Theoretical concepts and frameworks that relate to language and communication with fathers

Developed by Healthy Male and
the Plus Paternal Network
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HEALTHY MALE
Generations of healthy Australian men

Plus Paternal
A focus on fathers

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As a men's health organisation, Healthy Male's work, and the terminology we use, are often binary in nature. Whilst our remit is men's health, we respect people of all genders and support the work done by other organisations to assist gender diverse communities.

We use inclusive definitions. 'Men' includes all people who identify as men and 'women' includes all those who identify as women. Similarly, the terms 'father', 'mother' and 'parent' encompass all those who identify with them.

We are conscious that reproductive health issues around preconception, fertility and child birth are often related to a person's sex as assigned at birth, which may differ from their gender.

We appreciate that the challenges faced by many men throughout the perinatal period may be shared by more widely by non-birthing parents, regardless of their gender.

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Introduction

The transition to parenthood is a challenging time for all parents. It is also a time when parents are potentially interacting with many health professionals across a range of reproductive and perinatal health services. These interactions, be they positive or negative, can be highly influential in helping shape a parents' knowledge, skills, attitudes and behaviours.

Australian families are increasingly diverse and may include one or more parents of various genders and/or sexual identities. Whilst acknowledging and respecting the diversity amongst Australian families, this paper is about how health professionals engage and support fathers. There are around five million fathers in Australia, two million of whom have a child under the age of 18.[1, 2] Although fathers are our focus, the challenges they face during the transition to parenthood and throughout the perinatal period may well be shared by non-birthing parents, regardless of their gender.

Father-inclusive practice is an approach to service delivery that values and supports men in their role as fathers. It calls for services to actively encourage fathers' participation in programs and to *'ensure that they are appropriately and equally considered in all aspects of service delivery'*.[3]

Father-inclusive practice is becoming more common as health services seek to engage and involve fathers, or men-seeking-to-be fathers, to help them prepare for parenthood. However, the recruitment and retention of fathers in the health system from preconception to early fatherhood is inconsistent, and engagement remains low, compared to mothers.

The language[a] used by health professionals and health service leaders forms an important part of father-inclusive practice and influences the engagement of families in health care. The words and images used within health services, within policies and procedures, in consumer information and those chosen by health professionals, can work to include or exclude individuals. Language and communication messages can also reinforce traditional gendered stereotypes that may influence roles within families.

Although possibly unintentional, the language used in our health system often excludes fathers and non-birthing parents. Literature reviews and surveys show that many men do not feel meaningfully engaged by the health system when they are considering or having a child.[4]

To explore the influence of language and communication on fathers, the Plus Paternal Network[b] scoped relevant theoretical frameworks. By examining a range of

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[a] We have taken a broad definition of language and communication, incorporating words (written and spoken), messages, imagery and environments.

[b] The Plus Paternal Network is a national network of organisations and individuals committed to progressing the seven goals of the Plus Paternal Case for Change'.

theories, we hoped to deepen our understanding of how language is used with, and received by fathers, and to extrapolate on how particular communication strategies could improve the engagement of fathers and their experiences of the health system. Our end game was to develop recommendations around language that could inform the development of resources and communications materials for health professionals hoping to better-engage with fathers.

Our key questions were:

1. What do the theories tell us about language and communication with fathers?
2. How should we apply this knowledge to improve the health system's engagement of men?

Within this paper we briefly describe the theories we saw as being particularly relevant to health professionals' communication with fathers, and then draw on those theories to make recommendations for promoting father-inclusive communication and challenging language that reinforces traditional gendered norms.

Tuning in to fathers

It is worth remembering that like all of us, fathers are products of their environments. Their knowledge, skills and attitudes will have been influenced by the worlds they live in - their own childhood experiences, their families and friends, their culture, their education, their socio-economic status, the media, our health system, and so on.[5, 6, 7] All these factors work to develop a father's identity; how he perceives his role/s and his engagement with his child and family.

Although all men are different, there are some trends in their preferences for receiving information. Studies have shown that men trust information from both male and female health professionals, and will also seek information online, particularly if related to issues such as fertility.[8] Men typically want to receive factual, statistical and/or practical information about pregnancy.[9, 10, 11] Where appropriate, humour can be a useful tool in engaging men.[11, 12] An Australian study showed that men value five key qualities when communicating with GPs: i) a *'frank approach'*; ii) competence; iii) the *'thoughtful use of humour'*; iv) empathy[c], and; v) a fast resolution to their issues.[13]

Becoming a father is a significant life transition. When men become fathers, they suddenly belong to a different group, and to a new 'family'. In some, but not all fathers, the change in identity may be accompanied by a sense of belonging — the feeling that they fit in with other parents and other fathers, affecting their motivation and engagement as a parent.

Language is a critical tool for engaging fathers and promoting their sense of belonging. The words we choose and the messages we give can tell fathers that they belong, or that they don't. Importantly, belonginess can be signalled directly in words chosen but also by cues in the environment, such as posters in waiting rooms or images on websites.[14]

Tuning in to the language used by fathers is also important as their word choices may be a cue as to how they are feeling or coping with fatherhood. In a study of Australian men who had made a suicide attempt, the most frequently endorsed words or terms to describe their suicidal feelings were: *'useless'* or *'worthless'*, *'I've had enough'*, *'hopeless'*, *'pointless'* and *'over it'*.[15] To describe feeling depressed, they nominated: *'stressed'*, *'tired'*, *'not going too well'* and *'down in the dumps'*.[15] Such words should prompt deeper conversations to elicit the extent of a parent's feelings.

Health professionals are uniquely placed to identify fathers who may be struggling, and to inspire men to be engaged, confident, committed parents. By communicating intentionally and specifically with both parents, rather than unwittingly excluding the father and non-birthing parents, and by being attuned to their needs, health

[c] Empathy was defined as *'the ability to communicate easily, at the same level as the patient, and to listen and understand from the patient's perspective'.* [13]

professionals can set the scene early for a positive parenting experience that will help families to thrive.

Positive impacts on fathers and families will be amplified if health services take a whole-of-service approach to father-inclusive practice, and use language across all communications formats that reflects fathers and non-birthing parents as valuable, competent, equal parents.

Family diversity and gender-neutral language

Rainbow families are same-sex or LGBTQ+ parented families. They include parents who are lesbian, gay, bisexual, transgender or queer who have a child/children, or are planning to have a child/children. According to the 2016 Census, the number of same-sex couples has risen by 39% since 2011 and 83% since 2006.[16] Around 15% of same-sex couples had children, including adult children, living with them.[16]

Everyone should have access to the language that makes them feel comfortable and included. Gender-neutral communication is fast becoming a part of our mainstream vernacular and can be a requirement for Government agencies. Using non-binary terms in relation to families and parenting acknowledges the diversity of families and helps create inclusive environments that acknowledge trans, gender-diverse and non-binary family members.

However, there are some risks in taking a blanket approach to gender-neutral communications. Most parents identify as either 'mothers' or 'fathers' and are motivated by these terms and their associated roles. They may not connect with gender-neutral terms such as 'gestational parent' and 'non-birthing parent'.[17]

Gender neutral marketing may not be effective in engaging fathers. Simply advertising programs for 'parents' has not brought fathers to services, perhaps because the term 'parent' still tends to imply 'mother' if gender biases are observed. Including the words *'men', 'dads', 'uncles', 'pops' or 'fathers'* in fliers has been shown to significantly increase men's engagement in programs.[18]

To reduce these risks and emphasise the inclusion of all parents, it is important not to take an 'all or nothing' approach. To be truly inclusive and engage all parents, it is important to use both gender-neutral and gender-based language. In the same way that it has become common practice to enquire about preferred pronouns, enquiring about parental identity demonstrates respect and inclusion of all individuals.

Recommendations

- Use both gender-neutral and gender-specific language where appropriate.
- Be mindful not to make assumptions. You may be working with single parents, separated parents, rainbow parents, those who are co-parenting and those who are not.
- Where appropriate, check in with your clients on their preferred terminology e.g. How would you like me to refer to you each as parents – mum, dad, or perhaps another term?
- Be conscious that the word 'parent' may not gain men's attention.
- Be mindful of gender fluidity and changes in preferred names, pronouns and identities. A trans man, for instance, may have given birth but may not identify as a mother.
- When engaging with fathers, use the terms 'father' or 'dad', along with gender-neutral terms where appropriate. For example – *Blackwood Health*

Service invites all parents; mums, dads and partners, to attend its information session.

The theories and frameworks

Within this section we describe five theories and/or frameworks relevant to health professionals' communication with fathers. Each theory informs practical recommendations for messages and word choices.

1. Family Systems Theory
2. Attachment Theory
3. Gendered stereotypes and norms
4. Non-verbal communications theories
5. Confirmation Bias

1. Family Systems Theory

Description

Family Systems Theory[19] defines the family unit as *'a complex social system in which members interact to influence each other's behaviour'*.[20] A change in one family member is likely to influence the entire family system and may affect other members.[20] Like within any system or 'machine', it is the interconnection that makes a family work. Ignoring one part of the family system can have implications for individuals and the family as a whole.

In a new family's 'system', identities, roles, relationships and emotional wellbeing will be influenced by individuals' beliefs and expectations, and by the 'pushes and pulls' of the family system. Contributing factors include: competing emotional demands; hierarchy issues; conflicts; family and institutional culture, and; beliefs about the 'work of parenting' such as childcare, household tasks or provisioning.[21] The feedback loops from the system can either help or hinder a member's emotional wellbeing or resilience.[19]

The parenting system is also shaped by input from the social environment, including health services. If health professionals can encourage parents to be flexible and open, and not constrained by their family system, they will be better-able to assist those who need advice or support. Because patterns of interaction stabilise quickly ('seeking equilibrium in the system'), language, messaging and information needs to be targeted and timely.

Recommendations for language and communication with men/fathers

- Choose words and messages that focus on building a strong, interdependent family unit.
- Engage and communicate with all parents as a matter of common practice, normalising this as a specific goal of the organisation. Reinforce this regularly with all parents so that it becomes the norm for them also.
- Communicate that fathers and non-birthing parents perform more than just a support role to the mother or birthing parent – they are important to the development of their child and know important information about the child.

- Acknowledge that each person within a family system can feel vulnerable and that the whole family can benefit from support during a period of change.

Non-birthing parents, most commonly fathers, 'are often treated as secondary to fertility, birthing and parenting processes — welcome but not active-partners'.[4] Side-lining fathers, whether deliberately or not, detracts from efforts to build a strong family unit.

Encourage parents to work together as a team, to plan how they will parent and to trouble-shoot together. Choose words like '**teamwork'** rather than 'support' or 'help'. Encourage fathers to play an active role as couples prepare for parenting, and when the baby arrives.

Remember that change is occurring for all parents. Encourage parents to talk about 'who will do what' with regard to caring for baby/babies and household chores following the baby's arrival.

Share information relating to fertility, conception, pregnancy, birth, breastfeeding and parenting with both parents to help them to build a deeper, shared understanding of this important life transition.

Acknowledge that a father's health and wellbeing needs are important to the family as a whole. Encourage them to engage with support services if they are struggling.

2. Attachment Theory

Description

Attachment Theory is about connections. It examines the relationships and emotional ties that form between people, particularly over the long-term, such as the bond between a parent and child. Bowlby described attachment as a 'lasting psychological connectedness between human beings'.[22]

The primary proposition of Attachment Theory is that when caregivers are **available** and **responsive** to a child's needs, the child develops a sense of security.[23] The child knows that the caregiver is **dependable**, which creates a secure base for them to then explore the world.

Children who are securely attached as infants tend to be more 'socially engaged' as they grow older, more accepted by their peers and less likely to develop anxiety disorders.[24, 25]

Attachment Theory has evolved over time. Traditionally, Attachment Theorists focused almost exclusively on the mother-infant relationship as the mother was seen as the primary caregiver, with the father or non-birthing parent becoming the secondary attachment figure.

The focus has since shifted to acknowledge dual attachment[d] and the various attachments formed within family systems (see Family Systems Theory above). Recent studies have shown that fathers and mothers are equally able to form emotionally rich relationships with their children and promote subsequent secure attachment in children.[26, 27, 28] An emotionally secure father-child-relationship appears to assist children to create better relationships with their peers.[29]

The benefits of fathers bonding with their children, both for the father and the child, have not been well communicated to fathers.

Recommendations for language and communication with men/fathers

- Use language that normalises fathers as nurturing, caring, responsive, emotionally available parents.

Direct messages about parenting and the importance of attachment equally to both parents. Build parents' understanding of the health and developmental benefits for their children of spending time together.

Using words like '**comfort'** and '**nurture'** in the context of fathers providing care for infants can help to normalize these functions as part of their role.

Build fathers' confidence that they will be able to build strong bonds with their children and let them know that this bond often develops through father-child play.[30]

Reinforce that both parents can, and should, support their children's **emotional security**. Children soon learn that they can turn to either parent when they experience emotional pain or fear.

Avoid any reference to mothers' providing better or more instinctive care. Birth and breastfeeding aside, both parents are equally capable of providing the **care**, **comfort** and **support** of exploration that children need.

3. Gendered stereotypes and norms

Description

Gender theories and concepts around masculinity and femininity have been evolving since the 1970s. Thinking has moved from the belief that men and women operate according to fixed biological determinants, to seeing masculinity and femininity as separate, but overlapping 'sets of mutually **created characteristics** shaping the lives of men and women'.[31]

Masculinities refer to 'practices, attitudes and behaviours that are associated with men and boys and how they should act'.[31] These include social norms; the unwritten rules about how to behave in society. Depending on age, culture and social groups,

[d] A child's ability to form primary connections for security/comfort with both parents.

masculine values can take on many forms and be expressed and experienced in many different ways.[31] This is also true of femininity - the attributes, behaviours, and roles generally associated with women and girls, which may, or may not, resonate with individuals. While not all men conform to traditional or restrictive masculine expectations, it is common to feel pressure, either consciously or subconsciously, to do so.[32] This pressure may influence men's decisions and their wellbeing.

Australians' attitudes about parenting are changing. However, many people still operate in traditional, unequal parenting roles which are pre-determined by their gender and reinforced by social norms, with gender also related to factors such as differences in income levels and access to parental leave. Stereotypes and normative views around parenting, masculinity and femininity can reinforce particular roles within families and exclude people from pursuing other roles. For instance, the hardworking, absent, male breadwinner stereotype can pigeonhole men into external work and subsequent absence from the parenting and caregiver space.[14] Similarly, the caring, dedicated mother stereotype may be a barrier to women fully pursuing employment aspirations.

Some of the most significant barriers in engaging fathers in health and parenting services are gender-stereotyped attitudes and biases. **Entrenched** beliefs around gender roles can be held by either, or both parents, or by health practitioners. They can also be noted at the institutional- or **systemic-level**.[33] When there is a view that the mother is the primary, most competent parent – whether this is held by the mother, father or health practitioner – fathers can be treated as an afterthought or, at worst, stigmatised, excluded or alienated. Importantly, biases on the part of the health care provider, such as a belief that mothers are intuitively better at caring for a sick child, may be reflected subtly through communication with fathers.[34] Such attitudes can discourage fathers from fully engaging in the parenting role even if they had hoped to do so.

Adherence to gendered roles can also affect fathers' **help seeking**. For example, conformity to traditional masculine norms such as the idea that men should be strong, can lead to men bottling up negative emotions and ignoring signs of depression or anxiety. Among men, and young men, in particular, adherence to traditional masculine norms and beliefs is a barrier to receiving less healthcare and particularly mental health services.[35,36]

Recommendations for language and communication with men/fathers

- Reframe language to avoid reinforcing gender stereotypes in parenting.
- Direct information to both parents and acknowledge that they are equally-important.

Choose words that free parents of gendered stereotypes – avoid language that perpetuates the notion of 'mother' as 'primary and most significant caregiver' and 'father' as the 'helper'.

Encourage parents to discuss and negotiate their roles and responsibilities, rather than follow stereotypes without consideration of alternative options.

When talking to fathers, avoid words like 'help' or 'support'. Instead talk about '**teamwork'** and '**shared-parenting'**.

Rather than suggesting that fathers should 'be strong' for their partners – talk about creating a '**strong team'** and acknowledge that it is common for strong people to feel uncertain or vulnerable and to seek support.

Avoid words with masculine connotations, like 'leader', 'breadwinner' or 'provider'. When talking to fathers, use words such as '**nurturer'**, '**kindness'** and '**comfort'**.

Don't assume what roles and responsibilities each parent will take on following the arrival of a baby/babies. For example: that the mother parent will stay home and be the primary carer and that the father will go back to paid work, or that the mother will be the one to attend appointments.

To avoid reinforcing gendered stereotypes, also think about the messages given to mothers. For example, don't recommend that fathers take on the discipline role, or suggest, even with humour, that 'men are hopeless at X or Y' or that they 'babysit'. Avoid suggesting that the mother is the expert and that she knows best about baby's needs.

Think about the use of gendered language across the health system and within your health service. Mother-focussed terminology can give the impression that fathers do not belong in the space primarily reserved for women. Review how the words and messages your health service uses are perceived by fathers and non-birthing parents, ideally by asking them.

Consider whether your physical environment, publications or marketing materials may be reinforcing gender stereotypes about parenting roles. Ensure posters and pictures represent all parents and diverse families.

By avoiding language that supports gendered parenting stereotypes, you will give space for families to decide together how they will share their roles, and for fathers to make more equal contributions to parenting.

4. Non-verbal communications theories

Description

This group of theories includes Body Language, Gesture Theory, Active Listening as well as Communication Theories. These theories remind us that communication is about much more than just words. Non-verbal communication helps to 'build relationships, provides cues to underlying unspoken concerns and/or emotions, and helps to reinforce or contradict our verbal comments'.[37]

Body language has many elements, including a person's posture, their head and hand movements, facial expressions and eye contact. This form of communication helps to establish the relationship between two or more people and regulates their

interaction, yet it can be ambiguous, and most of it happens without conscious awareness. Other non-verbal communication cues include the tone, volume, pitch and speed of speech, which consciously, or unconsciously, add additional meaning to words. The environment also sends a message and may be conceived as welcoming or not.

Face-to-face communication involves a complex interaction between spoken words and non-verbal communication.[38] The listener 'decodes' all cues, drawing on societal associations (which may vary across cultures). As a result, the listener receives both intended and unintended messages.

Communication research contends that verbal and non-verbal communication often have to be considered together for someone to understand conveyed meaning.[37] When the two messages do not match, non-verbal messages tend to 'override verbal messages'.[37]

People are impacted not only by what health care providers say, but how they present information and what they do while giving this information.[39] Research has shown that a health care provider's non-verbal behaviour, such as their eye contact or a handshake, can boost patients' perceptions of their empathy.[40] Studies have also found that appropriate eye contact boosts people's perceptions of rapport.[41]

Gender biases may also be apparent through non-verbal cues and can create challenges to effective communication between health care providers and their clients.[34] Fathers and non-birthing parents often report feeling excluded during consultations about fertility, pregnancy and parenting.[4]

Recommendations for language and communication with men/fathers

- Reflect on your non-verbal communication and the cues you may be giving.
- Ensure you create an inclusive environment and build rapport with both parents.

Being conscious that improving your body language can help improve engagement with fathers, will help make you a better all-round communicator.

Take a minute to **reflect** on your body language and how it may be helping or hindering your engagement with others. Ask a colleague to comment.

If meeting with two people in a healthcare setting, do you regularly make eye contact with them both (unless there are cultural issues that preclude this)? Whom do you look at most frequently? Are the chairs positioned to maximise everyone's engagement? Do you display active listening skills, such as head nodding? Are your facial expressions appropriate? Do you use gestures that promote engagement (e.g. welcoming hand motions) or detract from it (e.g. fidgeting)?

Do you actively include fathers and non-birthing parents throughout each visit? How is your body positioned in relation to each parent? If fathers visit or bring their children to an appointment without the mother do you ask, 'Where's your partner today?' Do you routinely include fathers in discussions or questions about child care?

Use non-verbal cues to show that you believe the father is a capable and equal parent, such as handing the baby to them to hold during an examination.

Do the images presented in your service, on your website and in written materials portray diverse parents? Are there pictures of fathers, same-sex couples, single-parents etc? Are the colours in your waiting room and on written materials appropriate to engage everyone i.e., not all pink?

5. Confirmation Bias

Description

Confirmation Bias is the idea that we see what we want to see. People tend to prefer information that confirms what they already believe — whether or not the information is true.

Confirmation Bias occurs when a person interprets or approaches a situation according to their own pre-existing beliefs and ignores information to the contrary. It explains the tendency for people to seek or recall information in a way that confirms or supports their prior beliefs or values.[42]

Working with parents can unearth many confirmation biases, including a belief that they need to play a certain role, or behave in a certain way, thoughts on the roles of mothers or fathers, confidence in skills or abilities etc. An example might be a health professional who believes mothers are naturally better at consoling babies. This bias may be reinforced when they witness a father struggling to calm their child, even if the mother struggles too. This bias is known as belief perseverance — when beliefs persist after the evidence for them is shown to be false.[43]

Biases may be reinforced at a system or society level and may be difficult to break down. Although confirmation bias cannot be eliminated entirely, it can be brought to people's attention and managed through awareness raising, education and training.

Recommendations for language and communication with men/fathers

- Be conscious of your own biases and how they may be reinforced through the messages you give to parents.
- Challenge parents' pre-existing beliefs — encourage them to keep an open mind about how they will share the different components of the parenting role.

Viewing fathers and non-birthing parents as important and communicating this verbally and non-verbally across families' engagement with services will increase their positive perception of their own value and engagement in parenting, and potentially increase their involvement.

It may be useful to reflect on your own potential biases and to ask others if they notice you displaying any biases. What do you think about fathers' abilities to care for newborns or infants?

To help parents' avoid confirmation bias, provide information from a range of sources and present differing views. Gently challenge traditional / stereotyped thinking by presenting alternative ideas and examples. Help them find the 'grey' if they appear very 'black or white'.

Be cautious of making definitive statements like ‘always’ and ‘never’. Instead, use terms such as ‘sometimes’, or ‘some parents’, and provide examples of contradictory scenarios e.g. “Some parents find that the father is actually better at getting their bub to sleep.”

Conclusion

By considering theoretical concepts and frameworks that lay behind the way we communicate with parents, we are reminded of the power of language and communication in engaging, educating and providing support. As the reproductive health sector has traditionally centred on communication with mothers, working with fathers requires a shift in thinking from a mother-focused model to a family centred one that is father-inclusive.

In isolation, the theories provide insights on how to make this shift, but in combination, they tell a more powerful story. Similarities in the theories reinforce the need to take steps, through language and other strategies, to attune to the needs of fathers and men seeking to become fathers, and to provide an inclusive experience for them. The theories also support communicating with mothers about their relationships planning for a shared-parenting journey.

Language and communication are important components of wider 'father-inclusive practice'. The suggestions for communicating with fathers across the perinatal period may appear obvious or only subtly different to how you would communicate with mothers. However, small changes can make a significant difference to the way each parent engages, learns and views themselves and in how they make informed choices about parenting or help-seeking.

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