Journal of Latinx Psychology

2578-8086/19/$12.00

2019, Vol. 7, No. 4, 304–321
http://dx.doi.org/10.1037/lat0000132

Mexican Immigrant Fathers' Recognition of and Coping With Maternal Depression: The Influence of Meaning-Making on Marital and Co-Parenting Roles Among Men Participating in a Family Intervention

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Fathers play a critical role in recognizing and responding to maternal depression and providing support to the family during the mothers' illness and recovery. Our study adopted a dual method approach, initially consisting of sample interviewing with 10 Mexican immigrant fathers about their partner's depression and recovery, co-parenting, and fathers' coping. Fathers, their partners, and children participated in a family intervention to support the mother's recovery and address the needs of the family. Approximately 12 months from sample interviews and 8 months after the intervention, we conducted in-depth case studies with 3 of those fathers to explore how their recognition, support, and coping evolved. Results from interviews across time points present fathers' initial and evolving understanding of maternal depression, and a case study example reflects how fathers' recognition of their partners' depression changed, as did their marital and family interactions, as they shifted attribution of their partners' depression from a controllable state to one of illness. Receipt of accurate information about depression increased fathers' recognition of depression and allowed them to expand traditional gender norms to take an active role in supporting their partners and children. Fathers' experiences were not without emotional cost, with many men recounting anxiety, shame, loneliness, and helplessness. This study underscores the importance of including fathers in interventions and research on maternal depression in immigrant families, and it offers recommendations for culturally grounded, family-focused interventions.

Public Significance Statement
In this study, Mexican immigrant fathers who recognized and explained their partner's depression as an illness were better able to support their partner and children and themselves. But disruptions to family life took a toll on fathers. It is important to reduce stigma in fathers participating in research and interventions on maternal depression.

Keywords: maternal depression, immigrant fathers, marital relationship, co-parenting, coping

This article was published Online First April 15, 2019.

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The project described was supported by the University of Wisconsin Morgridge Center for Public Service, and the Clinical and Translational Science Award program, previously through the National Center for Research Resources Grant 1UL1RR025011, and now by the National Center for Advancing Translational Sciences, Grants 9U54TR000021 and UL1TR000427. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health. We thank Rachel Hoogasian for her contributions to a draft of this article and to the project.

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Despite the deleterious effects of maternal depression on family life, research on the experience of fathers within these families has been scant (Fletcher, 2009). Moreover, interventions have largely targeted the mother–child relationship or children's coping (Fletcher, 2009), and have been developed and tested with English-speaking populations (Cardemil, Kim, Pinedo, & Miller, 2005). Indeed, a growing number of Mexican immigrant women report depressive symptoms during the child-rearing years, and these women are likely to have a male partner in the home (Cabrera & García Coll, 2004). Yet neither women nor their partners of Mexican origin have been adequately represented in mental health services and intervention research (Stacciarini, 2009). As a result, we are limited in our ability to understand the family disruptions that may contribute to, and may be influenced by, maternal depression and to address the challenges Mexican-origin fathers may face (Duhig, Phares, & Birkeland, 2002).

The research focus on the mother–child relationship may stem from the traditional view of mothers as the primary caregiver (McHale, 2011). Although mothers play a critical role in children's development, a burgeoning literature documents the important and complementary role of fathers in the healthy development of children, especially as a potential buffer against adverse childhood experiences such as divorce and community violence (McHale, 2011). Another reason why studies may exclude fathers is an emphasis on supporting single mothers (McHale, 2011). Lacking, then, is research on low-income women in stable relationships and the contributions of fathers to these relationships and family life. Thus, we were interested in the needs and struggles of fathers as they coparent children and support the mothers' recovery from depression. We were also interested in how fathers' attributions, behaviors, and interactions influenced mothers' experiences of depression and family life. With dual-parent households common in Mexican-origin families in the United States (Cabrera & García Coll, 2004), children who face maternal depression may also be burdened by fathers' coping and well-being and their parents' relationship.

Fathers' Experience of Family Processes in Maternal Depression

Marital Relationship

Maternal depression can affect fathers via disruptions in family processes and diminished resources to cope with stress (Valdez, Abegglen, & Hauser, 2013). Treviño, Wooten, and Scott (2007) found that Latinx couples from the Southwest in which one partner had depression experienced higher levels of marital distress, with men experiencing higher distress than women. In non-Latinx samples, others have found that depression could weaken the marital relationship through increased criticism and verbal hostility as well as decreased expression of emotions (Rehman, Gollan, & Mortimer, 2008). Not surprisingly, marital stress heightens depression among women (Sarmiento & Cardemil, 2009) and is associated with their partner's experienced burden and, in some cases, depression and need for psychological treatment (Treviño et al., 2007). If depression heightens marital dissatisfaction via increased negativity in marital interactions, marital dissatisfaction, in turn, diminishes couples' resources to cope with depression (Valdez, Abegglen, et al., 2013).

These dynamics may be heightened for low-income Mexican immigrant couples given the role of acculturation and socioeconomic stress in their lives. As Mexican immigrant women enter the U.S. workforce, they tend to acculturate faster than their male counterparts (Grzywacz, Rao, Gentry, Marín, & Arcury, 2009). This acculturation gap can strain gender roles and potentially increase marital distress and conflict (Grzywacz et al., 2009). In addition, economic stress has been found to interfere with Mexican immigrant couples' mental health and marital quality. In a study by Helms and colleagues (2014), economic stress was transmitted via couples' psychological distress and negative exchanges, which decreased marital satisfaction. These added stressors are likely to disrupt interpersonal sensitivity in intimate relationships (Rehman et al., 2008), further limiting couples' resources to manage depression.

Little qualitative research has been conducted with Mexican or Latinx couples with respect to the subjective experience of partners with depression. Using a British sample, Harris, Pist-

rang, and Barker (2006) illuminated the challenges in understanding depression during the course of a partner's depressive illness. Lack of understanding was linked with failed attempts to support the ill partner, which increased conflict and distance in the relationship. Similarly, findings from Lewis's (2015) metasynthesis of studies on depression with non-Latinx couples suggest that intimate partners struggle as "disenfranchised caregivers," as they provide increased care to the person with depression and to the household yet may lack recognition as caregivers. Intimate partners usually manage the dilemma of balancing their own and their partner's needs, adding to their sense of burden and marital stress (Lewis, 2015).

These studies suggest that couples' experience with depression is similar to that of Latinx caregivers in families with a medically ill or elderly family member, in which the family member's needs are balanced and negotiated with one's own needs (Villalobos & Bridges, 2016). However, these comparisons are difficult because neither study (i.e., Harris et al., 2006; Lewis, 2015) involved Latinx immigrants. Many of the studies in the metasynthesis were dissertations that included men and women, making it difficult to disentangle fathers' from mothers' experiences. Finally, both studies focus on couples' interactions without attention to co-parenting. Our study extends this research to an understudied, yet rapidly growing, population of Mexican immigrant men and to the marital *and* parenting challenges these men face as they cope with maternal depression. Moreover, our study highlights the perceived changes in recognition, meaning-making, coping, and support after participating in a family-focused intervention.

Co-Parenting

We use the term *co-parenting* to describe shared activities that parents undertake to care for their children that are guided by reciprocity, trust, positive communication, and problem solving (McHale, 2011). Co-parenting may be integral in families facing maternal depression, for not only the buffering role fathers play for children but also the mutual support that is necessary between couples. Lack of mutual support could contribute to family role ambiguity, potentially undermining youth's efficacy, emotional adjustment, and bonds to parents (Fosco & Feinberg, 2015; McHale, 2011).

In maternal depression, several factors may harm co-parenting. First, maternal mood and associated changes in marital interactions may lead to maternal gatekeeping, making it difficult for fathers to coparent (Mangelsdorf, Laxman, & Jessee, 2011). Second, mental health stigma is a well-known barrier among Latino men (Cabassa, 2007) that may impede fathers' understanding and acceptance of their partners' depression. Although a father may overtly support his partner by taking on more household responsibilities, confusion about his partner's symptoms or behavior may undermine the parenting alliance via implicit or explicit messages conveyed to children (Mangelsdorf et al., 2011). In turn, this confusion and its effects may impede the father's ability to respond to his partner and their children in supportive ways. Third, managing the demands of family life and of caring for mothers with depression may burden fathers' emotional well-being. This burden may be initially experienced as heightened stress but, over time, may lead to depression, isolation, and despair (Mangelsdorf et al., 2011). It is critical to explore how interventions can support and enhance the well-being of Mexican-origin fathers and their ability to support the family.

The Sociocultural Context of Fathers in Families of Mexican Origin

For many Mexican immigrant fathers, the experience of maternal depression must be understood within the context of traditional and shifting cultural expectations of father involvement and socioeconomic strain. *Machismo*, a form of masculinity, is an important concept encompassing men's behavior in Mexican culture. Arciniega, Anderson, Tovar-Blank, and Tracey (2008) conceptualize machismo in two dimensions: (a) traditional machismo in the form of negative characteristics including hypermasculinity, sexism, and aggression; and (b) *caballerismo* as positive masculinity described as nurturing, family centered, and chivalrous. Traditional machismo may interfere with some fathers' willingness to provide, and comfort with providing, caregiving to the family beyond financial support (Glass & Owen, 2010). Conversely, caballerismo, such as being a committed provider and protector, may override rigid

roles in the face of adversity (Cabrera & García Coll, 2004). Moreover, traditional gender roles within a couple may shift with immigration to the United States, where there are broader opportunities for women (Updegraff, Crouter, Umaña-Taylor, & Cansler, 2007). Women who might have once stayed in the home to raise children may now work as much as their male counterparts. This shift in roles may prompt fathers to increase their day-to-day care for children, but with uncertainty, if fathers are unfamiliar with U.S. norms for parenting (Cabrera & Bradley, 2012; White, Roosa, Weaver, & Nair, 2009). Shifting cultural expectations of father involvement may complicate co-parenting in the context of maternal depression, in which fathers attempt to fulfill their co-parenting role while managing their partner's care and their own needs (Mangelsdorf et al., 2011).

Mexican fathers place great importance on being a financial provider, a role that typically takes place outside the home (Cabrera & Bradley, 2012). Although this role may be culturally suitable for fathers, it may limit fathers' involvement in the daily nurturing of children when mothers struggle with depression. Unstable, low-wage work has limited fathers' ability to participate in family life (Mangelsdorf et al., 2011). For some immigrant fathers, undocumented status may heighten a lack of resources and protections (Sarmiento & Cardemil, 2009).

Purpose of Study

The primary goal of this qualitative study is to understand fathers' experiences with maternal depression—specifically, how they recognize, make meaning, and cope with their partners' depression—in a Mexican immigrant sample. Our secondary goal is to highlight how aspects of this experience, especially meaning-making, influence the strategies fathers use to support themselves, mothers, and their children during recovery. Third, by interviewing fathers before and after they participate in a family-focused intervention for maternal depression, we develop themes related to how recognition of, and response to, depression evolves through a gradual acceptance, self-awareness, and appraisal of their marital and co-parenting roles.

Method

Sample

Our university's institutional review board approved our procedures. We recruited participants in a midsized city in the Midwest. Although the city's Mexican population is relatively small, it has grown by 96% in the past two decades, surpassing other ethnic/racial minority groups. Fathers were recruited to participate in a family intervention addressing maternal depression. Upon receiving referrals of 17 mothers from mental health clinics to participate in a family intervention, we contacted mothers and scheduled initial meetings with 13 mothers and the family in their homes. The other four families were deemed ineligible because of lack of the mothers' depressive symptoms, per a phone screener. Ten of the 13 families had a father living in the home who was generally representative of the local Mexican immigrant community with respect to documentation status, nationality, language ability, employment, and income. These 10 fathers participated in the family intervention and our sample interviewing.

Intervention. The intervention, *Fortalezas Familiares* (Family Strengths), is a 14-week family-focused program for Latina immigrant women in treatment of depression, their partner, and children Ages 9 to 17 years. Overall, the intervention is aimed at restoring family stability and engagement and addressing sociocultural stressors specific to immigrant Latinx families (Valdez, Abegglen, et al., 2013). Adults and youth meet weekly in their own groups. Discussion topics include learning about depression, discussing individual immigration experiences, exploring acculturation and biculturalism, and practicing specific communication and co-parenting skills that culminate in a family meeting (Valdez, Abegglen, et al., 2013; Valdez, Padilla, McArdell Moore, & Magaña, 2013; Valdez, Ramirez Stege, Martinez, & Chavez, 2018).

Although the intervention is designed to support the mother with depression and the family system, it also addresses fathers' mental health and well-being and their recognition of their partner's illness and support of her recovery. Because we conceptualize depression as interpersonal and systemic, we dedicate entire meet-

ings to the importance of stable and nurturing family and marital experiences, such as shared activities, communication, problem solving, and conflict resolution. We teach skills for strengthening the parenting alliance, grounding skill practice and conversations in culturally and contextually expressive ways. For example, we encourage fathers to reflect on how their upbringing in Mexico influenced fatherhood in the United States to help them define what it means to them to be fathers in their families. In addition, we explore the roles of poverty, hardship, and culture (Valdez, Abegglen, et al., 2013; Valdez et al., 2018).

Participants. We recruited fathers, the unit of analysis, from the intervention as participants. The fathers ($N = 10$) were dominant Spanish speakers born in Mexico, of undocumented status in the United States, and who ranged in age from 25 to 42 years ($Mdn = 32$). The majority had not completed high school (80%), had an annual household income of $30,000 or lower (90%), and worked multiple jobs in the construction ($n = 2$), restaurant ($n = 8$), and cleaning ($n = 2$) industries. All but two had resided in the United States for more than 10 years, and all reportedly left Mexico in their teens and early adulthood in search of economic opportunities in the United States. Fathers reported having one to three children between 2 and 18 years old living in the home. All but one father was legally married to his partner. We invited all 10 fathers to participate in a second round of interviews, but because of scheduling conflicts and/or families no longer living in the area, we interviewed three fathers. They were representative of the larger sample of fathers participating in the intervention based on family concerns, father characteristics, and perspectives from the intervention and initial interviews with the full sample.

Method of Inquiry

We used qualitative interviews to discover participants' experiences and metaphors as illustrative of interconnections between individuals and their culture (Yeh & Inman, 2007). During home meetings before the family-focused intervention, fathers participated in 1-hr individual interviews exploring their perspectives on family life and their partner's depression. Trained bilingual researchers conducted interviews in Spanish in a private space to enhance disclosure, self-reflection, and privacy. Twelve months later and approximately 8 months after completing the intervention, we held in-depth, 2-hr interviews with the three fathers at the community center where they participated in the intervention.

We adapted a dual method phenomenological approach to elicit subjective psychological meanings in the lived experience of fathers and to maximize thoughtful reflection and reconstruction of these fathers' lived experiences (Wertz, 2005). In the first method, we focused on sample interviewing, whereby the initial round of individual interviews consisted of general open-ended questions that explored fathers' breadth of experience with maternal depression. Having a sufficiently large sample was important for these interviews so that varied perspectives could be captured (Maxwell, 2013). The first author, who is a faculty member, generated a list of questions in consultation with her research team to explore fathers' understanding of partners' depression, perceived consequences on family interactions, and emotional and cultural strategies. We coded information for themes and used these themes to develop more specific questions about the depth and progression of their experiences.

In the second method, follow-up interviews focused on conducting a case study with a smaller sample size that would yield thick descriptions and deepened meaning (Maxwell, 2013). For example, in the first interview, we asked each father to describe his partner's condition. In the second round, we asked them to describe what contributed to their initial understanding, how this understanding influenced marital and family interactions, and how and through which means their understanding evolved. We prompted fathers to clarify shifts in meaning and experience and to contextualize their experiences in their own upbringing, life experiences, and cultural beliefs. This case study method also allowed us to present findings couched in one participant's chronological experience, taking into account how childhood context, culture, and marital dynamics influenced and were enacted in the experience of maternal depression and father's engagement in the family. Similar dual methods of qualitative analysis have been used in research with Latinxs, with variation in the presentation of find-

ings (see Ishikawa, Cardemil, & Falmagne, 2010). In our construction and presentation of findings, we weave the case study into interview themes to capture nuance and context in participants' meanings.

We used purposeful sampling to study a central phenomenon in context with a sample size that delivers rich information to describe, explain, and interpret the phenomenon. Our intent was not to seek a sample that empirically generalizes to the population. Instead, we focused on achieving saturation or the reaching of informational redundancy in answering the research questions (Wertz, 2005). We achieved redundancy in both first-round sample interviewing and second-round case study interviews. Specifically, thematic coding saturation in sample interviews was reached when researchers "heard it all" from the 10 participants and identified a wide range of thematic issues (Hennink, Kaiser, & Marconi, 2017). Researchers reached a threshold at which additional interviews did not yield new themes, instead adding onto already established themes. Experts recommend a sample size of three to 12 participants for phenomenological research to reach saturation (Creswell, 2013). For the second round, we adopted case study inquiry to capture depth and meaning of experience in the context of a family's history. Follow-up case study interviews with three fathers focused on in-depth exploration of these themes. Meaning saturation, in which the researcher can "understand it all" or develop a rich, textured understanding of the themes (Hennink et al., 2017), was reached for each individual, reaching a threshold at which continued probing became redundant.

Data Analysis

The authors and a second graduate student, who is also Latina, underwent training in qualitative methods and phenomenological models, specifically, before analyzing all the data in three phases. The first author had extensive experience with qualitative research and research with Latinxs. In the first phase, the students read and reread transcripts in Spanish to familiarize themselves with the process and content of interviews. To immerse themselves in the totality and salient aspects of participants' experiences, they approached each transcript with empathy and through the suspension of judgment and theory, also known as *epoché* (Wertz, 2005). In the second phase, the two graduate students independently coded transcripts to identify descriptive statements capturing participants' meanings and experiences (Wertz, 2005). In coding interviews from the first sample interviewing round, they considered how participants constructed their experience based on their sense of identity and self, relations with others, ability to carry out desired activities, and sense of physical place and cultural context, among others (Ashworth, 2003). The two students then compared coding schemes to achieve consensus on the descriptive statements. The third phase combined descriptive statements into themes within and across participants (Wertz, 2005). The two students repeated the analysis with the transcripts from the second round of case study interviews.

The first-round interview coding generated themes and additional questions for second-round interviews. Analysis of the case studies in the second round added a fourth phase. The fourth analytical phase focused on noting shifts and progressions in meaning from first-round to second-round interviews (Ashworth, 2003; Wertz, 2005). A shift in meaning was coded when participants explicitly compared experiences between interview rounds, as in, "I used to think . . . and now . . .," or when their perspectives between rounds differed and were attributed to a condition absent from the first round, such as a family interaction or an intervention experience. The first author ensured trustworthiness in the data by (a) auditing the coding for theme stability, (b) comparing results from the first round with the second round of interviews, and (c) comparing themes with the literature (Wertz, 2005). The first author created a case study, that is, a chronological ordering of one participant's experience, to illustrate his experience within a specific family and sociocultural context. The first author also translated participants' quotes into English, balancing functional (i.e., linguistic familiarity in the target language) with cultural (i.e., cultural meaning of concepts) equivalence (Peña, 2007). The second author checked translations.

Researcher Positionality

The first author was a faculty member in a counseling psychology department at a univer-

sity in the Midwest at the time of the study. She was born in El Salvador and lived there until the age of 9 when a civil war forced her family to immigrate to the United States. After returning to her birth country years later to attend college, she relocated to the United States to pursue graduate studies. She now conducts research at a university in the Southwest. The second author, a counseling psychology doctoral candidate, identifies as a Latina/Mexican woman who arrived at the United States as an international student almost a decade ago. She grew up in Monterrey, a city in Northern Mexico, so she was aware of the migration passage and stories of migrants in her community. Her professional interests revolve around outreach, clinical service, and ongoing research that serves Latinx families and youth.

Although the authors share an immigrant identity and native language with participants, they are aware of how their privileged migration stories and educational and socioeconomic status have informed their feminist lenses and may bias their collection and interpretation of data. Working with cultural humility, they were intentionally open to nuances in participants' experiences and frequently discussed reactions, assumptions, and interpretations (e.g., gender norms and machismo) to ensure these were grounded in the data and the literature.

Results

Figure 1 illustrates fathers' experience of maternal depression from one interview round to another, with main themes shown in white boxes and subthemes in gray boxes. Fathers seemed to construct their experiences of maternal depression through shifts and progressions in their recognition of the illness, the first theme identified. Second, recognition appeared to evolve and to entail cognitive processes to make meaning of the family situation and depression as a disease. Third, these processes likely influenced the quality of fathers' interactions with their partners, in that confusion led to more negative interactions, such as blame, whereas an accurate understanding was linked to more positive interactions and support. Fathers perceived the support they provided to benefit their families. Fourth, fathers said they coped by gaining mastery and enjoyment from their involvement but nevertheless continued to experience burden from the struggles they faced in supporting the family. Changes in recognition were often precipitated by a crisis in the mothers' depression that led to entering care and participating fathers reporting greater understanding and self-appraisal. They noted reduced stigma about depression and more flexible gender roles with increased marital and co-parenting support.

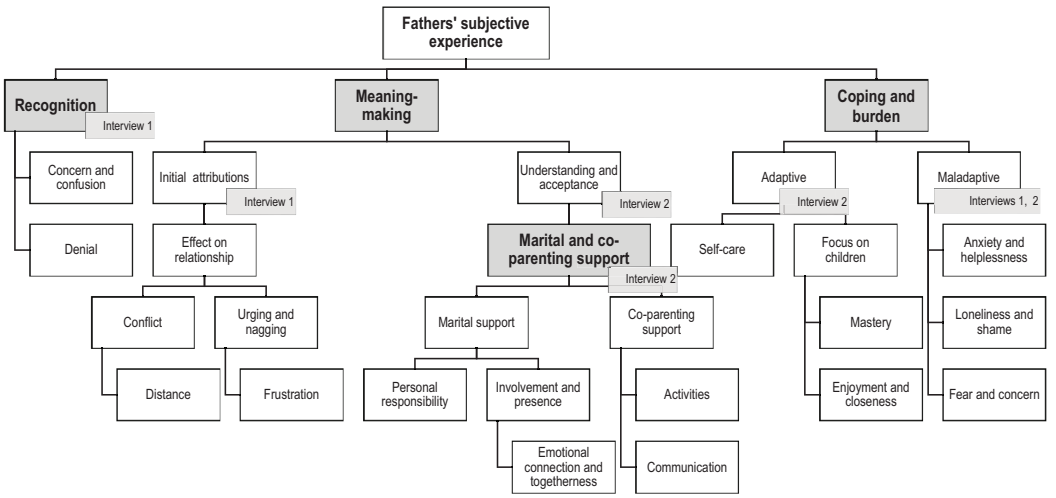

Figure 1. The subjective experience of maternal depression by Mexican immigrant fathers.

Findings are illustrated through quotes and a representative case of one father, who participated in both rounds of interviews. Rather than separating the case from the themes, we weave the case into the themes to provide a rich, nuanced illustration of themes. For ease of reading, case elements are italicized and set off from the main text in the style used for block quotations.

Case Study Background

Leo (pseudonym) was 33 years old, was married to Ana (pseudonym) for 12 years, and had three daughters, all between the ages of 7 and 11 years. As a child in Mexico, Leo grew up in a family in which both parents abused alcohol and engaged in intimate partner violence. He acknowledged the detrimental effect this dynamic had on his well-being, particularly in adolescence when he became involved in gangs and drugs to escape family life. He left that life when he met Ana at the age of 20, but finding work in his small town was difficult related to his substance use and gang history. He migrated to the United States in search of better economic opportunities, and married and brought Ana to the United States a year later. Leo was employed for the same construction firm for the past 15 years and was well-regarded by his coworkers. He had no criminal history in the United States nor any reported use of street drugs, which he attributed to his commitment to his wife and children. Ana, 35 years old, was a homemaker raising their daughters and volunteering at school. Ana, too, grew up in a family in which alcohol and violence were common. She experienced sexual abuse from a neighbor that lasted for 6 years. By the time she met Leo in her early 20s, she felt she had mastered the pain, anxiety, and trauma of her difficult childhood. However, she experienced postpartum depression after her first and third pregnancies, and struggled throughout the years with self-harming thoughts and behaviors. Leo coped with her illness by drinking alcohol with friends on weekends. His use of alcohol and absence from home created a cycle of retraumatization and avoidance within the family. Two daughters had expressed suicidal behavior, in their own way coping with family life. Ana was referred to the intervention by her therapist, who was looking for resources for the family.

Theme 1: Recognition of the Mother's Depression

During the first round of interviews, fathers had varied responses when they spoke about how they were coming to understand maternal depression, the first theme identified. Whereas some fathers expressed concern and confusion, others downplayed worry about partners' behavior.

Concern and confusion. Fathers expressed concern during the first interviews about what they observed to be the mothers' deteriorating emotional and behavioral state. Some fathers described their partners' states as extensions of normal feelings and behaviors, such as crying and sleeping, but struggled to make sense of their intensity and pervasiveness. For other fathers, concern and confusion seemed to stem from what they perceived to be the mothers' loss of social connection: "She doesn't want anyone [in the family] to get close to her."

> ***Case study: Concern and confusion.*** Leo expressed concern about Ana's irritability and emotional sensitivity, not only because the behaviors were alarming to him, but because of the lack of an apparent reason for her symptoms: "She gets mad at everything, and it is like she spends most of her time in bed. Any little thing will make her very sad, crying for no reason. I mean, you just don't understand . . . why she feels that way."

Denial. Although some fathers seemed to watch with concern and confusion the deteriorating emotional state of their partners, others seemed to downplay worry. During the first round of interviews, a few fathers described their partners as "simply tired" or "just stressed": "Well, [her behavior] is normal because the truth is she is an excellent person. She's very patient, but I do notice her change a little when she's tired." At the second interview about a year later, this father attributed his initial denial and reluctance to his lack of understanding of depression and to possibly wanting to protect his partner's image.

Theme 2: Meaning-Making

For fathers, coming to understand maternal depression and how it affected their families and relationships with their partners was a process that unfolded over time, the second theme in the findings.

Initial attributions about depression. Regardless of whether fathers expressed concern over their partners during the first interviews, the majority of fathers did not initially associate the behavior with depression. Some fathers considered but ruled out depression because they associated it with severe mental illness, which did not fit their views of their partner. A few fathers reported that they held the misperception that maternal depression—specifically, postpartum depression—was a natural and common experience that quickly resolved on its own.

In search of meaning, alternatively, some fathers attributed the mothers' emotions and behaviors to perceived dissatisfaction with their families. For example, this father interpreted the mother's irritability and withdrawal as a sign that she was rejecting the family, by stating, "Almost every day it's like she doesn't want to be part of my family. Like she is upset. Like when there is too much noise she . . . doesn't want that." Another father also believed the mother's dissatisfaction with work and the marital relationship was contributing to her mood and behavior. This father emphasized the need to consider many explanations of the situation:

> I mean, I do not see it as an illness but like something she is taking out of proportion or. like she is tired from work, or maybe it's you. I mean you even question yourself, "Oh, our relationship is not going well anymore." So then, what should I do? How can I change this? I mean you question many things when you do not understand it.

As evident in this quote, some fathers seemed to assume mothers had control over their emotional and behavioral state. Therefore, the men expressed frustration when they perceived the women as not making enough effort to improve. By saying she was "taking it out of proportion," this father seemed to further attribute the mother's motivations to an intentional attempt to manipulate the situation. This view was common for couples who reported conflict and for fathers who reported they felt stigmatized when they talked about depression in Mexican culture.

Not surprisingly, fathers' interactions with their partners with depression were consistent with these explanations and attributions. Fathers who had not yet understood their partners' deteriorating state as depression hoped their behavior would change by encouraging them to get out of bed, do things around the house, and spend more time with the family. That is, they assumed mothers could improve if they "just tried harder to act like her old self." One father, in the second interview, recalled encouraging the mother on a daily basis to be more active and happy. Although these varied strategies seemed to alleviate mothers' symptoms, they did not fully help them manage depression, which led to fathers' feeling helpless or frustrated. These cognitive and interpersonal transactions contributed to increasing arguments, resentment, and negative communication in the marital relationship. During the second interviews, reflecting on their early experiences with their partners with depression, fathers were cognizant that lacking recognition of depression hampered their ability to support their partners and families, and further hindered mothers' recovery. One father expressed, "It's really difficult to understand the person who is going through it. It's easier for you to . . . like get angry, then the arguments start, the whole problem starts . . . because there is no way that you have understood it."

> ***Case study: Meaning-making.*** For Leo, not understanding Ana's depression led to unsatisfactory explanations about her motivations that increased his frustration and accusation, which, in turn, triggered Ana's resentment and anger: "Honestly, when I didn't know about her illness, she would hold it against me and we'd argue, fight, then it's like . . . obviously, I didn't even know how to calm her down. I mean . . . the only thing I felt was that she was attacking me, or maybe she was tired, or for any little thing she was getting angry."

Understanding and accepting. Over time, fathers' understanding of and interactions with their partners seemed to adjust as they became more cognizant of the stressors in family life that contributed to the mothers' mental state. Fathers acknowledged that some of their own behaviors were unhelpful to their partners, such as using alcohol, arguing, and burdening the partner with parenting responsibilities. Most commonly, it was interpersonal losses—such as grief over a family member's death or family separation related to immigration—that fathers identified as affecting their partners. Recognizing these stressors was often precipitated by the partner's worsening state, ultimately leading her to therapy:

> And well . . . I did see her very frustrated when her mother passed away. So I think that is when she started . . . to have more and more problems. It was not until we came to this program, that you helped us understand her illness . . . how [her life] had traumatized her.

Involvement in a family-focused resilience intervention led to understanding and acceptance of this partner's depression. For others, health professionals diagnosed the mothers with depression. Some fathers learned about depression from a local radio station.

> ***Case study: Understanding and accepting.*** Leo acknowledged that his drinking on weekends was a source of stress for Ana given her family history with alcohol and violence. He decided to accompany Ana to her individual therapy so the therapist could explain depression to him: "We were constantly going to the clinic because of her headaches . . . And it was the doctor who said it was postpartum depression. And then, because of the time I spent drinking with friends . . . and what I said, all the time I'd find her crying. That's when I decided to leave it all behind and support her more. Well, that's when you realize how she's changed with the children and with me too. Just by not wanting to go out, by being by herself, away from people. You look one way and she's by herself. 'Come over here,' and 'no' is her response. And that's when you realize that this is an illness. And I didn't know that much but then with what you hear on the radio too."

Theme 3: Marital and Co-Parenting Support

In the third theme of the findings, fathers in the second round of interviews indicated that they used their new understanding of maternal depression to change their roles at home to support their partners and strengthen their co-parenting strategies to support the family as a whole.

Fathers' strategies to support their partners. Once the fathers recognized and accepted their partners' illness, they conveyed they felt more confident in their abilities to give support. For fathers, truly supporting their partner meant recognizing and changing their own behavior (i.e., drinking with friends). It also meant increasing their presence at home, as this father expressed: "Well, I also think.to help her get out of the problem . . . I had to change my life. You know, how I used to be. I had to change that and be home more."

Fathers also emphasized instrumental support, such as increasing their presence in the home, even with their busy work schedules. One father who worked two weekday jobs described making himself available for his family on weekends. Fathers talked about "sneaking out of work" at lunchtime to help partners with errands or simply to lend emotional support: "I would help her with whatever she asked me to." A father asked his boss for permission so he could accompany his partner to her therapy sessions: "I too had to be in [the session] . . . if I wanted to support her, I had to be there. Even if that means that I had to take time off from work." Fathers viewed chores as another way to support the mother in her recovery.

> ***Case study: Strategies to support partner.*** With an increased presence at home, Leo became more involved in household chores. "Sometimes I do laundry or I clean the house," Leo said. "I'd be lying if I told you I do it every time. But if she asks me to give her a hand, I am there to help her." When asked about mothers' reaction to this type of support, Leo responded, "Sometimes . . . I start to wash the dishes, or I make the girls get the beds ready, or to clean their room. My wife says, 'Leave it and sit down for a bit; I'll take care of it.' I say to her, 'Let me do it' . . . She sometimes won't let me help out or she says . . . 'Come here, let's get our bed ready.' Or something else, but she wants us to be together."

Fathers seemed to increase involvement in the home not only to support the mother but also to enhance marital exchanges. For fathers, managing work schedules was challenging yet essential to supporting their partners' recovery. Positive marital exchanges contributed to their sense of togetherness, as evident in this story:

> We go out to eat . . . or we always do things together. If we go to the store or we go see a movie, or whatever. And she is not the type of person who likes to go out and about. So when I see that she wants to go out, I give her priority over work and say, "Let's go!"

This togetherness, which the family intervention emphasized and encouraged, stands in sharp contrast to couples' exchanges fathers reported as mostly negative during the first round of interviews prior to their involvement with our intervention, when fathers did not yet recognize their partners' distant, withdrawn, and irritable behavior as depression. Learning to recognize depression appeared to help fathers shift attribution of maternal behavior and increase their positive and supportive strategies. This father described tak-

ing a supportive stance even when the partner had symptom relapses:

> I think she does notice my efforts to support her because she seems to be . . . more appreciative of how I help her and support her. But again, [on bad days] she starts to say things she shouldn't. . . . But that's normal . . . now I understand her illness.

For this father, patience was facilitated by a shift in the attributions he made about his partner's symptoms and willingness to change. Although he previously perceived his partner to "exaggerate" her symptoms, as if the locus of the problem was internal, he later attributed her symptoms to external factors, such as the day's events. Fathers described stigma about mental illness as blocking their initial understanding and recognized the role of accurate information about depression as shifting their awareness and approach. Thus, attributions seemed to play an important role in fathers' support, and hence in their partners' response and recovery.

The three fathers also construed their shift toward supporting their spouses and spending more time together as "overcoming machismo." The fathers conveyed that their previous expectations for the mothers to fulfill most household and caregiving roles were harmful to their partners' well-being and rooted in traditional gender norms of machismo. The fathers noted that men in their lives (e.g., fathers and brothers) ascribed to traditional machismo beliefs and saw fulfilling household chores as being "bossed around" by their wives. One father noted that he perceived the absence of another father who did not attend with his wife as traditional machismo in the form of "not giving attention" or truly caring for his wife. These fathers indicated that traditional machismo was detrimental enough that their refusal to change could result "in something bad happening to the woman," such as increased depression and suicide:

> Machismo is overcome . . . by helping, being more understanding, or being a little more flexible in all aspects . . . [By helping,] one overcomes [the idea] that the woman must do everything . . . Because if one clings to that world then I think machismo will always be there. So one, at the very least, must [be willing] to open their mind a little.

Therefore, fathers reported they saw changing their behavior and taking a larger role in the family not only as helpful for their partners but also as a way to challenge themselves and their gender role beliefs and to increase understanding and flexibility.

Co-parenting strategies to support the family. The fathers recognized the need to increase involvement with their children. Many looked to foster positive experiences, such as playing games with the children and building stable family routines, such as regular meals, which the intervention emphasized. They became involved in child discipline and management, which not only strengthened their parenting role but also benefited their marital relationship.

> ***Case study: Co-parenting strategies.*** Leo reflected on his increasing parenting role, which also strengthened his marital relationship. He recalled a trip to a cabin with other families: "Once we got there, there were a lot of things to do, with canoes and everything. So I took the girls with me. I told them, 'First, I'll take you with me so your mom can have some time with her friends' . . . We had them [all the kids] playing. . . . Then I went to get [my wife from the cabin]. I took her down by the lake, just the two of us. She really liked that."

What was key about fathers' experience was their reported ability to balance their children's needs and the mother's needs separately but concurrently. Responding to mothers' need for self-care, fathers emphasized engaging the children in outside activities: "The kids sometimes tire her out. So I always take them to the park, we always play, even if it is for a little bit. By the time we come home in the afternoon, she looks much more relaxed." A father explained, with pride, the value of his presence with his partner and children to family wellness:

> I help them with their homework, or I take them out, take them to the movies. . . . when [the mother] stays home by herself she likes to read [or] . . . she'll work on her crafts. So, "Let's go!" and I take the girls. Come Friday after work, I'm there, unlike before [when I'd go out with friends]. I take them where they want to go.

Separate and alone time with children was a way that fathers said they could meet children's needs but present challenges in regard to young children. One father described how difficult it was for his 5-year-old daughter to be without her mother when they left her to run errands: "But, because my daughter is still so young, she's still very attached to [her mother]. I am there trying to separate them. I say, 'Come here, leave your mom alone, let her rest.'" Not only did the young child's reluctance to be without

her mother make it difficult for the father to engage her in outside activities—it signaled the child's limited cognitive capacity to understand her mother's condition. With older children, fathers said they embraced being alone with their older children so they could share feelings about the mothers' depression:

> The best I could do was talk to my kids. You know, about what their mother was going through, so they could understand the reason why she was acting that way. They started to understand that they needed to treat her differently, be more patient with her.

One father indicated what questions the children had: "Why the family is not happy anymore. They see their mother who is always sad or angry . . . Well, they are afraid that everyone will go their own way." Fathers commonly encountered these types of worries with their children and said they openly reassured their children about their commitment to the family. They attributed learning how to have these conversations as part of the intervention.

Theme 4: Coping and Burden

In both rounds of interviews, fathers indicated they coped through adaptive and maladaptive efforts, the fourth theme. Fathers reflected with a sense of growth and strength on their development of recognition and understanding, and provision of support to the family. They indicated coming out of the experience of their partner's depression feeling empowered by their increased role within the family. They also described joy and closeness in their interactions with their partner and children, and self-care through outside activities. Many recounted lingering feelings of anxiety and helplessness, loneliness and shame, and fear and concern.

Mastery, intimacy, and self-care. Fathers said they countered the helplessness they felt with their partners' depression by focusing on their children, which gave them a sense of mastery and enjoyment. Fathers said they also took care of themselves. One father talked about the importance of physical exercise in staying healthy. Another talked about outside activities and their bond to friends and extended family as a source of strength.

> ***Case study: Coping and burden.*** Leo learned to help his daughters with homework, which he had not done much prior to the intervention. *Increased involvement in their activities helped Leo discover closeness with his children, a feeling that he felt he had not developed with his own father. Although this strategy gave Leo a sense of mastery and closeness, there were times when the burden of his partner's depression was too difficult to bear: "I'd come home and look at her . . . I could see it all in her eyes, her eyes told it all . . . if she had cried or not. That's when my anxiety would start." Leo's anxiety illustrated a fear that his partner's condition was not improving enough and a recognition that her mood diminished positive family experiences.*

Anxiety and helplessness. Although fathers perceived their efforts to support mothers and children as resulting in positive changes in the family, these efforts came at an emotional cost to fathers (see Figure 1). One father recalled feeling anxious about the unpredictability in his partner's mood. Fathers paired prolonged anxiety about family climate with feelings of helplessness or powerlessness, which fathers commonly called in Spanish, "*sentirse impotente*," translated literally as "feeling impotent." One father exemplified the burden of helplessness during his partner's recovery based on the unpredictability of family life: "One feels impotent to plan things . . . to be unable to go out, from one day to the next, that's the most frustrating for me."

Another father described the feeling of helplessness as a function of his inability to help a partner who turns away from help: "It really affects me to see her when she is depressed. I see that . . . that there's no one who can get her out of that because she only turns to herself." Although these sentiments were reflected largely in the first interviews, prior to the intervention, fathers in the second interview conveyed helplessness about the possibility of their partners' depression relapsing. These worries made fathers at times internally question their commitment: "There comes a time when you reach your limit and you can't be part of a toxic relationship anymore. What happens? You start to dread coming home and leaving to get away from that situation."

Loneliness and shame. In addition to their anxiety and helplessness, fathers often described feeling lonely as they coped with their partners' depression. For some, loneliness resulted from not having another adult to talk to. Fathers said the cultural stigma of mental illness kept them from confiding in extended family members, colleagues, or friends. And although their children knew about their mothers' depression, fathers said they felt it would not be ap-

propriate for them to rely on their children for emotional support. For other fathers, loneliness resulted from not knowing whether their supportive efforts were working:

> It's really difficult when a person is very depressed . . . you feel very alone. Sometimes I just try to help her . . . But I feel bad . . . because there are times when you think that . . . your help has been useless . . . that's when I think you start to feel desperate.

In times of loneliness and desperation when they felt frustrated with the slow pace of recovery, a few fathers said they contemplated leaving their partners. Considering this option helped them avoid dealing with their situation but brought about shame, as they would be leaving their children. As a father expressed in the second interviews, "When it was rough, the easiest thing would have been a separation. At times it felt like the only way out. I didn't like it because of the kids, but I couldn't help thinking about it."

Fear and concern. A few fathers shared that even with their partners' recovery, their greatest fear was that she might hurt the children. In fact, this fear about violence was the primary motivation for some fathers to seek professional support for the family:

> Ultimately, when you walk through the door if you find her crying, especially when it was really bad, well, I did worry about the children. And it was not until we started to help her, or for her to get help and all of us to get help that it got better. Because there are many cases where children lose their lives to their mothers.

None of the fathers who described this burden reported talking with their partners about the possibility of the mothers hurting their children or themselves. The topic of mothers potentially hurting their children was so taboo among these fathers that they chose to remain silent to avoid offending their partner. Yet fathers' fears were often founded on their partners' behavior. A father described a setback with his wife near the end of the family intervention:

> She grabbed a knife and said there was no point in being here. So then . . . the truth is that it is stuck in my head and every time we argue, I get out of the house, and I want to take the kids with me. But sometimes they do not want to go with me. I want to leave because I do not want to be fighting or having problems in front of the kids. But leaving without them . . . that's when I start to worry and fear kicks in.

Fathers said children's vulnerability heighten concern about their safety: "I can defend myself . . . but children, who will defend them?" Fathers sought reassurance about their children's safety by maintaining vigilant contact with their partner.

> ***Case Study: Fear and concern.*** An area of ongoing concern for Leo was his children's safety: "There were plenty of times when during the hardest moments in her depression, she would admit to me that she was afraid. She was afraid of doing something to the children. She said it herself. But even after all this time I [worry because I] don't know if she has talked with her therapist about it." Leo had not voiced this worry during the intervention sessions out of fear of embarrassing Ana in front of others. Leo also expressed fear for his partner's safety. He described coming home and finding Ana hitting her head against a wall while the children were home from school. After this incident, he started coming home or phoning his partner during work breaks: "I was afraid of leaving the house. Of what might happen if I wasn't there. . . . From work I'd come home to see her . . . or I'd check on her over the phone. If she was crying, I [would say] 'Don't hurt them. Leave the house if you have to,' I'd say like that. The important thing was to get the message in her head not to harm the girls. Because fear is always there with depression because it can make them act irrational.

Fathers said they worried about the safety of their partners and that this worry made them weary of leaving the house in the mornings. For fathers interviewed a second time, the changes they observed in their partners' state of mind and responsiveness as a result of recovery ameliorated the burden of worry. Yet the possibility of a future depressive episode weighed heavily on the minds of fathers.

Discussion

This dual method qualitative study suggests ways to broaden our understanding of Mexican immigrant fathers' experiences of maternal depression and elucidates the processes by which they recognize, make meaning of, and cope with their partners' depression. Filling important gaps in the research, our study uses sample interviewing and case study inquiry to further explicate how these processes could be consequential to fathers' marital and co-parenting roles, which are central to many Mexican immigrant men (Cabrera & García Coll, 2004). Because fathers shared their perspectives prior to and following participation in a family-focused intervention, our case study highlights how fathers likely evolved in their understand-

ing of their partner's depression and how that knowledge influenced the support they provided to the family. Sample interviews indicated that many fathers lived in a state of confusion and anxiety about their partners' emotional state, which contributed to frequent couple and family discord. However, the case study presented how Leo joined and recommitted to Ana's therapeutic journey to enhance understanding of her depression, to recognize how his very drinking behavior triggered her trauma and symptoms, and to recenter his role of support within the family. Moreover, the case study shows how culture (machismo, stigma) and social context (relationships, mental health and substance use history, poverty) influence and are enacted in fathers' experiences and their emotional response. Leo acknowledged how his own family's alcohol abuse was detrimental to his adjustment and subsequent marital relationship, yet he found it difficult to turn away from alcohol, a form of avoidance and numbing, when managing his partner's depression.

Our first theme illustrates that fathers likely do not recognize maternal depression as such until symptoms are severe and require professional care, often in the wake of a crisis involving self-injurious behavior. Initial interviews and retrospective recall during case study interviews suggested fathers initially experienced a series of cognitive attributions and emotional reactions ranging from confusion to denial. Although these reactions can be partially explained by stigma of mental illness in Mexican culture (Cabassa, 2007), they parallel what a study with non-Hispanic partners terms a "bafflement" stage, the initial experience of couples when faced with their partners' changes in mood and behavior (Harris et al., 2006). Albeit typical, these attributions and emotional reactions probably increased fathers' negative affect and countered marital satisfaction and the support provided to the ill partner's recovery. Fathers in our case studies indicated that they changed their behavior and roles in tandem with their better understanding of maternal depression. They concurred that receiving accurate information about maternal depression was key to understanding it, which, in turn, allowed them to manage their emotional responses and to overcome constraints of traditional machismo to support the family. Our intervention appeared to facilitate this shift in meaning for fathers, our second theme, by exploring what fathers knew about their partners' changes in mood and behavior, providing psychoeducation about depression and its effects on the affected person and the family, and using metaphors and cultural constructs to help fathers relate to the experience of depression.

Third, fathers' recognition of their partners' declining emotional and behavioral functioning seemed to have important implications for how fathers responded to the mothers and parented their children. Consistent with the literature on Latinx caregiving in the context of caring for an elderly or mentally ill family member (Villalobos & Bridges, 2016), we found that fathers' reports of their accurate understanding of their partners' depression was key to redrawing roles and responsibilities and communicating support to their ill partner. In our sample interviews before the intervention, many fathers assumed their partners had control over their condition, and the men said they engaged in repeated acts of encouragement (e.g., urging mothers to return to daily activities) and, later, criticism. This finding highlights the delicate balance that couples experience in meeting each other's needs, particularly when what one perceives to be a partner's needs does not match the other's expectations or when those needs change (Lewis, 2015). In our case study interviews, conducted as many as 12 months after the first, fathers described how the intervention they had completed taught them to understand how their own behavior and attributions influenced family experiences that contributed to their partners' distress. Being able to label and acknowledge each other's needs and voice concerns seems to allow couples to clarify and reach a shared understanding of the partner's depression. Because fathers in our intervention shared these experiences with other couples in the group, fathers could validate each other's experiences, while challenging one another to realign their attributions and interactions with their partners with depression.

Fathers attended and participated in our family intervention partly because intentional recruitment efforts were in place. For future research, to help ensure successful recruitment, we first recommend that service providers visit the family home to discuss the intervention when the father is present. Second, we suggest emphasizing that any maternal depression inter-

vention will benefit the whole family and that the whole family will receive support. Third, noting that fathers can attend the first meeting to experience the group without committing to the entire program can dispel concerns or stigma. In our program, once fathers attended the first meeting, 80% returned and participated in 90% of the sessions (Valdez, Padilla, et al., 2013). With appropriate recruitment, fathers we have invited to participate in our program have responded to opportunities to understand depression, and they appear to become a source of support for their partners and family. Interventions should provide a safe space for fathers to share their experiences and receive support (Duhig et al., 2002; Ishikawa et al., 2010).

This component is especially important because the fourth theme fathers expressed was that they experience a heavy psychological burden in caring for their partners and families, even as they report improved family life and a sense of mastery from their role in supporting the family. As shown by research on depression in couples and on caregiving, fathers have difficulty managing the emotional toll of being caregivers, often feeling constrained and cautious, and exhausted and overwhelmed when their partners have depression (Harris et al., 2006; Lewis, 2015). In our study, cultural stigma around mental health seemed to keep fathers from seeking support from extended family, as shown in the literature on Latinx caregiving (Villalobos & Bridges, 2016). Our intervention addressed the needs of fathers by including multiple families as an external source of validation and support. Fathers participated in all program meetings with mothers so that they could make meaning of depression together (Valdez, Padilla, et al., 2013). Via psychoeducation, interpersonal process, and perspective taking, fathers received accurate information, and they could become more attuned to their partners' and their own experiences that influenced their functioning and restorative parenting. We relied on principles from couples' therapy to explore couples' attributions and expectations, promote open communication and problem solving, and build a sense of togetherness and support in their marital and coparenting roles. Finally, we adjusted the intervention so that fathers could meet separately from mothers to discuss more private concerns, which allowed us to focus on fathers' needs more deeply and to validate the difficult place in which Mexican fathers can find themselves when seeking emotional support.

Although others have suggested that fathers can struggle to parent given traditional gender norms and lack of familiarity with U.S. parenting norms (Updegraff et al., 2007), the fathers in our case study seemed to defy gender stereotypes of traditional machismo and to embrace caballerismo with increased closeness and involvement with their children, as found in our themes of family support and adaptive coping. Perhaps this closeness enhanced fathers' solidarity with their children, who were also dealing with their mothers' depression, or gave fathers some control over the situation. These experiences suggest positive aspects of caballerismo, such as being a protector and committed provider (Arciniega et al., 2008). Moreover, some fathers described the desire to be "good fathers," which they contrasted with their own fathers' failures because of alcoholism, infidelity, and abandonment. Caregivers in the literature also experience the dichotomy of burden and mastery as they settle into their new roles, and their commitment to the family is strengthened and learned from early models of caregiving in their lives (Villalobos & Bridges, 2016). Our study extends models of Latinx caregiving by highlighting how fathers defy traditional gender norms to become caregivers when mothers experience depression and withdraw from the family. These attitudes were more evident in our case study interviews, perhaps because fathers reportedly witnessed firsthand how their rigid attitudes and lack of support exacerbated their partners' condition, or possibly because the intervention increased their confidence and competence in their co-parenting strategies. Family-focused interventions can help fathers like Leo reflect more on co-parenting roles. Consistent with the value placed on Mexican fathers' within the family (Cabrera & Bradley, 2012), interventions should address the father as an important head of the family, an approach that appears integral to making fathers feel they were a key component of our intervention.

Despite this preliminary study's strengths, it has limitations. First, because these fathers participated in an intervention prior to the second round of interviews, it is not clear whether fathers not participating in an intervention would experience the same developmental pro-

cess of recognition and support. However, our study illustrates the potential importance of depression recognition, support, and self-care among a small sample of men who participated in an intervention that addresses those processes. Second, the small sample size at follow-up limits our ability to highlight essential processes for various men of Mexican background. Third, our study illustrates the experience of fathers in stable relationships with their partners and living in the home. Future research should explore these experiences with larger samples and with fragile families, fathers who are co-parenting but not living in the home, or fathers who are not in stable relationships with the mothers.

Limitations notwithstanding, this dual method qualitative research is a good starting point, drawing attention to fathers' needs and intersecting cultural and social experiences as they care for children while families face their mothers' illness and recovery. Because maternal depression affects individuals and family systems, more research is needed on the complex dynamics of depression in families, especially effects on fathers, who often carry invisible burdens.

Resumen

El padre de familia ocupa una posición crítica en el reconocimiento y el manejo de la depresión materna y como fuente de apoyo para la familia durante la enfermedad y la recuperación de la madre. Nuestro estudio adoptó una metodología doble consistiendo inicialmente de entrevistas con 10 padres de familias mexicanos migrantes en los Estados Unidos, acerca de la depresión y recuperación de su pareja, la crianza de los hijos en pareja, y el manejo del estrés paterno. Padres, sus parejas, y sus hijos participaron en una intervención familiar para la recuperación de la madre y abordar las necesidades de la familia. Unos 12 meses después de las primeras entrevistas y ocho meses después de la intervención, dirigimos estudios de caso con tres padres para explorar como el reconocimiento, el apoyo, y el enfrentamiento al estrés evolucionaron después de la intervención. Los resultados de entrevistas muestran como los padres perciben la depresión maternal, y un estudio de caso refleja como el reconocimiento de la depresión en su pareja cambió, así como las relaciones en pareja y en familia, cuando los padres atribuían la depresión de la madre como una enfermedad. Los padres reconocieron más los síntomas de la depresión al recibir información más precisa, lo cual les permitió desafiar reglas tradicionales masculinas para tomar un rol activo en apoyar a sus parejas e hijos. Sin embargo, los padres sufrieron un costo emocional sintiendo ansiedad, vergüenza, soledad, e impotencia. Debemos incluir a los padres en intervenciones e investigaciones sobre la depresión materna en familias migrantes, y recomendamos intervenciones culturales y enfocadas en la familia. *Palabras clave:* depresión materna, padres migrantes, relación de pareja, crianza, manejo de estrés. *Significado público*: En este estudio, los padres migrantes mexicanos que reconocieron la depresión materna como una enfermedad podían apoyar más a su pareja e hijos, y a sí mismos. Pero las peleas familiares afectaron a todos los padres. Es importante reducir el estigma en padres que participan en estudios e intervenciones para la depresión materna.

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Received August 30, 2017
Revision received February 23, 2019
Accepted March 1, 2019 ■