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Clare R. Thomas

Brigham Young University - Provo

Erin Kramer Holmes

Brigham Young University - Provo, erin_holmes@byu.edu

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BRIEF REPORT

Are Father Depression and Masculinity Associated With Father Perceptions of Maternal Gatekeeping?

Clare R. Thomas and Erin Kramer Holmes
Brigham Young University

Maternal gatekeeping has been associated with reductions in father involvement and can have a negative impact on the family. Few researchers, however, have focused on how characteristics of the father contribute to gatekeeping. Consequently, this brief report is focused on associations between father depression, father adherence to masculine norms, and father reports of maternal gatekeeping. We further test whether a father's adherence to traditional masculine norms interacts with the relationship between depression and father reports of maternal gatekeeping. This study adds to the current literature on both maternal gatekeeping and father mental health. Participants in this study include 2,214 fathers from the Survey of Contemporary Fatherhood including 73% White, 10% African American, 11% Hispanic/Latinx, and 6% from other races. It was found that fathers who reported higher levels of depression also reported higher levels of maternal gatekeeping; masculinity moderated this association. The link between depression and gatekeeping was amplified when men adhered to masculine norms. Those fathers who were highest in depression and highest in masculinity were also highest in their reports of maternal gatekeeping. Although gatekeeping has historically been considered a problematic behavior, our findings suggest that when a mother's gatekeeping is correlated with potential fathering risk factors (such as depression and masculine norm adherence), gatekeeping may be a tool a mother uses to protect her children.

Keywords: depression, fathering, gender, maternal gatekeeping, masculinity

Those with traditional gender role beliefs often assume parenting is a mother's domain (Makusha & Richter, 2016); these beliefs have been associated with maternal gatekeeping behaviors (Schoppe-Sullivan, Brown, Cannon, Mangelsdorf, & Sokolowski, 2008). Maternal gatekeeping is often defined as beliefs and behaviors that limit men's opportunities to participate in the home as an equally contributing parent (Allen & Hawkins, 1999). These behaviors may have negative effects on parent-child relationships (Cannon, Schoppe-Sullivan, Mangelsdorf, Brown, & Sokolowski, 2008; Holmes, Dunn, Harper, Dyer, & Day, 2013; Zvara, Schoppe-Sullivan, & Dush, 2013) or may protect children from negative outcomes (Zvara, Mills-Koonce, Cox & the Family Life Project Key Contributors, 2016). Although the outcomes of maternal gatekeeping have been explored, predictors of gatekeeping are less studied. Furthermore, predictors typically focus on characteristics of the mother, ignoring the possible ways fathers may contribute to gatekeeping processes. Two specific gatekeeping contexts that

deserve more attention are a father's mental health and his masculine norm adherence. Thus, the focus of this study is to examine the relationship between father depression and maternal gatekeeping, using masculine norm adherence as a moderator.

Conceptual Foundation: The Fatherhood-Masculinity Model

Our analyses are guided by Pleck's (2010) Fatherhood-Masculinity Model, which articulates that masculinity may moderate associations between a father's characteristics (e.g., his depressive symptoms) and other parenting practices enacted by him or by the mother of his children (e.g., maternal gatekeeping). Using Pleck's model, this paper explores how associations between a father's depressive symptoms and a mother's gatekeeping practices may differ based on the extent to which a father adheres to masculine norms. Pleck's conceptual model is consistent with some research findings that men who adhere strongly to masculine norms often express their depressive symptoms through increased aggression (Kilmartin, 2005) and self-medication with alcohol and substance abuse (Genuchi & Mitsunaga, 2015). Men who do not endorse masculine norms may not be as inclined to express depression in such externalized ways (Magovcevic & Addis, 2008). Per Pleck's model, how much a father adheres to masculine norms will not only alter the expression of a father's depression but also likely impact a mother's gatekeeping.

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Clare R. Thomas and Erin Kramer Holmes, Department of Family Home and Social Sciences, School of Family Life, Brigham Young University.

Correspondence concerning this article should be addressed to Clare R. Thomas, Department of Family Home and Social Sciences, School of Family Life, Brigham Young University, 2086 JFSB, Provo, UT 84602. E-mail: clare.thomas3@gmail.com

Maternal Gatekeeping

Maternal gatekeeping, as stated previously, consists of behaviors and beliefs that allow mothers to dictate fathers' participation in the home and with their children (Allen & Hawkins, 1999). Research has shown that both maternal gate-opening and gate-closing behaviors exist in many families (Austin, Pruett, Kirkpatrick, Flens, & Gould, 2013). A mother who is a gate opener is more likely to encourage the father to spend time with their children and allow him to participate in their day-to-day lives (Schoppe-Sullivan, Altenburger, Lee, Bower, & Kamp Dush, 2015). A gate closer is more likely to cut the father off from his children by consistently criticizing his interactions (Zvara et al., 2013) and actively preventing him from spending time with their children (Austin et al., 2013). Not all mothers are strictly gate openers or gate closers; it is possible for mothers to not gatekeep at all, and it is also possible for a mother to be both a gate opener and a gate closer.

Maternal gatekeeping behaviors can decrease a father's self-efficacy (Schoppe-Sullivan et al., 2015), involvement (Cannon et al., 2008; Dyer, Day, & Harper, 2014), and engagement (Zvara et al., 2013) into adolescence (Stevenson et al., 2014). However, not all gatekeeping is bad. Recent research found that when fathers are harsh or violent in their parenting, gatekeeping protects children from adverse outcomes (Zvara et al., 2013). This paper explores whether externalized father depression creates another context for gatekeeping.

Depression and Adherence to Masculine Norms

Research focused on mental health has found that some men manifest their symptoms of depression differently from women (Cochran & Rabinowitz, 2000; Magovcevic & Addis, 2008). Men who adhere to traditionally masculine norms tend to express more externalizing behaviors, such as alcoholism or drug abuse, often self-medicating to manage their emotions (Genuchi & Mitsunaga, 2015; Magovcevic & Addis, 2008). In many cases, these externalized symptoms are not diagnosed as depression but rather are seen as a different problem, leaving many men undiagnosed and consequently untreated (Kilmartin, 2005). Mothers may feel a need to protect their children when a father is expressing externalized behaviors that threaten the family.

Because depression can have lasting, negative effects on multiple family relationships (Herr, Hammen, & Brennan, 2007) and child development (Tsypes, Burkhouse, & Gibb, 2016) and adhering to masculine norms may exacerbate men's externalizing symptoms, it is critical to examine depression and masculine norm adherence in tandem.

Current Study

In this brief report associations are examined between paternal depression, adherence to masculine norms, and maternal gatekeeping. It is hypothesized that paternal depression and masculine norm adherence will be positively associated with maternal gatekeeping. It is further hypothesized that masculine norm adherence will amplify the association between father depression and maternal gatekeeping when men report high levels of masculinity.

Method

Participants

Data in this study come from the Survey of Contemporary Fatherhood (SCF), a national quota sample of 2,296 fathers, step-fathers, adoptive fathers, and father figures. Potential respondents were part of a Qualtrics opt-in online panel. This study was approved by the Institutional Review Board at Brigham Young University (Salt Lake City, UT). Data quality checks were used in accordance with the best practices in online data collection guidelines set forth by the American Association for Public Opinion Research (Baker et al., 2010). Data cleaning resulted in a sample of 2,214 fathers. Multiple demographic characteristics were used in the sampling scheme to reduce bias (Smith, Roster, Linda, & Gerald, 2016; Terhanian, Bremer, Olmsted, & Guo, 2016). Prior research has shown that online opt-in panels are relatively representative of individuals with regular access to the Internet (Tourangeau, Conrad, & Couper, 2013), but there is concern that online panels may underrepresent marginalized groups. According to the Pew Research Center (2013), more than 80% of adult Americans have regular access to the Internet, and racial gaps in Internet usage have closed considerably since 2012, although gaps because of income, education, and rural versus urban communities persist (Pew Research Center, 2013). Thus, consistent with other studies using quota sampling, results from this study are not nationally representative; nonresident fathers, low-socioeconomic status fathers, and racial/ethnic minorities are underrepresented in the SCF (Yang & Banamah, 2014).

Fathers ranged in age from 18 to 72 years ($M = 39.47$ years, $SD = 10.11$). Nine percent were single, 56% were in their first marriage, 7% were divorced, 13% were remarried, 11% were cohabiting, 4% were dating exclusively or engaged. Child ages ranged from 2 to 18 years ($M = 8.53$, $SD = 4.84$) and 58% were male. The mean yearly gross household income was \$58,000 ($SD = 1.71$). Twenty percent of fathers had a high school diploma or less, 37% had some college experience or an associate's degree, 28% had a bachelor's degree, and 15% were either working on or had completed a graduate degree. Participants were 73% White, 10% African American, 11% Latinx, and 6% were other races. See Petts, Shafer, and Essig (2018) for further detailed procedure and sampling information. See Table 1 for descriptive statistics.

Measures

Maternal gatekeeping. The Maternal Gatekeeping scale (Fagan & Barnett, 2003) is commonly used for measuring gatekeeping. It consists of nine statements asking the participant how much more involved mothers are or should be with their children's lives. The statements are rated on a 5-point Likert-type scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Statements were adjusted from the original measure for fathers to respond ($M = 2.24$; $SD = .85$). For example, "If my child's feelings are hurt, the mother should comfort them, not me" and "If a decision has to be made for my child, the mother should make it, not me" ($\alpha = .95$).

Depression. The Center for Epidemiologic Studies Depression (CES-D) 20-item scale (Radloff, 1977) was used to assess depression levels. The CES-D is a common scale used to help diagnose depression. Respondents rated their symptoms on a scale

Table 1
Summary Statistics

Variables	<i>M (SD)/n (%)</i>
Dependent variable	
Maternal gatekeeping	2.24 (.85)
Independent variables	
Depression	14.09 (11.45)
Masculinity	2.33 (.29)
Control variables	
Age	39.87 (10.52)
Income	4.75 (2.13)
Number of children	2.21 (1.37)
Education	5.54 (2.15)
Focal child age	9.02 (5.98)
Focal child female	971 (42%)
Biological father ^a	1,652 (72%)
Stepfather	173 (8%)
Other type of father	444 (20%)
White, non-Hispanic ^a	1,672 (73%)
African American	228 (10%)
Latinx	252 (11%)
Other	144 (6%)
Employed full time ^a	1,740 (76%)
Employed part time	147 (6%)
Unemployed	23 (1%)
Married to birth mother ^a	1418 (62%)
Cohabiting with birth mother	318 (14%)
Residing with other partner	102 (4%)
Single father	273 (12%)
Nonresident father	185 (8%)
Midwest ^a	543 (24%)
Northeast	448 (19%)
South	868 (38%)
West	437 (19%)

^a Designates the reference category.

of 1 (*rarely or none of the time*) to 4 (*most or all of the time*). Per standard practice, items were recoded to range from 0 to 3 and summed ($M = 14.09$; $SD = 11.45$; $\alpha = .92$). If we followed the usual practice of using a score of 16 as the clinical cutoff, 35% of our sample would fall above that cutoff. However, many have noted that when the CES-D is used in the general population, it is likely to be more sensitive and less specific than a more detailed clinical assessment (Vilagut, Forero, Barbaglia, & Alonso, 2016). To remedy this, a cutoff of 20 is now recommended to better balance the need for diagnostic sensitivity and specificity. Using the cutoff of 20, 28% of our sample presents depressive symptoms that may warrant clinical assessment.

Masculinity. The Conformity to Masculine Norms Scale (Mahalik et al., 2003) was used to assess masculinity. The short form, consisting of 22 items, was used. Traditionally this short form is treated as a single factor, and all items are combined to create an overall measure of how closely men adhere to stereotypically masculine norms (Parent & Moradi, 2011). Participants indicate their level of agreement on a 4-point Likert-type scale, ranging from 1 (*strongly disagree*), to 4 (*strongly agree*), with higher scores indicating stronger adherence to masculine norms ($M = 2.32$; $SD = .29$; $\alpha = .69$).

Control variables. The control variables used include father age, focal child age, focal child sex, income, education, race, number of children, type of father (e.g., biological, step-, foster, etc.), employment, family structure, and residential region of the

country. On average, fathers reported having two children ($M = 2.21$, $SD = 1.37$). Overall, 73% of fathers reported being a biological father, 7% reported being a stepfather, 3% reported being an adoptive father, 1% reported being a foster father, and 16% reported being more than one of these types of father ($M = 1.00$, $SD = .65$). Participants reported the number of hours they worked per week, and we categorized those into unemployed (0–9 hr), employed part time (10–32 hr), and employed full time (33+ hours). Family structure was developed using various aspects of the father's relationship with the mother of his child(ren) as well as residency with the child(ren) (Petts et al., 2018). In total, 62% were married to the mother of their child(ren), 14% were cohabiting with the mother, 4% were residing with another partner, 12% were single, and 8% were not residing with their children. Overall, 19% of fathers reported living in the Northeast, 24% in the Midwest, 38% in the South, and 19% in the West region of the United States (see Table 1 for descriptive statistics). These control variables were selected for theoretical purposes and to maintain consistency with other published papers in which SCF data were used (Petts et al., 2018).

Results

Preliminary Analysis

Depression and maternal gatekeeping were significantly correlated, $r = .27$, $p < .001$, suggesting that men who report higher levels of depression were more likely to report higher levels of maternal gatekeeping. Masculinity was significantly correlated with gatekeeping, $r = .31$, $p < .001$; thus, men who report higher levels of masculinity were also more likely to report higher levels of maternal gatekeeping. The significant correlation between depression and masculinity, $r = .21$, $p < .001$, suggests that men who report higher levels of masculinity were more likely to also report higher levels of depression.

Multiple Regression Analyses

Using STATA 15 (STATA Corp, College Station, TX), two separate regression analyses were performed (Aiken & West, 1991). The first model tested the main effects of masculinity and depression on maternal gatekeeping while controlling for age, income, number of children, education, focal child age, focal child sex, type of father, race, employment status, family structure, and residential region of the country (see Table 2, Model 1). The regression model was a good fit for the data ($R^2 = .19$, $F[22, 1819] = 18.74$, $p < .001$) and explained over 19% of the variance in maternal gatekeeping. Depression ($\beta = .25$, $p < .001$) as well as masculinity ($\beta = .26$, $p < .001$) significantly predicted maternal gatekeeping. Fathers who reported higher levels of depression as well as fathers reporting higher levels of masculinity were more likely to report maternal gatekeeping behaviors.

Of the control variables, father age ($\beta = -.07$, $p < .05$), child age ($\beta = .09$, $p < .01$), income ($\beta = .07$, $p < .01$), having a daughter ($\beta = -.04$, $p < .05$), and being a single father ($\beta = -.07$, $p < .01$) were significantly associated with maternal gatekeeping.

Table 2
Regression Results for Both Models of Maternal Gatekeeping and Depression

Variables	Model 1			Model 2		
	β	B	SE	β	B	SE
Predictor variables						
Depression \times Masculinity	—	—	—	.608**	.019	.007
Depression	.253***	.019	.002	-.325	-.025	.056
Masculinity	.261***	.777	.076	.178***	.529	.113
Control variables						
Father age	-.075**	-.007	.003	-.069*	-.006	.003
Income	.069*	.036	.013	.068**	.035	.013
Number of children	.008	.005	.016	.008	.005	.016
Education	.020	.008	.010	.017	.007	.010
Focal child age	.100***	.059	.005	.089**	.016	.005
Focal child sex ^a	-.046*	-.081	.036	-.044*	-.077	.036
Step-father ^b	.041	.138	.074	.043	.144	.074
Other father type ^b	-.024	-.056	.055	-.023	-.053	.055
African American ^c	-.020	-.059	.067	-.019	-.057	.066
Latino ^c	-.007	-.019	.069	-.009	-.026	.061
Other race ^c	.020	.072	.069	.021	.073	.068
Employed part-time ^d	-.002	-.008	.073	-.004	-.015	.071
Unemployed ^d	.021	.169	.147	.020	.158	.144
Cohabiting with birth mother ^e	.013	.033	.061	.010	.025	.060
Residing with other partner ^e	-.014	-.060	.094	-.015	-.065	.094
Single father ^e	-.068**	-.184	.064	-.068**	-.184	.064
Nonresident father ^e	-.022	-.082	.084	-.022	-.080	.085
Northeast ^f	.001	.003	.053	.000	.000	.053
South ^f	-.023	-.040	.048	-.022	-.040	.047
West ^f	-.013	-.028	.054	-.013	-.027	.054
R^2		.194			.199	

Note. Model 1 indicates the first model without the interaction term and Model 2 indicates the second model with the interaction term included.

^a Designates male as the reference category. ^b Designates biological father as the reference category. ^c Designates white as the reference category. ^d Designates employed full time as the reference category. ^e Designates married to birth mother as the reference category. ^f Designates Midwest as the reference category.

* $p < .05$. ** $p < .01$. *** $p < .001$.

Moderation

To test the hypothesis that masculine norm adherence would amplify the association between father depression and maternal gatekeeping when men reported higher levels of masculinity, a statistical interaction term was created between depression and masculinity and was added to the equation from the first regression analysis (see Table 2, Model 2). The regression model was a good fit for the data ($R^2 = .20$, $F[23, 1818] = 18.15$, $p < .001$), and it explained about 20% of the variance in maternal gatekeeping. Whereas controlling for all other variables in the model, the interaction term between depression and masculinity was significant ($\beta = .61$, $p < .01$). The simple slopes analysis shows significant standardized slopes ($p < .001$) for low (.21), moderate (.28), and high (.35) masculine norm adherence with maternal gatekeeping and depression (see Figure 1 for the graph and accompanying simple slopes analysis). In other words, depressed

fathers who highly endorse masculinity were significantly more likely to report maternal gatekeeping than depressed fathers who did not endorse masculinity at the same high levels. After including the interaction term, masculinity remained a significant predictor of maternal gatekeeping ($\beta = .18$, $p < .001$); however, depression did not ($p = .11$). Including the interaction term in the model did not change the effects of the control variables on maternal gatekeeping (see Table 2, Model 2).

Discussion

The purpose of this study was to examine associations between father depression, adherence to masculine norms, and maternal gatekeeping. The hypothesis that depression would be positively associated with maternal gatekeeping was supported. The fathers in this sample who reported higher levels of depression were also more likely to report maternal gatekeeping. We note that the direction of the association between depression and gatekeeping is unclear in our cross-sectional analyses; thus, it could be that mothers tend to gatekeep because the father has depression, or it is possible that father depression is exacerbated by the mother's gatekeeping behaviors. Longitudinal research is needed to better understand the direction of change in these effects. Direct effects were also found between masculine norm adherence and maternal gatekeeping, implying that fathers who adhere more closely to traditional masculine norms are more likely to also report maternal gatekeeping, suggesting that more research linking masculinity to specific father characteristics and parenting behaviors could be valuable.

The second hypothesis was also supported. Masculinity acted as a significant moderator of the association between maternal gatekeeping and paternal depression. Thus, the association between maternal gatekeeping and depression is strengthened when coupled with masculinity. Consistent with Pleck's (2010) Fatherhood-Masculinity Model, adherence to masculine norms may moderate depression because men's depressive symptoms are more likely to be expressed in externalizing ways when men endorse masculine norms (e.g., increased aggression, self-medication with alcohol and substance abuse). These externalizing behaviors may provide

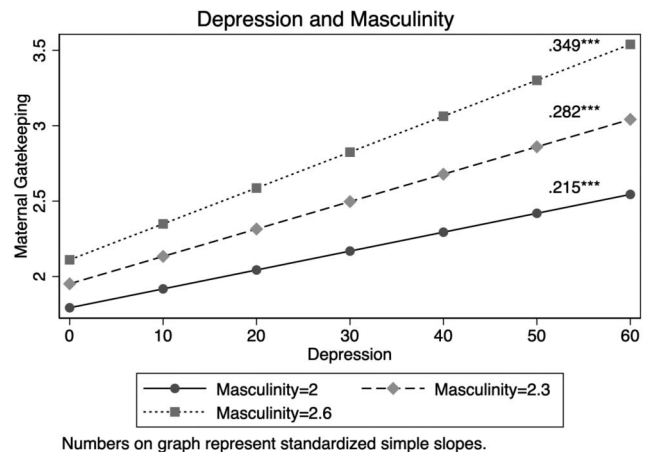


Figure 1. Simple slopes and results for interaction. *** $p < .001$.

a context whereby mothers enact gatekeeping behaviors to protect their children.

This research is a unique addition to the gatekeeping literature and includes a rare, large national quota sample. It also establishes that characteristics of the father, particularly his depressive symptoms and masculine norm adherence, are meaningful correlates of maternal gatekeeping. Gatekeeping has historically been considered a problematic behavior whereby mothers reduce a father's access to their children (Allen & Hawkins, 1999; Fagan & Barnett, 2003). Our findings suggest another possibility that warrants future research. Whereas this paper did not assess fathers' parenting behavior, the findings point to the possibility that when a mother's gatekeeping is connected with the presence of potential fathering risk factors such as depression and masculine norm adherence, gatekeeping may be a tool mothers use to protect their children. For example, compared with nondepressed fathers, many depressed fathers are less present in their child's life, discount how they influence their children, and use negative and critical language toward their children (Jacob & Johnson, 1997; Sethna, Murray, & Ramchandani, 2012). As a result, depressed fathers may treat their children less warmly, monitor their children less vigilantly, and be less emotionally available than nondepressed fathers (Marchand-Reilly, 2012). Furthermore, men who endorse traditional gender attitudes are less likely to be engaged in their children's lives than egalitarian fathers (DeMaris, Mahoney, & Pargament, 2011; Petts et al., 2018), including having lower observed father-child relationship quality (Holmes & Huston, 2010). We encourage future researchers to directly test the possibility that mothers use gatekeeping as a protective tool by including fathers' parenting behaviors in their future assessments of paternal depression, masculinity, and maternal gatekeeping.

Implications for these findings are both clinical and practical. First, gatekeeping that restricts a father's access to his children has historically been considered bad maternal behavior. Our findings suggest that gatekeeping may be more complex; identifying maternal gatekeeping as simply good or bad outside the context of other paternal behaviors and attitudes may not paint a clear picture about maternal behaviors or intent. Again, future research that explores the potentially complex nature of maternal gatekeeping is needed.

Concerning clinical implications, therapists should understand the role that masculinity plays in a father's depression and how that could influence interactions with his partner and/or children. Mothers should learn to recognize their own gatekeeping behaviors and seek to better understand the purpose underlying their behaviors. This knowledge for both mothers and fathers may help them become better coparents as they navigate the potential individual and relationship risks associated with depression. When coparenting improves, both mothers and fathers are more likely to feel empowered in their parenting efforts (Feinberg & Kan, 2008).

A few limitations exist in this study. One major limitation to this study is that all the reports were from the father. Shared method variance may bias these estimates. Also, because the research is correlational, it is difficult to determine whether the men made these reports because of their depressive state or whether their depression resulted in more maternal gatekeeping behaviors. Furthermore, it is also possible that depressed fathers are more likely to perceive increases in maternal gatekeeping, regardless of actual changes in a mother's behavior. Future research should focus on

better understanding these associations. Another major limitation in this study is that these data are not nationally representative; nonresident fathers, low-socioeconomic status fathers, and racial/ethnic minorities are underrepresented in the SCF (Yang & Banamah, 2014). Because the short form of masculinity was used, the multidimensionality of masculine beliefs and adherence is lost (Parent & Moradi, 2011). Also, this particular sample has a high level of depressed fathers; thus, it is not generalizable. In other words, the pattern of associations documented here may only characterize samples of fathers in which depressive symptoms are overrepresented and may not hold in less depressed samples. Lastly, this study focuses on only a few select variables. Future research could examine other associations between maternal characteristics, paternal characteristics, and maternal gatekeeping.

This is the first research study to connect father mental health and masculine norm adherence with maternal gatekeeping. Significant findings add to the current literature and theory on why maternal gatekeeping exists as well as potential effects of father depression on family processes. This research shows that a father's depression, masculine norm adherence, and maternal gatekeeping are linked. It further demonstrates that masculine norm adherence magnifies the effects of paternal depression on maternal gatekeeping. These findings are vital to include in future research and theory regarding maternal gatekeeping.

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