introduction to maternal gatekeeping, a regulator of paternal involvement, the objective of this paper is to invite the reader to reflect on the role that professionals in this field play in this process of gatekeeping, which in general restricts the role of the father.

The role of the father

The role and contributions of the father are numerous. On the one hand, the father can directly construct a warm and caring relationship with his child through quality dyadic exchanges, which, as we will point out later on, have unique characteristics compared to those between mother and child. On the other hand, the father via his relationship with the mother of the child

can construct a cooperative coparenting relationship, composed of warmth, support, and positive conflict resolution. Furthermore, when the father is engaged in parenting within the context of a positive coparenting relationship, maternal stress and role overload is reduced. In addition, the child's exposure to the teamlike collaboration between his parents serves as a positive model for his or her future interpersonal relationships.

Father-child interaction

« The father has been viewed by some as a substitute for mother, or for mother's ability to meet the baby's needs. Doing so overshadows his actual role as a loving available father in his own right. (...) While the roles of the loving mother and father are not the same, they are complementary and both play a part in the development of their children » (Thomas, 2010; p.71).

In many ways, fathers provide caregiving in a similar way as mothers (Tissot et al., 2015; Udry-Jorgenson, et al. 2015). Indeed, a question answered in the affirmative in the early fatherhood literature was whether fathers are as nurturing and warm as mothers (Parke, 1978). However, research has also demonstrated that there are differences between mothers and fathers both at the neuropsychological level (Feldman, 2015) as well as the behavioral. As compared to mothers, fathers of children younger than 2 years old, use toys less often and more often engage in physical games (Yogman, 1981; Clarke-Stewart, 1978; Forbes et al., 2004). As documented by Yogman (1982) and Power (1985), a greater amount of interference is observed in the interactions of fathers with their children, for example in the form of interrupting the self-driven behavior of the child by sudden tickling. In addition, fathers tend to engage less in pretend games (Power, 1985), and more often propose unconventional play, for example, by using objects in ways that are not typical or by teasing the child (Alber-Labrell, 1989). Furthermore, fathers tend to excite their children more and soothe their children less than mothers (Clarke-Stewart, 1978). Overall, fathers seem to promote the autonomy of their

children, in particular during the early years (Frascarolo, 2004), and have a vision of their children that is more focused on the future (Brachfeld-Child, 1986; Labrell, 1996).

Thus, mothers and fathers are equally capable of looking after and satisfying the needs of their children, in different but complementary ways. Fathers, for their part, encourage their children to go beyond their normal comfort zone, whereas, mothers tend to contain and reassure their children. It is therefore important for children to have a close relationship with not only their mother but also with their father, given the unique benefits of both. At the same time, it is important to note that the previously mentioned research studies are slightly dated and merit replication as social norms and expectations evolve.

Coparenting and children's development

As previously mentioned, the father plays an equally important role in coparenting, which is defined as the support parents provide each other in regards to the raising of their children. Coparenting is a pillar of family functioning and has a particular influence on the development of the child distinct to that of parenting (Minuchin, 1974; McHale et Rasmussen, 1998).

Coparenting that is characterized by warmth and cooperation predicts positive socioemotional development in the child (Favez et al., 2009; McHale et al., 2002). In contrast, coparenting that is characterized by competition and absence of support negatively influences child development (Belsky et al., 1996; Favez et al., 2013; Frosch et al., 2000; Lindhal et Malik, 1999). In their meta-analysis of 60 crosssectional and longitudinal studies with children between the ages of 7 months and 16 years, Teubert and Pinguart (2010) demonstrated that children's internalizing problems (such as anxiety, depression, and social isolation) and externalizing problems (such as behavioral problems, violence, and acting out) are negatively related to parental cooperation and positively related to parental conflict and triangulation (in which the child plays the role of

go-between in the parental conflict). Furthermore, by observing parental interactions, the child constructs mental models of interaction, which will guide his or her future interactions with others.

Gatekeeping: From mothers to professionals

Van Egeren (2004) defines gatekeeping as the ways in which the mother regulates the involvement of the father or the access he has to the child. These maternal behaviors include limiting the father's access and involvement, as well as the provision of access and inclusion of the father in parenting (promoting). The mother can facilitate the father's access to the child by giving him, in his parenting role, space, support, encouragement, compliments, and loving approval. In contrast, the mother can try to control and restrain the father's involvement by excluding, critiquing, devaluing—as well as by taking most of the parenting responsibilities on herself. Depending on the culture and personal history of the father, he can either choose to accept or not maternal gatekeeping. Although mothers traditionally have primary responsibility for children and are thus in a position to enact gatekeeping, fathers too can facilitate or obstruct the relationship between mother and child.

In settings in which professionals are involved in children's care and health -whether it be at the maternity ward, the pediatrician, the pediatric psychiatrist, « mother-child » consultations, at home with the care nurse, etc. -- there seems to be a pronounced absence of fathers. By not involving fathers in these services and more generally in the caretaking of their children, professionals demonstrate a form of restrictive gatekeeping towards fathers. Such professional gatekeeping most likely results, in part, from professional respect for the traditional role of the mother as the primary caretaking parent for young children, reinforced by the over-representation of women in professions related to these young ages. Such gatekeeping has likely been reinforced by developmental theories that focus almost exclusively on mothers, and the corresponding lack of developmental theories exploring the unique contributions of the father and further supported (Truc, 2006; Turcotte, 2014; Thomas, 2010). Yet it is clear that fathers--as part of the family system--play a part along with mothers and children in maintaining maladaptive family relationships and behaviors. Such maladaptive patterns may be

problematic in and of themselves, leading to psychological and behavioral problems in children, or such patterns may impede problem-solving and pose an obstacle to treatment adherence (e.g., attendance at future appointments, maintaining medication schedules, etc.). Developing more adaptive family environments are more likely to be successful with fathers' involvement.

Acknowledging that mothers are more often inclined to participate in consultations as a result of learned behaviors that are deemed socially appropriate (for example, girls are taught to value emotion and communication), and thus participation in early childhood consultations seem to relate more so to "female" culture than to "male" culture (Dulac, 1998, cited by Pouillot & Saint-Jacques, 2005). Furthermore, it is typically mothers who seek out services. Fathers are less often the ones asking for help and are also less accustomed to accepting it (Featherstone, 2003). Moreover, in line with the fact that fathers are often the ones working full-time, the organization of the family and the division of domestic tasks remains somewhat organized along gender lines. Considering that mothers are the ones who are principally responsible for the care of their children, this might lead professionals to be less at ease with fathers and not to include fathers in child-related services. Similarly, in some professional contexts, a number of administrative forms do not even mention the existence of the father except in his role as provider. In the situation where parents are not married, this lack of inclusion is exacerbated (Turcotte, 2014).

This distinction can be observed as early as in the maternity ward, the name of which itself (based on the mother and not the child) seems to already exclude the legitimacy of the father's presence (Truc, 2006). « According to Goody (2001), the « matrifocal structures » lend themselves to the exclusion, and even « remove responsibility » of the man (...). The « removal of responsibility » of the father, in regards to the care of his baby, resulting from matrifocality, can lead to the father not feeling any responsibility for his child. As a result when fathers do try to go beyond the basic assisting role and try to involve themselves directly in the caretaking of their child, they may feel scared of causing harm as a result of these contradicting psycho-social factors. Only an attentive baby nurse or mother who is very thoughtful to her partner can help these fathers to surmount this obstacle that impedes them from « doing » and to help them evolve from spectator to actor. » (Truc, op cit., p. 345)

If the responsibility of involving fathers is left to mothers, the power of maternal gatekeeping is further reinforced -- with the consequence that some may not invite fathers to participate. According to Cowan et al. (1996), fathers who report worse relationship quality participate less in consultations. This may beg the question as to whether fathers were even invited to attend appointments. It would therefore be essential for the professionals to contact the father directly stressing the importance of his contribution to and influence on the development of the child, as well as his role in the clinical work. Given the norms around father involvement, fathers' lifelong experiences, and pressures such as work, inviting fathers to be involved may not elicit the hoped for involvement in a number of cases. However, gentle persistence is needed to continue encouraging fathers to participate in professional situations.

In their study investigating the involvement of fathers in youth protection interventions, Pouliot & Saint-Jacques (2005) noted that health care professionals often attribute difficulty in involving fathers to the fact that in the case of divorce, mothers are often the ones who are legally responsible for the child. The authors noted that although mothers may in some cases be legally responsible for the child, this does not justify the complete removal of father involvement. Further, they write, the discourse of professionals implicitly suggests the superiority of mothers as parents. This attitude and consequent behavior constitutes the basis of professional gatekeeping.

In certain cases, by implicitly highlighting fathers' « inutility », professional gatekeeping can promote the complete removal of fathers from the parenting role (Lebovici, personal communication, 1999). How does the child experience this exclusion of their father? Would the child not be led to discount the importance of his father? Further, if the mother sought help as a result of difficulties she observed with her child, restrictive professional gatekeeping towards the father might only reinforce the family systems root of the problem in some families.

Certainly in many cases after separation or divorce, inclusion of both parents in appointments may lead to greater conflict and difficulty. On the one hand, providers should receive training in ways to defuse and manage such conflict by maintaining a focus on the best interest of the child. On the other, the best interest of the child may require that come couples who are entrenched in hostile conflict not attend appointments together.

Note that professional gatekeeping is part of a « societal gatekeeping » as evidenced by the scarcity and the brevity of paternity leave after the birth of a child, which does not favor the early construction of the father-child bond. For example, in Switzerland, according to the law, fathers receive a paternity leave of one day; in April 2016, the National Council rejected two weeks of paternity leave.

Nevertheless, by systematically not involving fathers in issues regarding their children, professionals treat fathers not as a resource, but rather as a « useless » factor or even a source of « harm ».

Benefits of including the father

It would be of benefit to involve fathers in consultations and in all matters concerning their children (whether or not they live in the same house as their children), not only for the specific benefits this can have for the development of the child, for the coparenting relationship, and for father engagement in parenting, but also for mothers. In fact, involving fathers can reduce « mother blaming » (or « mother self-blaming ») given that, as a result of the fathers' involvement, mothers will no longer be considered as the sole person responsible for the raising and development of their children. The involvement of fathers is beneficial for him whether he has difficulties with fatherhood or not, but especially in the case that he does. In fact, given the desire to be a good parent, which is a concern for most parents, « Men and women are struggling with the type of experiences that they had as children, while at the same time trying to raise children of their own, bent on not repeating the mistakes they felt that their fathers had made» (Thomas, 2010, p.64). However, in reproducing the model of the « absent » father, facilitated by professional gatekeeping, fathers are not supported in their exploration of how to father in their own way, but are rather led into repeating the absent-father model. Thus, if a father has, or has had, difficulties with his respective father or with fatherhood, restricting his involvement will not facilitate the construction of a relationship with his child.

Suggestions for how to promote the involvement of fathers

Different strategies can be put in place to promote the involvement of fathers, for example as suggested by Turcotte (2014) as well as by Pouliot & Saint-Jacques (2005):

1. Adjusting the hours of operation of

consultation centers

- Put pictures of fathers on the walls of waiting rooms and including fathers in informational brochures and publicity related to family services
- 3. Add questions relating to the father to administrative forms
- Systematically invite fathers to consultations (whether they live in the same house as their child or not, except in the case of potential violence)

To these suggestions we would add:

- Include fathers via telephone/videoconference in the case that their physical presence is not possible
- 6. Rename services to include the father or use the more general term of « family » rather than just mother and child

Finally, as emphasized by Pouliot & Saint-Jacques (2005), in addressing the issue of paternal involvement, it is important to emphasize the importance of developing projects that are centered on the complementary role fathers can have in regards to parenting, specifically in the eyes of professionals and mothers (Bergonnier-Dupuy, 1997; Dubeau et al., 1999; Labrell, 1997; Le Camus, 1995, 1997; Zaouche-Gaudron, 1997). Furthermore, it is of utmost importance to raise the awareness of professionals regarding the issue of paternal gatekeeping as well as encourage professionals to seek training in this domain in order to better equip them for interventions that include the father (Plouffe, 2007).

In regards to therapies, fathers in general may appreciate different qualities in the providers that mothers. Whereas mothers may appreciate an emotional connection with a therapist, many fathers tend to be appreciative of a therapist style that is active and that provides direct guidance. Carr et al. (1998) conclude that "engaging fathers early in the therapeutic process, through the adoption of a competent and directive style, should be a priority" (op cit p.249). Engaging fathers early in the therapeutic process is also important as fathers can provide an additional perspective on children's problems and strengths (Foote et al., 1998 cited by Carr et al. 1998).

The absence of fathers in child-related services, considered to be normal and benign, does not take into account the pain that one can feel when confronted with absence (cf. father hunger, Herzog, 1983). The exclusion of fathers in consultations perpetuates the idea of the « inutility » of fathers in how they perceive themselves, but also in the eyes of mothers

and children. And such attitudes on all sides reinforce restrictive gatekeeping of fathers. Nevertheless, an important source of motivation for fathers to be involved in the lives of their children comes from the belief that it would benefit their child. To break this vicious cycle and give fathers a central place in childrearing, it is necessary to recognize fathers' unique approach to parenting and influence on children.

In sum, there are three major reasons to fight against gatekeeping that limits the role of fathers, which is unfortunately practiced by a number of professionals and in which fathers and mothers are complicit: Such gatekeeping risks depriving the child of the specific contribution of his or her father, it undermines coparenting (and as a result the family unit), and it reinforces views that children's development and problems are the sole responsibility of the mother (mother blaming). Establishing professional gatekeeping that promotes the role of fathers will help support the development of engaged fatherhood, reinforces fathers' desires to take on their parental role. Such promotive professional gatekeeping does not subscribe in any way to the reestablishing of the patriarchy of past centuries, but rather promotes engaged fathering and the development of cohesive coparenting, the foundation of the family.

References

- Alber-Labrell, F. (1989). Comportements maternels et paternels vis-à-vis des bébés et des jeunes enfants: la spécificité paternelle [Maternal and paternal behaviors toward babies and young children: paternal specificity]. Journal de Pédiatrie et de Puériculture, 2(6), 348-354.
- Belsky, J., Putnam, S., & Crnic, K. (1996). Coparenting, parenting, and early emotional development. *New Directions for Child and Adolescent Development*, 1996(74), 45-55.
- Bergonnier-Dupuy, G. (1997). Stratégie éducative du père et construction de l'intelligence chez l'enfant d'âge préscolaire [Father's educational strategy and development of preschool child's intelligence]. *Enfance*, 50(3), 371-379.
- Brachfeld-Child, S. (1986). Parents as teachers: Comparisons of mothers' and fathers' instructional interactions with infants. *Infant Behavior and Development*, 9(2), 127-131.
- Carr, A. (1998). The inclusion of fathers in family therapy: A research based

- perspective. *Contemporary Family Therapy*, 20(3), 371-383.
- Clarke-Stewart, K. A. (1978). And daddy makes three: The father's impact on mother and young child. *Child development*, 49(2), 466-478.
- Cowan, P. A., Cowan, C. P., & Schulz, M. S. (1996). Thinking about risk and resilience in families. In E. M. Hetherington & E. A. Blechman (Eds.), Stress, coping, and resiliency in children and families (pp. 1-38). New York, NY: Psychology Press.
- Dubeau, D., Turcotte, G., & Coutu, S. (1999). L'intégration des pères dans les pratiques d'intervention auprès des jeunes enfants et de leur famille [Integration of fathers in clinical interventions with young children and their family]. Revue Canadienne Psychoéducation, 28(2), 265-278.
- Dulac, G. (1998). L'intervention auprès des pères: des défis pour les intervenants, des gains pour les hommes [Clinical interventions with fathers: Challenges for practitioners and benefits for fathers]. PRISME Psychiatrie, recherche et intervention en santé mentale de l'enfant, 8(2), 190-206.
- Favez, N., Frascarolo, F., Keren, M., & Fivaz-Depeursinge, E. (2009). Principles of family therapy in infancy. In C. Zeanah (Ed.), Handbook of infant mental health. 3rd edition (pp. 468-484). New York, NY: Guilford.
- Favez, N., Frascarolo, F., Lavanchy Scaiola, C., & Corboz-Warnery, A. (2013). Prenatal representations of family in parents and coparental interactions as predictors of triadic interactions during infancy. *Infant Mental Health Journal*, 34(1), 25-36.
- Feldman, R. (2015) The adaptive human parental brain: implications for children's social development. *Trends in Neurosciences*, 38(6), 387-399.
- Foote, R. C., Schuhmann, E. M., Jones, M. L., & Eyberg, S. M. (1998). Parent-child interaction therapy: A guide for clinicians. *Clinical Child Psychology and Psychiatry*, 3(3), 361-373.
- Forbes, E. E., Cohn, J. F., Allen, N. B., & Lewinsohn, P. M. (2004). Infant Affect During Parent—Infant Interaction at 3 and 6 Months: Differences Between Mothers and Fathers and Influence of Parent History of Depression. *Infancy*, 5(1), 61-84.
- Frascarolo, F (2004). Paternal Involvement in Child Caregiving and Infant Sociability, *Infant Mental Health Journal*, 25(6), 509-521.

- Frosch, C. A., Mangelsdorf, S. C., & McHale, J. L. (2000). Marital behavior and the security of preschooler–parent attachment relationships. *Journal of Family Psychology*, 14(1), 144.
- Goody, J. (2001). *La famille en Europe* [The family in Europe]. Paris, FRA: Seuil.
- Herzog, J. M. (2014). Father Hunger (explorations with adults and children). New-York, NY: Routledge
- Labrell, F. (1996). Paternal play with toddlers: Recreation and creation. European Journal of Psychology of Education, 11(1), 43-54.
- Le Camus, J. (1995). Le dialogue phasique. Nouvelles perspectives dans l'étude des interactions pèrebébé [« Phasique dialogue ». New perspectives in the study of fatherbaby interactions]. Neuropsychiatrie de l'enfance et de l'adolescence, 43(1-2), 53-65.
- Lindahl, K. M., & Malik, N. M. (1999). Marital conflict, family processes, and boys' externalizing behavior in Hispanic American and European American families. *Journal of Clinical Child Psychology*, 28(1), 12-24.
- McHale, J. P., & Rasmussen, J. L. (1998). Coparental and family grouplevel dynamics during infancy: Early family precursors of child and family functioning during preschool. *Development and* psychopathology, 10(1), 39-59.
- McHale, J., Khazan, I., Erera, P., Rotman, T., DeCourcey, W., & McConnell, M. (2002). Coparenting in diverse family systems. In M. Bornstein (Ed.), Handbook of parenting: Being and becoming a parent (pp. 75-107). Mahwah, NJ: Lawrence Erlbaum.
- Minuchin, S. (1974). Families and family therapy. Cambridge, MA: Harvard University Press.
- Parke, R.D. (1978). The father's role in infancy: a re-evaluation. Birth and the Family Journal, 5(4), 211-213.
- Plouffe, J.-P. (2007). La promotion de la paternité: enjeux et perspectives d'avenir [The promotion of fatherhood: Challenges and future prospects]. *Service social*, 53(1), 41-60.
- Pouliot, E., & Saint-Jacques, M. C. (2005). L'implication des pères dans l'intervention en protection de la jeunesse: Un discours et une pratique qui s'opposent [Involvement of fathers in Youth Protection: opposed discourse and practice]. Enfances, Familles, Générations, 3(3).

- Power, T. G. (1985). Mother-and fatherinfant play: A developmental analysis. *Child Development*, 56(6), 1514-1524.
- Teubert, D., & Pinquart, M. (2010). The association between coparenting and child adjustment: A meta-analysis. *Parenting: Science and Practice*, 10(4), 286-307.
- Thomas, L.K. (2010) Relational psychotherapy: The significance of father. *Psychodynamic Practice*, 16(1), 61-75.
- Truc, G. (2006). « La paternité en maternité », Une étude par observation [Fatherhood in the maternity ward, an observational study], *Ethnologie Française*, 36, 341-349.
- Turcotte, G (2014) Faire place aux pères dans l'intervention en protection de la jeunesse: enjeux, défis et pistes d'action [Make room for fathers in Youth Protection: Issues, challenges and future directions]. Source: http://observatoiremaltraitance.ca/Pages/Coup-d%27oeil-surl%27engagement-paternel.aspx/
- Udry-Jørgensen, L., Tissot, H., Frascarolo, F., Despland, J. N., & Favez, N. (2016). Are parents doing better when they are together? A study on the association between parental sensitivity and family-level processes. *Early Child Development and Care*, 186(6), 915-926.
- Van Egeren, L. A., & Hawkins, D. P. (2004). Coming to terms with coparenting: Implications of definition and measurement. *Journal of Adult Development*, 11(3), 165-178.
- Yogman, M. W. (1981). Games fathers and mothers play with their infants. *Infant Mental Health Journal*, 2(4), 241-248.
- Yogman, M. W. (1982). Observations on the father-infant relationship. In S. H. Cath, A. R. Gurwitt, & J. M. Ross (Eds), Father and child: Developmental and clinical perspectives (pp. 101-122). New York, NY: Psychology Press.
- Zaouche-Gaudron, C. (1997). La différenciation paternelle et le père suffisamment présent [Paternal « differentiation » and the « present enough » father]. Neuropsychiatrie de l'Enfance et de l'Adolescence, 45(3), 153-161.