

**BEING TOGETHER AND SEPARATE:
A GROUNDED THEORY STUDY OF THE EXPERIENCE
OF FIRST-TIME FATHERS DURING CHILDBIRTH**

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Attestation of authorship

“I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person nor material which to a substantial extent has been accepted for the award of any other degree or diploma of a university or other institution of higher learning, except where due acknowledgement is made in the acknowledgments.”

Signed:

Date:

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01/22 How fathers handle the childbirth process.

Abstract

This grounded theory study explored the experience of first-time fathers during the time of birth with the aim of developing a conceptual framework to explain how they managed the process. In sharp contrast to the recognised maternity care practices of a generation ago, most fathers in New Zealand are currently expected to be present when their babies are born. There has been little New Zealand-based research to determine what the birth experience is like for fathers. Because contemporary fathers are expected to fulfil a major role in the care and support of mother and baby from pregnancy through to new parenthood and beyond, exploring the experience of fathers during birth is a way to understand part of the childbirth process from the perspective of husbands or partners in the developing new family.

Eleven first-time fathers from the North Island of New Zealand participated in antenatal and postnatal interviews that were conducted over a 20-month period. Transcripts were analysed using grounded theory processes of coding, constant comparative analysis and theoretical sampling, and a conceptual diagram was developed to explain the core process which was discovered, namely, ‘being together and separate’.

It emerged that fathers could feel separate from the birth process, together with the birth process and at times they could experience both positions concurrently. Influences on participants’ experience of ‘being together and separate’ included social expectations, the level of control that participants wished to have during the birth and the ways in which fathers were drawn in or excluded by wives/partners and maternity caregivers. The ways in which maternity caregivers responded to the involvement of fathers in the birth process was found to have a significant impact on the participants’ experience of the process.

Implications for the practice of maternity caregivers and childbirth educators are the importance of assessing each father’s needs antenatally and of assisting them to develop strategies for participating comfortably in the birth experience. The relevance of supporting fathers to participate in the childbirth process at a level that promotes positive birth outcomes for the entire expectant family is demonstrated, and some practical strategies are provided that can assist health professionals and others to support fathers.

Preface

My husband, Allan, has four children who were born over a 25-year time span. The first two arrived in the early 1970s. He accompanied his wife to hospital when the first child was born, but despite a genuine interest in being present during the birth, hospital protocol demanded that he had to wait outside the delivery room until a staff member brought his baby daughter out to him. He was overseas when his next child arrived. After flying all night to get home and driving straight up to the hospital, he was greeted with the news that he would be unable to visit his wife and newborn son because visiting hours were over. Twenty years and a second wife later, his third baby was born. Not only was he an active participant in the labour and birth, but also he persuaded the midwife to allow him to assist with the delivery. Both he and the midwife missed the arrival of the fourth baby by just a few minutes, but he maintains that if he had been there he would have enjoyed the opportunity to confidently catch the baby on his own. Allan's story provides an overview of the changes in societal attitudes towards fathers attending birth in New Zealand.

I have thoroughly enjoyed researching the experience of fathers during the childbirth process through talking with fathers, searching the academic and popular literature and working with the data generated by this study. Allan's experience of fatherhood has spanned a short time in history when massive changes to societal expectations of the roles of fathers and mothers have revolutionised maternity care. This study has been a window on that journey.

Chapter One

Introduction

Whereas the women's movement has successfully focused on translating personal troubles into public issues, the private worlds of men remain largely hidden. Until these domains are explored, little progress is likely to be made in advancing the cause of fatherhood. (Shirley, 1999, p. 9).

1.1 Introduction

This thesis uses grounded theory to explore the experience of first-time fathers during the childbirth process. Although aspects of the entire childbearing year are considered, the study focus is on the birth event. Chapter One includes the aim, purpose and significance of the study, and the research question and research method are outlined. A context for the research is provided by both an historical perspective on the role of fathers during birth in Western countries and an outline of the way in which maternity care is provided in New Zealand. The chapter concludes with an outline of the overall thesis structure.

1.2 Aim and Purpose

The aim of this study is to use a grounded theory method to discover the principle social process for first-time fathers during the time of birth. The purpose is to develop an emerging substantive theory that explains how fathers handle the experience. It is not intended to develop a full theory.

1.3 Significance

Fathers are non-childbearing parents. New Zealand fathers in traditional heterosexual relationships are generally expected to be present when their babies are born. For those who are not present, society generally expects some sort of explanation, as do most wives/partners. Yet for those fathers who are present, little information or support is available to provide them with strategies they can employ in order to meet expectations and perform their expected roles. The literature that does discuss fathers' involvement in birth usually explains their roles in light of maternal

outcomes such as length of labour or amount of pain relief required, rather than evaluating the perspective of fathers.

This study will identify and explain key elements of fathers' experience of the childbirth process and it is hoped that childbirth educators and maternity care professionals will be better equipped to provide appropriate support and adequate information to fathers. Ultimately it is hoped that this study will contribute to better quality care and support of the new family. It is anticipated that once a framework is available to describe the perspective of fathers during the childbirth process, further studies will be generated to explore areas of specific and distinct relevance to fathers.

1.4 The Research Question

Two main influences generated the research question for this study. In my work as an antenatal educator I am aware that most of the information covered during classes is focused on the experience of expectant mothers. Any specific needs of fathers that may be addressed are rarely separated completely from the women's needs. Secondly, a radio interview with French doctor Michel Odent (Odent & Guilliland, 2000), an internationally recognized advocate for the natural birth movement, presented a distinct challenge to my understanding of the current expectations of the involvement of fathers during birth in New Zealand. Odent's views, including his contention that fathers should not be present when their babies are born, subsequently appeared in the printed media and caused much public debate (Williams, 2000). I thus became interested to examine the birth experience from the perspective of New Zealand fathers. The research focus and question that emerged as a basis for the study was: what are the main issues for fathers during childbirth and how do they continually manage those issues?

1.5 The Choice Of Research Method

Birth is an experience that is deeply embedded within social contexts and involves a complex mix of physical, emotional, psychological, social and spiritual influences that can be impacted upon by cultural, political and socio-economic factors (Vincent, 1998). In order to explore the experience of birth for fathers, the research approach needed to elicit information that could contribute to an understanding of fathers' experience from a broad perspective. I therefore chose an inductive method

that would allow fathers to be primary informants (Morse, 1991) rather than a deductive method, such as those employed in experimental studies when pre-determined assumptions are tested.

The qualitative approach of grounded theory was specifically selected for this study because the inquiry focuses on the “social processes” involved. Hutchinson (1993) describes grounded theory as offering “systematic, legitimate methods to study the richness and diversity of human experience and to generate relevant, plausible theory that can be used to understand the contextual reality of behaviour” (p. 210). As the researcher, I wanted fathers to use their own words and to identify their own areas of importance so that I could be informed by the data they provided. Grounded theory supports this intention by allowing the formulation of a research question with a broad focus. This gave fathers the opportunity to freely express the areas of importance to them, and supported further exploration of those areas.

Analysis of data in this study has used techniques described by Glaser (1978), Glaser and Strauss (1967), and Strauss and Corbin (1990, 1998). The “facts” gathered by precise and validated quantitative methods do not usually produce many general concepts or relationships between concepts that can be of broad practical use in identifying the complex interplay of aspects that characterise a substantive area (Glaser & Strauss, 1967). Because the conditions of everyday situations change quickly, facts gathered by quantitative methods provide a “snapshot” of a phenomenon rather than an explanation of the behaviour observed (Glaser, 1998). To gather only the facts of first-time fathers’ daily experience would not demonstrate the on-going process; grounded theory provides a framework within which the day-by-day experiences could be viewed.

Grounded theory is particularly suited to exploring new or relatively unknown areas of human experience as well as for looking for a fresh perspective on circumstances that are well known (Donovan, 1995). The presence of fathers during childbirth is certainly a familiar practice in New Zealand, but the experience of those fathers could not be described as being well known. Grounded theory offered an opportunity to discover the issues of importance to those fathers and how they deal with those issues. Because the method generates a theoretical model for understanding and explaining human behaviour, it seemed that the model could be examined and developed by maternity caregivers and childbirth educators in ways that offered more

practical and comprehensive direction than those merely based on a descriptive account of the fathers' experiences.

Grounded theory method and the underpinning theoretical position of "symbolic interactionism" are detailed in Chapter Three.

1.6 A Brief Historical Outline Of The Involvement Of Fathers

During Birth

This section traces the involvement of fathers during birth in Western countries, including New Zealand, from ancient times until the 1970s. Brief mention of Maori birth practices is made to provide balance to the historical New Zealand context, but because Maori birth practices did not feature in the participants' experiences, this area of knowledge will not be pursued in the thesis. The following historical outline provides a background to the significance of the study.

1.6.1 From Ancient Times to the Victorian Era

Birth has been almost exclusively the province of women throughout recorded history (Draper, 1997; Litoff, 1982; Murphy & Hunt, 1997). Biblical references to birth in the Old Testament (2000-5000 years ago) record the presence of midwives, but no mention is made of men being present, either as caregivers or fathers. From the time of the Old Testament book of Leviticus, men were considered to be in danger if they encroached on birth or a newly delivered woman (Kitzinger, 1995).

Greek and Roman physicians in the ancient world were male, and although a number of them wrote about birth it was generally accepted that during labour and birth only women would be present. Midwifery was deemed to be beneath the dignity of physicians except when an emergency arose or "any destructive surgery was needed" (Carter & Duriez, 1986, p. 59). For centuries, women were believed to be innately inferior to men. Aristotle described women as being biologically imperfect and implied that they were no more than hosts who nursed babies in the womb until the time of birth (Papps & Olssen, 1997). "The real parent was considered to be the father" (Carter & Duriez, 1986, p. 18).

Through the rise of the Christian church came a widely held belief that because of Eve's sin, the role of women was to make atonement, particularly during birth (Raphael-Leff, 1991). Birth was not a place for men. Until the mid-17th century,

birth in Britain was staged in the manner of a quasi-religious rite. The birthing room was sealed, lit by candles and attended solely by women (Burgess, 1997).

The history of men in Western societies being present during birth is largely focused on the professional intervention of an “expert” rather than any contributions from an expectant father. Historical references to the roles of Western fathers during birth are very hard to find. One rare mention reports that Louis XIV of France stood behind a curtain to watch his mistress giving birth to his child (Williams & Booth, 1985). Although Heggenhougen (1980) states that in many parts of northern Europe it was considered essential for husbands to be present during birth, this was not the case in Britain and most of Europe. Up until the late 18th century, it was considered neither appropriate nor decent for any man, whether husband, physician or surgeon, to be present in the birthing room (Litoff, 1982; Kitzinger, 1995).

Around the mid-17th century, developments in the care of birthing women resulted in restrictions against men in the birthing room being slowly and cautiously modified. The term “man-midwife” entered the English language in the early 1600s and was initially used when referring to a surgeon who was called to assist when labour became difficult (Litoff, 1982). This title confirmed that practitioners were formally recognised and had a specific function. The frequency with which physicians and surgeons attended birth over the next two centuries continued to grow, largely due to the development of obstetrical forceps in the early 17th century. Because most midwives could neither afford forceps nor find a physician to instruct them in their use, increasing numbers of families who could afford the fee began engaging men-midwives for routine births. The decline of midwives began and it became more common for men to be present in a professional capacity during birth. In the centuries that followed, medical practitioners continued to increase their control of birthing practices (Papps & Olssen, 1997).

The Victorian era, which highly esteemed morality and a sense of propriety, struggled with the paradox of men being present during birth. Opponents wrote and lectured on the “evils” of men in the birthing room (Litoff, 1982). Despite this, scientific development, a topic of particular interest to Victorians, saw the growing popularity of male midwives known as accoucheurs¹. The role of the male, medical

¹ Derived from the French word ‘accoucher’ meaning “to put to bed” (Collins Concise Dictionary, 1990).

expert was also given a special designation when the term “obstetrics”² was coined. Although physician-assisted birth was embraced by the middle and upper classes in Britain and the United States of America, many immigrants and people of African descent were morally opposed to men serving as birth attendants. The presence of men during birth increased, but it was restricted to medical professionals. Fathers were still excluded.

1.6.2 The Historical Involvement Of Fathers During Birth In New Zealand

The history of birth practices in New Zealand follows two separate lines. British and European colonists who began arriving in the 18th century brought with them the traditions of their countries of origin. Birth was largely a female-dominated event, with male physicians called in when difficulties arose (Coney, 1993). Fathers were not present when their babies were born. The Maori population also continued its traditional practices. Both men and women were present during birth to provide the practical and spiritual assistance deemed necessary. Coney (1993) describes a Maori woman placing her arms around the necks of, respectively, her father, grandfather and uncle at various times while in labour. Tohunga, male spiritual advisors, were also present to care for the spirits of the woman and the child.

Up until the early 20th century, most Maori and European women gave birth at home and were attended by relatives or a lay midwife (Coney, 1993). Over the next half century the place of giving birth gradually shifted from home to hospital. By 1962, 95% of Maori births were in hospital settings – a similar rate to that of European women (Coney, 1993). Information on the involvement of fathers during this period remains sparse, although there is nothing to suggest that the earlier beliefs and practices of both Maori and European had changed in any way. Any participation that fathers may have had during this time was eventually extinguished by the medicalisation of birth that developed during the first half of the 20th century.

1.6.3 Birth In The 20th Century: The “Scientific” Exclusion Of Fathers

As the 20th century progressed, medicine increased its powerful influence on birth practices. By the 1960s, many Western countries had relegated most pregnant

² Derived from the Latin word ‘obstare’ meaning “to stand in front of” (Collins Concise Dictionary, 1990).

and parturient women to the sterile, highly structured and authoritarian confines of a medical facility. In this environment, staff were experts and mothers were “taken over and reduced to a child-like state of dependence” (Kedgley, 1996, p. 195). Papps and Olssen (1997) observe that, in Western societies, medicine became “integrally linked to status and power hierarchies which in turn affected the social and institutional arrangements of Western societies” (p. 19).

By this time, the presence of fathers during birth had been firmly and clearly disallowed. Infection risk, perversion, potential inhibition to sexual relations and the “nuisance” value of having fathers present were all seen as being valid reasons for exclusion (Bedford & Johnson, 1988; Cronenwett & Newmark, 1974; Draper, 1997; Romito, 1986). In New Zealand, the advent of the Parents Centre organisation in 1952 began to address the issue of fathers being present during birth and for many years this view conflicted with social norms. Supported by the rise of the women’s movement, consumer opinion in New Zealand was increasingly critical of the hospital environment for maternity care. This was finally acknowledged nearly 30 years later when a policy statement published by the Maternity Services Committee of the Board of Health in 1979 indicated that the time had come for a change in the way maternity services were provided (cited in Papps & Olssen, 1997). Entitled “Obstetrics and the Winds of Change”, its first recommendation for a change in practice focused on “...welcoming husbands or boyfriends in our labour rooms and our theatres, even for forceps and complicated deliveries, if they so wish” (Papps & Olssen, 1997, p. 162).

Societal norms associated with birth in the Western world have changed significantly. Western fathers in the 21st century now need to have a good excuse not to be present during birth. The tenets and beliefs that dominated social constructs for millennia were overturned in just a few short decades.

1.7 The Provision Of Maternity Care In New Zealand

In order to comprehend the context in which New Zealand fathers currently experience the childbirth process, it is important to understand how maternity services are provided in this country.

The Nurses Amendment Act (1990) restored the ability of midwives in New Zealand to provide midwifery care independent of supervision by a doctor. Although midwives in other Western countries such as Holland and Britain are independent

practitioners, maternity services in New Zealand are provided in a way that is unique compared to the rest of the world. The Ministry of Health (2002) has issued a “Notice pursuant to Section 88 of the New Zealand Public Health and Disability Act (2000)” that outlines the provisions under which care of pregnant women and new mothers is to be provided. Professional caregivers may be obstetricians, general practitioners or midwives, and the latter can either be independent practitioners or be employed by a District Health Board. Section 88 outlines the care for which these professionals are responsible and the fee schedule that remunerates caregivers. The professional who is designated as being the primary caregiver for a particular maternity client is called the Lead Maternity Carer (LMC) and is responsible for providing antenatal, intrapartum and postnatal care.

Midwifery care in New Zealand is based on principles outlined in the Treaty of Waitangi (1840). A seminal monograph, “The Midwifery Partnership” (Guilliland & Pairman, 1995) outlined a relationship between midwife and pregnant woman that acknowledged the principles of partnership, participation, protection and equity as nominated in the treaty, and applied them to midwifery practice. “The Midwifery Partnership” set out the philosophical underpinnings and theoretical concepts supporting that partnership. The monograph provided a framework for midwifery care with a focus on the requirements of the New Zealand setting. The authors were clear that “Midwifery exists only to facilitate the optimal experience of birth for pregnant women and their babies” and that the Midwifery Partnership could only occur with a woman (Guilliland & Pairman, 1995, p. 41). Control of the experience and responsibility for choice was deemed to remain with the woman and although family/whanau and fathers are mentioned, the Midwifery Partnership remained clearly focused on the woman and caregiver. This stance posed challenging questions for the fathers of babies born in this country. Just where did fathers fit in, especially when they found themselves in a society that had clear expectations that they would be involved in the childbirth process? Chandler and Field (1997) would seem to be in support of fathers as they pondered that challenge by commenting that it is “...disconcerting to find that after nearly two decades of fathers’ presence at childbirth, they still perceive themselves as being merely tolerated rather than as full partners in the birth process” (p. 23).

Maternity care provided by medical professionals is guided by models that are less explicit than the Midwifery Partnership, and more varied in their application.

1.8 Conclusion

This chapter has presented the aim, purpose and significance of this study and has outlined the research question and rationale for choosing grounded theory as the research method. An historical overview of the involvement of fathers during birth has been given which demonstrates that fathers have, until a generation ago, had rare involvement in the process. An overview of the provision of maternity services in New Zealand has placed the study in context.

Overall it appears that, historically, the role of fathers has been both marginal and marginalised. Pregnancy and the events surrounding birth have been recorded since Biblical times, yet it is only in the last few decades that fathers' participation in the process has been welcomed and valued. The ascension of consumerism and feminism in the last 50 years in New Zealand and in other Western countries has given attention to fathers' roles in childbirth. This study will explore these issues and focus particularly on the experiences and perspectives of first-time fathers and how they handle the childbirth process. Grounded theory methodology supports a qualitative approach well suited for examining those social processes.

1.9 Overview of Structure for This Thesis

The introductory chapter has placed the study in context by providing a background to the historical perspective of fathers' involvement during the birth process.

Chapter Two (Literature Review) explains the role of literature in a grounded theory study and presents literature related to the current perspectives of fathers and their involvement in the birth process. This evidence supports a justification for the study.

Chapter Three (Research Method and Process) describes the grounded theory philosophy and method. The research process and method employed in this study are detailed, describing the ways in which grounded theory techniques of analysis have been applied to data gathered from participants. Important grounded theory ideas and terms are defined in this chapter. The "core category" that was discovered in the

research is briefly presented and an overview of the structure for the findings chapters is given.

Chapters Four to Six, (findings chapters) present the conceptual categories that emerged from the data. Key findings are described in terms of grounded theory principles of social processes. The conceptual categories are considered separately in Chapter Four, “Being Separate” and Chapter Five, “Being Together”. Chapter Six, “Being Together and Separate” merges the two earlier categories and explores the relationships between them, thus demonstrating the dynamic nature of the discovered process.

Chapter Seven (Discussion) presents a flow chart that gives an overview of the three conceptual categories throughout the childbirth process and discusses the findings of the study in relation to the academic literature.

Chapter Eight (Implications) outlines the implications of the study for fathers and for practice in professional maternity care and childbirth education. The trustworthiness of the research is examined, the limitations of the study are outlined and recommendations for further research are presented. A concluding statement brings the thesis to a close.

Appendices to the study have been attached to elucidate and support the material included in the main body of the text. These documents include the participant information sheet, consent form, permission for access to Parents’ Centre classes and examples of memos outline the study’s progress.

Chapter Two

Literature Review

2.1 Introduction

Chapter Two outlines the need for research into the experience of first-time fathers during birth. A discussion of the role of literature in a grounded theory study begins the chapter and is followed by an overview of the academic literature relating to this study. The justification for this research is included.

2.2 The Role of Literature in a Grounded Theory Study

The aim of a literature search in experimental studies is to support identified variables, examine relationships and interpret findings derived from statistical modes of testing (Strauss & Corbin, 1990). In contrast, a grounded theory researcher enters the field of study with an open mind that has not been influenced by preconceived ideas about what the study may reveal. Extensive reading about the topic under investigation can serve to create suppositions and ideas in the mind of the researcher that may influence how the study is conducted. Schreiber (2001) describes these as “sensitising concepts”. This term can be traced to Blumer (1969), a symbolic interactionist who considered that concepts identified from sources prior to the study should be examined carefully and only incorporated if evidence to support them was found in the data gathered during the study. The co-genitors of grounded theory support this approach (Glaser & Strauss, 1967; Strauss & Corbin, 1990; Glaser 1978, 1998).

In choosing an area for study, a researcher usually has some knowledge and/or experience of that area. Because a researcher cannot “unlearn” what is already known, the danger posed by conducting a literature review is that sensitising concepts may influence the researcher to project existing ideas on to the conduct of the study, thus interfering with the creative process of discovery (Bluff, 1997; Schreiber, 2001; Strauss & Corbin, 1990). Glaser (1998) considers not reading the literature to be “part of the grounded theory empowerment” (p. 68). With a view to avoiding the potential to contaminate or stifle discovery, he states categorically “it is appropriate to deliberately avoid a literature review in the substantive area under study at the

beginning of the research” (p. 68). Once the theory has been generated, literature can be woven into the text and used to validate the accuracy of the findings or to show how the findings differ from previously published studies (Bowers, 2003; Creswell, 1998; Glaser, 1998).

The methodological role of literature within grounded theory focuses on the merits of reading a wide range of technical and non-technical material in order to broaden the researcher’s perspective about the area under study (Glaser, 1978, 1998; Schreiber, 2001; Strauss & Corbin, 1998). Strauss and Corbin (1990) discuss five uses of the technical literature, including supplementary validation and the directing of theoretical sampling. Non-technical literature such as letters, diaries and newspapers also has a role. By way of continuing to ensure that material drawn from the literature does not unduly influence the conduct of the study, the researcher uses constant comparison to examine the literature for its fit with emerging concepts and theory, thus adding support to the soundness of the findings (Schreiber, 2001).

In order to address the above issues, this literature review is not extensive. It serves to provide a justification for the study by identifying gaps in the literature and by demonstrating how the study relates to what is already known about the experiences of fathers in childbirth. In accordance with recognised grounded theory practice, literature findings have not been incorporated into the text of the findings chapters in this thesis (Bowers, 2003; Hutchinson, 1993). Discussion of the study findings as they relate to existing research appears in the discussion chapter (Chapter Seven).

2.3 Introduction to the Literature

As previously noted, trends in Western society have moved towards an expectation that fathers will be present during birth. In order to place this study in a contemporary context, the academic literature pertaining to fathers and childbirth has been reviewed.

2.4 The Social and Biological Roles of Fathers

Being a father has both biological and social facets. Kitinger (1995) observes that, “Birth is not just a matter of biology and primordial urges, but of cultural values” (p. 95). A man who provides the spermatazoa that fertilises an ovum is the genetic or

biological father of the subsequent baby. The primary male in a parental role, having responsibility for providing care and protection of a child, is also called a father. Although these two roles are often performed by the same man for a particular child, it is also possible that different men may perform the biological and social roles of “father” for the same child. Circumstances such as terminated relationships and sperm donors are two examples of when this may occur. The difficulties resulting from being solely the biological father have recently been brought into the public spotlight by a challenge to New Zealand law that legally defines the term “father” (Devereaux, 2003).

New Zealand law does not currently acknowledge sperm donors as being the legal fathers of babies conceived with their semen. Nevertheless, there are legal ramifications for sperm donors posed by recently proposed law changes that will allow the offspring resulting from assisted human reproduction to obtain details of their genetic parents once those children have reached 18 years of age (Llewellyn, 2003; Mold, 2003). There are also difficulties for biological fathers with regard to termination of pregnancy. Biological fathers have no legal rights to demand abortion of their biological child, nor are they able to insist that a woman carries their biological child to full term if she chooses to terminate the pregnancy (Chapple, 1999).

The social role of “father” is far more easily acknowledged by society than the biological role. Most societies consider it essential that a child has a visible social father (Heggenhougen, 1980). Unlike the physical consequences of pregnancy for the mother, being a father is not defined by biological changes (Raphael-Leff, 1991). Since Roman times, Christian tradition has emphasised the social rather than biological process in becoming a father because pregnancy demonstrates a relationship between mother and baby that is clearly visible to the world but, until recently, the genetic link between father and child could not be proved. Prior to this, a man could acknowledge paternity by raising a child or by being married to the child’s mother (Burgess, 1997).

The social role of “father” in Western societies has changed considerably from the Victorian era where his major contribution to the family was that of “provider”, to that of the 21st century where he is often expected to be, simultaneously, a provider and a nurturer (Barclay & Lupton, 1999; Henderson & Brouse, 1991; Lemmer, 1987;

Smith, 1999a). Julian (1999) traces this progression in New Zealand from the time when a father's contributions at home focused on outdoor activities, to the current situation whereby television images regularly show fathers being involved with, and caring for, children of all ages. Pudney (1999) challenges these traditional assumptions and contends that fathers in previous generations were more involved with their families than is commonly thought. He proposes that it was the effects of the industrial revolution and the Second World War that were instrumental in separating fathers from closer involvement with their families.

May and Perrin (1985) link the changes in a father's role during pregnancy to the dramatic shift in his role during birth. They suggest that an image of the "ideal" father has arisen since men became involved in childbirth and describe him as being "openly nurturant and supportive of his partner, an eager, capable and sensitive participant in prenatal classes and as emotionally invested in the experience of pregnancy as his spouse" (p. 74). The socially constructed role of father continues to evolve as the roles of men and women change. In considering future avenues for research into the attendance of fathers during birth, Draper (1997) emphasises the need to take account of the changing role of "father" in today's society, and explores the social construction of the term using a cultural and historical perspective that incorporates the influence of power relationships between men and women. Julian (1999) observes that there are few qualifications required to become a parent and that parenting roles are largely determined by cultural norms that vary from one generation to the next.

"Father" as a socially constructed role is currently demonstrated in Western societies where it is common for mothers to work outside the home. The terms "co-parenting" and "shared parenting" have developed to describe the shared nature of providing care for children that many families now employ (McCann, 1999). Fathers in the study by Smith (1999b) considered shared parenting to be indisputable when considering contemporary parenthood and it was deemed to be a feature of antenatal classes whereby "parenthood" was the key concept that overshadowed any notions about fatherhood. Smith (1999b) describes her participants as relating "to the concept of non gender-specific parenting on which society has put increasing emphasis" (p. 467). Julian (1999) found that 91% of male participants and 94% of female participants thought society should expect equally shared parenting.

Shared parenting implies that both mother and father provide the necessary physical and emotional care for their offspring and that the roles of the parents are largely interchangeable. This phenomenon is illustrated in a number of letters to the editor in a recent issue of a parenting magazine (Little Treasures, 2003). Percival and McCourt (2000) suggest that contemporary couples want more equal and satisfying partnerships as well as shared parenting while Jordan (1990) notes that shared parenting is viewed by some authors as “a requisite for the survival of our society” (p. 11). The expectation that a father will be actively involved in caring for his family once a baby is born has broadened to also include the time of pregnancy and birth. Once a woman announces her pregnancy, Western society expects her husband/partner to be actively involved by offering her support and nurturing.

2.5 Couvade

Although the socially constructed role of fathers during pregnancy and birth is generally focused on the support of the expectant woman rather than on development of a separate role for men as fathers, “couvade” is one area that has been investigated in an attempt to understand the father’s experience. Derived from the French word couver, meaning “to brood or to hatch” (Collins Concise Dictionary, 1990, p. 292), the term was coined by anthropologists in the 19th century who had observed various explicit practices and traditions associated with expectant fathers in non-Western cultures such as restrictions on diet and normal occupational tasks.

In Western societies couvade is described as a syndrome and has come to mean a “sympathetic pregnancy” whereby expectant fathers experience physical and psychological responses to the pregnancy. The incidence is difficult to determine since couvade syndrome is rarely diagnosed, but cited rates range from 6 – 79% (Burgess, 1997; Clinton, 1986; Raphael-Leff, 1991; Thomas & Upton, 2000). Symptoms are numerous, vague and in many cases could be attributed to a variety of causes unconnected with pregnancy³. They may also “simply be the manifestation of stress” (Thomas & Upton, 2000, p. 221). The transition to fatherhood is well

³ Reported symptoms of couvade syndrome include irritability, lack of concentration, insomnia, claustrophobia, weight gain, nausea, backache, stomach upsets, loss of appetite, specific food cravings, abdominal bloating and toothache (Bothamley, 1990; Burgess 1997; Clinton, 1986; Colman & Colman, 1977; May & Perrin, 1985; Pudney & Cottrell, 1998; Raphael-Leff, 1991).

recognised to be a stressful process (Berry, 1988; Henderson & Brouse, 1991; Hunt & Martin, 2001; Marquart, 1976; Nichols, 1993; Raphael-Leff, 1991).

Traditionally, couvade practices are found in societies where marriage ties are weak and one explanation for their existence is the public acknowledgement of paternity (Burgess, 1997). Even though fathers in those societies may not witness the actual birth, their culturally prescribed role is considered to have a direct bearing on the outcome of birth and they are looked on as being active participants in the process (Heggenhougen, 1980). It has been suggested that the presence of fathers during birth in Western societies is a type of modern couvade ritual that has developed in response to the increase in both non-marital childbearing and divorce (Burgess, 1997). A man's presence at the birth is thus a formal way of announcing that he is a father. The value of couvade has been seen as not only helping men to develop in their roles as fathers, but also in the way it can assist men to cope with feeling excluded from a process in which they are not physically involved (Colman & Colman, 1977).

2.6 The Trend Towards Fathers Being Present During Birth

Fathers began attending hospital births in the USA in the mid 1940s (Burgess 1997; May & Perrin, 1985), but the generally increasing trend for fathers to attend birth in Western countries has developed since the 1970s (Draper, 1997; Greenhalgh, Slade & Spiby, 2000; Palkovitz, 1987). Whereas the first wave of feminism at the turn of the 20th century strove for voting rights for women, the second wave of feminism, originating in the USA during the 1970s, encouraged women to begin reclaiming birth from the control of medical practitioners. This gave new impetus to the desire of an increasing number of couples in the Western world to have fathers present during birth. The rise of the women's movement in Western countries was paralleled by increasing numbers of fathers attending birth (Hall, 1993).

One third of obstetricians in Britain were still excluding fathers from birth in the mid-1970s (Burgess, 1997). During that period, couples in the USA who sought to have the father present not only had to be married, but they also needed the approval of the attending physician (Cronenwett & Newmark, 1974). Medical control of the father's presence was still significant in the USA during the mid-1980s (Romito, 1986). Fathers who were allowed into the delivery room were expected to be useful to

the mother, and any help they did offer had to be at a level desired by the mother. By the mid 1980s, approximately three-quarters of married fathers from all socio-economic classes and most ethnic groups were present during birth in the USA (Bozett & Hanson, 1986; Palkovitz, 1987). Birth was no longer a clandestine event reserved solely for the mother and hospital personnel (MacLaughlin & Taubenheim, 1983).

The trend towards fathers being present during birth has continued to a point where one father has been reported as saying that “Only brave men say no to the delivery room these days” (Hall, 1993, p. 70). Restrictions based on marital status have long since been rescinded and a rate of 95% for fathers attending births in Britain has been reported in more recent times (Somers-Smith, 1999). The role a father is now expected to play has expanded from being a support system for the birthing woman to that of nurturing interaction between himself, his wife/partner and their baby (Galloway, Svensson & Clune, 1997; Papps & Olssen, 1997). Trends in New Zealand have followed similar lines to other Western countries (Callister, 1999).

Ironically, once fathers began attending childbirth the same empirical science that had previously excluded them, suddenly began providing vigorous support for their attendance. Research showed that length of labour and pain relief requirements for the woman were reduced when the fathers were present (Romito, 1986). There was an enhancement of both the couple’s relationship (May, 1982b) and of father-infant bonding (Bedford & Johnson, 1988; Palkovitz, 1987; Romito, 1986). Being present during childbirth facilitated the transition to parenthood (Shannon-Babbitz, 1979) and confirmed the man in his role as father (Bedford & Johnson, 1988). There was also a sense of pride, accomplishment and importance for the father (Gabel, 1982; MacLaughlin, 1980; MacLaughlin & Taubenheim, 1983). Draper (1997) describes the contemporary view of fathers being present during birth as a “rite of passage” with the father’s presence being a public expression of that rite.

2.7 Societal Pressure for Fathers to Be Present

It has been suggested that the behaviour of fathers is influenced more by socially constructed roles than biologically determined rules (Burgess, 1997). In contrast to the time when fathers first began attending births, most fathers now consider themselves obliged to be there (Hall, 1993). Peers, wives, family, colleagues,

maternity care professionals, the media and other fathers are cited as being sources of coercion to be present (Lavender, 1997; Palkovitz, 1987; Vehvilainen-Julkunen & Liukkonen, 1998). A New Zealand publication (Pudney & Cottrell, 1998) enthusiastically encourages fathers to be present, offering plenty of reasons for doing so and advice for managing the experience, but at no point does it acknowledge that fathers have any right to make their own decisions about the choice to be present or that for some fathers it may not be advisable for them to attend. The views of maternity care professionals are varied. They have been noted to make value judgments about the quality and quantity of fathers' involvement during birth, and while some caregivers view fathers who choose not to be present during birth suspiciously, others have questioned the expectation that men should be compulsorily present (Bothamley, 1990; Draper, 1997; Hall, 1993; Khazoyan & Anderson, 1994).

Despite significant societal pressure for fathers to be present during birth, the social structures to support that role are both minimal and confusing. Emphasising free choice for men, Lavender (1997) notes, "in a society of supposed equality it seems unrealistic to expect a man to automatically cope in an environment which is totally alien to him" (p. 95).

Fathers are now commonly welcomed into the delivery room, but not for any personal needs of their own. Breiding-Buss (2000) observes that allowing fathers to be present during birth has never been a "fathers' rights" issue; it has been because "women want their partners there to support them" (p. 1). Jordan (1990) considers that relatives, friends and workmates do not generally perceive fathers as being parents in their own right. They are seen, rather, as being helpmates or breadwinners and any encouragement to be present during birth is generally because of the potential benefits to the mother. Breiding-Buss (2000) suggests that a father's involvement in the childbirth process has to happen through the mother. He further contends that a father's relationship to his baby is defined by how supportive he is towards the mother and how much she allows him to be a part of it. Even though shared parenting is now a well recognised approach to raising children, the implications for fathers are that the responsibilities of being a "new age dad" exceed the rewards, such as equal weight in decision-making (Breiding-Buss, 1999, 2000; Jordan, 1990; Pudney, 1999). Burgess (1997) suggests that this may stem from sex-role conditioning whereby girls are

encouraged in nurturing activities while boys are encouraged to set forth and conquer the world.

2.8 Should Fathers Be There at All?

Despite strong societal pressure for fathers to be present when their babies are born, support for this view is not unanimous (Draper, 1997; Odent, 1984; Lavender, 1997). Rather than facilitating the progress of labour and contributing to positive outcomes, Odent (1984; 2000) contends that the presence of fathers can interfere with the process and result in longer labours and greater levels of intervention. Odent further argues that women do not, in fact, need any support at all (Odent, 1997).

A number of studies question the usefulness of fathers being present (Bothamley, 1990; Draper, 1997; Hofmeyer, Nikodem, Wolman, Chalmers & Kramer, 1991; Lavender, 1997), especially when the support expected by the woman from her partner is not forthcoming (Hall, 1993; Somers-Smith, 1999). May (1982b) considers that fathers cannot provide effective support if they have still not accepted the pregnancy and their imminent fatherhood. Hofmeyer et al. (1991) are unconvinced as to whether the presence of men has any positive effects and they consider the role of male partners to involve complex and variable relationship factors that are difficult to assess.

Building on studies carried out in the 1970s and 1980s, research has continued to demonstrate the benefits of having fathers present. Recent studies have confirmed the enhancement of father-infant bonding (Morison, Hauck, Percival & McMurray, 1998), the facilitation of the transition to parenthood (Vehvilainen-Julkunen & Liukkonen, 1998) and the confirmation of the man in his role as father (Draper, 1997; Vehvilainen-Julkunen & Liukkonen, 1998). Benefits for the mother have confirmed decreased length of labour and pain relief requirements, more positive feelings about the experience and an easier postpartum adjustment (Bartels, 1999; Bothamley, 1990; Lavender, 1997). In addition, the cost-saving benefits for the birthing institution of having a labour companion have also been established (Kennell, Klaus, McGrath, Robertson & Hinkley, 1991; Madi, Sandall, Bennett & MacLeod, 1999; Scott, Berkowitz & Klaus, 1999).

2.9 Birth Support From Non-father Supporters

Although many benefits to the birthing woman have been demonstrated from having a support person present, this person does not need to be the baby's father (Jackson, 1997). Support offered by non-father supporters fulfills differing roles as demonstrated by the differentiation Bondas-Salonen (1998) makes between professional caring, which is asymmetrical from the client's perspective, and lay caring, which is aimed at the well-being of both giver and recipient of care.

In situations where a woman in labour does not have a support person, Simkin (1992) suggests that midwives and trained labour support people are the most likely providers of care to meet the woman's emotional needs. Although the relationship a birthing woman has with her caregiver has been described as crucial by many of those women (Lavender, Walkinshaw & Walton 1999; Lundgren & Dahlberg, 1997), Simkin concedes that as the caregiver becomes busier, the care becomes more clinically focused and the caregiver becomes unable to provide the level of emotional support the woman may desire. Bondas-Salonen (1998) agrees, arguing that performing professional duties does not necessarily involve caring.

There is strong evidence for the presence of a female supporter who is not the caregiver (Bowes, 1992; Jackson, 1997; Hofmeyer et al., 1991; Madi et al., 1999; Pudney & Cottrell, 1998). This person may be a relative or friend, or she may be a dedicated labour supporter known as a "doula" who provides emotional and practical support during labour but is not necessarily previously known to the birthing women. Simkin (1992) adds that unless caregivers perceive the doula as an important part of the team, her effectiveness is likely to be limited.

If female supporters and a good relationship with the caregiver can make a positive contribution to the woman's birth experience, the question is raised: why is it important for fathers to be present when their babies are born?

2.10 Reasons Why Men are There

Birthing women value the presence of their husbands/partners. Many studies have confirmed that labour support offered by the baby's father has contributed to the woman's perception of a satisfactory birth experience (Bondas-Salonen, 1998; Cain, Pedersen, Zaslow, & Kramer, 1984; Nichols, 1993). Bramadat and Driedger (1993) found that the presence of a support person was one of the most important aspects of a

birthing woman's experience and that dissatisfaction was clearly evident if husbands were not present or if they did not provide emotional support when they were present.

Fathers give a number of reasons for choosing to attend the birth including wanting to support the labouring woman, curiosity and fulfilling an expected role (MacLaughlin, 1980; Palkovitz, 1987; Somers-Smith, 1999). Fathers also choose to be present because birth is an extraordinary experience in itself since this is when they consider they actually become fathers (Pudney & Cottrell, 1998; Vehvilainen-Julkunen & Liukkonen, 1998)

2.11 The Labouring Couple

As developments in maternity care have contributed to greatly reduced mortality rates, the focus for expectant parents has turned to the quality of the childbirth experience. Higher expectations of the event have created a situation whereby many women entering the birthing environment expect a positive and personally rewarding outcome (Lavender et al., 1999; Percival & McCourt, 2000). There is also an increasing need for maternity care to be provided for the whole family (MacLaughlin & Taubenheim, 1983; Marquart, 1976; Vehvilainen-Julkunen & Liukkonen, 1998). References to family-centred care date back to the 1970s when it was described as being both demanded and implemented (Cronenwett & Newmark, 1974; Lemmer, 1987; Leonard, 1977; May, 1982a). A decade later it was seen as needing to be promoted (Nichols, 1993).

Fathers and couples currently view birth as a mutual experience, not something that concerns mother and baby only (Chandler & Field, 1997; Vehvilainen-Julkunen & Liukkonen, 1998). Participants interviewed by Chandler and Field (1997) clearly saw themselves as part of the "labouring couple" rather than a man supporting his wife/partner. The interdependence of family members discussed by Lester and Moorsom (1997) is supported by Bedford and Johnson (1988) who observe that while it is only the mother who is admitted to a maternity unit, the midwife is admitting three people to her care "mother, father and baby – each dependent on the other for a safe and memorable birth" (p. 190). New Zealand authors Pudney and Cottrell (1998) and Breiding-Buss (2000) also promote the need for fathers to be acknowledged as clients of maternity caregivers.

2.12 The Role of Fathers During Birth

In considering the reasons why men may be present during birth, one author poses the question “What is a father to *do* at his child’s birth? That he may wish to be present on his own account alone has never been considered reason enough. Everyone assumes that fathers have to be of *use*” (Burgess, 1997, p. 121). When fathers first entered the delivery room in the 1960s and 70s they were expected to take an active role during birth, mostly as the “labour coach”. This stereotype has continued to be portrayed in the media and in literature about childbirth (Chapman, 1992; Mordue, 2003). By the 1980s, men were questioning whether they could adequately meet the demands of the coaching role (Berry, 1988; Chapman, 1992). More recently, fathers have operated within a wider range of roles in the birthing environment, including the “witness” and “team-mate” roles identified by Chapman (1992).

2.13 Lack of Literature Exploring Fathers’ Perspective on Childbirth

Thomas and Upton (2000) note that comparatively little is mentioned about men and their attitudes to pregnancy, childbirth and fatherhood. They also consider that the role of “father” is ambiguous, complex and poorly understood. Lavender (1997) supports this, observing that it is “fashionable” for men to attend births despite the confusion that surrounds the specific role they should adopt.

Research about fatherhood has been carried out within a number of disciplines including the social sciences, nursing and midwifery (Vehvilainen-Julkunen & Liukkonen, 1998). A considerable number of studies were conducted in the early years after fathers began attending births. Many of these were generated in North America and remain as benchmarks for more recent research (Bartels, 1999). Although many early studies were innovative and groundbreaking in nature and scope, there is little evidence that subsequent scholars took up the challenges posed by the findings to further explore fathers’ experience of childbirth. Studies conducted in the last decade still refer to the work of May (1982a,b) and other early researchers because the opportunities for building on that work have not been pursued (Chandler & Field, 1997; Draper, 1997; Vehvilainen-Julkunen & Liukkonen, 1998). In this respect, there are gaps in the literature. No published New Zealand studies have been found that explore the experiences and expectations of fathers during the childbirth process, although several studies exploring these areas are currently in progress.

Fatherhood as a socio-cultural phenomenon is studied far less than motherhood (Barclay & Lupton, 1999) and the lack of research into paternal aspects of childbearing is widely acknowledged (Bothamley, 1990; Draper, 1997; Jordan, 1990; Nichols, 1993, Somers-Smith, 1999). The lack of research examining the different ways fathers were involved in the birth process was noted in the early 1980s (May, 1982a). A decade later, Nichols (1993) made similar observations, stating that the need to have a clearer understanding of the father's experience and contribution "is requisite to the development of innovative perinatal interventions" (p. 101). In Britain, Lavender (1997) called for a greater understanding of the psychological and sociological perspectives of childbirth so that caregivers could aim to meet the needs of expectant fathers in a changing and complex society. New Zealand research on fathers has been noted to be in its infancy and recommendations have been made for further studies using both qualitative and quantitative methodologies (Birks & Callister, 1999).

The limitations of existing studies have been recognised (Draper, 1997). Many studies, particularly those conducted in the period up to the 1990s, focused on the maternal outcomes from fathers being present rather than exploring any independent needs men may have in this situation (Berry, 1988; Chandler & Field, 1997; Fishbein, 1984; Jordan, 1990; Lavender, 1997; Nichols, 1993; Nicholson, Gist, Klein & Standley, 1983). The studies reported are also largely based on hospital births, with a major focus on first-time fathers. In acknowledging the growing documentation of the maternal experience of pregnancy Jordan (1990) notes the lack of the parallel male experience. Increasingly, maternity caregivers are being called on to support not only the mother, but also the couple, during pregnancy, birth and new parenthood, yet still little is known about the father's needs and feelings during this time (Berry, 1988; Vehvilainen-Julkunen & Liukkonen, 1998).

A small number of studies conducted over the past decade have made a significant contribution to the understanding of the experience of fathers during childbirth. Chapman (1992) identified two roles in addition to "coach" for fathers during labour. Lavender (1997) identified support, information and role conflict as major concerns of fathers during childbirth. Chandler and Field (1997) identified a range of fathers' experiences during childbirth. Vehvilainen-Julkunen and Liukkonen (1998) explored fathers' feelings during childbirth. Hallgren, Kihlgren, Forslin &

Norberg (1999) investigated the relationship between fathers antenatal preparation for childbirth and their subsequent experiences. From the research into fatherhood that has been conducted, the inclusion of paternal needs within the areas of perinatal assessment and intervention is widely recommended (Bothamley, 1990; Chandler & Field, 1997; Lavender, 1997; Lemmer, 1987; Lester & Moorsom, 1997; Nichols, 1993; Palkovitz, 1987; Shannon-Babitz, 1979; Somers-Smith, 1999). Nevertheless, these studies make only general gestures in the direction of suggestions for areas in which to assess and support expectant fathers; specific focus in this area is lacking.

2.14 Justification for This Study

This literature review indicates that the birth experience from the perspective of birthing women has been examined academically, but the paternal perspective remains minimal. Although formal figures are rarely kept, anecdotal reporting throughout the Western world suggests that fathers currently attend a high number of births. Burgess (1997) reports more than nine out of ten fathers in Western countries are now present when their babies are born and that this level of attendance is unprecedented. Contemporary New Zealand society places a strong emphasis on this role for fathers, yet just over a generation ago societal norms excluded them from attending birth. National databases in New Zealand do not record the presence of fathers during birth but Breiding-Buss (2000) suggests that the figure is in excess of 90%. Informal discussions with maternity caregivers and personal experience as a childbirth educator support this approximation.

This chapter has presented and discussed a wide body of research literature concerning fathers and birth. On the basis of the issues that have been highlighted and the gaps that have been identified, there are three major reasons why this grounded theory study of the experience of fathers during childbirth is justified.

The general lack of inquiry regarding paternal aspects of childbirth is well documented. Research is needed which explores the issues of importance from the perspective of fathers rather than using maternal outcomes to measure the experience. As noted by Mitchell and Chapman (2001), the generic word “parenting” contains an inherent danger of making the voice of fathers invisible because research of “families” does not separate out their views.

Although the inclusion of paternal needs within the areas of perinatal assessment and intervention is widely recommended, there are no specific guidelines for aspects or methods of assessment. Research that clarifies issues that are important to fathers during childbirth can contribute to the development of those guidelines and can make recommendations to maternity caregivers and childbirth educators regarding practice that could address the issues fathers identify.

No published studies were identified that explored fathers' experience of birth in New Zealand. Aspects of the maternity care environment in New Zealand are unique and therefore New Zealand maternity caregivers and childbirth educators need to know what expectant fathers in this country are experiencing during the childbirth process. This understanding could contribute to international debate.

2.15 Conclusion

A literature review has placed this study in context by providing a background to the contemporary understanding of first-time fathers. It has distinguished between the social and biological roles of being a father and has traced the history of research concerning paternal aspects of the birth experience from the time when fathers in the Western world first began attending births in significant numbers to current times. Studies of fatherhood around the time of birth have been found to be sparse internationally and within New Zealand. Research is therefore justified to identify issues of importance to first-time fathers during birth with a view to improving the provision of quality maternity care by childbirth educators and professional caregivers. The next chapter outlines the grounded theory method and the research method used to conduct this study that explores the experience of first-time fathers during childbirth.

Chapter Three

Research Method And Process

3.1 Introduction

This chapter provides an overview of grounded theory, the research method chosen for this study. A brief historical background is presented, followed by the philosophical underpinnings and assumptions of grounded theory and an introduction to the central processes of the method. The analytical techniques described by Glaser (1978) and Strauss and Corbin (1990; 1998) are outlined and an overview is given of the method used in this study. The way in which grounded theory method was applied in this research is detailed and the core category, BEING TOGETHER AND SEPARATE, which has been identified from data analysis, is introduced. The chapter concludes with an outline of the structure for the three findings chapters.

3.2 Grounded Theory: An Overview

Grounded theory has its beginnings in the empirical world and describes the manner in which theory is developed from data collection and analysis (Bowers, 1988). In contrast to experimental design, grounded theory does not conform to the expectations of a pre-determined hypothesis because theory is constructed rather than tested (Annells, 1996; Bowers, 1988; Chamberlain, 1999; Llewellyn, Sullivan & Minichiello, 1999; Morse & Field, 1995; Robrecht, 1995). The theory is thus *grounded* in the data from which it was generated rather than being drawn from a pre-existing body of theory (Glaser, 1978). More than being a descriptive account of data observed in naturalistic settings, grounded theory is a creative qualitative methodology that is inductive and interpretive. It aims to develop a theoretical model that explains human behaviour by identifying the social process that is most central to participants in the field of study (Glaser, 1978). In developing a theory that accounts for much of the behaviour relevant to the area of focus, grounded theory does not claim to be generalisable. Consequently, it does not explain the behaviour of all people with the characteristics of the participants who were studied (Glaser, 1967). Grounded theory is *descriptive*, not *prescriptive*.

In grounded theory terminology, “theory” refers to the way in which concepts are organised and inter-relate. Consequently, the use of the term differs from the more commonly understood meaning: “a system of rules, procedures and assumptions used to produce a result” (Collins Concise Dictionary, 1990, p. 1352). Two basic kinds of theory can be generated using grounded theory techniques. “Substantive” theory is developed from studying empirical situations such as patient care or service delivery. “Formal theory” is developed from studying conceptual areas such as stigma or power (Glaser & Strauss, 1967).

3.3 Philosophical Underpinnings and Assumptions Informing the Method

Every research method is based on a set of assumptions. To properly understand the analytical techniques of a particular research approach it is important to understand the philosophy and assumptions that underlie the method (Guba & Lincoln, 1994; Grant & Giddings, 2002).

Grounded theory was developed by Glaser and Strauss (1967) who recognised an opportunity to move away from the traditional quantitative construct of verifying theory. They suggested that the research process could help researchers identify relevant areas for research and subsequent theoretical development. The method could enable participants, rather than researchers, to be primary informants on the issues of importance to them in a particular situation.

Grounded theory draws on the philosophy of “symbolic interactionism”, a position that is intricately entwined with the methodology and method of the process (Annells, 1996; Milliken & Schreiber, 2001; Robrecht, 1995). Remaining faithful to the grounded theory philosophy requires an understanding of symbolic interactionism which underpins the assumptions of the method. Symbolic interactionism is a philosophical position resulting from the influence of a number of prominent names associated with the University of Chicago. Herbert Blumer (1969) is considered to have presented the most comprehensively articulated written version of the philosophy, however the roots are usually traced to the work of George Herbert Meade (1863-1931) who was one of Blumer’s teachers. Meade was influenced by three major streams of thought – the philosophy of pragmatism, the work of Charles Darwin and behaviorism. Each of these influences have remained central to all

symbolic interactionists since that time and are therefore still relevant to the philosophy (Charon, 1998).

Pragmatism is a philosophical approach to understanding the nature of truth. It looks at what is real for human beings, what we consider knowledge to be and how we define the objects in our environment. It also gives a basis for the philosophical and sociological study of human beings (Charon, 1998). Symbolic interactionism draws on these facets as it views human beings interacting within their environment.

Blumer (1969, p. 2) describes symbolic interactionism as being based on three main assumptions:

- 1) the way in which people interact with objects in their environment is based on the meaning which individuals attribute to those things
- 2) social interaction is the source of the meanings which people attribute to the objects in their environment
- 3) people use a process of interpretation to both handle and modify the meanings of objects in their environment

Symbolic interactionism is a philosophy for exploring human behaviour. It is concerned with the meanings that people attribute to events and with the symbols they use to convey those meanings. “Objects” can be anything within a situation people are experiencing, including physical items, abstract concepts and the way in which language is used (Bowers, 1988). By acknowledging that objects have no inherent meaning the researcher is free to observe people interacting in a situation, allowing them to demonstrate what meaning they give to the objects they experience. (Bowers, 1988; Chenitz & Swanson, 1986). In this way the researcher can determine how one person’s object world differs from another. Symbolic interactionism maintains that people are in a constant process of interpreting their environment and defining their symbols as they move from situation to situation and person to person.

3.4 The Continued Development of Grounded Theory

Rather than being finite, precise and prescriptive, grounded theory is a dynamic method that has continued to develop over the past three decades. As described by Glaser and Strauss (1967) grounded theory does not have a rigid approach. The over-riding concern of the authors was that a method with too much

structure had the dangerous potential to “force the data”, meaning that information provided by participants was made to fit the developing theory rather than allowing those thoughts to emerge in a natural way. With the aim of making grounded theory more achievable for a wider group of researchers, Strauss and Corbin (1990) developed a framework to assist with organizing data. Glaser saw that development as a departure from the very essence of the methodology and so began a complex and contentious process about what actually constitutes grounded theory (Melia, 1996). Further developments in grounded theory, such as dimensional analysis (Schatzman, 1991), have added to the divergence in perspective on the method. The discourse on the proper application of the grounded theory method is ongoing (Kools, McCarthy, Durham & Robrecht, 1996).

3.5 Researcher as Instrument

Lincoln and Guba (1985) coined “human as instrument” to describe the way in which qualitative researchers use their experience, background and knowledge to clarify and summarise information. This data collecting method allows the human investigator to “explore the atypical or idiosyncratic responses in ways that are not possible for any instrument which is constructed in advance of the beginning of the study” (Maykut & Morehouse, 1994, p. 26). By maintaining a “marginal status”, the researcher can simultaneously keep a foot in the world of the subject and a foot outside that world (Bowers, 1988). The benefits are seen in the ability to make comparisons between those two worlds and explore what is the same and what is different. Bowers (1988) observes that grounded theory researchers maximize this process when they employ the technique of “constant comparative analysis”. According to Bowers (1988), for both procedural and practical reasons a grounded theory researcher cannot remain completely objective during the course of a study. The researcher needs to acknowledge this and should endeavour to consciously identify and address any preconceived beliefs or assumptions about the situations being studied so that those ideas do not unduly influence the theory that is developed (Bowers, 1988; Chamberlain, 1999; Morse & Field, 1995).

3.6 Grounded Theory Method and Analysis

Glaser (1978) considers the analyst's goal to be generation of "an emergent set of categories and their properties which fit, work and are relevant for integrating into a theory" (p. 56). A grounded theory emerges from data that has been fractured and then woven back together to tell the story of the participants. The research method uses concurrent collection, coding and analysis of data; development of the process is controlled by the emerging theory. In grounded theory, everything is data (Glaser, 1978; Schreiber, 2001). Information can be drawn from interviews, field observations, literature and documents of all kinds, videos, photographs, e-mails and any other source which can inform the researcher about what is going on for the participants in the situation being studied (Giddings & Wood, 2000). The key method used to analyse and integrate the data drawn from all those sources is constant comparative analysis. Glaser and Strauss (1967) combined aspects of the two qualitative strategies being used in the 1960s to produce an approach that involved both explicit coding and analytic procedures. Constant comparative analysis is not only the integral strategy upon which grounded theory is founded and built, but it is also the feature that sets grounded theory apart from other qualitative methods. Whereas other qualitative approaches "stress collecting copious amounts of data before delving into the analysis" (Charmaz, 1990, p. 1162), constant comparative analysis uses the emerging theory to shape data collection.

3.6.1 Sampling

Qualitative studies are associated with small numbers of participants, but the compensation is the "thick" or detailed data provided (Bluff, 1997; Chandler & Field, 1997; Sandelowski, 1986). Data collection in a grounded theory study cannot be planned in advance except in the early stages when an initial participant group is approached (Sandelowski, 1986). Purposive sampling, based on what a researcher already knows about the target population, is often used to recruit the initial sample. That knowledge is used to select participants who are considered typical of the population of interest to the study and who can clarify the phenomenon being studied (Haber, 1998, p. 294). As the study progresses, the researcher uses the techniques of constant comparative analysis and "theoretical sensitivity" to guide further sampling decisions.

3.7 The Constant Comparative Method

The following explanation of the constant comparative method is based on the description presented by Glaser and Strauss (1967). Some grounded theory terms have been modified according to their use by Strauss and Corbin (1990) and Eaves (2001).

3.7.1 Open Coding

Grounded theory research begins with substantive data and progresses to an abstract descriptive theory. “Codes” are a shorthand strategy used to label, separate, compile and organise data (Eaves, 2001). Each word and line in the interview transcript is examined and coded to identify specific incidents and properties contained in the participant’s comments. Termed “open coding”, this has the aim of producing provisional codes that seem to describe the data as well as allowing the analyst to “see the direction in which to take his study by theoretical sampling, before he [sic] becomes selective and focused on a particular problem” (Glaser, 1978, p. 56). Glaser suggests three questions to “ask the data”. “What is this data a study of?” “What category does this incident indicate?” “What is actually happening in the data?” (p. 57)

The outcome of open coding is a large number of words and short phrases used by participants to describe and explain both their main issue of importance within the area under study, and how they continue to manage that issue (Strauss, 1987). Glaser (1978) describes these as “substantive” codes because they can be directly linked to words and phrases actually used by participants. They are also referred to as “in vivo” because they use the participants’ own words to name the phenomenon. This critical strategy of the grounded theory method maintains the voice of participants from this early stage by encapsulating their own meanings as succinctly as possible. Ultimately, the use of in vivo codes assists in ensuring that the emergent theory can be firmly grounded in the data from which it was developed. In vivo codes have two characteristics. Their “analytic usefulness” and specific meaning are able to relate one category to one or more others, and the imagery they evoke saves the researcher from having to illustrate the code in order explain the meaning (Strauss, 1987). Using data from this study, Table 3.1 demonstrates the analytic usefulness and imagery of in vivo codes.

Table 3.1 The Imagery of In Vivo Codes

What participants meant	What they said (in vivo)
The way in which men talk about childbirth	bravado and bullshit
Developing a relationship of trust with caregivers	trusting people
Being there when the baby was born	that moment
Remembering what happened during the birth	keeping the memories
Trying to figure out the best thing to do	reading the situation
Trying to comprehend everything that happened	sinking in

Open coding is unrestricted, meaning that the researcher remains completely open to what the data is saying. As open coding progresses, the researcher looks for similarities and differences between individual codes. Based on those findings, codes are clustered together under an in vivo title and the process continues as codes are generated from subsequent data sources.

Groups of similar code phrases clustered together become concepts that can be labelled with an in vivo name. Concepts are “ideas” and are the basic units of analysis (Browne & Sullivan, 1999). In discussing the aim of formulating concepts, Glaser (1978) emphasises that it is conceptual “specification” on which grounded theory is focused, rather than conceptual “definition”. Concepts therefore have their relevance within the emergent theory rather than conforming to popular understandings such as those in the dictionary.

3.7.2 Theoretical Coding

At the next level of analysis, concepts are grouped together to form categories. These classifications of concepts pertain to a similar phenomenon and are discovered when codes are compared against each other (Eaves, 2001). A category stands by itself “as a conceptual element of the theory” (Glaser & Strauss, 1967, p. 36). Categories have “conceptual power” because they are able to draw in other groups of concepts (Strauss & Corbin, 1990). They are “important analytic ideas” that emerge from the data, answering the question “What is going on here?” (Strauss & Corbin, 1998, p. 114). Because categories are a higher, more abstract level than codes they are

given conceptual names that are more abstract than the concepts from which they have been derived (Strauss & Corbin, 1990). Often those labels are gerunds that denote an action. Gerunds, such as “being”, “doing” or “managing”, represent process and change (Glaser, 1978). Using language that is active supports the development of a theory that represents a social process.

In order to support conceptual organisation of the data, the next analytical level seeks linkages between categories (Eaves, 2001). Rather than comparing incident with incident, as in open coding, incidents are now compared with the properties of the categories that have been developed and are used to build up relationships between categories. Integrating categories and their properties provides a description of the phenomenon under study. This is termed “theoretical coding” because substantive codes are conceptualized in such a way that hypotheses can be formed and integrated into a theory. Whereas substantive codes are explicit about the phenomenon they describe, theoretical codes are implicit. Their meaning is derived from the group of substantive codes they were drawn from. To assist in clearly explaining phenomena, the concepts allocated to categories can be organised into sub-categories which give information such as “when, where, why and how a phenomenon is likely to occur (Strauss & Corbin, 1998, p. 119).

3.7.3 Fonts Used for Grounded Theory Terms

A number of grounded theory terms appear in the remaining portion of the thesis. For purposes of clarity for the reader, Table 3.2 presents the fonts that will be used to denote those terms. The fonts will be used later in this chapter and throughout the remaining chapters when referring to elements of the theory.

Table 3.2 Fonts Used for Grounded Theory Terms

<i>Term</i>	<i>Font</i>
<i>in vivo codes</i>	<i>italics</i>
<i>“participant quotes”</i>	<i>italics; enclosed in speech marks when appearing within the text</i>
Concepts	bold text 12
sub-categories	text 14
<i>categories</i>	<i>italics text 14</i>
CORE CATEGORY	UPPER CASE 12

3.7.4 Analysis and Theoretical Sensitivity

Strauss and Corbin (1998) describe analysis as being, “the interplay between researchers and data” (p. 13). The relationship between those two facets continues to shape the development and eventual formulation of a grounded theory. “Theoretical sensitivity” is the guiding principle for grounded theory researchers as they make decisions during the discovery process. This combination of interpersonal perceptiveness and conceptual thinking assists researchers to curb potential bias from their background experience and to think inductively as the theory is built from a general perspective, based on observation of specifics, to an abstract level that interprets and explains the social process that has been discovered. Schreiber (2001) stresses the importance of the researcher cultivating theoretical sensitivity by recognising and constantly challenging personal theories and biases against the data. Professional and personal experience, several types of literature and the analytical process itself can all contribute to the researcher’s theoretical sensitivity (Strauss & Corbin, 1990).

The emerging theory guides the researcher to the next step in the process whereby gaps in the theory and research questions suggested by previous answers provide the basis on which the researcher decides look for data to explain those developments. Glaser (1967) poses two questions to guide the sampling process: “What groups or subgroups does one turn to next in data collection? And for what theoretical purpose?” (p. 47).

3.7.5 Theoretical Sampling

During theoretical coding, concepts identified through open coding can be further examined via questioning of the data, hypothesis formation and additional data supplied from participants (Strauss, 1987). At this level, the technique of “theoretical sampling” may be employed to further explore areas of interest that have developed from earlier interviews. This process is controlled by the emerging theory and, in contrast to the purposive sampling approach used at the beginning of the study, involves deliberate decisions about participants or other data sources to access. These data sources can be used to “confirm or elaborate categories, identify relationships between them or suggest limits to their applicability” (Chamberlain, 1999, p. 185). Schreiber (2001) describes theoretical sampling as “...a complex, changing process

that shifts as the categories develop and the theory emerges” (p. 64). Once analysis has reached the level of theoretical sampling the amount of data that needs to be coded is significantly reduced because only information clarifying specific areas is sought.

Theoretical sampling allows further data to be drawn from sources that can be used to confirm and verify the core category. It also ensures that all theoretical categories have been “saturated” (Glaser, 1978). When a category is saturated, new incidents add only to the bulk of coded data rather than adding to the theory itself; the properties of a category cannot be developed further. The aim of saturation is to ensure that sufficient data has been analysed in such a way that a full and detailed understanding of the phenomena can be presented (Chamberlain, 1999). Glaser (1967) describes the criteria for saturation as being “a combination of the empirical limits of the data, the integration and density of the theory and the analyst’s theoretical sensitivity” (p. 62).

3.7.6 Finding the Core Category

From the moment analysis begins, a grounded theory researcher needs to be theoretically sensitive for the “core category” which is the main area of importance for the people in the setting under study. Often this is a word or phrase that sums up what is going on in the data. Glaser (1998) calls it “the resolving process” (p. 132) and he has outlined 11 criteria to delineate the features (Glaser, 1978). These include that the core category is central, recurs frequently in the data, relates meaningfully and easily with other categories, is a dimension of the problem and has “grab”. Strauss and Corbin (1990) describe the core category as being a “story line”; the central phenomenon that integrates and encapsulates all the other categories. The theory then explains that story and how all of the components relate to each other.

3.7.7 Delimiting the Theory

The theory is “delimited” when it sets its boundaries at both the level of the theory and the categories. This process is aimed at reducing and solidifying at both levels. As delimiting occurs, Glaser and Strauss (1967) expect that two major requirements of the theory will be developing – “parsimony”, whereby variables and formulation are tightly, yet clearly, defined and described and “scope”, whereby the

theory has applicability to a wide range of situations, while keeping closely connected to the substantive data. Ultimately, a grounded theory should be “dense”, possessing a small number of key theoretical constructs and a large number of properties and categories (Glaser & Strauss, 1967).

3.7.8 Writing the Theory

Part of the process of constant comparative analysis is the writing of the theory. The researcher combines the coded data, the theory that has been developed and memos about ideas that have occurred throughout the process into a format that explains the main issues of the participants in the area of focus and how they managed those issues (Glaser, 1967).

3.7.9 Simultaneous use of techniques

Although each stage of the constant comparative method can be clearly differentiated, the process is not linear. During the major portion of a grounded theory study each stage is being employed simultaneously. While constant comparative analysis continues to extend and refine the study, techniques such as questioning the data, hypothesis formation, memoing and field notes contribute to the richness and the depth of the theory that is developed. The amalgamation of all of these data sources produces a theory that describes and explains the behaviour being studied. At the beginning of a study the balance favours collection of data over coding and analysis and this gradually changes as the study progresses until the closing stages where analysis is the major focus, with data collection and coding being used to tie up loose ends (Glaser & Strauss, 1967).

3.8 Memoing

Memoing is a key support structure of grounded theory method and researchers are encouraged to memo ideas, thoughts and observations throughout the development of a study. Recording this information makes significant contributions to the research, from the planning stages right through until the very moment of publication. Glaser (1978) recommends that coding is always interrupted to memo an idea. The volume of data that accumulates through memos could never be accurately retrieved using memory alone. Memoing provides a dated, on-going record of theory

development which is important for the purposes of both auditing and memory, it records methodological decisions or problems and lines of analysis that are not pursued and it records theoretical and sampling needs so that interview questions can be tailored to the emerging focus of the study (Bowers, 1988). It also assists with theoretical sensitivity by allowing the researcher to acknowledge and explore personal biases that may have a bearing on the development of the study (Schreiber, 2001). As analysis proceeds, memos become progressively more abstract and integrated. When the researcher comes to write about the study, memos made throughout the process provide both reminders and a logical sequence of events that makes a valuable contribution to the overall compilation and explication of the study.

3.9 Analytical strategies used in this study

Analysis of data collected for this study was influenced by Glaser (1978) and Strauss and Corbin (1990; 1998). These grounded theory approaches contribute helpful tools for analysing data and for developing theory. Outlined below are the portions of each approach that were utilised during early data analysis in this study.

Glaser (1978) outlines 18 “coding families” to assist researchers with exploring the properties of concepts derived from data collection. Rather than being mutually exclusive, Glaser was clear that the families overlapped in their application to the data and he expected that researchers would discover new families as their analysis continued. The “causal-consequence model” is a variation of “The Six C’s”; the first coding family outlined (Glaser, 1978, p. 74). When using this family for data analysis, Glaser suggests that the researcher look for causes, contexts, contingencies, consequences, covariances and conditions amongst the concepts. The causal-consequence model explores the relationship between independent and dependent variables whereby a focus on the independent variable leads to a search for its consequence and a focus on the dependent variable leads to a search for its cause. This model implies an arrangement of concepts that is usually related to time (p. 74).

The “causal paradigm model” (Strauss & Corbin, 1990, p. 99) employs “axial coding” to look for relationships between categories developed from open coding. The authors suggest that use of the model will enable the researcher “to think systematically about data and to relate them in very complicated ways” (p. 99). Axial coding has five facets: “Causal conditions” are the events that lead to the development

of a phenomenon (p. 100). “Context” refers to “the specific set of properties that pertain to a phenomenon” (p. 101) and the particular set of conditions in which participants implement strategies to respond to a specific phenomenon. “Intervening conditions” are the “broader structural context” (p. 103) that either help or hinder the strategies participants use within a specific context. These conditions include time, space, culture and economic status (p. 103). “Action/Interactional Strategies” are process-orientated, meaning that there is a change over time and goal-oriented, meaning that they respond to, or manage, a phenomenon (p. 104). “Consequences” are the outcomes of actions taken in response to a phenomenon.

3.10 Trustworthiness of a Grounded Theory Study

Verification is “evidence that provides proof of an assertion” (Collins Concise Dictionary, 1990, p. 1446). Creswell (1998) considers the term to underscore the distinct approach of qualitative research and he further considers that responsibility for establishing verification of a study rests with the researcher. Verification is demonstrated by the degree to which trustworthiness – qualities of being “honest, reliable and dependable” (Collins Concise Dictionary, 1990, p. 1398) - can be established. When preparing their seminal text, Glaser and Strauss (1967) demonstrated trustworthiness to be a foundation principle of conducting grounded theory studies. According to Glaser (1998), the ultimate goal in trustworthiness is the extent to which the findings are reflected in collegial trust. “The value of grounded theory research comes with the use of its products by colleagues, otherwise it borders on private indulgence” (p. 240).

Once a grounded theory study has been completed and presented for critique, the principal issue for the reader becomes one of trustworthiness. Brink (1989) asks the questions, “To what degree can I trust the reporter that the research is true? To what degree can I believe that all possible occurrences of error were minimised rather than “built into” the design?” (p. 152). Lincoln and Guba (1985) ask, “How can an inquirer persuade his or her audiences (including self) that the findings of an inquiry are worth paying attention to, worth taking account of?” (p. 290). The key to the answer is in the application of criteria that are appropriate to the method.

The criteria most often applied to the assessment of grounded theory studies have been developed by Glaser and Strauss (1967), Lincoln and Guba (1985) and

Strauss and Corbin (1990). Two sets of criteria were outlined by Strauss and Corbin (1990). One set examines the report itself and the other assesses the way in which the study has been empirically grounded.

The criteria outlined by Glaser and Strauss (1967) were later modified by Glaser (1978). These modified criteria will be posed in Chapter Eight to evaluate this study. According to Glaser (1978):

- 1) For a grounded theory to have “fit”, the categories must fit the data rather than being made to fit pre-existing categories. The fit of categories should be emergent, meaning that they are modified as the study progresses and the theory should remain faithful to the everyday realities of the substantive area under focus.
- 2) For a grounded theory to “work”, it should be able to explain and interpret what is happening in the situation under study and predict what will happen. It must be abstract enough that it can provide a general guide to the range of conditions and constantly changing circumstances in the situations to which it is applied, but it must not be too abstract so that the sensitising aspect is lost.
- 3) “Relevance” of a grounded theory is not arrived at automatically, especially if data is made to fit existing frameworks. If core problems and processes are allowed to emerge as a natural course of the grounded theory process, relevance is assured because the researcher will not have to convince others of the relevance of the study’s findings.
- 4) A grounded theory must have “modifiability” because, even though social processes remain generally the same, their variation and relevance continues to change as the world changes. Glaser (1978) therefore asserts that “The theory can never be more correct than its ability to work the data – thus as the latter reveals itself in research the former must constantly be modified” (Glaser, 1978. p 5). A theory needs to account not only for the behaviour that has been observed by the researcher, but it must also be able to adapt to changing circumstances. The core category should be applicable to both current situations and any potential situations in the future.

Part of the establishment of trustworthiness in a grounded theory study involves tests that measure the “soundness” of the application of the research method.

Strauss and Corbin (1990, p. 254) outlined seven criteria to assess the empirical grounding of a grounded theory study. These include an explanation of how the concepts are generated and evidence that they are systematically linked and are conceptually dense. There should be an allowance for wide variation to be built into the theory, including the broader conditions that affect the phenomenon under study. The core process should be taken into account and the theoretical findings should be significant. These criteria will also be applied to this study in Chapter Eight.

3.11 The Research Process

Charmaz (1983) expresses the view that every researcher who uses grounded theory will tend to develop variations of the methodological approach. The importance of recording the process by which a grounded theory has been developed thus becomes imperative for two reasons: it offers the reader a means of auditing the process to determine how closely it conforms to the method, and it offers other researchers the opportunity to learn about and develop strategies to further enhance the process. The grounded theory method I employed is described in the following section.

3.12 Assumptions of the Researcher

In order to identify and address the assumptions I held at the beginning of the study, my principal supervisor interviewed me before participant interviews began. Assumptions identified through this process included:

- during childbirth fathers have needs which must be met
- those needs are quite different to the needs of labouring women
- fathers who are present during birth will have different ways of handling the role – some will be passive, some will be active
- not every man wants to be present when his baby is born.

The value in identifying these pre-conceptions was that the temptation to direct interview topics, and then the analysis process, in those directions could be acknowledged and curbed, thus allowing participants to talk freely and tell their stories without having to comment on my pre-determined interpretation.

The interview was also a valuable learning experience for me with regard to the experience of being interviewed. I gained some insight into how participants might

feel. For instance, when I was asked, “What is your definition of a family?” I had to think quickly. This term is commonly used, but rarely explored by way of definition.

My assumptions as a researcher were further challenged during an early antenatal interview when a participant asked how I, as a woman, could accurately explore the experience of men. This was not something I had previously considered. I acknowledged his comments as being highly relevant in this study and explained that the process of grounded theory encourages researchers to bring models based on the findings back to participants, and others involved in the area under study, for their comments. Lincoln and Guba (1985) refer to this as “member checking” (pp. 314-316). In this way, some of the fathers who participated in the study would have the opportunity to confirm or question the findings from their perspectives as men. Those comments would help to further refine the emergent model and may generate questions to be included in later interviews. These strategies assisted in addressing any assumptions that I may have had about the experience of men.

3.13 Ethical Considerations

If humans participate in research studies, ethical conduct requires that the rights of those people be protected (Polit & Hungler, 1999). Ethical approval for this study was granted by the Massey University, Albany Campus Human Ethics Committee (MUAHEC) on February 21st, 2003, reference number 00/098 (see Appendix A) and by the Auckland University of Technology Ethics Committee (AUTECH) on April 18th, 2001, reference number 01/22 (see Appendix B).

3.13.1 Informed Consent

Informed consent employed the principles of self-determination and full disclosure (Polit & Hungler, 1999). Consent was an on-going process that acknowledged the participants’ right to withhold information or decline further participation at any time (Polit & Hungler, 1999). These considerations were explained in both the participant information sheet (see Appendix C) and the consent form (see Appendix D). The formal consent process began immediately before the first interview when the rights of participants were explained. Each participant then signed a consent form. Every interview was audio-taped after gaining verbal consent from the participant and in many cases that consent was also recorded on the audio-

tape. At subsequent interviews oral consent was obtained before interviews began. As part of the participants' right to full disclosure of the research findings, fathers were offered the opportunity to receive a summary of findings from this study. Eight participants have requested that summary.

3.13.2 Confidentiality

Confidentiality acknowledges the ethical principle of justice (Polit & Hungler, 1999) and ensures that information provided by participants will neither disclose their identities nor be shared with any person not immediately involved in the research project without explicit permission from the participant. Pseudonyms have been used to conceal the identities of all participants. This includes fathers who wished to use their real names because wives/partners were not part of the consent process and there was potential that those women could be identified. I was the only person who typed and checked the transcripts of interviews and I was also the only person who had access to the transcripts stored on computer. Tapes and hard copies of transcripts have been stored in a locked filing cabinet.

3.13.3 Arranging the Interviews

Fathers chose the date, time and place for interviews that was most convenient for them. Twenty meetings took place in total: participants' homes (13), offices at participants' workplaces (5) and in a library study room (2). In addition, one participant was interviewed over the phone on three separate occasions. Every interview setting assured privacy and freedom from interruptions.

When negotiating the arrangements, I clarified with each participant that his wife/partner was welcome to be present during the interview. This was in response to concern expressed by one ethics committee that a man's participation might be a source of tension between him and his wife/partner. On the three occasions when a wife/partner was present, the longest time frame was about 10 minutes and only one of those women spoke. Her brief comments were transcribed in order to keep the flow of the conversation, but did not become part of the analysis. During another interview, the participants' wife entered the room towards the end of the meeting. Although she did not speak, from my observation of the participant's body language and conversation it appeared that he felt somewhat constrained in comments.

3.14 Sampling

Researchers should be able to offer a clear rationale for the way in which the sample is selected (Chamberlain, 1999). In this section I outline how participants were recruited and I give an overview of the characteristics of the sample group.

3.14.1 Recruitment of Participants

Eligibility for this study required participants to be first-time fathers living in the Auckland metropolitan area who spoke English fluently (see Appendix C). Recruitment of participants began with a purposive, convenience sample of the target population. Written approval was gained from Auckland Parents Centre (see Appendix E) before fathers from their antenatal courses were approached. I visited six different groups and made a brief presentation about the study. Information sheets for participants (see Appendix C) were left on a table for interested parties to pick up if they wished. Eight participants joined the study in this way. Three more fathers joined the study after being approached by a third party known to both the potential participants and myself. The men had the choice to contact me if they were interested in participating. A further potential participant who was approached in this way declined the invitation. These methods of selecting participants met ethical requirements of non-coercion (Polit & Hungler, 1999).

3.14.2 Sample Description

The eleven participants ranged in age from 29 to 45 years and all of them identified as being European or Pakeha. Although non-European fathers would have been just as welcome to participate, no men who identified as being non-European accepted the research invitation. The limitations of this sample are discussed in Chapter Eight.

Ten participants attended antenatal classes. All participants had post-secondary education that ranged from trade certificates to post-graduate university qualifications and all were employed at the time of interview. Seven fathers had professional positions, one was a tradesman and three were students. Occupations included management, teaching, engineering and the automotive industry. Eight participants were married and three were in stable, long-term de facto relationships. All of the fathers planned to be present during the birth event and all of them fulfilled

that expectation. Three of the pregnancies were unplanned and two of the wives/partners had previously given birth. All of the babies were born in a hospital. Participants were all performing the social role of “father”. At no time were they asked if they were also the biological fathers of their babies.

During one antenatal interview a participant revealed that he and his wife had previously experienced a stillbirth at 21 weeks. After consultation with my supervisors, it was decided to include this father’s interviews with data provided from other participants because this man clearly saw himself as a first-time father. As a researcher, I was reminded of the need to be precise when detailing criteria for participation. I had not specifically excluded fathers who had experienced previous in-utero loss of a baby. The eligibility criterion of being a “first-time” father was obviously open to interpretation.

Antenatal interviews were conducted within four weeks before the babies were due and postnatal interviews were conducted between two and 11 weeks after the babies were born.

Table 3.3 Overview of Participants

Pseudonym	Age	Lead Maternity Carer	Type of delivery
Tom	37	G.P.	Elective caesarean
Rob	31	G.P.	Normal delivery
Ben	29	Obstetrician	Forceps
Les	30	Independent Midwife	Emergency caesarean
Matt	42	Obstetrician	Normal delivery
Alex	32	G.P.	Normal delivery
Jack	45	Independent Midwife	Normal delivery
Geoff	31	Independent Midwife	Normal delivery
Nick	35	Independent Midwife	Ventouse
Paul	32	Obstetrician	Normal delivery
Karl	23	Independent midwife	Forceps

In the findings chapters, participants will be referred to by their pseudonyms followed by either an “A”, designating an antenatal interview, or a “P”, designating a postnatal interview. In some cases a number also appears after the pseudonym because some fathers were interviewed more than once in the postnatal period. Numbers appearing after the colon refer to the line numbers in the transcript.

Example: TomP1: 45-50 (First postnatal interview with Tom, lines 45-50.)

3.15 Data Collection

Formal unstructured interviews with participants were the main source of data for this study. Antenatal interviews ascertained participants’ thoughts on being a father as they looked toward the birth event. Postnatal interviews gave fathers a chance to reflect on their expectations and describe how they had experienced the process. Additional data from the literature is included in the discussion of the findings (Chapter Seven). Participant observation during childbirth would have added a richer dimension to the research, however that would have involved complicated ethical, moral and practical considerations outside the parameters of this study.

Data was gathered from 23 interviews, consisting of approximately 17 hours of taped discussion. Nine fathers were interviewed both antenatally and postnatally. Two fathers were interviewed only postnatally. One participant was interviewed once, eight were interviewed twice and two men were interviewed three times. Although I allocated one hour for each interview, the length of interviews was negotiated with participants on each occasion. Each participant gave freely and generously of his time and in no instance was an interview curtailed before its natural conclusion. Length of interviews ranged between 20 and 90 minutes.

3.15.1 Conducting the Interviews

During antenatal interviews, the opening question was “What is it like to be a man whose baby will be born in the next few weeks?” The broad opening statement had two purposes. It allowed participants to begin talking on a subject with which they were very familiar, thus reducing any anxiety they may have had about the interview process. It also gave plenty of scope for matters of relevance to the participant to become evident. Once conversation was established, topics raised by the

participant were explored further by the “researcher as instrument” using comments such as “Can you tell me more about that?”

The first five interviews explored the breadth of the topic, allowing participants to reveal the issues of importance to them regarding their experience of the childbirth process and the ways in which they managed those issues. As the study progressed, groups of similar incidents became evident which generated emerging concepts and categories. In later interviews, theoretical questions about topics raised by other participants were introduced towards the end of those meetings. Having the opportunity to conduct a second interview after the initial antenatal discussion was also a valuable opportunity to explore issues further that those same participants had raised earlier. In some cases, fathers had reflected on their previous comments and had developed their perspective on those areas.

3.16 Data Analysis

This section describes how the constant comparative method was employed in this study.

3.16.1 Open Coding

Data analysis commenced immediately after transcription of the first interview. Open coding identified over 100 codes. As the codes were identified they were compared to each other to determine what was the same and what was different. Codes from subsequent interviews were then examined in the same manner and compared to previously identified codes. Naming of codes was kept *in vivo*; examples included *dangerous mission* and *waiting*. In some cases, an *in vivo* code can have such “grab” (Glaser, 1978, p. 4) that it survives all the way through the analytical process and emerges as a feature of the core category. In this study *being separate* was present as an *in vivo* code from the very first interview. (“I’m separated from that.” TomP1: 721-722)

After four interviews, codes were clustered into groups to form concepts that appeared to have commonalities. At this point gerunds were often used to label those clusters. Examples of *in vivo* codes and concepts can be seen in Table 3.4.

Table 3.4 Example of Transcript Analysis

<i>“Participant’s comments”</i>	<i>in vivo codes</i>	Concept
<p><i>There’s a <u>separation between myself and [his wife]</u>. OK. We’re going down to the operating theatre. In the operating theatre I’m <u>holding her hands</u>. So I mean I’m <u>close</u>. But I’m <u>not involved in the really...the dangerous part</u> which is the operation. I’m not involved in that <u>so I’m separated from that...which really...I mean it’s quite a <u>helpless situation</u> from my perspective...I’m <u>limited in what I can do</u>. I mean I can <u>just hold [his wife]’s hand</u>, but...I can <u>just offer a few words of encouragement</u>. It seems like I’m <u>doing so little</u> and yet...I think perhaps a <u>coping strategy</u> for me would be to...<u>to know or to feel that I knew that people really approve of that role...people really value that role</u>.</u></i></p> <p><i>TomP1: lines 717-28</i></p>	<p><i>husband and wife separated</i></p> <p><i>holding hands; staying close</i></p> <p><i>not involved in dangerous part</i></p> <p><i>being separate</i></p> <p><i>helpless situation</i></p> <p><i>limits to role</i></p> <p><i>holding her hand</i></p> <p><i>words of encouragement</i></p> <p><i>doing so little</i></p> <p><i>coping strategy</i></p> <p><i>approval of role</i></p>	<p>Being separate</p> <p>Being involved</p> <p>Limited involvement</p> <p>Being separate</p> <p>Being helpless</p> <p>Limited involvement</p> <p>Small role</p> <p>Coping strategy</p> <p>Role approval from others</p>

3.16.2 Theoretical Coding

The next analytical step was the search for categories where groups of similar concepts could be located. The 50 concepts derived at that point were initially allocated to five categories that shared broad commonalities (see Appendix F). Reflection on this organisation of the data led me to collapse those categories further by allocating the concepts to categories representing the three major phases of the childbearing process. Each phase was named with a phrase drawn from in vivo codes (see Appendix G).

To explore relationships between the groups of concepts allocated to each childbirth phase, I employed the causal paradigm model (Strauss & Corbin, 1990. See Appendix H) and the causal-consequence model (Glaser, 1978. See Appendix I). In doing so I discovered that many concepts fitted in quite easily while others were difficult to place. Some did not fit at all. This was a useful analytical exercise, but after consultation with methodology advisors for this study I chose not to fully employ either model. One outcome of the process was the need identified to cluster the concepts within each category into sub-categories which could explain the when, where, why and how of the phenomenon.

Table 3.5 **Example of Clustered Concepts**

<i>Category: Approaching the unknown</i>	
Concepts	Sub-Categories
Things going wrong, coping, adapting; waiting; sense of reality	Known yet unknown
Like a father; change in self; change in responsibilities; change in relationship with others; prioritizing; being protective	Becoming a father
Being part of it; being separate; getting something out of childbirth; contributing; decision-making	Being part of it
Information gathering; being realistic; escape clause; previous life skills; control; expectations; planning	Preparing
Social influences and expectations; media influences; assumption of being there	Social influences

Searching for relationships between categories was the next analytical step. Using the phases of the childbearing process to organise the data posed difficulties because some of the issues identified by participants, such as becoming a father and being part of it, turned up in more than one of the time frames. I also realised that presentation of the data did not have to be limited by the physical boundaries of pregnancy, labour and birth. I re-organised the sub-categories into three new categories that were given in vivo titles drawn from the data they contained (See Appendix J). Each new category more clearly explained the data by allowing the recurring sub-categories to be explored at different stages of the childbirth process. The fit was much better and the flow of the childbearing process was more clearly demonstrated.

At this point a critical grounded theory component was still missing. I was yet to identify the core category that would link all three categories. I considered a number of options, examining each one for how well it explained the data and integrated the categories. During discussion of this issue at a grounded theory workshop one phrase stood out. After a slight modification I found that it related easily to a large portion of the data contained in the sub-categories, though not to the three categories themselves. Further re-organisation of the sub-categories around the

new core category led to the development of three new categories that could explore fathers' experience across the broad time frame of childbearing. Memos outlining the discovery of the core category appear in Appendix K.

Because the influences and events contributing to each fathers' experience were different during each phase of the childbirth process, sub-categories were allocated to each phase that explained the phenomena relevant to that particular time frame. This began the process of delimiting whereby sub-categories were grouped together to make smaller numbers of broader sub-categories that were denser and thus contained a richer description of the phenomenon. This in turn contributed to a more parsimonious presentation of the theory (Glaser & Strauss, 1967).

3.16.3 Theoretical Sampling

Theoretical sampling of data began in the early stages of this study. For example, during the early antenatal interviews two participants described their experience as being like a *roller coaster*. Towards the end of subsequent antenatal interviews I mentioned that the phrase had been used by other fathers and asked participants for their comments. *Roller coaster* was also explored at postnatal interviews to see if it had any follow-through component to the fathers' experience. In this way the properties of the concept were developed to a level that had meaning and grab when placed in the context of the overall theory. During a later interview, one participant spoke eloquently and enthusiastically about "control" and the lack of it he had experienced during the birth event. I arranged a second postnatal interview with him to explore just this topic. From the concepts generated by that discussion I formulated questions to pose to other fathers on the topic of control such as, "Do you expect to have some level of control during the birth?" "In what areas do you hope to have some sort of control?" and "How will you go about ensuring that you get the level of control that you would like?"

3.17 Discovering the Core Category

The core category that integrated and encapsulated all of the categories identified in this study was found to be BEING TOGETHER AND SEPARATE. It meets the criteria outlined by Glaser (1978) because it accounts for a large portion of the variation in behavioural patterns of the fathers being studied, it recurs frequently

in the data, it relates meaningfully, richly and easily with other categories, it has grab and it is a dimension of the main issue of importance as well as accounting for variation in the behaviour being studied (p. 95). Two participants who gave some perspective on the findings of the study also confirmed the core category as representing their experience.

Once the core category had been identified, I re-read and re-coded every transcript, looking for incidents where the three categories, *being together*, *being separate* or *being together and separate* appeared. Incidents occurred frequently throughout the data. The codes, concepts and sub-categories were rearranged to explain the three new categories with the sub-categories organising the concepts into groups that the explained the conditions, consequences and strategies that had emerged from the data. This demonstrates the recursive feature of grounded theory whereby the process is guided by the emerging theory and the theory emerges from a constant return to the data.

Being together and separate is both the core category as well as being one of the three categories that contributes to the core category. As a category it contains sub-categories and concepts that demonstrate the juxtaposition of feelings fathers experience when they feel concurrently *together* and *separate* from the childbirth process or when they move from one position to the other. As a core category, BEING TOGETHER AND SEPARATE encapsulates and integrates all of the study findings.

Data collection and constant comparative analysis has been conducted to a level where the findings can be demonstrated schematically as a means of making the relationships between the concepts easier to understand. A schematic representation of the findings is presented and explained in Chapter Six (Figure 6.1, p. 114) and a flow chart demonstrates how aspects of the three categories change throughout the childbirth process (Figure 7.1, p. 149). This study has been conducted at a Masters' level with the purpose of discovering an emerging substantive theory. Saturation of all categories has not been achieved. The findings can best be described as having uncovered enough evidence to suggest relationships between categories.

3.17.1 Memoing of Progress

Memos have been written throughout this study and have recorded breakthroughs, frustrations, questions and observations. Writing memos assisted theoretical sensitivity by allowing me to think about the data and continuously re-organise it in response to further elucidation by participants, re-reading of transcripts, discussion with academic colleagues and just by “dwelling in the data”. An example from my memo file appears below.

January 31st, 2003

Looking at Karl’s comments about focusing too much on the birth I am wondering if his comments about looking at it as a continuation of something ties in with Nick’s comments about not being overawed about the birth (and it wasn’t like the first time he had held his baby), Tom’s comments about never having been away from him and Rob’s comments about it being like his wedding – one day out of your life, but it’s a bridge to the most important part. Is birth a time of extraordinary transition from one life experience to another, rather than being only an end in itself?

The memo file also served as a repository for the many ideas that did not make progress in this study. Those ideas, such as exploring the experience of first-time fathers who are obstetric caregivers, may well become useful in future research projects. Further examples of theoretical memos appear in Appendix L.

3.18 Introduction to the Findings Chapters

Participants described BEING TOGETHER AND SEPARATE as something that developed and changed as pregnancy progressed, birth occurred and new parenthood began. Their experience of it was also highly dependent on the individual events and influences that constituted their particular experience of the process. The categories of *being separate* and *being together* that contribute to the core category are intertwined in such a way that they cannot be isolated from each other without losing the richness of the context in which they are embedded. Yet in order to explore the complexities of fathers’ experience during the childbirth process discovered by the study, *being separate* and *being together* will be discussed as separate entities in order to explain what those portions of the experience are like for a

father. The third findings chapter then draws those two categories together and describes *being together and separate* which is both a category and the core category that explains first-time fathers' experience of the childbirth process.

3.18.1 Overview of structure in the findings chapters

Each findings chapter presents a category that contributes to the core category of BEING TOGETHER AND SEPARATE. They are:

- Chapter Four: *being separate*
- Chapter Five: *being together*
- Chapter Six: *being together and separate*.

Each category covers the broad time frame of the childbirth process.

Table 3.6 Overview of Structure for the Findings Chapters

		<i>Anticipating Phase</i>	<i>Becoming phase</i>	<i>Being phase</i>
<i>Categories</i>		Sub-Categories	Sub-Categories	Sub-Categories
<i>Being separate</i>	Conditions	Being separate	Being separate	Being separate
	Consequences	Having the choice	Handing over control	Needing my own space
	Strategies	Choosing to be part of it	Choosing to be separate	Being in a good place
<i>Being together</i>	Conditions	Being together	Being together	Being together
	Consequences	Preparing	Being part of it	Experiencing a new reality
	Strategies	Participating	Contributing	Being together as a family
<i>Being together and separate</i>	Conditions	Being together and separate	Being together and separate	Being together and separate
	Consequences	Like a roller coaster	Wanting to do the right thing	Sinking in
	Strategies	Going with the flow	Reading the situation	Choosing the first and foremost concern

3.18.2 Phases of the Childbirth Process

Each category will be explored in three sub-sections that encompass the three broadly definable phases in the linear process of childbearing. The phases have been labelled as *anticipating*, *becoming* and *being*.

The *anticipation phase* covers the period of pregnancy up until the birth event began. In this phase fathers were coping with both current and future aspects of the experience. They were dealing with the changes associated with the transition to fatherhood while the babies were unborn and they were looking ahead to the birth and the time of new parenthood. Fathers were *anticipating* what would be happening, what they might be feeling and how they might be able to be involved.

The *becoming phase* covers the time of birth, beginning with either the signs of labour, an induction of labour or the immediate pre-surgical preparation for a caesarean section. It concludes with the birth of the baby. This was a time of transition for fathers between the fantasy of imagining their babies and the reality of finally meeting them.

The *being phase* covers the time from the moment of birth until several days after the event. During this phase participants were being fathers to their babies. They had physical contact with their infants and were coping with the immediate impact of the birth. There is no finite point of conclusion to this phase because the experience of each participant was different. Some were ready to get on with their new life immediately, while for others the transition was slower. For the purposes of this study, data pertaining to the period after the babies went home from hospital has not been included.

3.18.3 Conditions, Consequences and Strategies

During each phase, concepts have been grouped into sub-categories according to three grounded theory components: conditions, consequences and strategies (Bowers, 1988). “Conditions” are the circumstances in which a phenomenon appears. They can arise out of many sources including time, place, culture, rules and beliefs and to a certain extent they can explain why and how persons or groups respond in certain ways (Strauss & Corbin, 1998). “Consequences” are the outcome of those circumstances and describe the effects that the conditions have on participants. They become the motivators for addressing the issues that arise for participants.

“Strategies” are the ways in which people handle the situations, problems and issues that arise. Strauss and Corbin (1998) describe strategies as being “purposeful or deliberate acts that are taken to resolve a problem and in doing so shape the phenomenon in some way” (p. 133).

Whereas grounded theory studies often report consequences as being the result of the conditions and strategies experienced and employed by participants (Strauss & Corbin, 1998), this study has reported the strategies as being an outcome of the conditions and their consequences. This structure remains faithful to the principles of symbolic interactionism and best encapsulates the data provided to me by the participants. Barbara Bowers (personal communication, April 1st 2003) suggests that grounded theory has some flexibility in practice, providing that the process is explained, rather than always being followed “to the letter”.

3.18.4 Explanation of Terms

Throughout the findings chapter the terms “intrapersonal” and “interpersonal” appear. The intrapersonal perspective refers to aspects of the childbirth process that fathers experience within themselves. These include the thoughts, feelings and attitudes fathers have, the ways in which they process them internally and the decisions they make that have a direct impact on how they manage those experiences. An example would be a father’s decision to remain present in the birth situation even though he was feeling physically ill. The interpersonal perspective refers to aspects of the childbirth process which fathers experience as a result of their relationships with other people. An example would be a father feeling included in the childbirth experience because the caregiver showed direct interest in what he was thinking and feeling.

Other terms appearing in the text are “caregivers”, referring to maternity care professionals including doctors and midwives, and “support people”, referring to lay supporters such as family and friends who are present at the birth. The “childbirth process” refers to the time frame covering pregnancy, birth and new parenthood, while the “birth event” refers to the specific time frame covering when the child is born, namely labour or caesarean section. Various domains of human experience also appear in the text. Although physical, emotional, social and cognitive domains are mentioned individually, they are intertwined in such a way that each one affects the

other (Papalia, Olds & Feldman, 2001). Consequently, when discussing the experiences of fathers, boundaries between domains are often indistinct.

3.19 Conclusion

Chapter Three has provided an overview of grounded theory that includes the philosophical underpinnings and assumptions of the method. Grounded theory methods of constant comparative analysis, open and theoretical coding, theoretical sampling and theoretical sensitivity have been explained and the way in which they were employed in the development of this study has been detailed. Criteria for establishing trustworthiness of a grounded theory study have been outlined. The core category of BEING TOGETHER AND SEPARATE has been presented and an overview of the structure for the findings chapters has been explained. The categories that contribute to the core category will be presented and discussed in the next three chapters.

Chapter Four

Being Separate

4.1 Introduction

Chapter Four presents the category of *being separate*. Aspects of the childbirth process will be described where fathers considered that they were **not part of it**.

...you're quite on the periphery in the sense that you don't have any bodily sensations to know what...as a woman does...you're sometimes not really sure what's going on and you're not part of what's going on, 'cause you can't be.
(MattA: 288-293)

Table 4.1 Overview of Structure for Chapter Four

Sub-categories	<i>Anticipating phase</i>	<i>Becoming phase</i>	<i>Being phase</i>
Conditions	Being separate	Being separate	Being separate
Consequences	Having the choice	Handing over control	Needing my own space
Strategies	Choosing to be part of it	Choosing to be separate	Being in a good place

Fathers experienced *being separate* on physical, social, emotional and cognitive levels. No matter how much they wanted to be *involved* in the experience, participants continually encountered reminders that they were *separate* from it. At various times they felt *separate* from their wives/partners, their babies, the professional maternity caregivers and other fathers. *Being separate* could occur by itself or concurrently with *being together*. From the moment a man's wife/partner announced her pregnancy he began to be aware of where he as the father fitted in the process. Fathers experienced *being separate* in a variety of circumstances throughout pregnancy, birth and into new parenthood and they developed a range of strategies for dealing with those experiences.

4.2 Being Separate In The Anticipating Phase

This section explores fathers' experience of *being separate* during pregnancy.

Table 4.2 Being Separate: Overview of the Anticipating Phase

Sub-categories	Conditions: Being separate	Consequences: Having the choice	Strategies: Choosing to be part of it
Concepts	Being physically separate from wives/partners Being the “add-on” Reality has not set in Societal expectations of fathers	Fathers can opt out Being emotionally separate from wives/partners Sensing danger	Choosing to be part of it Being realistic Acknowledging the loss of freedom

During the *anticipating phase* fathers faced a perplexing duality due to their role being social rather than biological. Although many participants had a personal wish, encouraged by strong **societal expectations**, to **be part of** the childbirth process from the very early stages of pregnancy, they continuously experienced reminders about *being separate* from the process.

4.2.1 Conditions: Being Separate

Before their babies were born, fathers felt *separate* on both intrapersonal and interpersonal levels due to physical, emotional and societal influences.

Table 4.3 Being Separate: Anticipating Phase Conditions

Sub-category	Concepts	<i>in vivo codes</i>
Being separate	Being physically separate from wives/partners	<i>feeling removed; not as physically involved; not throwing up; business as usual; not part of it</i>
	Being the “add-on”	<i>being the add-on; focus on mother and baby; men need something to do; women do the work</i>
	Reality has not set in	<i>weird feeling; hasn't hit home; like a father; until that moment</i>
	Societal expectations of fathers	<i>men are uncomfortable; men need distracting; stereotypical father; cigars; waiting rooms; having an escape</i>

Being physically separate from wives/partners

Intrapersonally, fathers felt *separate* from the childbirth process because they did not have the same physical and hormonal sensations, emotions and changes as the expectant mothers. They could observe the impact of *bodily changes* on their wives/partners, but because those changes did not physically also affect them, fathers could carry on with their *business as usual*. This clearly distinguished the biological differences between being a father and being a mother.

Early in pregnancy, nausea and other physical symptoms experienced by the mothers often reminded fathers that they were **physically separate**. Later in pregnancy, the mother's changing shape or the interpersonal effects resulting from the attitudes of caregivers were more likely to contribute to feelings of *being separate*.

The whole pregnancy thing, you feel a little removed from it because you're not as physically involved. You're not up there throwing up every day...
(MattA:85-88)

It's your wife that's going through all the changes physically and emotionally and...as a male, well business as usual, you know. Life goes on, you know. You're not really part of it... (PaulA:322-325)

Being the “add-on”

Maternity caregivers reinforced feelings of *being separate* for some participants. Although many fathers made an effort to attend antenatal appointments, they often found that the focus was on the well-being of the woman and baby, rather than the family.

You go to see your care-giver...and they're (a) surprised that you're there all the time and (b)...I think that obviously a lot of things revolve around the mother and the baby, but there's a sense that you're the add-on. I get that sense sometimes. I get a little bit annoyed. (MattA: 340-344)

...we got the birthing pool today and [the midwife] said, flippantly or not... “Oh, it's good to have the birth pool because it gives the men something to do while the women are doing all the work”. (KarlA: 10-12)

Reality has not set in

Comprehending the *reality of the baby* was difficult for many participants in the *anticipating phase*. Because they did not have the physical sensations of pregnancy, fathers felt *separate* from the baby and had to go through a cognitive process of acknowledging that the baby actually existed. Even though, before birth, they could see the baby move and hear the foetal heartbeat, many fathers considered that their feelings of *being separate* would continue until they could see and hold their babies after birth. In feeling *separate* from their babies antenatally, participants also felt *separate* from their role as a father.

It's a weird feeling...you know it's happening. You know it's...going to happen...I guess you can classify yourself as a father, but to me, reality will not set in until that moment. Until the baby's born and they actually put it in my hands...Because as much as I've thought about it, as much as it's been planned...I don't think I've ever...yet considered myself like a father. (AlexA: 330-338)

Societal expectations of fathers

Despite many participants gaining a clear impression from society that contemporary fathers are expected to be actively involved in all stages of the process (discussed in Chapter Five – Being Together), Karl expressed a view that appeared to support society's confirmation of fathers as *being separate* from the process.

Society has a story that men are going to be nervous. They're going to be out of their element. And they're going to be uncomfortable. They're going to need to go and do things to get their mind off it and they're going to need to be distracted. That's how I see the general role of men at birth. (KarlA: 174-177)

Some participants also considered that society supported fathers to be *separate* from the process by providing a sanctioned *escape* should the need arise. As long as fathers were seen to be making an attempt to be *involved*, it seems that they could be *let off* if things got a bit tough. This aspect of *being separate* combined both intrapersonal and interpersonal components because fathers could feel

confident within themselves that society condoned them *being separate* under certain conditions.

Society expects fathers to be more involved, more sensitive, more supportive. To take time off work. To be there. And to be helpful. But I still think if you mess up or if you don't perform then there is the feeling that, oh well, you know, you're a male so don't worry about it. So I think you have to be actively involved but...you get a bit of a let off if you're not always on to it... And it's sort of this thing like, well it's good you're here, but just go and take a chill pill. So I think...you've got that escape. (GeoffA: 48-64)

As participants thought about **societal expectations** of fathers, they also considered whether they either resembled or wished to emulate the *stereotypical father* - the clichéd man many participants believed society imagined when the word “father” was mentioned. Paradoxically, this generic father demonstrated the very opposite characteristics expected of the contemporary father. In many cases, participants' portrayals of the *stereotypical father* described their own fathers of a generation ago – men who had little involvement during the childbirth process, especially during the birth itself.

And I actually said to my wife “Look I don't know whether I actually want to be there, for that. I'd rather be the classical stereotypical father pacing out the back with cigars in every pocket. (PaulA: 46-49)

“yeah...husband out in the waiting room, having a cigar and taking it easy was the way to go. And you don't want to be seeing all the blood and... your wife in pain...(AlexA: 197-200)

Societal expectations of fathers and characteristics of the *stereotypical father* were not congruent, yet many participants considered both perspectives when deciding how they would participate in the birth process. In thinking about their *involvement*, participants compared and contrasted the *stereotypical father* with **societal expectations** of contemporary fathers and decided where they fitted best. For some, traits of the *stereotypical father* were initially attractive but as the *anticipation*

phase progressed those men became more interested in attending the birth rather than assuming the historical role of a father who was *separate*.

4.2.2 Consequences: Having the Choice

Fathers who felt *separate* during the *anticipating phase* realised they had a choice about being **part of** the process. They noticed changes in their thought processes and, when thinking about the birth, fathers became aware of concerns about the safety of mother and baby.

Table 4.4 Being Separate: Anticipating Phase Consequences

Sub-category	Concepts	<i>in vivo codes</i>
Having the choice	Fathers can opt out	<i>having the choice; men not normally invited; privilege to witness a birth; opting out</i>
	Being emotionally separate from wives/partners	<i>change in thought processes; changes in relationship; less me and her time</i>
	Sensing danger	<i>the thought of it going wrong; things getting out of control; not controlling the situation; fears are natural; helplessness; trusting people</i>

Fathers can opt out

Although participants experienced *being separate* in various ways during the *anticipation phase*, ultimately they realised that because of **being physically separate**, their involvement in childbirth was by **choice**. Because they were not physically connected to the baby, participants acknowledged that pregnancy would progress and birth would occur whether or not they, as fathers, had any *involvement* in the process. They could *opt* in or out as they wished whereas the women could not. Some participants considered the **choice** about being present during the birth was an active decision to be made by the father, regardless of what his wife/partner might want.

We've got the choice. We can opt out. Women don't. (MattA: 244-245)

...because it's his choice, you know. I mean at the end of the day, even if his partner's screaming for him, it's like, well it's still your choice. You know,

you're probably going to miss out on something that's quite special, but, hey, that's what you want, that's what you want. (NickA: 218-212)

...it's not normally an event that a man gets invited to unless it's his own child. So it's a privilege, really, to witness a birth. (TomP1: 487-489)

Having the choice meant that some participants experienced feelings of being *removed, on the periphery* and *not part of it*. Fathers who acknowledged those feelings then needed to determine whether there were issues they could address in order to feel more a **part of** the experience. For those who chose to address issues, the next step was to decide on the actions they could take to feel more *involved*. Les explained that by being involved at *different levels* men might have different motivations with regard to their involvement in the childbirth process. Those motivations would ultimately influence the **choices** fathers made and explain the decisions and actions resulting from how they saw their role in the process.

Some people might be having the child for the sake of a relationship or some gentlemen might not be in love with their partners and they're happy to stay there because they feel they need to...Or some men may see childcare and rearing as a woman's job or as a man's job so...I think there's different levels in which people can become engaged. (LesP: 115-119)

Ben supported the notion of men *opting out* of being present during birth in certain circumstances. He also thought “*some men should be encouraged not to be there*”, such as those who had not been supportive during the pregnancy, or did not manage stress well or became angry easily. Describing those men as having the potential to be “*an absolute hindrance*” Ben thought it was a good idea for the man to remain *separate* if he was going to cause stress to the mother and possibly “*really hinder the process*”. In contrast, Karl considered that it might be appropriate, at times, for the father to be more *separate* so that the birth process could continue because he saw the potential for the presence of fathers to slow progress during birth.

Being emotionally separate from wives/partners

One consequence of being **physically separate** from their wives/partners was a feeling of **emotional separation** from the women. In the absence of a biological role in nurturing the foetus, participants thought about where they fitted in the childbirth process. This gave them opportunity to reflect on how their role as fathers differed from the mothers' role. Cognitively, fathers became aware of changes in their thought processes, priorities and motivations. These changes contributed to a sense of *being separate* as participants thought about both the personal implications of being a father and the practical considerations, such as the family being reduced to one income. In some cases, the changes were not objectively evident and fathers considered it important to discuss their feelings with their wives/partners so that the women were aware of what was going on for the men.

There's a change in your own self as well, regardless of whether your wife picks that up or notices it at the time or not...it's something we need to talk about whether she understands the pressures or the...my thought process changing as well. (AlexA: 436-444)

The **emotional separation** experienced by some participants was based on an actual or potential loss of some kind. Paul felt significant *anger* and resentment about the loss of his independent life-style while Rob had concerns about the possible negative effect the baby would have on the relationship with his wife after the birth. Karl anticipated that the postnatal period would involve "*less 'just me and her' time*". The negative emotions Paul experienced during the early **anticipation phase** changed to a more positive outlook as the time of birth drew closer whereas Rob carried his concerns about the relationship with his wife right through until after the birth.

...the concern about how it will affect the relationship between the two of us. You know, it's just been the two of us up until now. We've had a number of great years together. There's not a feeling that that's drastically going to change, but I guess the unknown of how much it will and what regard for the change. (RobA: 194-198)

Sensing danger

Fathers realised that birth was not an event that could be completely predicted and planned for in advance. This caused a number of participants to **sense danger** because all contingencies could not be addressed beforehand. Although they did not necessarily think that something would go wrong, participants certainly considered that the possibility merited consideration. Matt even considered that his fears were a *natural* part of the process.

It doesn't have to go wrong. It's just the thought of it going wrong. (TomP1: 383-386)

Being separate in this way raised issues of **control** and having to **trust others**. Many of the participants who **sensed danger** had employment responsibilities that included problem-solving and being in charge. Because these fathers knew that they would not have the same level of **control** during birth as they had at work, their need to entrust the care of their wives/partners and babies to someone else heightened their sense of **danger** because, as fathers, they would not be directly responsible, in charge or have a major role in problem-solving.

Men like to have control...they like to control not only the outcome of an event but also how you get there...it's part of what you do. I mean, for my job... I control a business...If I'm accountable and responsible for the business therefore I've got to have control over it. But in the birth process... it's a medical procedure. I'm not a doctor. So it's in the hands of somebody else and it's in the hands of nature...You do feel like you've got no control. (PaulP2: 271-278)

For fathers who had concerns about the *level of control* they would have during birth, their lack of maternity-related *knowledge* and expertise raised the potential for feelings of *helplessness* and *impotence* that would make them more *separate* from the experience. In the event of an emergency, participants envisaged that even any small *level of control* they might have would be entirely eroded, leaving them incapable of offering any **contribution** that they would judge to be worthwhile.

...the main fear I would have is that things get out of control for some

reason...All the horror stories that you hear...one in a million chances, but what if it's us? I just want...it all to go well...My main concern is that that won't happen. That something disastrous will happen and it'll become a nightmare...If it becomes a medical emergency, I have the feeling that I will lose any control even though I didn't have much to begin with. (GeoffA: 189-207)

I hate seeing my wife in pain, and just not to really control that situation or help... just I guess the helplessness of it. And having to rely on people we may not have met before like doctors...nurses. People you don't have a relationship with. Or know or trust. Having to trust them with my wife's health and my baby. That is something completely new. (PaulA: 56-62)

4.2.3 Strategies: Choosing to Be Part of It

Having acknowledged that being **physically separate** from their wives/partners and babies was something that could not be changed, participants developed a philosophical approach to manage the situation. They realised they could make **choices** that would give them some *involvement* in the childbirth process and they accepted that some feelings might not develop until after the baby was born.

Table 4.5 Being Separate: Anticipating Phase Strategies

Sub-category	Concepts	<i>in vivo codes</i>
Choosing to be part of it	Choosing to be part of it	<i>deciding to be involved; not getting too in-depth about it</i>
	Being realistic	<i>can't get fully prepared; coming to grips with reality; not part of the club; focus on woman and baby; father as assistant</i>
	Acknowledging the loss of freedom	<i>defensive moments; the final part of growing up; focussing on home; the last free moments</i>

Choosing to be part of it

Being *involved* in the childbirth process was not something that came easily to all participants. Because they felt *separate* from the process in some way, a number of fathers had to make a conscious choice to **be part of it**. They also had to decide on the

level of *involvement* with which they were comfortable. Some fathers chose areas in which they wished to remain *separate* during the *anticipation phase*. Jack's partner had given birth previously. He considered that his partner and the midwife knew far more about the process than he did, so he did not attend appointments or assist with *planning*. Jack focused on helping around the house; a level of *involvement* he was comfortable with because he could see that the pregnancy was progressing well without the need for his direct input.

Basically I wasn't worried about any of it, or didn't get sort of too in-depth about it. I knew something was going to happen and [his partner] has been through it all before so she's quite competent. She knows what's going on. (JackP: 35-38)

Karl struggled with determining the level of *involvement* with which he felt comfortable. He went through a long, difficult cognitive process that resulted in him "*deciding to choose to be involved*".

Being realistic

Because fathers realised that not everything about a birth situation could be planned, they recognized the need to **be realistic** about what might happen. **Being realistic** involved acknowledging that there would be *limits* to the level of preparation they could make in order to avoid feeling *separate*. Participants got to the point of feeling as prepared as they thought was possible, yet at the same time they felt that what they could know beforehand was not quite enough to meet their needs. Fathers who liked to be organised found themselves formulating tentative plans to address various contingencies.

I just think that there's some things in life that you cannot get fully prepared for and this is one of them. (RobA: 237-239)

I've got a funny feeling that you can read as much as you like but it's not going to prepare you for what's going to happen...so in that respect there's probably not a lot of preparation I can do...other than make sure I'm in town when it actually happens. (PaulA: 111-115)

Fathers acknowledged that as much as they wished to **be part of** the childbirth process they would always be somewhat *separate* because the focus was on the woman and baby.

But also, I've learned to be comfortable with the fact that the woman is really the focus of the birth, as is the baby. The man is really an assistant in some way. (KarlA: 104-141)

Being realistic also involved acknowledging that, because they were yet to personally experience the birth situation, participants could not be *in the club* with other fathers until after their babies were born. Once they had been through the process themselves, fathers would be able to fully comprehend it.

...almost like a little club which you have to experience. It's that learning through experience...it's like teaching someone that the element's hot. They're not going to understand that until they touch the element. So, in that aspect, you can't articulate it because you haven't experienced it. (LesA: 292-297)

Acknowledging the loss of freedom

For some participants, being **emotionally separate** from their wives/partners during the *anticipation phase* was significant, overwhelming and life-changing. Taking on the responsibilities of being a father occurred smoothly and gradually for some men, causing little disturbance to their overall experience of the process. For others, the baby's impending arrival was an uncomfortable and challenging experience. Paul felt *forced* to modify some of the activities he enjoyed because he considered that to be the *responsible* approach to becoming a father. The reluctance with which he addressed the situation suggests that he felt quite *separate* from the experience.

I guess responsibility-wise...It's the final part of growing up...Like I can't go out to the pub when I want. Or maybe go to the rugby or do the classic sort of things that guys do. I guess it forces you to be more focused at home... (PaulA: 228-234)

Karl managed the intense feelings of potential loss that he anticipated the baby's arrival would impose by choosing to be *separate* from his wife for a while.

He withdrew emotionally and physically for several weeks in order to think through the issues that would have their impact once the baby arrived.

I've actually had quite a few defensive moments where I've felt that I've had to guard or take my own time. In some way experiencing the last of my free moments...I'm highly aware that my life's going to change fundamentally and I went through a period where I was very grumpy and didn't want to be disturbed at all. I think that's a large part of where it came from is that it's a lull before the storm or a break before things change a lot. (KarlA: 336-342)

4.3 Being Separate In The Becoming Phase

This section explores fathers' experience of *being separate* during the birth event.

Table 4.6 Being Separate: Overview of the Becoming Phase

Sub-categories	Conditions: Being separate	Consequences: Handing over control	Strategies: Choosing to be separate
Concepts	Being physically separate from wives/partners Being excluded by caregivers	Handing over control Feeling useless Feeling vulnerable Sensing danger	Choosing to be separate

As fathers entered the *becoming phase* of the childbirth experience, reminders of *being separate* became more apparent, more frequent and more acute. Whereas participants found ways during the *anticipation phase* to compensate for their lack of physical sensations of the experience, the commencement of the *becoming phase* constantly reinforced the reality of their **physical separation** from the mothers. Fathers found that their roles were clearly distinguished from those of the birthing women and the men often felt unable to participate in the birth in ways that they valued. In some cases the actions of caregivers also influenced fathers' experience of *being separate*.

4.3.1 Conditions: *Being Separate*

The conditions in which fathers felt *separate* during the *becoming phase* focused on **being physically separate** and **being excluded by caregivers**.

Table 4.7 Being Separate: Becoming Phase Conditions

Sub-category	Concepts	<i>in vivo codes</i>
Being separate	Being physically separate from wives/partners	<i>trying to comfort her; letting her have the pain</i>
	Being excluded by caregivers	<i>communication between doctors and wife; doctors don't communicate; midwives don't communicate; wanting communication</i>

Being physically separate from wives/partners

At the beginning of the *becoming phase* participants became acutely aware of **being physically separate** from their wives/partners because they did not have the physical sensations of labour or preparation for caesarean being experienced by the women. Instead, fathers found that they were fulfilling a very specific role that was entirely *separate* from that of their wives/partners. Their role included making phone calls, transporting the women to hospital and offering physical and emotional comfort measures.

...but then she's screaming in pain every two minutes and then you're trying to go faster. But then you've got to stop at a light and then it's like jerking the car. And so you're trying to get to hospital as fast as you can but as slow as possible. And it was tough. Because I was trying to drive and I was also trying to comfort her, but at that point you can't really do both. You've just got to let her have the pain. It's not a very good feeling but I couldn't do anything.
(AlexP: 618-626)

Being excluded by caregivers

Feelings of *being separate* were also reinforced by the actions of caregivers. This occurred either in acute situations when the birth events necessitated prompt and focused attention from caregivers or in more controlled circumstances when

caregivers directed conversation towards wives/partners only, rather than speaking to the couple. It also happened at any time during the birth when information was not *communicated* to the father. Participants felt *separate* in all of these situations because they did not feel included in any way.

...when they broke the waters I probably felt a little helpless because it was all sort of communication between the doctors and [his wife] and there wasn't much I could do. (RobP: 87-90)

...doctors don't communicate. Nor do nurses. You get some frumpy midwife who's been there for 30 years. Who thinks she's seen everything and done everything, but can't communicate. That's the wrong...portrayal to the father. Because you want to be talked to. You want to know what's going on. (PaulP1: 305-309)

4.3.2 Consequences: Handing Over Control

Fathers felt acutely *separate* in the *becoming phase* when they had to **hand over control**. Not only did this involve **feeling useless** and **vulnerable**, but not having **control** of the situation also led to fathers **sensing danger** for mother and baby.

Table 4.8 Being Separate: Becoming Phase Consequences

Sub-category	Concepts	<i>in vivo codes</i>
Handing over control	Handing over control	<i>letting go of control; trusting others; lack of control; caregivers ignoring birth plan</i>
	Feeling useless	<i>nothing I could do; way out of my depth; not knowing the options; can't question caregivers</i>
	Feeling vulnerable	<i>trying not to faint; throbbing headache; feeling faint and queasy is a sign of vulnerability; a sign you're not coping</i>
	Sensing danger	<i>concern about morbidity; not feeling safe; constant element of danger; something can go wrong; someone could die</i>

Handing over control

Although fathers acknowledged the necessity of entrusting the care of their wives/partners and babies to maternity care professionals, feelings of anxiety mounted

when the circumstances reinforced that the handover was both necessary and happening.

...then we've got her wheeling down to the theatre and I'm just following. And at this point this is really where I'm starting to have to let go of control because I'm not pushing the bed. The orderly's pushing the bed. And I'm five, ten feet away now from [his wife]. I'm not so close to her. So I'm having to trust other people to take over. (TomP1: 259-261)

Trusting others was especially difficult when fathers did not have *confidence in the caregivers*. In circumstances where fathers considered that a situation was *not under control* or that caregivers appeared *incompetent*, their levels of anxiety soared, sometimes culminating in outbursts of *anger*. Blatant breaches of the *birth plan* by caregivers without any consultation with the couple also increased the feelings of *being separate*.

...it all comes back to that feeling of lack of control. Influence. And then anxiety. And then I guess in the extreme, anger. And that's where you can see guys being really pissed off with doctors and nurses because they're not in control. They can't talk about it. They don't know the terminology. So they'll get shitty about it. (PaulP1: 300-304)

Feeling useless

Being separate during the *becoming phase* was reinforced for fathers in circumstances where they felt *helpless, useless, powerless, nervous* or had a sense of *self-doubt*. These feelings were caused by a lack of *communication* from caregivers, the fathers' lack of expert *knowledge* and the lack of value that fathers themselves attributed to their contributions during birth.

I'm glad it didn't go forever because I would have felt bloody useless over an extended period of time. But as it got so bad so quickly I just suddenly felt I was way out of my depth. All the little things that you're taught...we were way beyond that after about forty minutes. And [his wife] was well beyond my gentle care and loving... So I felt really useless basically...I don't think I was useless but it felt like at times like "God, what can I do?". (MattP: 91-102).

...there was just this feeling with [his wife] that there was nothing I could do. I mean you can't stop it... (GeoffP: 482-483)

Paul contrasted his work situation with the birth experience to explain his sense of *helplessness*. He felt so *separate* due to his lack of maternity-related expertise that he did not feel in any position to question the staff about what they were doing. I asked him about the options he had in business that he didn't have in birth.

I suppose one of them is knowledge and experience. I felt in the delivery process that it was completely different, foreign...didn't understand any of it. I'm not a doctor...if I was an obstetrician, then fine. You can see things that are in front of you and have options. But as a first time father it was all totally new to me, so I really didn't see other options. And the doctors and the nurses are going down a certain path and they feel it's the path, well who are you to argue against it? ...It goes back to that thing that that's their job. That's what they are trained to do and that's their profession so, you can't really question them about what they're doing. (PaulP2: 92-129)

Feeling vulnerable

Fathers experienced physical and psychological effects as a result of feeling *separate*. At times, the birth events were overwhelming, leading to physical symptoms such as headaches, nausea and faintness. Participants found themselves having to deal with their own discomfort in an environment where the focus was not on them. They felt *separate* because they were trying hard to **be part of** what was going on, but their bodies were not co-operating. Ben interpreted the significant impact of these feelings as sign of being *vulnerable* and *not coping*. It would seem that fathers considered it important to always give the appearance of being *calm* and *strong* and that it was not satisfactory for them to either feel or demonstrate physical signs of stress during the birth.

And I was like, "Shit. What do I do?". I was trying not to faint, because I can't really handle too much blood and everything and needles. And there was plenty of blood. And needles coming out of her arm and...I was feeling a bit sick. And I had a throbbing headache and I thought I was going to faint. It was just...you know...(laughs) shocking. It was very dramatic. It was one of the most dramatic events in my life. (GeoffP: 157-163)

Sensing danger

Fathers who felt *separate* also had a heightened **sense of danger** about the situation. Their thoughts wandered to a range of possible dire outcomes and they developed a heightened state of awareness whereby they were ready for trouble at a moment's notice. **Sensing danger** also reminded fathers about the *lack of control* they had, especially in emergency situations.

I think there's always a concern in the back of your mind that...there's always an element of danger. Something can go wrong. And the worst case scenario is that you've got two corpses in front of you...That's what's in the back of your mind. (PaulP2: 381-388)

We were monitoring the heart rate and at one stage the heart rate of the baby got very high and we thought it might be in distress. And then all of a sudden I thought, "Oh Christ" a bell was going to go off and all of a sudden...there's going to be a crash team coming here and doing a caesarean and she's off to theatre or whatever. (GeoffP: 363-369)

Unexpected situations occurring during the birth reinforced participants' concerns about **danger**. Fathers suddenly found themselves having to determine if the situation was still *safe*.

The baby was coming but I just really didn't feel too safe with everything. I thought, just some medical expert should be there. But I guess it happens every day. People do it...the midwife was very capable. But if anything would have went wrong, I wondered what would have happened (AlexP: 317-323)

4.3.3 Strategies: Choosing to Be Separate

Fathers who chose to be more *separate* from the experience did so for two major reasons. Either they needed to address personal needs that would eventually allow them to participate more fully in the process, or they felt that they were assisting the childbirth process by becoming more *separate*. Strategies employed by fathers who felt *separate* during the *becoming phase* were thus mostly directed at

bringing themselves closer *together* with the situation. For this reason, many of those strategies have been presented in Chapter Six (Being Together and Separate).

Table 4.9 Being Separate: Becoming Phase Strategies

Sub-category	Concepts	<i>in vivo codes</i>
Choosing to be separate	Choosing to be separate	<i>don't like hospitals; give me a call; when things start to happen; the classic father; no point staying</i>

Choosing to be separate

Being separate in the *becoming phase* continued to involve **choice** for fathers. They could choose the level and type of *involvement* they wished to have in the process and they could choose whether to remain physically present with their wives/partners. In a number of situations, fathers chose to be **physically separate** from the birth event. Some participants chose to come and go from the hospital because long periods of *waiting* were a feature of the *becoming phase* for many couples. For these men, it was only important to be present if *something was happening*.

I don't like hospitals. I get bored very quickly...after an hour or two in the hospital I thought, "That's it. I'm out of here. Give me a call...literally...when things start to happen...The classic sort of father (laughs). (PaulP1: 206-209)

...she received the prostaglandin gel. And at that point I thought "Well, there's no point in me staying here so I'm going home". (NickP: 13-14)

Two fathers also chose to be *separate* when they judged that by doing so the birth might make better progress. This strategy is explained further in Chapter Six (Being Together and Separate).

4.4 Being Separate In The Being Phase

This section explores fathers' experience of *being separate* in the first few hours and days after their babies had been born.

Table 4.10 Being Separate: Overview of the Being Phase

Sub-categories	Conditions: Being separate	Consequences: Needing my own space	Strategies: Being in a good place
Concepts	Being physically separate	Like a nightmare Needing my own space	Being in a good place

Once the babies were born, the feelings of *being separate* that fathers had experienced during the *anticipating* and *becoming phases* were largely resolved. They could now physically interact with their babies and actively develop their role as fathers. The intense focus on the mothers during pregnancy and birth had mostly disappeared and fathers' concerns about **danger** were laid to rest because all the *unknowns* of the birth process were behind them. As Ben described it, "*there were no more major issues*". *Being separate* in the moments immediately after birth mostly occurred when mothers and babies needed focused attention from maternity caregivers. It also involved fathers sorting through the events of the birth and dealing with the aspects where they had felt *separate*.

4.4.1 Conditions: Being Separate

Being separate in the *being phase* was largely focused on fathers feeling **physically separate** from their wives/partners and babies.

Table 4.11 Being Separate: Being Phase Conditions

Sub-category	Concepts	<i>in vivo codes</i>
Being separate	Being physically separate	<i>separate from baby; separate from wife; being a nobody; no relationship with baby; baby whisked away</i>

Being physically separate.

The consequences of the birth events could make fathers feel *separate* in the immediate postnatal period. Nick found that he was **physically separate** from his partner and baby due to each of them urgently requiring professional care. Tom's experience of being *separate* was based on his view that because he had not physically taken part in the birth process, he was yet to establish a *friendship* with his baby. He did not consider that would happen until he actually held his son.

[His partner] is in her little world and I'm sitting there going "Oh, gee, the baby's born. That's cool." Can't go near the baby yet because they're doing all the business and... Certainly can't go down that end because [his partner] is in the stirrups and they're doing the stitching...(NickP: 405-409)

The baby's not aware of me and I'm aware that the baby's not aware of me. He doesn't know I exist. I'm one of twelve people in his visual area and he wouldn't know if I was his dad or what I was. So, I'm a nobody. I haven't formed a friendship with this newborn baby through the actual birth process. Not until I hold him. Not until I'm closer to him...(TomP1: 535-555)

4.4.2 Consequences: Needing My Own Space

Fathers who felt *separate* in the *being phase* were either experiencing negative emotional outcomes from the events of a traumatic birth or they **needed their own space** in the first few days after birth.

Table 4.12 Being Separate: Being Phase Consequences

Sub-category	Concepts	<i>in vivo codes</i>
Needing my own space	Like a nightmare	<i>feeling drained; powerless; upset; tired; like a nightmare; experience taken away</i>
	Needing my own space	<i>needed my own space; not hanging around; not healthy to stay; no desire to visit; hate hospitals</i>

Like a nightmare

In the moments after birth fathers felt a *gamut of emotions* as they processed all the events leading up to the birth. Karl felt significant negative emotions as he

thought about the dramatic and overpowering events involved in the birth of his baby. He described the experience as being *like a nightmare* that left him feeling *hopeless, powerless and indignant*. This father, who very much wanted to be part of the birth process, felt *separate* because the events, and the way in which they had been managed by the maternity care-givers, had spiralled way out of his control.

Just quite hopeless. Feeling drained and sort of powerless and upset and tired...It was kind of like a nightmare – the whole thing. (KarlP: 944-952)

For Karl, *being separate* in the moments after birth was the culmination of a lack of sleep, long periods of actively supporting his wife in labour and a high level of medical intervention. The latter was a particular point of difficulty because it directly challenged the approach to birth that he and his wife had hoped for. The reality of their birth experience was *separate* from the gentle, well-controlled homebirth that they had planned. For him, it was “*exactly what we didn’t want*”.

I sort of felt like the experience had been taken away from us. I felt like we’d put so much effort into discovering what was a good way for us to bring a child into the world and then it didn’t happen. And it seemed like it was such an important thing for it to happen, not in a particular way but minus certain things. Like the medical model. (KarlP: 217-233)

Needing my own space

In the first few days after birth when mothers and babies were still in hospital, several fathers chose to remain *separate* from their wives/partners and babies. Some participants just did not like hospitals and the number of visitors that began arriving, while others didn’t feel the need to spend every moment with their wives/partners and new babies. Nick didn’t even consider it *healthy* to be there all the time. These fathers needed their **own space** to handle new parenthood in a way that was most comfortable for them.

I didn’t hang around all day... Cause I needed my own space too...I don’t think it was healthy being there all the time. (NickP: 678-688)

...other fathers stayed at the [maternity care unit] and it's all really lovely and beautiful. I just had no desire to even visit. I just found even visiting hard because I hate hospitals. You've got every auntie and uncle that's decided to come in. And they're pissing you off. (PaulP2: 461-465)

4.4.3 Strategies: Being in a Good Place

Fathers dealt with *being separate* in the *being phase* by employing strategies that best supported their emotional need to be in a good place.

Table 4.13 Being Separate: Being Phase Strategies

Sub-category	Concepts	<i>in vivo codes</i>
Being in a good place	Being in a good place	<i>not voicing concerns; not being caught up in negativity; visited several times a day; went to work</i>

Being in a good place

Fathers handled their feelings of *being separate* in ways that allowed them to carry on with the other aspects of their lives in a positive way. These strategies helped them to be in a **good place** as they dealt with the aftermath of the birth experience. In some cases, fathers chose to be *separate* by limiting and carefully choosing the periods of time they spent at the hospital. This enabled them to take control of aspects of this phase of the childbirth experience that were not comfortable for them. Some fathers also chose not to discuss their disappointments and frustrations about the birth events with maternity caregivers because it would further add to the *negativity* of the experience for them.

...there's a couple of things like that which I would have at least wanted to say something afterwards before we left the hospital, but I didn't want to get caught up in the negativity of it all. I wanted to just be in a good place. (KarlP1: 1011-1014)

I just went in for the morning and we had lunch together. And I'd go again. And then go back in the evening. (NickP: 685-687)

While she was in hospital she wanted me to stay more but...It really wasn't me. So I sort of had a day or so off. Went to work. (PaulP1: 44-46)

4.5 Conclusion

This chapter has presented the category of *being separate*. Participants could feel *separate* from other people or *separate* from the process itself. *Being separate* meant that fathers had the **choice** whether to be involved in the process and at what level they wanted to **be part of it**. Fathers were *separate* from the childbirth experience when they did not feel **part of it** in some way. These circumstances included not having the physical sensations of pregnancy and birth, not having the necessary professional expertise required to support some meaningful **control** in the process or when they felt **excluded by caregivers**. Fathers who felt *separate* due to situations in which they had **no choice**, such as when obstetric difficulties arose, experienced physical and emotional symptoms such as nausea, headaches, anger and hopelessness.

During the *anticipating* and *becoming phases*, *being separate* was based on the lack of a physical relationship with the baby and the lack of a physical experience of the process. The focus changed in the *being phase* when *being separate* was based on mother and/or baby requiring professional attention and the needs of fathers to have their **own space**. In some circumstances fathers chose to *be separate*, a strategy that allowed them to either care for themselves or as a way of assisting the birth process. The next chapter presents the category of *being together*.

Chapter Five

Being Together

5.1 Introduction

Chapter Five presents the category of *being together*. Aspects of the childbirth process where fathers considered that they were **part of it** will be presented and discussed.

I just want to actually engage with it and to be part of it. And it's not just something that [his wife] is doing and I'm sort of the cheerleading team on the side. (MattA: 100-102)

Table 5.1 Overview of Structure for Chapter Five

Sub-categories	<i>Anticipating phase</i>	<i>Becoming phase</i>	<i>Being phase</i>
Conditions	Being together	Being together	Being together
Consequences	Preparing	Being part of it	Experiencing a new reality
Strategies	Participating	Contributing	Being together as a family

Fathers experienced *being together* on physical, social, emotional and cognitive levels. Although fathers are the focus of this study, some aspects of *being together* involved fathers feeling *together* with one or more other persons because of their shared experience. Participants could feel *together* with their wives/partners, their babies, maternity caregivers, other fathers, other people or the birth experience itself. *Being together* could occur by itself or concurrently with *being separate*.

5.2 Being Together in the Anticipating Phase

This section explores fathers' experience of *being together* during pregnancy.

Table 5.2 Being Together: Overview of the Anticipating Phase

Sub-categories	Conditions: Being together	Consequences: Preparing	Strategies: Participating
Concepts	Being together with wives/partners Being together with the baby Being drawn in Societal pressure to be together	Being protective Feeling of expectancy Developing a positive sense of fatherhood	Participating in antenatal activities Giving emotional and practical support

For many fathers, feelings of *being together* began in the *anticipating phase* when they shared experiences with their wives/partners, **participated** in a range of antenatal activities, gave their wives/partners **emotional and practical support** and began thinking about themselves as fathers.

5.2.1 Conditions: Being Together

Participants could experience *being together* with their wives/partners and babies before birth occurred. They felt **part of** the process when they were **drawn in** by wives/partners and caregivers and they also felt strong **societal pressure** to be *involved* during pregnancy and to be present during birth.

Table 5.3 Being Together: Anticipating Phase Conditions

Sub-category	Concepts	<i>in vivo codes</i>
Being together	Being together with wives/partners	<i>our pregnancy; a given; husband will be there</i>
	Being together with the baby	<i>talking as a family; in step with the baby</i>
	Being drawn in	<i>reminders about being a dad; making decisions with the caregiver</i>
	Societal pressure to be together	<i>fathers expected to be present; a social construct; media-spread message</i>

Being together with wives/partners

During the *anticipation phase* fathers were **physically together** with their wives/partners when they shared experiences such as attending appointments and they were **emotionally together** when they agreed on various issues. The degree to which many participants felt *together* with their wives/partners was demonstrated when they used inclusive language to describe their experience.

I haven't looked at this as [his partner's] pregnancy; I've looked at it as our pregnancy. And I haven't looked at it as "Oh she's due in three weeks". I've always used the plural, saying "We're due in three weeks". (LesA: 170-176)

Being together on an emotional level was demonstrated in two ways. In some cases the couple discussed and agreed on matters such as the choice of caregiver. In other cases *being together* was tacit, such as when mutually-held assumptions within the couple were never challenged by either partner. These assumptions included that the father would be actively involved in the childbirth process and that he would be present at the birth. Fathers who felt *together* with their wives/partners considered those assumptions to be a reasonable expectation of their involvement in the process.

We never really discussed it actually. It's always just been a given. Well you're going to be there. (NickA: 172-173)

Being together with the baby

Participants began thinking about themselves as fathers during the *anticipation phase*. Over the course of the pregnancy, most participants found themselves developing a relationship with the baby. **Being together with the baby** involved a father acknowledging that the baby existed and that he had a relationship with, and a responsibility for, that child. For some fathers, this cognitive process occurred early in the pregnancy, while for others the realisation of those issues only occurred in the last few weeks before the birth.

Karl found that when he spent time with his unborn child he felt **together with the baby** to a point that they existed on the same level of reality.

It feels like I'm in step with time and at the same time I'm in step with what the baby's doing. So like we're on the same level or a plane of existence. That we are together in what way we can be...It feels as if I'm not imagining anything, as if I'm there with the baby and it's there with me...There's no past or future in it. (KarlA: 73-82)

Ben made a conscious effort to acknowledge the *reality of the baby* by including the child in various conversations between him and his wife.

I've been thinking, OK, we're three...we're trying to involve the child in our conversation so...I've been saying to [his wife]... "we just think you're doing a great job"... "we think you're the best mum". Things like that. Where we're talking as a family. So, I'm making that transition. (BenA: 443-463)

Being drawn in

Fathers felt *together* with the childbirth process when they were **drawn in**. This occurred when wives/partners, caregivers and others included fathers in a way that gave participants a sense of being actively *involved* in the process as well as a feeling that they were valued as individuals with needs that differed from those of the expectant women.

Fathers felt **drawn in** when their wives/partners invited them to appointments, validated the men in their role as fathers and when they discussed features of the birth with fathers that either involved management of the process or aspects that directly affected the men themselves.

...while [his wife] was pregnant...I would say that I was going to become a daddy... [his wife] would say that you are already a daddy which would bring me back to the reality that yes I am a father of a baby that actually exists in the womb. (TomP1: 520-525)

Caregivers drew men into the experience by including them on an equal basis with the expectant mothers when discussing matters relating to the birth. Areas where fathers were **drawn in** included discussions about the potential need for a caesarean section delivery and the implications of pre-existing medical conditions the women had that might impact on the management of the birth. For Geoff, the caregiver gave

him such individualised consideration that he found himself surprised to be the *centre of attention*.

Our LMC [lead maternity carer] is a very professional, very caring person who believes in consensus decision-making and gives us a lot of information and is very supportive for the both of us. She's actually said, "Look, I'm not too worried about [his wife]. She's healthy and happy. I'm more worried about you. She's done it before...Like what are you feeling? ...What is important for you?". So, I felt quite privileged to be the centre of attention in something that I thought I wouldn't necessarily be...in that way. So it was good. I do feel like I've been involved. (GeoffA: 223-232)

Caregivers who kept the couple *informed* throughout the birth process also helped fathers to feel **drawn in** due to the level of *trust* that could develop. By *being informed* and being *involved in decision-making* fathers felt that they were **part of** the experience, not an observer who was merely looking on.

[The caregiver said] "I'm going to keep you informed as to what's going to happen as best I can. And I'll be making the decisions with you the whole way". (NickA: 148-149)

Societal pressure to be together

Not every motivation for *being together* during the childbirth process was generated from within the couple's relationship. Participants felt a very strong societal expectation to *be involved* in the experience. Comments made by friends, relatives and workmates continued to reinforce the father's role as being very much **part of** the entire childbirth experience, no matter what opinion the father may have held.

Society not only expected a father to *be involved*, but he was to be *actively involved*. Participants clearly expected to face a hostile response should they indicate a wish to step outside societal boundaries. Rather than having a sense of *being together* that resulted from a natural extension of the relationship the couple shared, the **societal pressure to be together** had much more a sense of force about it. *Societal expectations* were both explicit and, apparently, non-negotiable.

Currently, fathers are, I think, expected to be present at the birth. And I think that cultural expectation...influenced my decision to be there at the birth

because, in fact to not be at the birth would be, in my opinion, to go against our culture as it is and not really approved of. I think I would have been criticized if I hadn't been present. [His wife] wouldn't have been pleased and I could imagine our friends sort of saying "Oh, that's unusual. He doesn't want to be at the birth". (TomP1: 440-447)

Not only are you going to be there but you're on...standby to do whatever...I mean there's a lot of pressure. I would...hate to have been someone standing up in our antenatal classes saying "I'm not going to be there". You'd be vilified. (RobA: 115-123)

In a wider context, the *media* continued to reinforce *societal expectations* that fathers would be *involved* throughout the childbirth process. No matter what participants read, saw or heard in the *printed* or *live media*, they were constantly reminded of the role society expected of them.

I've always just sort of expected that I'll be there and she's thought that as well. I suppose there's a social construct as well... just the message is spread through the media, so I suppose you just accept it now. (LesA: 148-151)

...the movies and TV and what have you portray a perception of childbirth and quite often the father's present. (LesA: 155-156)

Participants saw a definite change in *societal expectations* of fathers between the eras when they themselves had been born and now. In contrast to *societal expectations* of fathers a generation ago, participants consistently received messages from societal sources that contemporary fathers were expected to *be together* with the childbirth process as much as possible – taking part in *decision-making*, offering **practical and emotional support** and being consulted on an equal basis with the expectant women.

...they're expected to be supportive and they're expected to be sensitive these days. They're not supposed to stand outside and smoke cigars or go off to the pub...Society expects fathers to be more involved, more sensitive, more

supportive. To take time off work. To be there. And to be helpful. (GeoffA: 45-50)

...it seemed that it was presumed that you're the father, you're almost expected to be present at the birth. It's the normal thing today, whereas it would be very unusual when I was born...38 years ago. (TomP2: 79-82)

*Societal expectations of being involved in the childbirth process and being present when their babies were born were felt so strongly that a number of fathers considered that they had very few options for not complying. They either had to have a very good reason to get out of it, such as being out of town, or they had to have a medical condition that interfered with their role. Those eventualities would be their only way out from the prescribed expectation of **being there**.*

I don't know whether there really would have been a way out. The only way out for me, would have been...if I had such a...personality that I fainted or something at the sight of blood in which case...it's sort of like having to get a medical certificate to get out of it. (TomP1: 467-471)

5.2.2 Consequences: Preparing

Fathers who felt *together* with the childbirth process in the *anticipating phase* voiced feelings of **protectiveness** and **expectancy** as well as expressing positive attitudes about becoming fathers.

Table 5.4 Being Together: Anticipating Phase Consequences

Sub-category	Concepts	<i>in vivo codes</i>
Preparing	Being protective	<i>angry wife could be hurt; feeling more protective; protection of wife and baby</i>
	Feeling of expectancy	<i>like a child before Christmas; having to wait; expectancy; excitement</i>
	Developing a positive sense of fatherhood	<i>fatherhood began when pregnancy announced; doing things for a reason</i>

Being protective

Feeling **protective** of their wives/partners and babies during the *anticipating phase* was common for fathers and occurred on physical, emotional and practical levels. They were keenly aware of the women's safety while wives/partners were out of the home, and within the home fathers looked for opportunities to provide **practical and emotional support**.

[While out at the movies.] I felt a kind of emotion where I felt really protective toward [his wife], in a way that I hadn't really felt before...because she was pregnant...I thought that "Just imagine if somebody was to attack her or push her...how I would feel" Because I could feel almost angry... at the thought of somebody hurting her. So that was a new and a strange feeling. And as time went on I just felt more and more protective towards her. (TomP1: 50-59)

I'm cooking good meals and making sure she gets all her vitamins and making sure that any source of stress for her is dealt with quickly. And we'll talk about it and deal with it...just basically caring for her and making sure she's safe. That she...doesn't feel isolated and has a lot of support and so it's that protection that extends to [his wife] and to the baby. (GeoffA: 128-134)

Feeling of expectancy

As the time for the babies' arrivals drew close, fathers who felt *together* with the process had a sense of **expectancy**. Rather than being able to articulate how that felt, participants used analogies such as *presents, Christmas and Disneyland*; notions that conjured up thoughts of excitement, pleasure, joy, mystery and anticipation.

Right up to three days before, I remember just feeling like I felt when I was a child when it was three days before Christmas. With this expectancy and excitement. But as a child there was nothing I could do to make Christmas come faster. Christmas would come on Christmas Day and I had to wait. But I knew this day was coming. So I think as a young adult that excitement of waiting for Christmas feeling...that just slowly disappears. But...having my first child...brought back that feeling of expectancy. (TomP1: 210-218)

Developing a positive sense of fatherhood

As participants thought about themselves as fathers during the *anticipation phase*, those who felt *together* with the process developed a **positive sense of fatherhood** whereby they felt *excited* and happy about becoming fathers. This became apparent early in the pregnancy for some participants and in one case it happened even before conception. For fathers who had struggled with various baby-related issues during the *anticipation phase*, a positive view of their fatherhood took time to grow. As the due dates for the arrivals drew closer, fathers who felt *together* with the process looked forward to birth as a time when they could further develop the relationship with the baby they had been nurturing throughout the months of pregnancy.

I was willing to become a father to the new baby as soon as we decided that... we would have a child together. (GeoffA: 110-112)

I feel that my sense of fatherhood began as soon as we knew that [his wife] was pregnant. (MattA: 280-281)

On a practical level, the *excitement* Alex felt caused him to handle domestic tasks differently.

...my handyman skills of fixing and changing things and doing things have given me a different idea. It's like I never would ever have thought about it before. I would have hired someone... I just don't ever want to do that now. It's a little bit more exciting. It's kind of like I'm doing this for a reason. (AlexA: 485-490)

5.2.3 Strategies: Participating

Fathers demonstrated *being together* in three main ways during the *anticipation phase*. They attended *antenatal appointments*, they provided **emotional** and **practical support** for their wives/partners and they *planned* and *prepared* for the birth *together* with their wives/partners. Participation was active and fathers often looked for opportunities to *be involved*. Although participants did not have to demonstrate each one of the practical facets identified in order to feel *together* with

the childbirth process, it was common for fathers who were actively involved to be doing all three.

Table 5.5 Being Together: Anticipating Phase Strategies

Sub-category	Concepts	<i>in vivo codes</i>
Participating	Participating in antenatal activities	<i>interviewing caregivers together; participating in antenatal classes; formulating the birth plan; attending appointments</i>
	Giving emotional and practical support	<i>supporting wife; taking up what she can't do; giving her space; being strong; being confident; able to make decisions</i>

Participating in antenatal activities

Fathers found many ways to **participate** in the childbirth process during the *anticipation phase*, often from the early stages of pregnancy. Two practical strategies included attending *antenatal appointments* with caregivers and other health professionals and attending *antenatal classes*. During antenatal appointments, fathers reported asking questions and being involved in *decision-making*.

...so once we had to find a Leading Maternity Carer, everything was full on investigating where we were going to have the child. [What are] the best possibilities? Investigating the best antenatal classes that would suit us...So the initial set up was full on, realising that I'm an active participant within it and I want to be. (LesA: 29-34)

Planning and preparing for the birth with wives/partners was another way in which fathers could be *together* with the process during this phase. Participants considered that doing these activities *together* was important because they viewed the experience as being mutual, rather than the exclusive domain of the mothers. The couple would be *together* during the birth, therefore they needed to prepare *together*. *Preparing* was seen to involve being *ready and comfortable to make decisions* during the birth. Alex offered this advice to parents who were planning for the event.

Be relatively prepared. Have some ideas of what you want to do. Don't listen too much to everyone else... But it's going to be your experience and

something you'll need to cope with and you will need to make the decisions. There is no one else around...obviously midwife, doctor...But it's you and your wife. And you're the ones making the calls. And running the show really. You have to be ready for that. And be comfortable that...you can make those decisions. (AlexP: 542-551)

Information gathered from a variety of sources was used in the preparation of a *birth plan* whereby the couple outlined their wishes for the period of labour and delivery. Decisions were based on acquired knowledge and personal preference. Preparing the *birth plan* also gave the couple an opportunity to discuss what was important to each of them about the birth and to address any issues of potential concern. Even fathers who felt *together* with the process had various concerns about the birth, such as not being able to cope with seeing their wives/partners in pain. Discussing those concerns in the *anticipation phase* helped fathers to remain feeling *together* with the process because they knew they had been heard and taken seriously.

We've got a birth plan. We've got clear idea of what intervention we will accept in certain circumstances. We know who's going to make those decisions. (GeoffA: 164-166)

When talking about the roles they wanted to have during birth, many fathers indicated wanting to be *involved in decision-making*. Preparing a *birth plan* with their wives/partners helped to set them up for this. Because couples took into account the possibility that not every aspect of the birth could be planned for in advance, their discussions allowed them to consider how they would manage a situation that fell outside the circumstances for which they were hoping. Many couples adopted the approach of intending to make decisions at the time that would be *for the best* in those specific circumstances. This strategy was to be employed in any situation where there was concern for the health and safety of mother and/or baby and it superceded any personal preferences the couple may have had which might compromise the situation. Having discussed possible scenarios and management strategies helped fathers to feel *together* with both their wives/partners and the experience. They felt *prepared* with

ideas they could employ during the birth, rather than having to guess what direction to take.

...we've talked about the type of birth that we want to have. And we've both discussed if that's not possible...understanding that things don't always go according to plan and that the outcome...really needs to have...her well-being thought about as well. Not just the baby's. So understanding that and designing a plan that we feel is best for both her and the child. (LesA: 57-61)

We'll just have to do what we're told. Both of us. And I'll just have to try and support her as best I can. Just make her realise that, hey, it's for the best. (NickA: 115-118)

Giving emotional and practical support

Fathers who felt *together* with the process in the *anticipating phase* looked for ways of providing **emotional and practical support** for their wives/partners. They helped out with meals and housework, they identified, discussed and addressed potential areas of concern for the expectant women and they supported their wives/partners in pursuing health-promoting activities such as yoga that would contribute to the overall well being of both mother and baby. Tom described this as “*tuning myself in to her*”.

Participants also looked towards the time of birth and thought about the support they could offer during that phase. They wanted to *have a job to do* in order to be **part of** the process and many had thought about the specific *jobs* they could be doing. On a practical basis, fathers expected to be offering comfort measures such as hot flannels and assistance with positioning, and some fathers had also considered their role in *decision-making* and the *relaying of information* between their wives/partners and the caregivers.

And I believe...[his wife] needs me to be...strong, confident, being able to make decisions...listen to her. Listen to the doctors. Relay back what they're saying... (BenA: 190-193)

By **reading the situation**, participants aimed to provide support that would offer comfort and reduce anxiety. Geoff had been told by their midwife that “*women*

who are giving birth are often quite clear and concise in their directions”. He and a number of other fathers planned to *consult* their wives/partners and *take a lead* from them.

Talk to [his partner] about it. (laughs). And...just feel where she's at... Like if she's...feeling stressed out and doesn't...welcome my touch, well I'm not going to give her a massage because that's, you know upsetting her and causing anxiety and that...is no good. So... For me, it's just playing it and just reading the situation and reading how she feels. (LesP: 128-135)

5.3 Being Together in the Becoming Phase

This section explores fathers' experience of *being together* during the birth event.

Table 5.6 Being Together: Overview of the Becoming Phase

Sub-categories	Conditions: Being together	Consequences: Being part of it	Strategies: Contributing
Concepts	Being drawn together with wives/partners Being drawn in	Trusting people Being focused	Implementing the birth plan Having a job to do Being there Dealing with it together

As the events of birth began, the focus for *being together* became sharper and more localized. Fathers were often physically close to their wives/partners for long periods of time and, apart from the physical sensations experienced by the women, the couple shared a lot of the birth events in the joint role of “parents” rather than the individual roles of “father” and “mother”.

5.3.1 Conditions: Being Together

Fathers felt *together* with the process during the *becoming phase* when they were **drawn together** with wives/partners or when they were **drawn in** by others.

Table 5.7 Being Together: Becoming Phase Conditions

Sub-category	Concepts	<i>in vivo codes</i>
Being together	Being drawn together with wives/partners	<i>sharing relief; not knowing the midwife</i>
	Being drawn in	<i>inquiries about husband's well-being; being informed</i>

Being drawn together with wives/partners

Fathers were **drawn together** with their wives/partners during the *becoming phase* due to a variety of shared experiences. Apart from seeing and hearing for themselves how the birth was progressing, fathers had a sense of *being together* with their wives/partners in circumstances of specific stress, such as when there was concern for the baby or when caregivers were being overbearing in some way. When this happened, participants felt that the couple was being addressed as an entity rather than as two individuals. Fathers felt **drawn together** with their wives/partners because their experience was mutual; something that they faced as parents, rather than the socially or physically defined roles of mother or father.

...so we both thought...It's going to have to be a Caesar...So he goes away. Gets the forceps and comes back. And we're both very relieved at that point obviously, not wanting to go through a Caesar. (BenP: 75-80)

Couples who were cared for by a staff member they had not previously met also had a sense of being **drawn together** as they shared the experience of getting to know this new person. Because they were yet to form a relationship with the new caregiver, the couple shared some concern about how this new situation would work out. The relationship which the couple shared, and the *preparations* they had made for the birth, contributed to a sense of *being together* which assisted them in dealing with the situation as a couple.

Like we knew the doctor, but not knowing the midwife was quite hard...The doctor tootles off...and the midwife is there all the time. And this is the person we didn't know at all. But when the doctor was there and doing her stuff, we knew her. She was great... But I think if you don't have a midwife as a lead

caregiver... you just take a chance really. You could get a midwife that you just do not like. (MattP: 304-313)

Being **drawn together** was also evident during periods of *waiting* associated with the birth process. *Waiting* as part of *being together* focused on the couple and therefore differed from the *waiting* fathers experienced as part of *being separate* where the focus was on the father's individual needs. As a mutual experience, *waiting* became evident in situations where there was concern for the baby. The couple was **drawn together** in these circumstances by their mutual concern as parents. They watched monitors and clocks *together*.

Being drawn in

Fathers were **drawn in** to the experience by both wives/partners and caregivers. On a practical level, they felt **drawn in** when suggestions were made about useful contributions they could make to the process and when caregivers explained what was happening and ensured fathers were in a good position to see the birth events. Participants also felt **drawn in** when inquiries were made about how they were feeling. Considering the degree of focus mothers and caregivers had to devote to the birthing process, at times fathers were surprised by the level of interest expressed by others about their personal well being,

...women, basically have just got no bounds for looking after men. They're always thinking about men, even when they're having a damn baby. And that surprised me, I mean, if ever you were going to be selfish or...self-focused, it would be then, and yet they were still, "Are you all right?". You know, it's like a luxurious position that men have in the world I feel. (GeoffP: 262-268)

Fathers also felt **drawn in** when they considered that they were *being informed* by caregivers about progress of the birth and were included in discussions and *decision-making* on an equal basis with wives/partners. Even if birth events were deviating from the *birth plan* prepared by the couple, fathers felt *confident* about the way in which caregivers were managing the process if those professionals *communicated* what was going on by answering questions, explaining the rationale for decisions and giving on-going feedback about progress and what might be coming up.

In situations where tension was high because of specific birth events, participants felt *involved* when both fathers and birthing women were consulted on various matters and their views were acknowledged and implemented by caregivers.

5.3.2 Consequences: Being Part of It

Trusting professional maternity caregivers was an important feature of the *becoming phase* for fathers who felt *together* with the process. For some participants, the degree of **focus** they experienced during this phase impacted significantly on how they thought about the process as it unfolded.

Table 5.8 Being Together: Becoming Phase Consequences

Sub-category	Concepts	<i>in vivo codes</i>
Being part of it	Trusting people	<i>feeling confident; caregivers taking no chances; feeling listened to; feeling respected; that rapport</i>
	Being focused	<i>no time to think; forgetting to drink; everything pushed to the side; concerns shunted away; the moment takes over</i>

Trusting people

Whereas the couple had been the primary decision-makers during the *anticipation phase*, the birth event necessitated the presence and influence of professional caregivers for a significant portion of that phase. Fathers felt secure, comfortable and *together* with the process when they considered they could **trust** the caregivers and have some *rapport* with them. Having to *rely on* and **trust** professional caregivers was seen as being inevitable, but it did not necessarily come easily. The transition to this new phase was reasonably comfortable for couples who had the same maternity caregiver as in the *anticipating phase*. This was not the case for couples who had to adjust to a new caregiver during the *becoming phase*; it took some time for a sense of **trust** to develop.

...things seemed to be going OK and I felt confident about the people. And certainly they were taking...no chances, so I felt confident... that everything was OK. (MattP: 185-188)

Fathers who **trusted** caregivers felt *together* with the process to varying degrees. For some participants, the fact that they felt *confident* about the situation and that everything seemed to be *going OK* was enough for them. At the other end of the scale were fathers who considered that they were *involved* by caregivers to such a degree that their input could have had a significant *influence* on the process.

I felt that I was listened to. Respected...I believe that I could have really influenced things. (BenP: 284-286)

Being focused

During the *becoming phase*, participants became very aware that they were sharply focused on the birthing women. Sometimes that **focus** was so intense that a number of considerations participants might normally have expected to think about were completely overlooked. Some fathers forgot to take care of their own physical needs such as drinking water, while others, who were used to organising and planning ahead, found that there was *no time to think*; they just had to *react* to the rapidly developing birth events. These fathers felt *together* with the experience to a point that their usual thinking processes were suspended. Instead they became intensely caught up in the situation unfolding before them.

...when [his wife] was giving birth, all around that time, I forgot to drink water. And that just shows how much the event impresses itself...it overwhelms the sense of thirst. So, I can't think of many situations in life when you'd forget to drink water. (TomP1: 882-889)

You're just so focused on what was happening at that time that that was the focus...But during the whole...labour and everything, all attention and all the focus was on [his partner] and the birth. So there was no thinking of... "I've got to go and do this. Or this needs to be done". It was just...everything was just pushed to the side. (LesP: 204-206)

In some cases, **being focused** on the birth meant that any concerns fathers had about the **danger** of the birth situation were sidelined because *the moment takes over*. Having to take in all the new facets of the experience in a short time meant that

fathers had to concentrate on what was in front of them rather than on any preconceptions they may have brought to the situation.

...any concerns I had about the danger of the birth and the scariness of it just got shunted right to the back of my mind because the moment takes over. You don't really have a lot of time to think about anything other than what's happening in front of you. (PaulP2: 256-259)

Fathers who brought organisational and prioritising skills from their work background found that those abilities were brought into play *without thinking about it*, especially when birth events were moving along quickly. They were *together* with the experience because they could quickly assess and manage situations as they occurred. Being able to do this contributed to fathers feeling more *confident* in the situation.

It's just natural to me, I guess, from work and everything else that you just go on and make decisions and that's the way things work. You don't worry too much. You have your plan, obviously, if you can. Or some idea, but cope with it. Get on with it. You didn't have time to dwell on it. (AlexP: 476-479)

5.3.3 Strategies: Contributing

Many of the strategies employed by participants during the *becoming phase* were aimed at contributing to the process in some way. Some fathers entered the situation with a very broad view of the contributions they could make while others had more specific ideas.

I was just there to assist her [his partner] however she wanted. (JackP: 44)

...making things happen that she wants to happen...helping her make decisions. So, listening to her. If she's in two minds about something...facilitating a decision without being overbearing or forcing my own view...it might be then explaining the options. (LesA: 204-208)

Table 5.9 Being Together: Becoming Phase Strategies

Sub-category	Concepts	<i>in vivo codes</i>
Contributing	Implementing the birth plan	<i>implementing husband's suggestions; deciding for the best</i>
	Having a job to do	<i>relaying instructions; hot flannels; back rubs; help with breathing; holding wife's hands; coaching</i>
	Being there	<i>feeling absolutely needed; being there for wife</i>
	Dealing with it together	<i>making decisions together; making sure they were informed; keeping each other sane</i>

Implementing the birth plan

During the *becoming phase*, *birth plans* prepared by the couples assisted a number of participants to feel *together* with their wives/partners and with the process. *Birth plans* supported each couple's shared experience by providing a sense of familiarity due to some aspects involved with managing the process being predicted. Guidelines from the *birth plans* that fathers found to be of particular use were the kind of support that could be offered by the fathers, the birthing women, support people and caregivers as well as the type and level of intervention the couple had discussed as being ideal. *Birth plans* also gave fathers an idea of situations during the birth where they might have to act with the aim of *making decisions* that best supported the *birth plan*. When a father could implement measures he and his wife/partner had previously discussed he felt he had some **control** of the situation.

I'd suggest something and we'd do it...Like her contractions were coming quite far apart and then they'd be short contractions. But they came closer together and for longer when she walked around and the midwives kept on walking her and then they'd get her to lie down and it would stop. And we just kept walking, walking and they kept on going. So that was a good thing to do. That was something that me and her had talked about. (KarlP: 341-346)

In many situations, fathers found themselves implementing the notion of *for the best* that had been identified in the *anticipation phase*. No matter what preferences the couples may have had for their birth experience, their ultimate goal was having a healthy mother and baby. Because fathers acknowledged that the *birth plan* was

subject to change *for the best*, they could remain *together* with the experience even when events proved to be different to those that the couples had hoped for.

...although what I desired...and what [his partner] wanted as well was a water birth, all of that was just put aside [for] the well-being of both her and [their baby]. So if it meant having to be transferred and have an emergency caesarean, well then so be it...It really wasn't a case of thinking about it. It was "whatever is best for mum and our baby, is what we'll do". (LesP: 35-40)

Having a job to do

Antenatally, many participants had expressed a desire to *be involved* in a practical way. **Having a job to do** encouraged participants to contribute to the birth in a way that brought them *together* with the experience on a practical level. In some instances they followed the instructions of caregivers or birthing women, and at other times they acted spontaneously in ways that they thought would be useful or comforting for their wives/partners.

I got hot flannels and did back rubs and timed contractions and... helped with the breathing. Just generally stayed close to [his wife]...(GeoffP: 68-70)

...make sure that my wife was in the right position and was not breathing when she shouldn't or not pushing when she shouldn't be pushing. And that she was doing what the midwife said, as well as sort of the coaching. (AlexP: 338-342)

Contributing on a practical level also involved fathers providing assistance to caregivers. Sometimes this was done as a means of being *actively involved* in the process and at other times it was from necessity due insufficient professional caregivers being present. In both cases, fathers felt *together* with the process because the *jobs* they performed were valued by their wives/partners and/or the caregivers.

I was thinking I would be at her head. Holding her hand. Coaching her through it and all the other stuff would be down at the other end. And I had to go down to the other end and help the midwife. And grab her leg and hold her.

Do all the bits down there because there was no doctor to help out. So I got straight down in the front row seats. (AlexP: 86-92)

...my job, really, was to relay the instructions of the midwife because [his wife] wasn't really hearing what she was saying. So the midwife would say "We need to push now" and I'd literally repeat that to her. And she would. And that's basically what I did. Just basically held her hand. I felt pretty crucial to the whole thing...(RobP: 105-110)

On an emotional level, participants supported their wives/partners by verbally encouraging them through the tough times and *relaying information* on the progress of the birth. Sometimes it also involved speaking on behalf of their wives/partners when those women were unable to do so. In these circumstances, fathers felt *together* with the process because they were being an *intermediary* or *bridging the gap* between mothers and caregivers; providing a link between the two in a way that no one else could.

Being there

Participants also contributed to the birth process by **being there**. Fathers could **be there** by being *physically present* during the birth and they could "be with" their wives/partners by being *actively involved* in the process. Although in many cases fathers were available to do whatever they could to support the birthing women, the most important component was the father's *physical presence*. Both participants and their wives/partners considered **being there** to be a valuable way of sharing the experience, even though fathers may not, in the end, have offered much practical assistance. Fathers valued **being there** because they could observe the birth event and be **part of** the experience. Participants reported that their wives/partners valued the fathers' *presence* because the women needed the psychological support of knowing that their men were there. The significance which wives/partners placed on fathers **being there** reinforced the value participants placed on their role during the birth.

Just the feeling that you are absolutely needed, even though you're not doing much. By your wife. That you are critical. You really need to be there... I would say be there for yourself to experience the wonder of your child being

born. Second to being there for your wife. That's it, first and foremost. You know...it's for her, not for you. As silly as that sounds. (RobP: 297-305)

Dealing with it together

In *being together* with their wives/partners, fathers shared a number of experiences and emotions with the birthing women. As birth events unfolded, couples were often faced with the need to make decisions. Individual incidents such as overbearing caregivers, a problem with the baby or a need the couple identified for some intervention in the birth process reinforced their mutual identity as a couple within the context of their birthing environment. In these situations, fathers felt *together* with their wives/partners because they could either identify with the feelings being demonstrated by the women or because they had the opportunity as a couple to identify the issues and discuss the available options before making a decision *together*.

Les and his partner used the *information* they had gathered during the *anticipation* and *becoming* phases to make *informed decisions* about the management of their maternity care. They dealt with the changes to their *birth plan* *together* and were *confident* in their decisions because they understood the rationale for the measures suggested by caregivers.

We didn't just say "OK. Let's do it". We made sure that we knew exactly why the tests were being run. What they were testing for. What this machine did. Why did she need fluids? So we made sure we were informed throughout the whole procedure and so then, based on that information we could just say "Yeah, it's best that that's happened". (LesP: 45-49)

For Karl, the long difficult labour was a process that he and his wife continued to **deal with together**. Despite his own feelings of exhaustion, this father continued offering **emotional** and **practical support** to encourage his wife so that she would remain aware of what was happening.

Maybe we kept each other sane. I felt that we were there together in some way, ...I guess I was an anchor. I was translating for her what the obstetrician was saying. And making sure she gave her permission for things and making sure

she understood what she could...I'd been there from the start... Talking to her a lot and trying to keep her aware of what was happening. Because I had the feeling that she wouldn't want the birth to pass by as if she was drugged or out of it. (KarlP1: 139-164)

5.4 Being Together in the Being Phase

The section explores fathers' experience of *being together* in the first few hours and days after their babies had been born.

Table 5.10 Being Together: Overview of the Being Phase

Sub-categories	Conditions: Being together	Consequences: Experiencing a new reality	Strategies: Being together as a family
Concepts	That moment Being drawn together with wives/partners Being together with others	Becoming a family The bigger picture	Keeping the memories Just the three of us

Being together took on a whole new meaning for fathers once their babies were born. They found out what it felt like to be *together* with their babies, *together* as parents, *together* as a family and *together* with others outside the family.

5.4.1 Conditions: Being Together

The moment of birth was an intense of time of feeling *together* with the process for many fathers. Often the experience was so overwhelming that they could not find words to express their thoughts and feelings.

Table 5.11 Being Together: Being Phase Conditions

Sub-category	Concepts	<i>in vivo codes</i>
Being together	That moment	<i>being part of that moment; can't absorb everything; exciting; an electrified moment; love and joy</i>

That moment

Being present at the very moment when their babies were born was an experience bursting with meaning and significance for many fathers. They felt *together* with the process at a level that was more intense than they had previously known. As the babies emerged, so much was going on that many fathers found **that moment** to be a time of transition where they tried to process the tumbling thoughts and emotions generated by moving from the build up to this moment to actually experiencing its reality. Participants often found it hard to articulate exactly what they were thinking and feeling at the time because words just seemed to be *inadequate*.

The baby was crying and I was taking deep breaths. There was more going on than a person can absorb. It's a very intense moment where my wife was there. The baby was there. All the surgeons and everyone...the air seems to be electrified somehow...There was just a really exciting, electrified moment for about four minutes or so while the baby was crying. (TomP1: 170-178)

I guess it's amazement. There's just all this love and joy. And you're happy. But it was still just a little disjointed...there were still so many other things just going through my mind...and going on that...I looked at her too, and was thinking... "Wow. What is this?" (AlexP: 143-149)

Being present was considered by some fathers to be *symbolic* and a part of *being together* with both their wives/partners and their babies. Jack considered *being there* to be so special he was adamant that any father who wasn't there would be *mad to miss it*.

...just being part of that moment. That you're there, and as much as you can be, you're part of the arrival. And from the first moment that your baby's there...and takes the first breath, you're there as well. You don't just come in later when they're all cleaned up and nice. And you get to touch them when they're yukky...It's not being separate from something that happens and then you come in. I mean...we've been together for conception and I'd supported [his wife] through it. This was the moment when bubs was going to embark on life and then right from that moment, you were there and so...I think it's symbolic as well as really practically important. (MattP:228-239)

As husbands/partners, participants valued the opportunity to be **part of** the experience and to see what their wives/partners had gone through when giving birth. Having witnessed the effort involved, the men came away with a greatly enhanced sense of *reverence* and *respect* for those women.

...you can't go through it without having a massively increased respect for your partner...It gave me a real reverence for [his wife] and what she was made of. (GeoffP: 288-295)

As fathers, some participants viewed *being together* with their babies at the moment of birth as a conscientious response to acknowledging their commitment to their offspring. Matt described it as “*part of being a dad*”. Not only did Tom view being present at the birth as “*a commitment to the child's life*”, but he also considered it both *symbolically* and *practically important* because it provided a firm basis on which to develop an ongoing relationship with his son so that “*there's not a gap in my knowing him*”. For Tom, the *space* he considered would have been created if he had not been present at the birth created the potential of him “*not actually ever entering the baby's life properly*”.

While all participants valued the opportunity to experience and witness the event, not all of them experienced a “Wow!” at the moment of birth. Several fathers viewed *being together* with their babies at this time as a continuation of a relationship they had already established during the *anticipating phase*.

It was just, “Yep. There she is”. She's been with us for the last nine months anyway...It didn't seem like it was the first time I was holding her...you can feel it kicking and all the rest of it when she's inside. And so you knew she was there. And she's just close to you anyway...Like it was still my daughter if it was in there or outside. (NickP: 695-710)

Even though several fathers had said in the *anticipation phase* that they would not be or feel *like a father* until their babies were born, none of them stated that this was the case when their babies actually did arrive. Although Tom commented that being with his son immediately after birth was when fatherhood started for him, on later reflection he described that time as being when one style of being a father ended and another began. Matt described it as “*another beginning in the process*”.

5.4.2 Consequences: Experiencing a New Reality

The moment of birth brought fathers to a sense of a **new reality**. They became aware of stages beginning and ending, they felt *together* with wives/partners and others in a new way and they valued the early experience of **becoming a family**.

Table 5.12 Being Together: Being Phase Consequences

Sub-category	Concepts	<i>in vivo codes</i>
Experiencing a new reality	Experiencing a new reality	<i>words are inadequate; unreal; can't describe it; overloading</i>
	Becoming a family	<i>can't predict the feeling; a milestone; coming together to that reality; the end of one stage; another stage begins; knowing what she went through</i>
	Being drawn together with wives/partners	<i>cuddling together; shared an emotional and scary experience; together at home without the baby</i>
	Being together with others	<i>connected to others; brought closer to others; together in a dramatic, intense environment; being in the club</i>

Experiencing a new reality

Being together with the process at the moment of birth meant that fathers often found the multitude of concurrent events and thoughts they experienced could not be assimilated all at once. It was *overloading*.

...it was just unreal... It was just one of those things you can't describe very well with words. Words just are so inadequate to express an emotion to someone. (GeoffP: 302-305)

Becoming a family

The baby's birth signified the end of one stage of parenthood and the beginning of the next. Fathers saw **becoming a family** as a time when they could, at last, physically be **part of** the experience. There were now three separate entities that made up the family unit and it was time to take a "*global view of the family*". Even though this was a time that had been eagerly awaited, the actual experience of *being together* was found to be something that couldn't be predicted.

Until you've experienced seeing your son sort of arrive and suddenly the three of you becoming a family, where the two of you, even though you were, it's not

quite the same. That whole aspect was something that you can't predict what it will feel like. (BenP: 384-388)

As the process of **becoming a family** began, many fathers thought about the impact that being present during birth would have on the relationship with their wives/partners. Not only did it take time for the **reality** of the baby's arrival to *sink in*, but there was also an acknowledgement that this was something that the couple had done *together*. It could not have been the same if the father had not been present.

The giving birth...it's done...the baby's out and it's...a milestone. So I just wanted to be there with [his wife] while we came together to that reality. That yes we've gone all the way through that pregnancy. The baby was out and just take a bit of a breather. But this was the end of one stage and the beginning of a new one. (TomP1: 336-341)

Unless you experience it you wouldn't have a clue. And I don't think then you appreciate or bond as much I would think with your wife. And knowing what she went through. (AlexP: 393-396)

Being drawn together with wives/partners

In the days after birth several fathers felt **drawn together** with their wives/partners due to the outcome of negative aspects of the experience. Rob and his wife struggled with coming home without their baby who was still in a special care unit. They were **drawn together** because they had not considered this eventuality before the birth, and they had to cope with the loss of an expectation that had been built up for them in antenatal classes. Geoff and his wife were **drawn together** in the days after birth as they dealt with the effects of a long and traumatic experience.

We've both sort of had a cuddle together...after the birth. And it was like... we'd just been through something really emotional and really scary. And the kind of the feeling like "I hope we don't have to do that again". And then I think that we both feel that way still. (GeoffP: 481-485)

Being together with others

Geoff found the intensity of the birth events to be a unique experience that created a bond between himself and the other people present, especially his wife, his mother in law and his baby. He felt *together* with the other people in a way he could only imagine happening elsewhere under rare, stressful circumstances.

It gave me a real reverence for [his wife] and what she was made of...And I just felt really connected to the baby and even [his mother in law]. It was just a really good, supportive, intense event that we were all characters in. And it brought us all closer. And it will never happen again like that...It was like a hostage situation where you imagine getting to know, people on a level different...in a really dramatic, intense environment. (GeoffP: 295-303)

Having come to terms with the **reality** of having a baby, fathers now found themselves identifying with groups of people in a way that was new to them. In the *anticipating phase*, participants had felt excluded from *the club* that included fathers whose babies had been born. Since moving to the *being phase*, these men now included themselves in that same *club*. Not only did fathers acknowledge a change in their perspective of others who had had babies, but they also sensed a change in themselves.

I think that brought me closer to a lot of people around me I know who've got babies. And all of a sudden it wasn't "oh yeah, baby". All of a sudden it was, "Oh, wow! You've done this too. You're in the club." (GeoffP: 662-665)

5.4.3 Strategies: Being Together as a Family

When mothers and babies were healthy immediately after birth, fathers valued time spent with their wives/partners and infants being together as a family. They also endeavoured to preserve **memories** of the event.

Table 5.13 Being Together: Being Phase Strategies

Sub-category	Concepts	<i>in vivo codes</i>
Being together as a family	Keeping the memories	<i>remembering what happened; keeping the memories; wife can't remember; relaying memories back</i>
	Just the three of us	<i>gazing into baby's face; feeling baby's weight; smelling baby; wanting time to marvel; wanting to enjoy the moment; get these people out</i>
	The bigger picture	<i>experience not ideal, but the bigger picture is a pleasure; a great day, but stressful</i>

Keeping the memories

Fathers managed the intensity and complexity of **that moment** by trying to remember as much as possible about the event, and in some instances, using photographic records to review the birth at a later date. Even while he was photographing the birth, Tom was planning to review the pictures later on because there was too much happening for him to assimilate at the time. Jack was disappointed that he had no video record of his baby's birth because he found it hard to remember many of the things that happened.

And you just... cope with it as you go... and try to enjoy it. And make sure that... You sort of keep the memories... Try to remember the things that happened as well at the same time. (AlexP: 514-517)

Fathers also considered it important to **keep the memories** on behalf of their wives/partners because the men could see the potential for the mothers to be unaware of many aspects of the birth due to factors such as being in pain. Being able to *relay the events* of the birth back to their wives/partners at a later date helped fathers to feel *together* with the experience because they could contribute a perspective on the birth process the couple had shared which would have otherwise been lost.

...go through it and try to remember all the little bits and pieces. 'Cause my wife asked me as well about certain things. So if you can try to do that it helps her out as well. 'Cause she was really quite excited about everything and can't really quite remember a lot of it because she was in pain and doubled over... But, if afterwards you can be able to relay that back to her it's sort of a good experience. (AlexP: 602-608)

Just the three of us

The **physical reality** of the baby was a powerful and emotional aspect of the birth process that brought fathers *together* with the experience. Being able to see, hear, touch, smell and hold their babies signified the transition to a new phase in family life. Even when participants had cognitively acknowledged their babies as part of the family before the birth, it was the collection of physical sensations that really confirmed the **reality** of the situation for them.

And so having that opportunity of just doing nothing and just having a baby and sort of gazing longingly into this little bub's face and just feeling her and her weight and her smell and all those sorts of things. (MattP: 365-368)

When mother and baby were healthy, the new family valued having time alone to spend *together* immediately after the birth in order to “*come together to that reality*”. There was a sense of transition whereby the mother and father both wanted and needed to be *together* with each other and the baby in order to enjoy the moment and *make sense* of it without anyone else, including caregivers or family, being present.

...can we just get all these people...out of here and can we just sort of make sense of this? (laughs)...An unfortunate thing was that soon after we'd had the baby...they wanted the delivery room and so we got shunted up to the ward. It seemed too quick. I just wanted to stay where we were... I just wanted time to marvel really at what a little cutie we had...lots of cuddles and stuff without having to pack up and trundle off somewhere...wanting to enjoy the moment and wanting to be together really, just the three of us. (MattP: 341-356)

Getting this special time *together* was not always easy. Sometimes this was due to the pressure on the delivery units and sometimes it was due to the attitudes of caregivers. In order to preserve this time *together* with his new family, Ben had to be quite forthright with their caregiver.

...the midwife didn't cope with having our family outside very well... And that really annoyed me. So she was putting pressure on us to respond to them outside. And we were saying “They can wait...” So I had to say to her, as

gently and nicely but as strongly as possible, that they won't be seeing the little man just yet. We're not ready. She was quite insistent... (BenP: 184-191)

The bigger picture

Once fathers had had a chance to process the events of the birth, they weighed up the joys and disappointments and came to an overall conclusion about their view of the experience. For participants who had endured long and difficult births, which in many cases had significantly deviated from the *birth plans* the couples had prepared, the outcome was often referred to in terms of being part of **the bigger picture**. If mother and baby had survived and any resultant health problems were being well cared for, fathers were able to breathe a long sigh of relief and be positive about the fact that it was all over, even if things had not gone according to plan. They were able to remain *together* with the situation because their ultimate goal of having a healthy mother and baby had been achieved. After all the dramatic events involved in his experience of birth, Les was just grateful that there was a *good result*.

...everything that's happened wasn't ideal for what we wanted, but the bigger picture is that it's a pleasure. And that's exactly what it is. (Les: 174-178)

I came home...that night absolutely shattered. But mother and baby were stable. So it was a great day, but it was very stressful. (RobP: 49-66)

5.5 Conclusion

Chapter Five has presented the category of *being together* which could involve feeling *together* with other people or *together* with the process itself. Participants also felt strong **societal pressure** to be involved. Fathers felt *together* with the childbirth experience when they felt **part of it** in some way such as sharing a mutual experience with their wives/partners or by being **drawn in** by caregivers. **Contributing** to the process in practical ways and being kept *informed* by caregivers also helped them to feel **part of** the process. Fathers who felt *together* with the experience felt *confident*, included and had a sense that the situation was *under control*. Wives/partners and participants valued the fathers being *physically present* during birth, even though they may not have been able to **contribute** much practical

assistance. In the next chapter, the category of *being together* is integrated with the category of *being separate* to demonstrate the dynamic nature of the experience. In doing so, the core category of BEING TOGETHER AND SEPARATE will be explained.

Chapter Six

Being Together And Separate

6.1 Introduction

Chapter Six integrates the findings of the two previous chapters to present the category of *being together and separate*. Aspects of the childbirth process are discussed where fathers either had a concurrent sense of *being together* and *being separate* or where they moved between the two positions. *Being together and separate* is both a category and a core category. As a category it demonstrates the coexisting of *being together* and *being separate* and as a core category it encapsulates and integrates all of the study findings. The chapter begins with a schematic representation of the relationship between the three categories that demonstrates the core category of BEING TOGETHER AND SEPARATE. This is followed by a presentation of the sub-categories and concepts that explain and illustrate the category of *being together and separate*.

It's quite a neat experience, but...it's happening to me but it's not. Like all the physical changes that are happening to [his wife] and it's just sort of...to try and be involved in it as much as you can...(AlexA: 67-70)

6.2 Introduction to the Schematic Representation of *Being Together and Separate*

The terms *together* and *separate* represent positions at each end of a continuum and have been employed as a framework to explain the wide range of experiences described by participants. Although at no point did participants say they were entirely *together* with or entirely *separate* from the childbirth experience, those two extremes provided a broad expanse within which I could explore how first-time fathers handled the childbirth process. For example, Karl was clear that at no time was he ever *separate* from his wife, his baby or the birth experience. He preferred the terms “*closer together and further away*” because they continued to acknowledge a link between both positions.

I don't think that at any stage I was really separate. I was just in a different place. I don't know if I could have been separate if I was there or if involved at all. So, say the midwife thought I was an add-on. I definitely felt further away, but I couldn't have been separate. (KarlP1: 737-740)

Using the framework of *together* and *separate* assisted me to see where fathers fitted in the process – when they felt closer to *being together*, closer to *being separate* or some combination of the two.

The following diagram demonstrates the relationships between the three categories contributing to BEING TOGETHER AND SEPARATE. It is a theoretical representation that embodies neither one man's experience nor the amalgamated experience of all the participants. Although this representation is theoretical individual fathers could use the diagram to characterise their entire experience of the childbirth process or they could use it to illustrate just one portion or event during that experience.

Figure 6.1. Diagram of BEING TOGETHER AND SEPARATE
The experience of first-time fathers during the childbirth process

Fathers can feel *separate* from the childbirth process (blue vertical arrow) and *together* with it (yellow vertical arrow). There is a definite start point to the experience (the announcement of pregnancy) but the process does not have a definite endpoint (vertical arrow heads). Because elements of *being separate* and *being together* are often present concurrently, a sense of overlap exists between the two positions (green double-ended arrows). The overlap always occurs at a point on a continuum and therefore a horizontal connection (horizontal lines) to both vertical arrows is always present. Due to the highly variable circumstances of each participant's experience, the placement of the double-ended arrows would be individual to each father. The juxtaposition of the two positions constitutes the core category of BEING TOGETHER AND SEPARATE. Fathers can feel more *separate* or more *together* with the experience (placement of the double-headed arrows between the two vertical arrows). Some influences can cause fathers to feel more *separate* from the experience (arrows pointing left).

6.3 The Category of Being Together and Separate

The category of *being together and separate* will now be explained and illustrated as it occurs in each of the three phases of the childbirth process.

Table 6.1 Overview of Structure for Chapter Six

Sub-categories	<i>Anticipating phase</i>	<i>Becoming phase</i>	<i>Being phase</i>
Conditions	Being together and separate	Being together and separate	Being together and separate
Consequences	Like a roller coaster	Wanting to do the right thing	Sinking in
Strategies	Going with the flow	Reading the situation	Choosing the first and foremost concern

Fathers experienced *being together and separate* on physical, social, emotional and cognitive levels throughout the childbirth process. There were times of feeling *together* with the experience, times of feeling *separate* and times of feeling

somewhat *together* yet somehow *separate*. In some cases, *being together and separate* involved alteration of the fathers' perception of the birth experience within the continuum. In other cases, *being together and separate* involved either a fluctuation between the two positions or a concurrent sense of them. Fathers could experience *being together and separate* either as individuals or as part of a group that somehow felt *separate* from or *together* with an aspect of the process.

6.4 Being Together and Separate in the Anticipating Phase

This section explores fathers' experience of *being together and separate* during pregnancy.

Table 6.2 Being Together and Separate: Overview of the Anticipating Phase

Sub-categories	Conditions: Being together and separate	Consequences: Like a roller coaster	Strategies: Going with the flow
Concepts	Being physically separate from wives/partners Birth as a known and unknown experience Bravado and bullshit	Like a roller coaster Thinking ahead to the birth Not many guidelines	Choosing to be present at the birth Weighted decision-making Going with the flow Being active to feel comfortable Talking in a serious way

During the *anticipating phase* fathers became aware of the dynamic nature of *being together and separate* as they moved between the two positions and developed ways of handling the experience.

6.4.1 Conditions: Being Together and Separate

The conditions in which fathers felt *together and separate* in the *anticipating phase* focused on the **physical separation** they experienced from their wives/partners and babies and the identification they felt with other expectant fathers. Participants endeavoured to be involved in the process to a level with which they were comfortable while *preparing* for an experience that was concurrently both *known and unknown* to them.

Table 6.3 Being Together and Separate: Anticipating Phase Conditions

Sub-category	Concepts	<i>in vivo codes</i>
Being together and separate	Being physically separate from wives/partners	<i>seeing the baby; feeling the baby; hearing the baby; don't know what it is; alien from Mars</i>
	Birth as a known and unknown experience	<i>unknown; haven't had the experience; not unknown; knowledge gathered; new dimensions will be understood after birth</i>
	Bravado and bullshit	<i>males don't talk; financial concerns; sleep deprivation; no discussion about birth process; talk in a joking fashion</i>

Being physically separate from wives/partners and babies

Fathers sensed *being together and separate* from the early stages of the *anticipating phase*. On a social level, they felt *together* with the process because they acknowledged joint responsibility with their wives/partners for being parents of their unborn babies, but on a **physical** level they were aware of *being separate* because they did not have the same *physical sensations* as the women. To a certain extent, participants felt a little closer to the process when they could *see* and *hear* their babies via the use of ultrasound and other equipment and by observing and *feeling* the mother's abdomen, but many fathers considered that their babies would not be *real* to them until they had been born.

...at the moment all you can do is feel the baby kicking...You can hear its heartbeat. You can see it kicking. You don't know what it is. It could be a two-headed alien from Mars for all we know. (PaulA: 449-455)

Birth as a known and unknown experience

As fathers thought about the birth event they realised it contained components that were concurrently familiar and foreign to them. They felt *confident* and *together* with the process because they had read about it, attended antenatal education and heard birth stories from others, but they also felt *separate* because they had not yet lived through the experience. *Being together and separate* from the birth experience in this phase thus involved fathers *preparing* themselves as much as possible for an experience that was, as yet, *unknown* to them.

I mean it's unknown in the fact that I've never been there. But it's...not unknown in the fact that we've had all the class education...we've read copious amounts of books. (NickA: 84-86)

After the event there are new dimensions of the experience that you never could have cognitively connected with prior to the experience. So I'm expecting that. (BenA: 551-579)

Bravado and bullshit

When expectant fathers talked to each other they realised, that *together* as a group, their priorities differed from their wives/partners in the gathering and management of *information* about the childbirth process. Participants clearly articulated a sense of *being separate* from the expectant women both in the ways the experience was discussed and in the topics that were of interest. Paul suggested this was because any discussions fathers do have about birth centre around how the men will be directly affected, for example *financial concerns* and *sleep deprivation*, rather than on the childbirth process itself.

Using terms such as “*over a beer and making jokes about it*” participants described what happens when a group of men are “*doing what guys do when they're together*”. Fathers noted that this approach was apparent during antenatal classes and in the social situations associated with their private and work-related lives.

You get a whole lot of males together...There's always a lot of bravado and a lot of bullshit...happens. So you actually tend to talk about it in joking fashion. More than a serious, you know, “hey, what is it like?”. (PaulA: 33-36)

While participants considered this mindset to be typical of expectant fathers, they also acknowledged that it was not particularly productive or helpful in assisting them to explore the issues involved.

6.4.2 Consequences: Like a Roller Coaster

The movement between *being together* and *being separate* felt like a **roller coaster** for many participants as they ranged between the emotional *highs and lows* of the experience. Often, the *reality of the baby* was still *sinking in* while fathers

were sorting through their thoughts about being *involved* in the pregnancy and being present at the birth.

Table 6.4 Being Together and Separate: Anticipating Phase Consequences

Sub-category	Concepts	<i>in vivo codes</i>
Like a roller coaster	Like a roller coaster	<i>concurrently remarkable and scary; pleased but bracing for it; highs and lows; like a roller coaster</i>
	Thinking ahead to the birth	<i>bringing a sense of reality; visibility of pregnancy makes it hit home; thinking about being at the birth</i>
	Not many guidelines	<i>what am I supposed to do?; not many guidelines; don't know the rules; lots of books for women; nothing much for men; not wanting to look like idiots</i>

Like a roller coaster

Being together and separate during the *anticipation phase* generated a wide range of thoughts and emotions for participants. Several fathers described the fluidity with which they moved between *being together* and *being separate* as being like a **roller coaster**. Sometimes they were feeling *positive, confident* and *excited* and thus *together* with the process. At other times they felt *anxious, cautious* and *resentful* and therefore more *separate*. These emotions could also be experienced concurrently, creating a paradoxical sensation that evoked simultaneous feelings of *being together and separate* with the process.

...it's pretty miraculous and remarkable and scary at the same time...It's like a roller coaster...It's fun, but it scares the pants off you. (AlexA: 405-407)

Karl described it as *butterfly time*, where he felt a sense of *nervousness* associated with the *unknowns* of the experience, but also a sense of *excitement* and *anticipation*.

Thinking ahead to the birth

Once antenatal classes commenced, many participants felt the *reality of the baby* starting to *sink in*. The combination of seeing the swelling abdomens of their wives/partners and the discussion of a wide variety of topics associated with the birth process meant that fathers had to focus their attention on their babies' imminent

arrivals. Matt felt “*forced*” to focus while Rob considered that it “*gradually brings you to a sense of reality*”. These fathers felt somewhat *separate* from both their babies and the birth process, but by attending classes they were able to draw closer *together* with both aspects.

So we had...the antenatal classes. It was starting to sink in from the information we were getting from that. She was starting to get visibly pregnant...it's starting to hit home... (PaulA: 10-24)

The ways in which fathers made their **choices** about *being present* during birth ranged from unchallenged *assumptions* right through to the **choice** being the focus of considerable and deliberate thought. Because fathers had the **choice** to *opt out* of *being present*, part of their *decision-making* process involved considering the implications for themselves and their wives/partners. *Being together and separate* meant that participants **weighed** their own needs against those of their wives/partners and came to a conclusion they considered would work best for both parties. In some cases, despite any personal wishes fathers may have had to remain *separate* from the birth, they considered it important to acknowledge the needs and wishes of their wives/partners and therefore chose to be *together* with the expectant mothers for the event.

But in the end, each person is different and they may just choose that it's not for them. But they'll have to work that through with their partner as well, because if their partner wants them there then they need to consider that... above all their own feelings towards it. (AlexA: 253-259)

For fathers who had to make the **choice** about *being present*, there was a sense of movement whereby they felt more *separate* from the idea during the early stages of pregnancy, but could envisage themselves being more **part of it** by the time birth was imminent.

...you have real highs and real lows. I remember for the first two months, for some reason, I was very angry. I was awful to my wife...maybe I viewed it as “Great. I got her pregnant. This is brilliant...there goes my life. At the pub...there's my freedom...I really felt this resentment. And anger that my

freedom and my life was going to change. And...I didn't like that...but maybe the last two or three months it's just changed completely. So that's a high and a low. (PaulA: 292-303)

Not many guidelines

In planning for their participation in the birth, fathers *gathered information* on the range of activities they could *be involved* in, yet there was still a sense of being unsure about just what was expected of them. They felt *together* with the process because of their desire to be **part of it**, but not feeling *confident* about what they would be doing made them feel somewhat *separate*.

...that's been the most difficult point for me...what the hell am I supposed to be doing? I've sort of got my ideas and I want to support [his wife]. I want to be there and I want see it and everything else, but...no-one's really said "This is what's expected of you" ...I don't know if there's any rules or not...there's not many guidelines. There's not many things for the fathers. There's lots of books about the women. What will change and what will happen to them. I mean that's good for us to read but there's nothing really for us, too much, to say that this is what you're going to feel because you will feel it. (AlexA: 276-436)

The differences noted in the way expectant mothers and fathers gathered *information* on the childbirth process became apparent in antenatal classes. Participants observed that, although some fathers felt free to ask questions in a large mixed group, generally the men were quiet during group discussions except when issues arose that affected both men and women, or which directly affected the men.

...you can see your partner or your wife really absorbing all the information. They process what they're being heard very differently to the guys. The guys pick up on very...key issues or experiences that are being relayed. That are important to them as a father. The mothers-to-be are picking up on everything. ...the men and the women will contribute equally on issues that directly or almost equally affect the men. When it's very specific issues around birth, be it technical things or emotional experiences that affect solely the women, then the guys aren't saying a lot. (RobA: 280-290)

Even though fathers were not seen to have a high level of involvement in group discussions, this did not necessarily mean they were not interested in the topics. To avoid embarrassment, some fathers chose to remain silent and seek out *information* using other means rather than asking questions when the opportunity was offered.

I noticed the guys sometimes...want to ask certain questions, but they don't want to appear to be idiots in front of their mates...It's probably a natural reaction...a natural guy thing almost... I think that is one of the reasons that sometimes you might stumble to get guys to ask questions. To become... knowledgeable and that sort of thing...They're all supposed to know about it...but a bit embarrassed...it's not so much embarrassed about the topic itself... (NickA: 367-387)

6.4.3 Strategies: Going With the Flow

Strategies employed by fathers in the *anticipating phase* were largely directed at **going with the flow**. Participants very much wanted to be **part of** the experience, but in doing so they did not want to be the source of any anxiety for their wives/partners or in some way interfere with the birth process.

Table 6.5 Being Together and Separate: Anticipating Phase Strategies

Sub-category	Concepts	<i>in vivo codes</i>
Going with the flow	Choosing to be present at the birth	<i>changing thoughts; getting over running away; having control; being prepared</i>
	Weighted decision-making	<i>the final decision; decisions weighted in wife's favour; wife's right to make choices</i>
	Going with the flow	<i>limits to what fathers can do; learn about different scenarios; go with the flow; adapt; do what you're told; someone must be taking charge</i>
	Being active to feel comfortable	<i>grateful for things to do; not good at nurturing, and support; needing to contribute; comfortable with something to do</i>
	Talking in a serious way	<i>thinking seriously about the birth; starting to read; talking to friends; jokes over a beer</i>

Choosing to be present at the birth

Fathers who had to make a conscious decision about *being present* during birth discussed the matter with their wives/partners and others, and thought through

the relevant issues comprehensively before eventually choosing to attend. That decision saw them move from feeling *separate* from the birth process to being more *together* with it.

...it's changed quite a bit from the first I thought about it. But I think that's through reading about it and talking to friends...At the beginning I thought, "...husband out in the waiting room, having a cigar and taking it easy" was the way to go...but as I thought about it more I find it exciting and there's no way I'd want to miss it...So, now I'm all excited and keen, ready to go... (AlexA: 189-204)

Once Karl had spent time sorting through the implications of becoming a father he felt *confident* and happy about *choosing to be involved* because that decision was something he made for himself; it was not something he did because it was expected of him.

Once I got over running away I could spend a lot more time on preparing for what was going to happen. And focusing on it. It was kind of like it had to happen to me in order to get that headspace. That clarity that came afterwards. (KarlA: 371-374)

As a result of acknowledging their **physical separation** from their wives/partners and choosing to be *present* at the birth, participants thought about the *level of involvement* they wanted to have during that phase. They participated in *planning* and *preparing* for the event that included considering their concerns about sensing danger and the *level of control* that was available to them. **Preparations** made during the *anticipating phase* assisted participants to have a feeling of *control* as the reality of the birth approached.

....we've done every thing we can physically. We've got a birth plan...We've got everything prepared in terms of baby equipment and everything. So all that superficial preparation helps as well because if you feel you've got control then you're better prepared. (GeoffA: 163-169)

Weighted decision-making

Decision-making was one way in which fathers could feel *together* with the childbirth process during the *anticipation phase*. This involved reflecting on the relative needs of themselves and their wives/partners and choosing to give the wishes of the expectant mothers more **weight**. As *separate* individuals, fathers had opinions on various aspects, but in order to remain *together* with their wives/partners they agreed to decisions that did not necessarily reflect their own views. In these situations, fathers based their **choices** involving **weighted decision-making** on the fact that it was the woman and baby who were the focus of maternity care, and therefore the needs of those two should supersede the needs and wishes of the fathers who would be observing. If participants could see that their wives/partners were *comfortable and happy* then they tended to *downplay their concerns*. The outcome of **weighted decision-making** for most fathers was a source of *relief*, even though for some there was a certain sense of frustration due to their private thoughts and feelings.

...through the pregnancy, any decisions regarding the baby including whether I should be there or not at the birth, I always gave 55% to [his wife] and 45% to me. So...although I wanted to put in nearly half the input into a decision, I didn't want to be the one to make the final decision...(TomP2: 238-242)

Weighted decision-making was not inviolable though. In the event of emergency, fathers were willing to over-ride the women's wishes if they considered that to be the best course of action.

... if it was a real emergency I would be prepared to override [his wife]'s decision...if I possibly could, but it would have to be a life and death situation. But if it was a decision simply "should I be there or not be there?", I would listen more to [his wife]'s opinion than my own. Give hers a little bit more weighting. (TomP2: 243-248)

As fathers looked ahead to the birth, thoughts about **weighted decision-making** remained with them. Karl gave credit to the possibility that he might be "*distracting to the birth process*" and was prepared to leave the birthing room if his presence was not being helpful for his wife. Alex respected the right of his partner to decide whether she wanted him there and he was willing to do as she asked even

though he was very keen to be present. Through their willingness to be **physically separate** from the birth experience if necessary, these men demonstrated a valuing of the women's perspectives that would ultimately support the couples being brought closer *together*.

If she didn't want me there, then by all means I wouldn't...as much as I'd like to be, I would choose...her right not to have me there. The same goes with any other support person. It's her and how comfortable she is and if she doesn't want anyone in the room except the doctor, then by all means. That's what should be. (AlexA: 230-235)

Going with the flow

As presented earlier, fathers felt *together* with the childbirth process when they discussed *birth plans* with their wives/partners. During those discussions, fathers often came to realise their **contributions** during birth could have *limits* due to their *lack of professional knowledge* and skill and their inability to experience the *physical sensations* of the birth process. These *limits* could make them feel *separate* to a certain extent.

So being a part of [pregnancy and birth] is really important. But realising that there's also limits to what I can [do]...(MattA: 91-92)

There was also an acknowledgement that circumstances during the birth could move beyond the scope of the *birth plan*. An attitude of **going with the flow** is how many fathers planned to handle the upcoming event. This approach supported them in employing strategies discussed as part of the *birth plan* up to the *limits* of what they could **contribute**, and it prepared them to deal with any unexpected outcomes on an intra-personal basis. In this way they could remain *together* with the process by **being part of it** even though they could potentially feel *separate* if things had not gone according to plan.

I think you just have to learn about all the different scenarios. Not get too worried about it. And just make sure you can go with the flow and adapt. And just do whatever you're told at the time...(NickA: 97-100)

Although fathers indicated the importance of **going with the flow**, they were also clear about the importance of having someone present during the birth who was obviously *taking charge*. Most participants expressed an expectation about being *told what to do* during the birth, and to a certain extent this helped them **prepare** for a situation that could not be fully known about in advance. If the situation appeared to be *under control* because someone was *in charge* and was making good decisions, fathers were happy to **go with the flow**.

...it's really important to have someone in the room, and obviously it's either going to be the specialist, midwife or G.P. who is taking charge. And you do as you're told. (RobA: 290-295)

Being active to feel comfortable

Although fathers expected that **having a job to do** would assist them to feel *together* with the experience as described earlier, the concept also generated concurrent feelings of *being separate* because the *reality* of being **physically separate** from the process was reinforced. Fathers would therefore have to make an effort to **be part of it**. The advantages of **having a job to do** were also acknowledged. For many participants, being *kept busy* was seen as a way of dealing with a situation they expected to be stressful. Fathers hoped that having designated tasks would help reduce their concern about **being there**.

...when [men] get into the childbirth thing they'd be quite grateful for...things that they could do. They're not very good at the sort of soft, nurturing, vague, love and support and looking after sort of stuff. If they could translate that into some things that we could do to feel that we were taking part or contributing or something, then I think a lot of men would probably feel a bit more comfortable. (MattA: 433-439)

Talking in a serious way

As antenatal classes continued and as the due dates for the babies' arrivals drew closer, fathers found ways to break through the veil of **bravado and bullshit** that had slowed their capacity for *gathering information*. In some cases, the imminent births meant that they went about things in a more *serious way*, such as *reading books* and *talking to friends* who already had babies. During antenatal classes, fathers who

had questions they had not raised during large group discussions talked amongst themselves or approached the educator on an individual basis. Using these strategies, fathers could gather the *information* they needed without appearing to be *stupid* in front of others.

...it's only now that we're only getting five weeks away from the birth that... I'm starting to think about it seriously. "What's it going to be like?" ...Now I'm starting to read books and talk to friends in a serious way, that have got kids, rather than over a beer and making jokes about it. (PaulA: 50-110)

6.5 Being Together and Separate in the Becoming Phase

The section explores fathers' experience of *being together and separate* during the birth event.

Table 6.6 Being Together and Separate: Overview of the Becoming Phase

Sub-categories	Conditions: Being together and separate	Consequences: Wanting to do the right thing	Strategies: Reading the situation
Concepts	Being physically separate from wives/partners The influence of caregivers	Rise in tension levels Roller coaster emotions Wanting to do the right thing	Staying engaged and busy Keeping calm Reading the situation Weighted decision-making

Fathers most keenly sensed the competing positions of *being together and separate* during the birth event. The reality of *being separate* on **physical** and cognitive levels became obvious, resulting in fathers having to work hard at finding ways in which to stay *together* with the process.

There's a separation between myself and [his wife] ...In the operating theatre I'm holding her hands. So I mean I'm close. But I'm not involved in the really...dangerous part which is the operation...so I'm separated from that... it's quite a helpless situation from my perspective...I'm limited in what I can do. (TomP2: 717-723)

6.5.1 Conditions: Being Together and Separate

In the *becoming phase* participants were *together* with their wives/partners in various ways, but concurrently experienced instances of *being separate*. During

this phase caregivers could have a significant influence on how *together* or *separate* a father felt with the process.

Table 6.7 Being Together and Separate: Becoming Phase Conditions

Sub-category	Concepts	<i>in vivo codes</i>
Being together and separate	Being physically separate from wives/partners	<i>husband and wife separated; a job to do while women are in pain</i>
	The influence of caregivers	<i>not enough communication to the couple; couple not asked permission</i>

Being physically separate from wives/partners

Fathers sensed *being together and separate* early in the *becoming phase* as they became sensitive to facets of the experience that involved change, such as being in a new environment and seeing the ways in which their wives/partners were behaving in response to the discomforts of the birth process. These changes clearly differentiated the roles of fathers and their wives/partners. While *together*, fathers and their wives/partners shared concerns about getting to the hospital and what would be happening during the birth process, fathers also felt *separate* because they were not experiencing the physical discomfort and physiological changes associated with birth. Paul noted that even though he was present during labour, his wife was in a “zone of her own”.

So you just have to let her go through the pain on her own I guess a bit and that's not easy. But, again, you just cope with it. It's part of it. It's...not the nicest feeling but you've got a job to do. And I just had a part in it and that was to get her there and make sure she would get comfortable so that she could get some pain relief and into hospital. (AlexA: 637-642)

The influence of caregivers

As individuals, fathers felt *together and separate* from the situation when complications developed during the birth and there was concern for mother and/or baby. Although their concerns served to make them feel more *separate* from the process, fathers could still feel **part of** the experience when caregivers addressed them personally and explained what was going on.

The couple could also feel *together* with each other, but *separate* from the situation, when caregivers did not communicate well either with the couple or within their professional teams.

They could have talked to us more...I don't think there was enough talking or communication to us about what was going to happen potentially or about any delays or anything like that. Or that the delivery units were full and they were busy. (PaulP: 211-214)

6.5.2 Consequences: Wanting to Do the Right Thing

Roller coaster emotions continued to feature in the *becoming phase*. In circumstances such as poor *communication* from caregivers or problems with mother or baby, fathers rode the tumultuous **roller coaster** between *excitement* and *terror*. Above all, fathers wanted to do and say the **right things** in order to offer the best possible support to their wives/partners.

Table 6.8 Being Together and Separate: Becoming Phase Consequences

Sub-category	Concepts	<i>in vivo codes</i>
Wanting to do the right thing	Rise in tension levels	<i>father looking pale and dodgy; concern for father shown by caregiver; father feeling no performance anxiety; medical staff performing like computers</i>
	Roller coaster emotions	<i>terrifying and fun; terrifying and fantastic; nexus of terror, awe and incredible relief</i>
	Wanting to do the right thing	<i>planning the right things to say; asking wife what she wanted; feeling useless but not being useless</i>

Rise in tension levels

In situations where fathers felt either a *lack of control* over the birth events or a personal feeling of *not being able to cope*, their **tension levels** rose. The outcomes of a **rise in tension levels** were feelings such as *vulnerability* and *panic* in some situations and *anger* and *frustration* in others. These feelings of physical and emotional discomfort contributed to fathers feeling more *separate* from the process because they considered they could not support their wives/partners well if they demonstrated those sensations.

Despite trying hard to mask their discomfort, several fathers described instances when caregivers and labouring women noticed that they didn't look well

and inquired after their health. Their *separateness* was thus highlighted. These men were surprised that the focus was shifted from the mothers to themselves and they subsequently felt more *together* with the experience because the others had reached out to include them. Geoff's experience also confirmed to him the notion of having a socially-sanctioned *escape* that he had identified in the *anticipating phase*. From the ways in which his wife and their midwife interacted with him, he considered that he was welcome to be **part of** the experience up to a point where it no longer felt comfortable, and then it would be "OK" if he left.

I was quite surprised that people were taking such concern in me. [His wife] was the focus of attention, but evidently I looked quite pale and a bit dodgy at times. And they'd go, "Are you all right. Do you need to go and have a breath of fresh air?" ...So I felt quite complimented and quite looked after...As if, even if I did screw up that would be OK as well. I really didn't feel any pressure... performance anxiety or anything like that. I just felt...I could have probably just vomited, or keeled over, or walked out or whatever and it all would have been fine because that's kind of what was expected of men anyway...(GeoffP: 252-273)

Lack of *communication* from caregivers also resulted in fathers sensing *anger* and *helplessness* rising inside. Karl described an instance of *being separate* when an obstetrician and her entourage become involved in their birth experience. Although Karl felt *together* with his wife, his mother in law and their midwife, he felt like the medical team took over "as if no one was there".

It was very much like an army procedure. Like [his wife] and me and [his mother in law] and our midwife and [his baby] were not even the subject of their focus...They were focusing on this completely abstract thing which had nothing to do with the fact that [his wife] ...had been in labour for 30 hours. And we were all very exhausted and feeling a bit had it. And here they come in performing a medical procedure as if no one was there...It was like they were computers. They couldn't recognise our experience the way we were experiencing it. No empathy of any sort. (KarlP1: 175-194)

Roller coaster emotions

Roller coaster and *paradoxical emotions* continued into the *becoming phase*. Dramatic birth events provided strong visual embodiments of the emotional extremes involved. Geoff describes it as being “*terrifying and fantastic...that nexus of terror and awe and an incredible relief*”. At times fathers were highly *excited* and eagerly *expectant* about the imminent birth, and at other times they were despondent or just downright scared about the **danger** of the situation.

It was a real roller coaster...terrifying and fun. And joyous. That would be exactly it. Except...with that concern of morbidity. That idea that...someone could die here. (GeoffP: 359-363)

Geoff depicted a **roller coaster** experience when he described feeling *separate* from the process, because his wife appeared to be *out of control*, and then moving to feeling more *together* with the process when labour progressed to a point where she could be more *in control*. He moved from feeling *anxious* about the extreme distress she was experiencing, a situation he was not ready for, to feeling *comfortable* with a controlled situation, something he was ready for.

Once she was fully dilated and she was pushing she found it a lot easier. She was a lot more controlled...It was more what she thought what was going to happen. And more what I thought too. You know the (imitating breathing sounds) the push . That's what you see on TV so that's what I was ready for. And so that was OK. (GeoffP: 50-68)

Wanting to do the right thing

Although **having a job to do** brought participants *together* with the birth experience as they had predicted, those **jobs** still generated a degree of concern that caused them to feel somewhat *separate* because fathers wanted to do their **jobs** well and to be **doing the right thing**. Determining the **right things to do** was based on *communicating* with the labouring wives/partners and by *observing* the way in which caregivers and others were managing the situation. Fathers considered that they were successful in **doing the right things** if they acted in a way that promoted comfort and did not cause anxiety to the labouring women.

I remember thinking, 'What can I say to her? ... Can I say "It'll be all right?". But I thought "If I say too much she might think I'm panicking". So I actually sat there quietly and I asked her "Is there anything you want me to say or are you happy that I just be here?". And she said "I'm just happy that you be here. It's not like you have to keep...commenting on what's happening around or anything. But just be here". So I felt some relief because I didn't feel so much pressure to say the right things and that just my presence was enough and I held her hands. (TomP1: 270-279)

Despite having worked so hard at **doing the right things**, on later reflection many participants were ambivalent about their *usefulness*. Although they had *felt needed* they also felt they had not done anything much worthwhile. It appears that fathers felt a strong pull between the value placed on their role by the birthing women, and the value that they as fathers placed on their level of **contribution** to the experience.

I value it in the sense that I did it. But any trained orangutan could have done that. (PaulP2: 311-312)

...the lasting impressions are of feeling useless but...not actually being useless. (MattP: 450-451)

In some cases there was also a discrepancy within the couple regarding the assessment of the father's **contributions** to the birth process. Karl thought he had talked too much and Matt thought he should have been doing more, but these fathers reported that their wives disagreed. Each of these men felt that they were somewhat *separate* from the process due to the roles they had undertaken, but their wives seemed to consider that the men had been very much a **part of it**.

I have...been talking with her... about what she wanted. And she actually didn't want anything more than that. It was just me feeling that I should be...doing more...(MattP: 122-125)

As a contrast, Ben listed a range of ways in which he had contributed, but his wife considered his most important role “*was just really encouraging her to keep going*”.

6.5.3 Strategies: Reading the Situation

Strategies employed by fathers during the *becoming phase* were aimed at maximizing their contribution to the process and minimizing the stress on their wives/partners.

Table 6.9 Being Together and Separate: Becoming Phase Strategies

Sub-category	Concepts	<i>in vivo codes</i>
Reading the situation	Staying engaged and busy	<i>asking for jobs to do; massaging; feeding; being close to wife</i>
	Keeping calm	<i>not wanting to appear nervous; wife would not appreciate husband panicking; self-restraint; just breathing; remembering what midwife had said</i>
	Reading the situation	<i>knowing when she'd want to be talked to; being able to get through to her; waiting to see what would happen; reading the midwife's reaction; giving her what she wanted; letting the good thing happen</i>
	Weighted decision-making	<i>wife was driving the priorities; father would intervene if necessary</i>

Staying engaged and busy

Offering **practical and emotional support** to their wives/partners enabled participants to deal with any feelings of *being separate* due to *anxiety* or *lack of professional knowledge and experience*.

I just kept saying to the midwife, “Give me another job”. And she'd give me a job. And that was good. And all the way through I was engaged and busy. The nature of the birth meant that everybody had no lack of things to do. There was plenty of stuff to do. And so that really helped. (GeoffP: 169-173)

When they could see that their *support* was having a positive effect on the birth process, fathers were especially encouraged to feel more **part of it**. Initially, Karl felt somewhat *separate* from the process because of “*that little thing about being a male at a birth*”. He eventually realised that he did “*have some things to offer*” and he “*started doing things which I thought would help*”. From the way in which his wife responded Karl could tell that his *support* was making a difference. He felt encouraged to continue implementing the strategies in their *birth plan*. These **contributions** brought him more *together* with his wife and with the birth process.

Holding her when we were walking around. Massaging her made a difference sometimes. Sometimes she didn't want to be touched. Feeding her was a big thing. And getting her fluids...And just me being close to her all the time made a difference to her. She didn't want me to leave. And when I did leave she didn't like it. So that was good to know that. And I think it made a difference for her for me to just be...present with her. (KarlP1: 385-395)

Keeping calm

As part of their **contribution** to the birth process, participants worked hard to appear *calm*, *confident* and *in control* of themselves in order to inspire *confidence* in the birthing women. They wanted to encourage their wives/partners to keep concentrating on the birth process despite any physical or emotional sensations fathers may have been experiencing. Participants believed that they would not be doing their **job** properly if they demonstrated what they considered to be negative feelings such as *faintness*, *nausea* or *nervousness*.

Like my approach was I didn't want to come across as being nervous at all, because it would make [his partner] nervous. (NickP: 219-221)

Fathers who felt *separate* due to physical or emotional discomfort strove to move closer *together* with the process by making active decisions to address those feelings. This involved identifying the feelings causing concern and employing management strategies. Active decisions often employed *coping strategies* that would minimise *being separate* and maximise *being together*. These included breathing

techniques, visualisation based on previously gained knowledge, self-talk, drawing strength from the presence of others, rationalization and putting on *a stupid smile*.

... so I just had to make sure that I tried to keep myself calm without panicking because I don't think my wife would have appreciated it at that point. So it was just really self-restraint. Keeping quiet. (AlexP: 345-347)

Just breathing, and just remembering things the midwife had said. And looking at my mother in law. She was very calm...She's a nurse, so that reassured me...I suppose I just kept thinking, "Well, if she can go through this, then I can". (laughs) And I didn't want to miss out on anything. So I did stay in control. But...it was pretty scary. (GeoffP: 157-190).

Reading the situation

One advantage of being **physically separate** from their wives/partners was that participants could keep a close eye on birth events. They would **read the situation** to pick up clues about how things were going and whether they needed to intervene. Fathers who felt immersed in the events in this way felt **part of** the process.

Participants could **read the situation** by observing caregivers' demeanor to determine if anything was going wrong and by remaining vigilant to ensure the needs of their wives/partners were being met. With regard to those needs, fathers considered their understanding of their wives/partners to be a unique **contribution** that they could make to the experience.

I could read [his wife] better than some of the other people there. Than the midwives...Innate body language...Maybe knowing when she'd want to be talked to or wouldn't. Especially being able to get through to her if the midwives couldn't with their language. And also, knowing what she'd want if she wasn't conscious to give it. (KarlP1: 336-340)

Fathers who developed concerns from **reading the situation** began *planning ahead*. If they considered the situation was *not safe* or that their wives/partners were not having their needs met satisfactorily, plans were formulated to intervene should the situation become too uncomfortable for the fathers. The decision to intervene was generally made on a basis of safety or well being of mother and/or baby. If fathers

noticed increased levels of *fear*, *anger* or *distress* in their wives/partners, or if the caregivers' reports were not encouraging, fathers concluded, "*things were not going so good*". Fathers described increasing levels of concern as being like a *gnawing fear* or a *gradual build-up of worry*.

I just waited to see what would happen. There's no sense in panicking until something does go wrong maybe, but just making sure that I was watching everything and paying close attention as much as I could to make sure that I was still happy with how things were going. And reading the midwife's reaction as well. And if she wasn't too worried about it then, obviously I shouldn't be as well. So sort of taking my lead off her and just saying "OK. You know, she's not looking around for someone, so then I shouldn't be either..." So if she would have started getting nervous, then obviously I would have said something right there. (AlexP: 356-367)

In some cases, fathers found themselves making *increasing demands* on the caregivers and being *open to suggestion* about other management options for the labour that fell outside the *birth plans* the couples had prepared. In this way fathers moved from *being together* with the process to being more *separate*.

Fathers would also observe their wives/partners, looking for clues about any assistance they could offer. By **reading the situation**, fathers determined when to offer *practical* and *emotional support* and when to hold back.

Just when the contractions came on just to hold her hand or hold her which ever way she wanted. Or support her or... If she didn't want me near her don't go near her... So it was entirely what she wanted is what she received really. (LesP: 243-246)

Two participants combined their observations of the process with their unique knowledge about the birthing women to determine when they as fathers should become more *separate*. By **reading the situation** they could see that it was the mothers of the birthing women who could provide the best support for their wives/partners at particular points. In order to support the progress of the birth, these men therefore considered it *best* that they as fathers were less **physically together** with the birthing women for a portion of time.

[His wife] takes direction from her mother a little better than she does from me in a lot of ways. If her mother says, and she did say during the birth, "Toughen up. It's gets a lot worse from here. This is nothing" well, she accepted it from her...At the end of the day it wasn't me that was going through all the pain and the birth process so, you can't really stand up and say, "Hey, I'm going to be the selfish husband. I should be providing the support" when she felt probably more comfortable with somebody else (PaulP2: 66-85)

Karl thought that stepping aside was appropriate because he believed the support provided for his wife by her mother was *"something that only a mother could have offered"*. He also considered that the labour process would speed up if he was more *separate*, because he may have been prolonging it in some way. This father came to understand *"the tradition that men not be present at childbirth"* and that there were times when it was appropriate for him *"to let the women do it"*. Karl saw potential benefit in remaining somewhat *separate* from the birth experience in order to contribute to an overall sense of *being together* with it because he had let the *good thing happen*.

Fathers who **read the situation** and found it to be *under control* were more able to feel *together* with the experience. Even when mother and/or baby had potential health problems, fathers felt less concern if they could see that the labouring women were exhibiting some *control* of their experience and that the caregivers were *calm* and *in control* of the situation. Fathers acknowledged *tension* in those situations, but this did not involve *stress* and *panic*. Nick and Les both had partners with significant health problems but they recalled being *confident* rather than overly concerned during their birth experiences because they could see that there was *no chaos, nothing was left to chance* and they were positive that any problems could be *solved*.

The tension went... progressively up as things turned to custard with [his wife]. As soon as they stabilised [his wife] and said "Right, well the baby's ready to come..." That half an hour was not stressful. It was just amazement. Because [his wife] wasn't screaming and yelling and she was very

controlled...But, that wasn't stressful. That was just anticipation...my stress was before that. (RobP: 245-253)

Weighted decision-making

Reading the situation also incorporated the concept of **weighted decision-making** identified in the *anticipation phase*. Participants were acutely aware of **being physically separate** from their wives/partners during the birth therefore they **weighted** any decision-making in favour of the women. Paul described his wife as *driving the priorities*. Fathers wanted the women to have as much input as possible into the way the birth was managed because it was the women who were experiencing the physical discomfort. Participants were willing to support and encourage the women's decisions where ever possible, but were always on stand-by to intervene if they considered that the decisions being made, either by the women or the caregivers, were not providing the care and comfort fathers considered would be *best* for the situation.

...she was going through it so it was her call. And that's fine with me. I mean, it's her body. Her experience, medically. I'm not going to jump in and sort of try to argue against that...I mean, if things had got really hairy. And it was plainly obvious that something was not right, or plainly obvious that a bad decision was being made by a nurse or a doctor, then it was certainly understood that I'd get my message across. (PaulP2: 165-172)

6.6 Being Together and Separate in the Being Phase

This section explores fathers' experience of *being together and separate* in the first few hours and days after their babies had been born.

Table 6.10 Being Together and Separate: Overview of the Being Phase

Sub-categories	Conditions: Being together and separate	Consequences: Sinking in	Strategies: Choosing the first and foremost concern
Concepts	Being with a healthy mother and baby Being with an unhealthy mother and/or baby	Confirming safety Sinking in	Dealing with a healthy mother and baby Dealing with an unhealthy mother and/or baby

Participants still had a sense of *being together and separate* once their babies were born, but the areas of focus had changed. Immediately after birth fathers felt somewhat *separate* from the process until they could confirm that mother and baby were “OK”. Subsequently, they felt *together* with their wives/partners and their babies in a way that made them more *separate* from all others, including members of the extended family and caregivers. In cases where there was a health problem with mother and/or baby, fathers were faced with decisions that would make them more *together* with one and more *separate* from the other.

6.6.1 Conditions: Being Together and Separate

The reality of *being together and separate* for fathers in the *being phase* was reinforced by their growing awareness that they now had two separate roles. Rather than having an instantaneous sense that their roles of husband/partner and father were integrated, most participants found that this realisation took time to **sink in**.

Table 6.11 Being Together and Separate: Being Phase Conditions

Sub-category	Concepts	<i>in vivo codes</i>
Being together and separate	Being with a healthy mother and/or baby	<i>a husband when he's with his wife; a father when he's with his baby; checking with wife before going to baby</i>
	Being with an unhealthy mother and/or baby	<i>tentative time; hoping mother and baby would be OK; being kept at ease; having questions answered; concerns put to rest</i>

Being with a healthy mother and/or baby

In the initial moments of the *being phase* participants began thinking of themselves in two separate roles. Rather than having an immediate, concurrent sense of being husband/partner and father, some men thought of themselves as separate entities while they were intellectually processing the *reality* of the situation. Tom found that the physical locations of his wife and his son in the room determined whether he thought of himself as a husband or a father. He was thus more *separate* from one and more *together* with the other, depending on where he was standing.

Now when the baby was coming out... I was reminded more of my role as a husband because...I wanted to support [his wife] so I'm a husband there. When I walked away from [his wife] over to look at the baby, I'm a father again because my role there is focusing on the baby and listening to what I was told. That he was all right. (TomP1: 525-530)

Karl felt that he had to check with his wife before leaving her to be with their baby. He moved from being more *together* with his wife than his baby to *being together* with both of them.

...my primary concern was for her...it took me a little while to ensure that and then I realised that [his baby] was alone...There wasn't a decision to make until I'd already made sure that [his wife] was OK and then I needed to check with her that she was OK if I went with [his baby]. (KarlP1: 401-407)

Being with an unhealthy mother and/or baby

In circumstances where mother and/or baby needed urgent professional attention directly after birth, fathers felt a strong pull between *being together and separate*. As had occurred during the *becoming phase* when there was concern for the health of mother and/or baby, participants felt *separate* from the process when caregivers had to devote their full attention to the welfare of mother and/or baby. But fathers could still feel *together* with the situation if caregivers acknowledged fathers' concerns and welcomed their comments and questions.

...there was a tentative time of hoping that [his baby] was OK and that [his partner] would pull through it, but...the atmosphere was good. They were professional. They kept us at ease and things like that, so that was really good. (RobP: 54-56)

...everything was really calm and positive...Paediatrician was great. Very positive. Happy. And just kept talking about what she was doing. And answering my questions. It was great...as concerns were put to rest, your concern drops again. And you go (clicks his tongue) "I understand what's happening". (BenP: 716-721)

6.6.2 Consequences: *Sinking In*

If fathers determined that mother and baby were healthy, the process of **being together as a family** began as described earlier. But in situations where mother and/or baby had health problems, fathers had to *choose* which one of the two would be the focus of their attention. In these circumstances there was potential for fathers to feel more *separate* from the experience, but they could remain *together* with it if caregivers kept them informed about what was happening.

Table 6.12 Being Together and Separate: Being Phase Consequences

Sub-category	Concepts	<i>in vivo codes</i>
Sinking in	Confirming safety	<i>like breathing out; relieved that wife wouldn't die; baby was just perfect; X feeling of just fantastic; paradoxical emotions</i>
	Sinking in	<i>suddenly it hits home; wow! this is mine; I've actually created something; sharing the physical reality of the baby; bond starting to form; didn't think about being a father; reality hit after a sleep; still hasn't sunk in</i>

Confirming safety

At the moment of birth, fathers looked at the situation to **confirm safety**. Due to the concerns they held, participants felt *separate* until they could verify that mother and baby were **safe**. If this was confirmed, fathers felt more *together* with the situation and experienced *relief* and a *release of tension* that Tom described as being “*like breathing out*”.

...incredible relief when I knew [his wife] wasn't going to die (laughs) and I could see the baby was just perfect and just fantastic...had a sit-down and some time out and just this amazing relief...just that “X” feeling of just fantastic...(GeoffP: 348-354)

Even when births had been straightforward, fathers experienced a sense of physical exhaustion once it was all over. The *tension* that had built up during the *becoming phase* became apparent once the babies had been born.

Considering that I didn't do anything, it's amazing how tired you are by the end of it. Like by the end of it you're just knackered. (PaulP1: 36-37)

In some cases, once **safety** had been confirmed fathers had further experience of the *paradoxical emotions* that had appeared throughout the earlier phases. Processing the overall birth experience engendered a wide range of conflicting emotions. For Karl, the joy of his son's arrival was tempered with disappointment about the circumstances of the birth.

I felt a sense of hopelessness but elation. Happy that he was there but sad that it didn't happen in a certain way. That things were happening that seemed out of our power but still a sense of rightness about how I dealt with it. So paradoxical is a very good way to explain it. (KarlP1:975-979)

In situations where mother and/or baby required medical attention, participants had to *choose* which of the two they would be spending time with. This was particularly apparent when the babies needed to be transferred to a neonatal intensive care unit. In these situations fathers were aware of being a *separate entity* within the couple because they could move away from the place of birth whereas their wives/partners could not.

Being able to then be one of the first people to hold him...and comfort him. ...going up to [the neonatal unit] and all those places where [his wife] just wasn't in a position to be able to do that. (BenP: 413-416)

Sinking in

As described earlier, participants often found the multitude of concurrent events and thoughts that occurred at the moment of birth could not be assimilated all at once. A sense of *unreality* pervaded **that moment** whereby their tumbling emotions and a changing *sense of reality* sometimes took a while to **sink in**. Fathers could cognitively acknowledge that the baby had arrived, but their ability to fully comprehend it sometimes took a while to catch up. They were both *together* and *separate* from the experience.

It's like she's born and you're holding her and everything else. Then suddenly it hits home. "Wow! This is mine". (RobP: 663-665)

...in the end you do hold your baby, whether right then or a couple of hours later, it really hits you and you think "My God. I've actually created something". And it's...overloading I guess. (AlexP: 534-537)

In the *being phase*, physical interaction with their babies caused fathers to shift from feeling *separate* to being more *together* with their infants. The physical and electronic barriers were gone and the baby could now be actively *shared* between the parents, rather than the fathers being in a *supporting role* for mother and infant.

...for so long this baby has been part of [his wife]. It's been ours, but part of [his wife]. And she's experienced all those physical things and finally this moment was where I could share in the physical reality of the baby. And that was quite fabulous. It was finally something that I could touch and hold...It was finally going to be able to be shared between us...I mean it was always our baby, but...this was the moment...that I was going to be from then on very much part of this baby...That sort of beginning point where it wasn't just supporting [his wife] who was carrying a baby, but it was that I could do things and be part of what was going on. (MattP: 52-73)

Feeling *together* with their babies in the *being phase* took fathers varying lengths of time. In some cases a *bond* began forming only a few moments after birth, and for other fathers the process took a matter of minutes, hours and even days. Although participants could now physically interact with their babies, for some there was an initial sense of *separation* as the *reality* of the baby's arrival, and the comprehension of themselves as fathers, took a while to *hit home*.

...just in those moments, I think, a bond was starting to form because for the first time I was totally focused on the baby. And it was a very short amount of time after that I was holding the baby...and then I was really starting to bond with the baby. (TomP2: 27-52)

For participants who did not experience an instantaneous comprehension that they were fathers from the moment of birth, a combination of factors contributed to confirming that *reality*. Experiencing the *physical reality of the baby*, having time to *relax, sleep* and reflect plus the congratulations and interest expressed by friends and

family all continued to remind the men that they were now fathers. *Being together and separate* in this situation meant that participants moved from feeling *separate* from their role as a father to feeling more *together* with it.

I don't know if I really thought about being a father at that point. Like I sort of did when it was first happened, a little bit. But I think it was after I got home that day. Fell asleep. Woke up. And then looked around the house and saw all this stuff and thought "Wow. That's it" and that's when...I think it hit me more or less that I was father. And it was still a strange feeling. I just couldn't imagine myself as a father. Or being considered a father. But it's sinking in more and more I guess (AlexP: 131-162)

6.6.3 Strategies: Choosing the First and Foremost Concern

Once birth had taken place, fathers had to deal with the immediate outcome of the experience with the focus being on the health of mother and baby. In some cases, this involved fathers having to base their actions on what they considered to be the first and foremost concern.

Table 6.13 Being Together and Separate: Being Phase Strategies

Sub-category	Concepts	<i>in vivo codes</i>
Choosing the first and foremost concern	Dealing with a healthy mother and baby	<i>letting the tension go; having the baby in your arms; each having time separately with the baby; getting over the match nerves</i>
	Dealing with an unhealthy mother and baby	<i>first and foremost reaction; choosing between mother and baby</i>

Dealing with a healthy mother and baby

In situations where mother and baby were healthy after birth, fathers put a priority on time **together as a family**, as described earlier, so that the new parents could begin adjusting to the *reality* of the baby's arrival. Having time **together as a family** immediately after birth also helped fathers get over the *match nerves* engendered by the experience. Through physically holding and experiencing the babies via all of their senses, participants began making the transition from being fathers of unborn babies, when they felt somewhat *separate*, to being fathers of

infants they could physically hold; a situation where they felt more *together* with the experience.

...just sort of letting all that tension that surrounds it just go. Mainly just through just having baby in your arms...But that was much more important. That time. And each having time separately and together to...just have baby and...get over the all the match nerves and stuff. So that was pretty much more important than I thought... (MattP: 368-375)

Dealing with unhealthy mother/baby

When mother and/or baby required urgent treatment after birth, the ways in which fathers handled those situations were highly variable and were mostly aimed at *understanding the situation*. If fathers felt that they *understood* what was going on their levels of concern dropped. They asked questions of the caregivers, they observed the events unfolding in front of them and they assisted when requested to do so by caregivers. In situations where mother and baby required care in different areas of the hospital, fathers also had to make decisions about which of the two they were going to stay with.

When participants found themselves in the position of *having to choose* because the health of mother and/or baby was compromised in some way, their decisions were based on what fathers considered was the first and foremost concern. Criteria for judging this was individual to each participant. In some cases decisions were made based on the existing relationships shared with wives/partners. Some men chose to stay *together* with their wives/partners, no matter what condition the baby was in. Other participants used their **physical separateness** to accompany their babies to neonatal units because the mothers were unable to do so. In these situations fathers were acting on behalf of the couple, doing something that they would otherwise have done *together*. Participants who chose to be *together* with their babies in this way were not only able to **read the situation** as a concerned parent and be available for any decision-making that was required, but they were also able to report back to the mothers about how the baby was doing. In this way, fathers could continue to **contribute** to the birth process and be an integral **part of** the experience.

Instances of *having to choose* sometimes happened without warning. When circumstances took them by surprise, some participants found themselves being thrust together with the situation whereby they had no time to weigh up the relative merits of each position. They just had to make an immediate decision, often drawing on what they considered to be *for the best*. Nick found himself in a position of *having to choose* when his partner appeared to start convulsing while he was holding their baby and no one else was present. While he was *together* with his new family, he also had to make a decision that was going to make him more *separate* from one of them.

I remember my immediate reaction was first and foremost “I can’t put this baby down”. Cause it’s my baby. If it was now, I would just put her on the floor on a pillow... And just help [his partner]. She’s [his baby] squawking. So she’s OK. But at the time, I felt, this is my first and foremost concern (laughs). She [his partner] can just convulse. Off the bed. (NickP: 718-723)

6.7 Conclusion

Chapter Six has presented *being together and separate* which is both a contributing category and the core category that explains a large portion of the experiences described by participants. A schematic representation of the relationship between the three categories identified by this study has been presented and the ways in which fathers feel *together and separate* throughout the childbirth process have been discussed and illustrated. Fathers’ experiences of *being together and separate* on physical, social, emotional and cognitive levels were often influenced by the actions and attitudes of maternity caregivers. Being a father during the childbirth process involved times of feeling *together* with what was going on, times of feeling quite *separate* and times when there were aspects of feeling somewhat *together* yet somehow *separate* from the experience. In some cases, *being together and separate* involved movement in the fathers’ perception of the birth experience from one end of the continuum to the other. In other cases, *being together and separate* involved either a fluctuation between the two experiences or a concurrent sense of them. Participants could experience *being together and separate* either as individuals or as part of a group that somehow felt *separate* from

or *together* with an aspect of the process. The next chapter compares and contrasts the findings of the study with the evidence available in the current literature on the subject of fathers and childbirth.

Chapter Seven

Discussion

7.1 Introduction

Chapter Seven begins with a flow chart that summarises the three categories as they occur throughout the childbirth process. The categories and core category of BEING TOGETHER AND SEPARATE are then integrated with the academic literature.

7.2 Introduction to Figure 7.1

Being Together and Separate: Flow Chart

The following flow chart gives an overview of the categories of *being separate*, *being together* and *being together and separate* as they occur during the three phases of the childbirth process. Sub-categories appear as conditions, consequences and strategies and are illuminated by participant quotes.

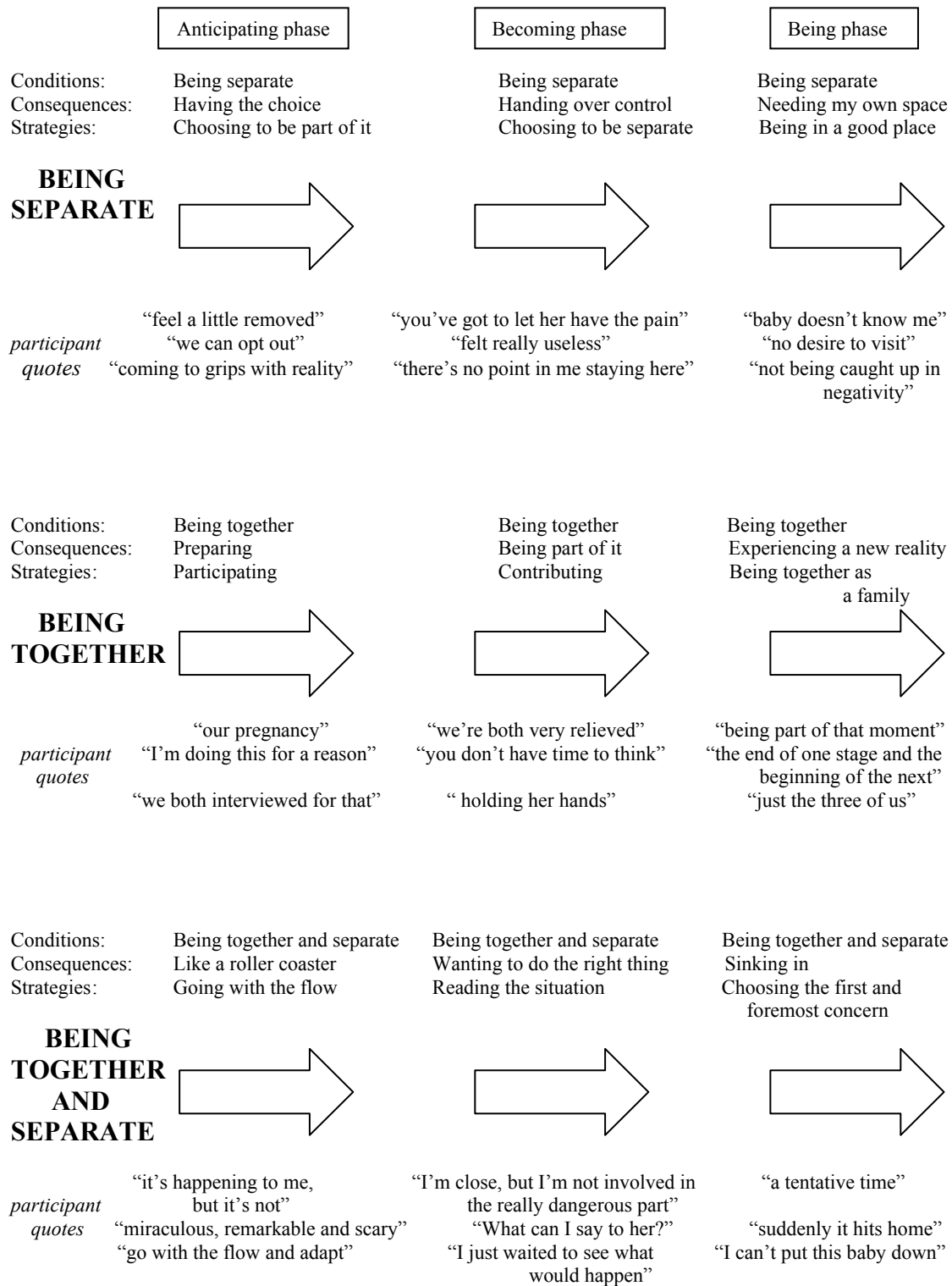


Figure 7.1 Flow Chart of Being Together and Separate:
The Experience of First-time Fathers During the Childbirth Process

The flow chart (see page 149) demonstrates how the conditions, consequences and strategies of the three categories change throughout the childbirth process.

7.3 Introduction to Discussion of Findings

BEING TOGETHER AND SEPARATE is a process in which fathers continually move between feeling **part of** the childbirth process and feeling more *separate* from it. Each father's experience is unique. Consequences and conditions influencing an individual father's experience include the specific events of the childbirth process itself, the father's own physical and emotional reactions to the process and the ways in which he is included or excluded by others. Because participants were **physically separate** from the process, their key task was to decide if they wanted to be **part of it**. Those who chose to be **part of it** needed to employ strategies that could assist them to achieve that goal.

7.4 Being Separate

Participants felt *separate* during the childbirth process due to physical, emotional, social and cognitive influences. Early in the *anticipation phase* fathers became aware of being **physically separate** from their wives/partners when the women's physical symptoms and bodily changes clearly differentiated the biological roles of mothers and fathers. The distinction between the two roles has been described as being complementary yet different (Marquart, 1976). Although participants eventually developed a role that they valued, for many the notion of having a complementary role took a long time to develop. Continual reminders of *being separate* throughout the childbirth process often reinforced the negative aspects of that reality rather than encouraged them to find a way in which they could contribute from their unique perspective.

7.4.1 Being Physically Separate

Being **physically separate** from their babies caused a number of fathers to struggle with comprehending the *reality* of their infants' existence because the men did not have the same physical sensations being experienced by the mothers. Jordan (1990) describes "grappling with the reality of pregnancy and child" (p. 13) as being

central to the father's experience. Feeling *separate* from their babies was something that many men could not resolve until their infants were born. Until then, participants had to remind themselves that the image on a screen, the distorted abdomens of their wives/partners or the sound of an electronically enhanced heartbeat was evidence of their babies' existence. Fathers found the babies' *reality* easier to comprehend as pregnancy progressed and growing objective evidence reinforced the *reality*, but their babies did not become "really real" until after birth when fathers could physically interact with their infants (Leonard, 1977; Jordan, 1990).

In this study, being **physically separate** was the basis on which all other aspects of a fathers' experience of childbirth were founded. With their biological task accomplished, their role became defined and organised on a social basis. Because pregnancy could progress and birth could occur without any input from fathers at all, participants faced a series of **choices** about their involvement in the process.

The primary **choice** faced by fathers was whether they wished to be involved at all. Every participant eventually chose to be present during birth. The timing of those decisions ranged from soon after the announcement of pregnancy to several weeks before the birth. Leonard (1977) made a similar finding and a grounded theory of Australian men's experience of pregnancy found that the decision about being "an outsider" or "close" was made when pregnancy first occurred (Barclay, Donovan & Genovese, 1996). My study did not substantiate the findings of Barclay et al. because a wide range of variables influenced the experience of BEING TOGETHER AND SEPARATE and some participants changed their original decisions.

Participants could have *opted out* because they were **physically separate**, but the social pressures to be *involved* during all phases of the childbirth process were felt strongly. Childbirth education is one setting where tacit assumptions about the role of fathers are made (Smith, 1999b). Several participants mused about the response if they had announced during antenatal classes that they were not going to be present during birth. Rob, for example, expected to be *vilified*.

7.4.2 Social Expectations of Fathers

As they developed in the role of "father", every participant contrasted the differences between societal expectations of contemporary fathers and the roles of fathers a generation ago. In describing their own fathers as being less involved in both

the childbirth process and the raising of children, participants acknowledged that they were expected to perform a role for which they did not have traditional role models. Similar findings were made by Smith (1999b) and Barclay et al. (1996). Jordan (1990) described her participants as “coming to fatherhood with impoverished behavioral repertoires for parenting” (p. 15).

Percival and McCourt (2000) link the changing societal expectations of men in Western societies with stress and confusion for men, especially during the transition to parenthood. “Confusion” is reported by Henderson and Brouse (1991) and is the core category identified by Barclay et al. (1996). Their contributing categories of anxiety, ambivalence, adjustment, separation and need to know are linked to a core category “that symbolizes a lack of control and the discomfort that causes” (p. 21). The outcome of confusion was found to be a separation from the process of pregnancy, a sense of being excluded and a sense of lacking control. These findings confirm the experiences of my participants. For many of them, the lack of role models from which to draw confidence caused them to feel more *separate* from the process.

Participants described competing realities when depicting what it means to be a father. They all acknowledged the nurturing, involved components of being a contemporary dad, yet mention was often made of the *stereotypical father* who more closely resembled the fathers of generations past. This stereotyping is still alive and well in Western countries and perpetuated by the *media* (Chapman, 1992; Lester & Moorsom, 1997; Smith, 1999b). Mitchell and Chapman (2002), for example, found that fathers in their focus groups were keen to move away from constructions of a previous generation that viewed fathers as distant, uninvolved and controlling. Many of my participants made fleeting and often light-hearted references to possibly emulating the cigar-smoking, down-at-the-pub *stereotypical father* which indicates that the influence of this supposedly mythical person still abounds.

The concept of “father” as being a social construct was specifically voiced by one participant. His observation is supported by Draper (1997) and Raphael-Leff (1991) and also ties in with symbolic interactionism as described by Blumer (1969). Academic and popular literature commonly constructs the contemporary father as being an involved, nurturing man who offers his wife/partner all the support she needs throughout all the phases of the childbirth process. Barclay et al. (1996) observe that these expectations exist in an environment where men are neither actively supported

by society nor well prepared for their parenting roles. In a similar way, my participants commented that there were few *guidelines* available for fathers and they considered that a good reason was needed not to participate in the childbirth process. It seems that if fathers are expected to nurture and support their families, their needs have to be acknowledged and addressed in a way that is meaningful to the men themselves. Raphael-Leff (1991) describes fathers in the Western world as feeling “disadvantaged” because they are expected to pander to the expectant mother’s emotional disequilibrium despite being denied opportunity to express that same discomfort themselves.

7.4.3 Antenatal Needs of Fathers and Mothers Differ

Fathers became aware of *being separate* from their wives/partners during antenatal classes when they noted differences between themselves and the pregnant women regarding the childbirth topics of interest and the ways in which *information* was gathered and handled. Mitchell and Chapman (2002) and Smith (1999b) also found this. During classes, my participants observed their wives/partners maintaining consistent interest in all topic areas whereas the men had intermittent interest that focused on subjects of direct application to them as fathers. In mixed group discussions, fathers noted that the men participated less than the mothers and seemed reluctant to ask questions even though fathers had a genuine interest in gaining knowledge and understanding. It cannot be assumed fathers will verbalise their needs antenatally (Smith, 1999b). Neither should it be assumed that particular needs do not exist merely because they are not expressed. Expectant fatherhood is considered to contain “more than meets the eye” (May & Perrin, 1985).

Many of my participants commented on the value of a “men-only” group where they could speak and ask questions in an environment where they wouldn’t look like “*idiots*”. This finding has been validated many times (Galloway et al., 1997; Mitchell & Chapman, 2002; Raphael-Leff, 1991; Smith, 1999b) and supports a clear difference between the antenatal needs of fathers and of mothers. Participants who expressed reservations about the value of a men-only group did so because they considered the **bravado and bullshit** approach of many men tended to trivialise the experience of childbirth and marginalise those who were genuinely interested in discussing issues of concern. The value of men-only groups seems to be highly

dependent on the specific views of a particular group. Whereas many studies support the need for men-only groups, there is also evidence that not all fathers find the groups necessary or useful (Smith, 1999b).

The consequences for fathers who felt **physically separate** were feelings of **being emotionally separated from their wives/partners, being separate from their babies** and feelings of *vulnerability* and *helplessness*. From early in the *anticipating phase* participants became aware of having needs that were different from those of their wives/partners. Whereas the mothers became absorbed with the care, protection and nurturing of themselves and their babies, fathers became concerned about issues such as the financial implications of an extra family member on a reduced budget, the way in which the relationship with their wives/partners would change and the things they would have to either give up or develop in order to perform the role of father that they considered was expected of them. The conclusion that fathers have unique needs during the childbirth process has been reached many times (Chandler & Field, 1997; Mitchell & Chapman, 2002; Mitchell, Chapman & Dawson, 2003; White, 1998b). Having unique needs originates in **being physically separate** from biological aspects of the childbirth process as well as the distinct differences in priorities and thought processes between fathers and mothers.

Two of my participants demonstrated their unique needs when they described withdrawing physically and emotionally from their wives/partners in order to work through their reactions to the pregnancy. May (1982b) also identified the strategy of withdrawal and Barclay et al. (1996) linked it with their categories of separation and ambivalence. A father can experience many “losses” during pregnancy that can influence the relationship he shares with his wife/partner (Donovan, 1995). In addition, fathers make significant emotional and psychological adjustments during this time and can experience emotional distress and ambivalence if they have difficulty adjusting to their imminent fatherhood (Colman & Colman, 1977; May, 1982b; May & Perrin, 1985; Obrzut, 1976). Difficulties arise when men must deal with the changes they are experiencing in becoming fathers while endeavouring to support their wives/partners who are adjusting to becoming mothers (Bedford & Johnson, 1988). This could explain some of the evidence that shows an increase in family violence during pregnancy (Frohlich, 2002; Hunt & Martin, 2001).

7.4.4 Feeling a Lack of Control

Fathers struggled with being part of a process where their *lack of knowledge* and expertise required them to **trust others**. At times, fathers felt *separate* due to their inability to **control** some of the birth events. Many participants were used to having significant and meaningful input into other aspects of their lives. Childbirth was a situation where this was not always the case. Their feelings of being *vulnerable* and *helpless* stemmed from their lack of ability to make sure that everything would be “OK”. Leonard (1977) suggests that fathers feel helpless during birth because the masculine image that emphasises problem solving and being in control is challenged by the more passive roles of protector and supporter that fathers often find themselves performing.

Participants consistently expressed concern during the *anticipating* and *becoming* phases that birth was **dangerous**. They became particularly concerned during the birth event when caregivers were not demonstrating a level of control that reassured fathers everything was “OK”. The concerns fathers express about the dangers of pregnancy and birth are well supported by the academic literature (Chandler & Field, 1997; Somers-Smith, 1999). In a survey conducted by White (1998a) fathers ranked the health of the unborn child and concern for the mother’s safety significantly ahead of any other concerns they had about the pregnancy.

7.4.5 The Influence of Caregivers on Being Separate

Throughout the childbirth process, caregivers’ actions had the potential to cause fathers to feel more *separate* from the experience. Participants felt excluded in the *anticipating phase* when caregivers ignored them, did not include them in discussions about the progress of the pregnancy or belittled their role. Singh and Newburn (2003) also made this finding. During the *becoming phase* participants felt *separate* when caregivers appeared lacking in confidence, *incompetent* or were not communicating with fathers and birthing women. Those circumstances increased fathers’ tension levels, leading to *anger*, fear and frustration; consequences that also resulted if fathers could see that their wives/partners were in significant pain or had other needs that were not being addressed. These reactions of fathers could be interpreted as signs of helplessness and frustration as noted by Shannon-Babitz

(1979). Most of the unsatisfactory birth experiences described by my participants occurred when previously unknown caregivers were introduced to the birth event.

The influence of caregivers could make the difference between fathers having a positive experience or feeling like they had just survived a *nightmare*. Participants found that the sights, sounds and smells during birth heightened their sense of **tension** enough without the excluding actions of caregivers compounding this experience. The potential remained in the *being phase* for caregivers to exclude fathers by not explaining procedures or not involving them in the care of mother and baby as noted by Barclay et al. (1996) and Chandler and Field (1997).

7.4.6 Advantages of Being Separate

Being separate had some advantages for participants. Several fathers withdrew from an involvement in the process at various points in order to concentrate on their own concerns. In some cases during the *becoming phase*, fathers considered it beneficial for the progress of the birth that they became more *separate*. Participants also used their *separateness* during the *becoming* and *being* phases to **read the situation** and to act as they thought best. After birth, in cases where mother and/or baby were unwell, *being separate* gave fathers options about whether they would focus their attention on mother or baby. The benefits fathers can derive from *being separate* are discussed by Hall (1993) who describes the way in which her husband made choices that enabled him to handle two different birth experiences at a level with which he was comfortable.

Fathers can experience *being separate* on physical, emotional, social and cognitive levels. Influences can be intrapersonal, such as struggling with the implications of becoming a father or they can be interpersonal, such as being excluded by caregivers. Because fathers are **physically separate** from the childbirth process, their key task is to decide if they want to be *involved* in any way. The ways in which fathers can *be together* with the childbirth process are discussed in the next section.

7.5 *Being together*

Fathers could feel *together* with the process either by their own **choice**, by *unchallenged assumptions* shared within the couple or by being **drawn in** by others. Participants demonstrated a development in their experience of *being together* with the process that resembled the phases of father involvement identified by May (1982b) who found that fathers felt more involved in the pregnancy as the time for birth approached.

7.5.1 *Being There*

Being there was a vital component for most of my participants. Although **being there** implies merely a physical presence during birth, in most cases fathers who were physically present were also “being with” emotionally. Behavioural and emotional involvement is not always related (Hall 1993; May, 1982b). “Being with” is an active process where one person shares an affinity with the experience of another person. These qualities are reflected in “caring” which Bondas-Salonen (1998) links with “compassion” and “tenderness”; characteristics that cause humans to be sensitive to the suffering of others and make them “prepared to protect and fight for other persons” (p. 786). Literature examining “being with” is largely found in the fields of Buddhism, care of the dying and philosophical works such as that of Martin Buber (1970) who discusses the relationship between “I” and “Thou”. The notion of “being with” is also apparent in literature concerning “midwifery” which is a mediaeval term meaning “with woman” (Collins Concise Dictionary, p. 812).

“Being with” could happen at any stage of the childbirth process, but was most apparent during the *becoming phase*. Participants demonstrated “being with” at both behavioural and emotional levels. Although in most instances fathers were emotionally involved in the events, there were also occasions, such as “*waiting for something to happen*”, when they were literally just passing time while in the company of the birthing women. Even if the fathers did not **have a job to do** during the *becoming phase*, both participants and birthing women valued the men’s *physical presence*. The mere presence of fathers during birth is supportive; they do not necessarily have to give any practical help (Bondas-Salonen. 1998; Chapman, 1992; Lavender et al., 1999; Nicholson et al., 1983; Shannon-Babitz, 1979; Somers-Smith, 1999). The reality of caregivers becoming busy is another instance where fathers

could “be with” their wives/partners emotionally while the professionals concentrated on their “safety” tasks as described by Simkin (1992).

While some fathers had to make a conscious **choice** to be part of the childbirth process, others found that their role developed naturally out of the established relationship with their wives/partners. In the latter case, couples shared a number of *unspoken assumptions* about the fathers’ *involvement* in the process, such as the fact that the men would be present during birth. This finding was also made by Somers-Smith (1999). Participants who felt comfortable with the implications of *unspoken assumptions* about their role could be described as having a sense of emotional closeness, joining or intimacy in terms of the mutuality/isolation continuum presented by Hakulinen, Paunonen, White and Wilson (1997).⁴

7.5.2 Being Drawn In

In many cases, participants felt **drawn in** to the childbirth process when their wives/partners included them in activities such as preparing a *birth plan*. The mother’s role as “gatekeeper” can be critical to the way in which fathers can be brought in, or kept in the wings, during the childbirth process (Breiding-Buss, 1999; Hakulinen et al., 1997; Jordan, 1990; May, 1982b; Somers-Smith 1999). Although a number of participants waited for invitations from their wives/partners to be involved during pregnancy, several fathers actively sought out information on pregnancy and birth during the *anticipation phase*. Breiding-Buss (1999) encourages fathers to “claim their fatherhood right from conception” by having a knowledge-based opinion on matters to do with the baby, being assertive and not waiting for the mother to involve them. He views pregnancy as a time when fathers may relinquish their parenthood “by acting dumb or feeling that they have no say” (Breiding-Buss, 1999, p. 55).

⁴ Hakulinen et al (1997) used a modified a family dynamics scale to assess and describe the dynamics of over 130 families in Finland who were in the third trimester of pregnancy. A questionnaire containing 62 Likert-type items was used to locate the family dynamics on six different subscales that demonstrated bipolar dimensions. These were: individuation/enmeshment, stability/disorganisation, clear communication/unclear or distorted communication, flexibility/rigidity, mutuality/isolation and role reciprocity/role conflict.

7.5.3 Societal Pressure to Be Together

Whether or not participants made an active decision to be involved in the childbirth process, they all sensed strong **societal pressure** to do so from the people they mixed with. This has been well documented (Lavender, 1997; Palkovitz, 1987; Vehvilainen-Julkunen & Liukkonen, 1998). The push to *be together* with the process can be reinforced by the *media* (Lavender, 1997). My participants demonstrated *media* influences on their expectations of the childbirth process when referring to their own experience as being either similar or different to what they had seen on television. In some cases they considered their own experience was better and in others it was considerably worse.

Media-generated preconceptions about childbirth and the “perfect family” have been found to be distorted, negative, laughable and consistently inaccurate (Clement, 1997; Percival & McCourt, 2000; Smith, 1999b). Although no New Zealand study of *media* influences concerning perceptions of childbirth has been found, since most television programming and material in women’s magazines is imported from overseas it can be postulated that the *media* messages in this country are similar to the findings of the studies mentioned previously.

7.5.4 The Influence of Caregivers on Being Together

The influence of caregivers had a significant impact on the degree to which fathers felt *together* with the experience. Caregivers made a valuable contribution to the fathers’ sense of being **part of it** when they inquired about the fathers’ well being, made suggestions on how they could be involved and explained events as they unfolded. This approach also engendered a sense of **trust**. By acknowledging the physical and psychological needs of a father, caregivers demonstrate that they recognise him as being important and involved in the event (Shannon-Babitz, 1979).

Fathers who felt that they could **trust** their caregivers felt *confident* throughout the entire process, even when events became difficult in some way. Caregivers are uniquely positioned to be role models for fathers by demonstrating behaviours that provide support, comfort and encouragement for labouring women (Nichols, 1993). This was confirmed when participants observed what caregivers were saying and doing and then proceeded to implement those same behaviours.

Caregivers who make frequent assessments of how fathers are handling the childbirth process can assist fathers in *being together* with the experience by identifying concerns, enhancing positive portions of the experience and helping fathers to be involved at a level with which they comfortable. The expectant mother and father are a couple, but they also have individual needs that should be recognised by caregivers when developing a plan of care. Singh and Newburn (2003) consider support of the woman's partner to be "an integral part of complete maternity care" (p. 73). Within the context of a family-centred approach to maternity care, the importance of assessing fathers' needs throughout the entire childbirth process is well documented. Direct assessment and addressing of the father's emotional, psychological and physical needs should begin early in the antenatal period and continue at frequent intervals as a routine feature of prenatal care (Bartels, 1999; Chandler & Field, 1997; Hallgren et al., 1999; Jackson, 1997; Lavender, 1997; Lester & Moorsom, 1997; May & Perrin, 1985; Somers-Smith, 1999). According to Burgess (1997), fathers' direct responses to pregnancy are not usually noted nor their sources of support identified, and failure to make this assessment can hinder a caregiver's ability to predict what may happen in the family once the baby is born.

When reflecting on their experience of being present during birth, all participants expressed positive thoughts about being able to share the experience with their wives/partners, having the opportunity to contribute to the process and seeing their babies emerge in to the world. In many cases the actions and attitudes of caregivers enhanced participants' experience. Fathers who are supported throughout the childbirth process can derive personal benefits such as enhanced father-infant bonding and a positive influence on their subsequent emotional health as well as contributing to the positive effects on the woman's physical and emotional health and the adaptation of both parents to the roles of mother and father (Bedford & Johnson, 1988; Gabel, 1982; Greenhalgh et al., 2000; Lester & Moorsom, 1997; MacLaughlin, 1980; MacLaughlin & Taubenheim, 1983; May, 1982b; May & Perrin, 1985; Nichols, 1993; Nicholson et al., 1983; Palkovitz, 1987; Romito, 1986; Shannon-Babbitz, 1979; Vehvilainen-Julkunen & Liukkonen, 1998). There is a clear need for maternity health professionals to provide support to fathers that will enable these men to find a level of comfort and safety in their participation throughout the childbirth process. This is especially important in our society where fathers are expected to provide a

high level of care and support to mothers that was traditionally provided by family and neighbourhood women (Barclay et al., 1996). There is also a need for caregivers and childbirth educators to support couples in strengthening their relationships since caregivers will move out of the couples' lives a few weeks after birth and they will have to cope with new parenthood without that professional support (Coffman, Levitt, & Brown, 1994; Polomeno, 1997, 1998; Pudney, 1999).

7.5.5 Feeling Protective

Conditions causing fathers to feel **protective** and **drawn together** with their wives/partners became most evident in the *becoming phase* when those feelings peaked. The couple was **drawn together** when they shared concern for the health of mother and/or baby. Fathers were also **drawn together** with their wives/partners with feelings of **protection** and solidarity when caregivers had an overbearing manner, were unknown to the couple or did not explain what was going on. Feelings of **trust**, *rapprochement* and *confidence* rarely had a chance to develop in these circumstances, especially during the relatively short time frame of the birth. Fathers can be highly sensitive to the attitudes of professionals and the ways in which they respond to the couple during birth (Leonard, 1977).

The sense of protection fathers feel for their wives/partners and babies has been linked to feelings of territoriality whereby men take possession of, and defend, the territory of mother and baby (Marquart, 1976). Fathers can feel like aliens in the hospital environment, a phenomenon Marquart associates with the move of birth out of the home. In response, men may consider part of their role to be the provision of protection and familiarity for their wives/partners and babies in that alien environment (Bedford & Johnson, 1988; Lavender, 1997; Somers-Smith, 1999). Mothers have confirmed their need for this protection, expressing that their husbands/partners were the only people in the hospital whom they knew and who knew them (Bondas-Salonen, 1998).

7.5.6 The Physical Reality of the Baby

At the moment of birth, when the *physical reality* of the baby became eminently evident, fathers could feel truly **part of** the process. Although antenatally they had seen and heard evidence of the babies' existence, it was when they could see

and touch their infants for themselves that the *reality* of their fatherhood was confirmed to them, even though for some fathers it took a while to **sink in**. When both mother and baby were healthy the process of *being together* with the experience continued as fathers enjoyed the three of them **becoming a family**. Even in circumstances where birth events had been traumatic or unexpected in various ways, participants could still feel **part of** the process and reflect positively on the **bigger picture** if mother and baby were **safe**.

Labour has been considered to be the culmination of a man's evolution into fatherhood (Bedford & Johnson, 1988). During the *becoming phase* fathers who felt **part of it** found themselves to be very focused on the event, sometimes to the point of failing to care for themselves and no longer caring about their previously identified concerns. The degree of focus even caused some participants to feel connected to others, such as extra support people, in a way that was intense and unique. Fathers demonstrated a range of levels of *involvement* during the *becoming phase* that generally resembled the roles described by Chapman (1992). During this phase fathers offered **emotional and practical support** to the birthing women, caregivers and support people and they actively looked for ways of implementing the *birth plans* they had prepared with their wives/partners. My participants' sense of *being together* with the process was enhanced when they felt **drawn in** by wives/partners, caregivers and support people.

7.5.7 Being Together With Others

Fathers could feel *together* with their wives/partners, their babies, the caregivers, support people and other fathers. Some participants were so caught up with their involvement that they used inclusive language such as "*our pregnancy*" to describe their experience. Hallgren et al. (1999) termed this as "vital involvement" during which parents saw the pregnancy and birth as "a meaningful, joint concern". Couples who actively shared the experience of becoming parents *together* were found by Jordan (1990) to convey a strong sense that the experience was *theirs* not *hers* alone.

Fathers who felt *together* with the process participated in activities during the *anticipating phase* such as attending caregiver appointments and antenatal classes as

well as making contributions to *planning* and *preparation* for birth and new parenthood. Because a father is now the primary “lay attender”, Lavender (1997) considers him to be “in an ideal position to participate in the planning of care for his partner” (p. 92). During all phases of the process, participants offered **practical and emotional support** to their wives/partners. Not all fathers demonstrate this level of involvement and in some cases this could be an indicator of potential problems once the baby is born (Hunt & Martin, 2001). The importance of health professionals promoting the enhancement of early parent-child relationships is discussed by Mills and Page (2000) who link difficulties in bonding and attachment with rising rates of child abuse and neglect as well as social and emotional problems for both adults and children.

Some participants described having a relationship with their babies before birth. This is confirmed by Murphy and Hunt (1997) who found that fathers experienced a range of emotions associated with grief and loss when miscarriage occurred.

Fathers can experience *being together* on physical, emotional, social and cognitive levels. They can feel *together* with others, such as their wives/partners and babies, or together with the process itself. Caregivers can have a significant influence on the degree to which fathers feel **part of** the experience. The ways in which fathers can feel *together and separate* with the childbirth process are now discussed.

7.6 Being Together and Separate

Being together and separate is both a contributing category and the core category identified in this study. Fathers experienced *being together and separate* with the childbirth process in two main ways. In some cases fathers had a strong sense of one of the positions and over time they moved toward the other. In other cases they experienced aspects of both positions simultaneously. **Roller coaster emotions** could occur throughout the process. This could involve emotional *highs and lows* or *paradoxical emotions* when fathers had a concurrent sense of widely disparate emotions such as *excitement* and *fear*.

The discovery of BEING TOGETHER AND SEPARATE has highlighted several findings that are not currently represented in the academic literature.

Weighted decision-making and **going with the flow** were consistently demonstrated during interviews and each concept made significant contributions to the ways in which fathers handled the process. Because it was important to participants that their wives/partners were confident and happy throughout the childbirth process, many fathers chose to give the expectant women's decisions more **weight**. This stance blended in with the approach of **going with the flow**, especially during the *becoming phase*. At times it involved feelings of considerable anxiety as fathers desperately tried to **read the situation** and decide on actions to manage the events *for the best* from their perspective. The ultimate goal of fathers was to have a healthy mother and baby at the end of it all. They were therefore willing to do whatever they could to ensure that the goal was achieved, even though it may have been at their own physical and emotional expense. *Having to choose* is another area that is not addressed in the academic literature. The processes fathers employ when *having to choose* and the emotional impact of that decision is unknown.

7.6.1 Going With the Flow

Going with the flow involved **reading the situation** and *being told what to do* by caregivers. As fathers strove to **be part of it** they aimed to appear *calm* and *confident* in order to nurture the birthing women through encouragement. Nurturing is an important role for fathers (MacLaughlin, 1980). At times, fathers' feelings of *being separate* due to *lack of expert knowledge*, *lack of control* and *lack of the physical sensations* of the birth process caused them increased levels of physical and emotional stress that they did their best to hide. Breiding-Buss (1999) considers that our Western culture expects men to manage their emotions well, or not have them at all, so that they can be seen as strong, capable and knowledgeable. He believes that birthing women want support and a sense of protection they can rely on from their husbands/partners, so it becomes inappropriate for a father to be vulnerable, indecisive, self-focused and weak during this time.

The stress of hiding their feelings may interfere with the level of *involvement* and *support* fathers can offer. It therefore becomes important for caregivers to be aware that a father who is **going with the flow** may well be experiencing significant physical and emotional stress despite an outward appearance of being *calm* (Chandler & Field, 1997; Shannon-Babitz, 1979; Somers-Smith, 1999). Outbursts of anger or an

apparent attitude of indifference may also be masking significant, unvoiced concerns. The emotions fathers demonstrate during birth may not be revealing their true feelings, therefore caregivers should not assume that fathers are coping well (Breiding-Buss, 1999; May & Perrin, 1985; Shannon-Babitz, 1979). On-going assessment of the father's physical and emotional state and on-going explanations of the events of the birth, especially if unexpected incidents occur, are valuable strategies that caregivers can implement to meet the needs of fathers during this stressful time (Bartels, 1999; Chandler & Field, 1997; Hallgren et al., 1999; May & Perrin, 1985; Somers-Smith, 1999). Even when fathers are involved in *decision-making* throughout the childbirth process, they may still feel anxious and uncomfortable about some decisions if they are employing **weighted decision-making**. One way of alleviating those concerns is for fathers to hear caregivers confirm that events are proceeding normally (Shannon-Babitz, 1979).

7.6.2 Having a Job to Do

Many fathers hoped that **having a job to do** during the *becoming phase* would not only offer *practical support* to the birth process but that it would also assist in addressing some of their concerns because they would be kept **engaged and busy**. Potential concerns identified by fathers included the **safety** of mother and baby, distress at seeing their wives/partners in pain and **feeling useless**. Similar findings were made by Gabel (1982). Fathers' stress levels have been noted to increase progressively throughout the pregnancy and peak during the delivery of the baby (Berry, 1988). The efficacy of being kept **engaged and busy** in reducing fathers' stress levels was mixed due to long periods of *waiting* throughout the *becoming phase* when there was little for them to do. In many cases, their estimation of the usefulness of the **jobs** they were doing was directly proportional to the value they placed on those jobs. Action-packed jobs such as assistance with positioning during second stage were highly valued by many fathers, but more sedate, long-term jobs such as **being there** were not valued so highly. Men have been noted to feel most useful when providing practical comfort measures, especially in a situation where doing well is important (Shannon-Babitz, 1979; Somers-Smith, 1999). Participants in this study highly valued making a significant **contribution** during birth but did not often assess themselves as having done so, even though their wives/partners may have

been satisfied with the men's participation. This is consistent with Leonard (1977) who found that fathers needed to confirm their success with their wives.

7.6.3 Reading the Situation

In **having a job to do**, fathers desperately wanted to **do the right things**. They judged these as being activities that increased comfort and confidence and decreased anxiety and discomfort for the birthing women. By keeping an eye on their wives/partners, the caregivers and the progress of events fathers continuously assessed whether everything was proceeding "OK" or whether they had to intervene. Fathers have been noted to have concerns about failing to respond to the needs of their partners (Somers-Smith, 1999). A number of participants also placed priority on *bridging the gap* between their wives/partners and caregivers. Fathers considered that they could assist the childbirth process by *relaying information* between wives/partners and caregivers as well as using their unique knowledge about what was important to the women in order to ensure that the care provided matched the desires of the couple as closely as possible. These sentiments are echoed by Draper (1997) who considers that effective communication is a major contribution that men expect to make during labour with the goals of providing physical and emotional support to their wives/partners and establishing a positive relationship with caregivers.

By **reading the situation**, several participants also chose to become more *separate* in the *becoming phase* when they determined that another person, rather than themselves, was the best person to be offering support to the birthing women. Leonard also made this finding (1977).

7.6.4 The Influence of Caregivers on Being Together and Separate

The influence that caregivers had on fathers' sense of *being together and separate* with the process began in the *anticipating phase* and was dependent on whether caregivers drew fathers in or excluded them in some way. Although fathers experienced this influence throughout the entire childbirth process, it was during the *becoming phase* that the actions and attitudes of caregivers had the most significant impact. Shannon-Babitz (1979) comments that caregivers are too often unaware of the effect their verbal and non-verbal communication has on fathers and Jackson (1997) cautions maternity caregivers not to be blasé regarding matters they consider to be

everyday custom and practice. Many of my participants remembered specific remarks and incidents which either enhanced or detracted from their experience of the childbirth process.

Caregivers who drew fathers in contributed to participants having a positive view of the experience, even when some of the birth events were quite distressing. Fathers reported feelings of *competence*, *confidence* and *comfort* when caregivers suggested ways they could be involved in the process such as massaging the birthing women. Interventions such as these, and being supplied with information on all aspects of the progress of the birth, can increase fathers' positive feelings during the birth and assist them to perform their role more effectively (Henderson & Brouse, 1991; Leonard, 1977; MacLaughlin, 1980).

In situations where caregivers had been overbearing or did not appear to be *in control* of the situation, fathers were left with feelings of *anger*, *anxiety*, *indignation* and *helplessness*. Many participants had indicated during the *anticipating phase* that they expected to be *told what to do* during the birth. They were willing for that to happen because they did not have the caregivers' level of expertise and *knowledge*, but in expecting to be directed they did not expect caregivers to fail to consult them as partners in the process. These circumstances generally occurred when new caregivers were introduced to the birth situation and were especially apparent when some form of medical intervention was being considered. At times, participants found that two kinds of caregivers were involved in their birth experience – those with whom they had *rapprochement* and those who were new to the situation. The former tended to draw fathers into the experience while fathers often felt excluded by the latter. Participants found these circumstances to be a time of confusion and heightened emotions. It is also possible that the disparity in power between fathers and caregivers interfered with the father's ability to help during the birth (Bothamley, 1990; Somers-Smith 1999). Pudney (1999) describes the role contradictions fathers experience during birth as being “the powerlessness of the protector” (p. 61) because fathers are most strongly in their role as protector during this time, but they are so often powerless due to their lack of knowledge and the control of the process by professionals.

Although participants described instances when caregivers included fathers in the childbirth process wherever possible, this was not always the case. Issues of partnership in maternity care are raised when the views of Michel Odent (1984; 1997;

2000) are contrasted with Pudney (1999) who considers that “birthing professionals” need to make a deliberate effort to include fathers because the concept of partnership tends to downplay or ignore the man’s role:

Midwives need to look closely at their own subconscious needs to be “with women”. If this excludes the father, if it detracts from the possibility of deepening intimacy between the parents, then we need to ask ourselves some hard questions (p. 58).

“Partnership” is translated from the Greek word “koinonia” that was originally used to describe business partnerships. It implied bonds of commitment and co-operation in an experience or activity that was shared or held in common (Hughes & Greenslade, 2001). Partnership has been explored academically by nursing and midwifery in New Zealand (Christensen, 1990; Guilliland & Pairman, 1995). Although not all midwives in New Zealand base their practice on the Midwifery Partnership (Guilliland & Pairman, 1995), the concept of partnership in midwifery continues to be debated (Benn, 1999; Daellenbach, 1999; Skinner, 1999). In a later commentary and update on the original Midwifery Partnership monograph, Pairman (1999) describes a more inclusive role for the family of the pregnant woman within the partnership model, although fathers still do not merit special mention. Pairman maintains a clear view of the woman as being both the focal point of midwifery care and the gatekeeper because “...it is she who decides how her family will be involved in the experience” (p 8). The midwifery relationship remains “between women” (p 11). It appears that New Zealand fathers still have no apparent support for a specific role within the realms of this Midwifery Partnership model, except in the way the role is defined by their wives/partners.

7.6.5 Confident in the Role of Father

Although all participants struggled with aspects of *being separate* during the childbirth process, for those who discussed the expectations of their role with their wives/partners there was opportunity to resolve some of the stress involved. Differing views within a couple about expectations of the father can be a source of on-going conflict whereas consistency in the couple’s expectations of the paternal role can significantly reduce the level of stress fathers experience as they develop in that role

(Barclay & Lupton, 1999; Fishbein, 1984). In situations that could be planned for, fathers who had a clearly defined role could confidently make their **contributions** knowing that they were working from a mutually agreed framework. Fathers who felt *confident* also felt *competent*. These positive outcomes reflect the complementary role that develops from mutually agreed patterns of behaviour on the role reciprocity/role conflict continuum devised by Hakulinen et al. (1997).

7.6.6 Moving Between Being Together and Being Separate

Fathers could move from *being separate* to being more *together* with the experience, and vice versa. The move from *being separate* to being more *together* in the *anticipation phase* was often focused on the men's decision to be present at the birth and was influenced by having time to think through the issues involved. As they looked ahead to the birth, fathers felt *together and separate* with the process because they had theoretical knowledge but not practical, personal experience to draw on. In many cases it was through attending antenatal classes that the *reality* of the situation started to **sink in**, but the *reality of the baby* remained difficult for a number of participants to grasp. Smith (1999b) made similar findings. As the estimated dates of delivery approached, fathers who had talked **bravado and bullshit** employed strategies aimed at finding out what they needed to know. These activities, such as reading books and talking seriously with friends who had babies, are more likely to happen in the "focusing phase" of pregnancy when men have accepted the pregnancy and re-defined themselves as fathers (May, 1982b).

During the *becoming phase* fathers moved back and forth between *being together* and *being separate* as a result of the particular birth events and the way in which they were handled by caregivers. In some cases the movement was also the result of a choice by fathers who **read the situation** to determine whether it was better for them to be more *together* or more *separate* from the experience. At the moment of birth fathers remained somewhat *separate* from the situation until they could confirm that mother and baby were **safe**, a finding also made by Leonard (1977). Once **safety** had been confirmed, **tension levels** began to ease as described in the theme of "relief" identified by Chandler and Field (1997). Participants in the study

by Hallgren et al. (1999) moved from either self-chosen distance to vital involvement or from vital involvement to feelings of disappointed involvement.

7.6.7 Reality Sinking In

For some fathers the *physical reality* of their babies took a while to **sink in** and, as reported by Leonard (1977), many fathers struggled to find words to adequately describe their feelings. As **sinking in** occurred, fathers had more of a sense of moving *together* with the **new reality**, a finding also confirmed by the Chandler and Field (1997) theme of “family beginnings”.

In circumstances early in the *being phase* where mother and/or baby were unwell, fathers found themselves acutely aware of *being together and separate* as they made decisions about whether they would be focussing on mother or baby. Those decisions would make them more *together* with one and more *separate* from the other. It was at this time fathers began to realise that they had two separate roles. No similar finding has been identified in the academic literature reviewed for this study.

7.6.8 Paradoxical and Roller Coaster Emotions

The consequences of BEING TOGETHER AND SEPARATE were *paradoxical emotions*, **roller coaster emotions** or movement from a strong sense of one position to identifying more with the other. The wide range of variables associated with the childbirth process made each father’s experience unique. Participants in Leonard’s (1977) study described this as a time of exhilaration tempered with concern for the baby.

Paradoxical emotions started early in the *anticipation phase*. Fathers knew that society had high expectations of them, and many fathers wanted to do a good job, but they also found the guidelines for their expected roles to be rather sparse. Throughout the *becoming phase* the particular birth events and the attitudes and actions of caregivers contributed strongly to the fathers’ sense of *being together and separate* with the experience. Their sense of the process flowed on to the *being phase* and became particularly evident in situations when mother and/or baby were not well. **Roller coaster emotions** were also experienced throughout the entire childbirth process, although the phases in which this became most evident were

individual to each participant. Fathers found themselves ranging between being confident, happy, involved and informed and being unsure, fearful, concerned and excluded. This reflects observations that the transition to fatherhood is a complex process occurring on cognitive, emotional, social and physical levels and that emotions can be positive, negative or ambivalent (Smith, 1999a; Thomas & Upton, 2000). It has been suggested that antenatal educators could give more consideration to the father's experience of birth and the "weight of expectations placed upon him" (Beaton & Gupton, 1990, p. 138).

The discovery of BEING TOGETHER AND SEPARATE to describe the experience of first-time fathers has clear ties with the father "orientations" identified by Raphael-Leff (1985). According to this writer, "participators" are fathers who are in touch with the feminine and maternal aspects of their personality and are eager to participate in pregnancy and childcare as much as possible. "Renouncers" are fathers who are acutely aware of the male/female differences highlighted by pregnancy and choose to reinforce their masculine traits. They are uncomfortable with feminine talk and gynaecological situations. Those who are coerced into being present during birth "will opt to monitor the equipment or stay on the periphery" (p. 178). If these father orientations are viewed within the framework of BEING TOGETHER AND SEPARATE the experience of fathers can be better understood, and the care and education needs of individuals can be assessed and provided in a way that enhances their experience. "Participators" can be encouraged and supported in their involvement, and "renouncers" can be validated and supported to find a role with which they are comfortable.

Being together and separate is both a category and the core category identified by this study. Fathers move between the two positions on the continuum. One consequence of that movement is an experience of negative and positive feelings that can be concurrent and *paradoxical* or oscillating like a **roller coaster**. Caregivers can have a significant influence on the ways in which fathers experience *being together and separate*.

7.7 Conclusion

Chapter Seven presented a flow chart giving an overview of the categories *being together*, *being separate* and *being together and separate* as they occur throughout the three phases of the childbirth process. The study findings were incorporated with existing academic literature on topics related to fathers and childbirth and strong academic support for the findings was demonstrated that confirms the experience of the first-time fathers in this New Zealand study as being remarkably similar to that of fathers in other Western countries. Several aspects of the experience of first-time fathers identified by this study do not appear to have been previously mentioned in the academic literature. These include the separation of roles which fathers experienced after birth and the strategies of **weighted decision-making** and **going with the flow**.

The next chapter presents the implications of this study for fathers and for the practice of maternity caregivers and childbirth educators. Criteria for trustworthiness are applied, the limitations of the study are identified, recommendations for further research are suggested and a concluding statement is made.

Chapter Eight

Implications

8.1 Introduction

Building on the discussion in Chapter Seven, this chapter presents the implications of BEING TOGETHER AND SEPARATE for fathers and for professional maternity caregivers, childbirth educators and others involved in the care and education of expectant families. Glaser's (1978) criteria for establishing trustworthiness are applied, limitations of this study are outlined and some suggestions for further research follow. A concluding statement sums up the major findings and recommendations of the study.

With a focus on the birth event of the childbirth process, this study has identified and explained the issues of importance to fathers as they experience BEING TOGETHER AND SEPARATE. Figure 6.1 (p. 114) and Figure 7.1 (p. 149) can assist maternity caregivers and childbirth educators in understanding the experience of the childbirth process from the perspective of first-time fathers. That understanding can be used to support strategies that address the needs of fathers during this tumultuous period in their lives.

8.2 Implications for Fathers

Fathers themselves could employ the findings of this study to determine areas where they feel *together* or *separate* within the childbirth process and consider areas where they may wish to be more *together* or more *separate*. They may identify situations arising throughout the childbirth process where their experience of BEING TOGETHER AND SEPARATE could pose personal difficulties, and develop strategies to address those situations.

8.3 Implications for the Practice of Maternity Health Professionals

BEING TOGETHER AND SEPARATE has significant implications for the nature of the relationship between maternity caregivers, pregnant women and their husbands/partners. In identifying conditions, consequences and strategies that explain the fathers' experience of the childbirth process, and by placing those findings in the

context of contemporary societal expectations of fathers, this thesis has demonstrated a need to incorporate the needs of fathers into the framework of partnership that underpins maternity care in New Zealand.

The vision of the Notice pursuant to Section 88 of the New Zealand Public Health and Disability Act (2000) is that “each woman and her whanau and family, will have every opportunity to have a fulfilling outcome to her pregnancy and childbirth through the provision of services that are safe and based on partnership, information and choice” (Ministry of Health, 2002, p. 11). This sets the standard for which all Lead Maternity Carers (LMC’s) must strive in the provision of maternity care. The Nursing Council requirements for registration of midwives (Nursing Council, 1998) and the “Midwives Handbook for Practice” (New Zealand College of Midwives, 2002) set out further expectations that midwives in New Zealand will incorporate the principles of partnership when providing midwifery care. Legislation currently before parliament also includes partnership as a component for Competency-based Practicing Certificates for Midwives (Nursing Council of New Zealand, 1999).

Whereas midwives can access a partnership model that assists with implementation of the Section 88 vision, there is no similar framework to guide the relationship between a medical LMC and a pregnant woman. That association develops on the basis of how much the woman requests or expects and how much the caregiver is willing or able to give. Levels of power within different relationships between LMC’s and clients vary considerably. The outcome of the lack of a structured approach in establishing and conducting a maternity care relationship with any LMC is that the role fathers can play in the process becomes dependent on the way in which that professional relationship develops. This study has identified a conceptual model all LMC’s could use to guide the way in which they handle the role of fathers in each family for whom they provide maternity care.

Providers of maternity care and childbirth education could use the conceptual model of BEING TOGETHER AND SEPARATE to design and provide learning opportunities, in both formal and informal education settings, to assist fathers in identifying and validating the issues of importance to themselves, and in developing strategies to address those issues. By identifying potential problems fathers may have, and by enhancing aspects of the experience that are meaningful for the men,

caregivers and educators can assist the father, and ultimately the couple, to make a smooth transition to parenthood. The findings and theoretical assumptions made by this study therefore lead to the following implications for the practice of maternity care professionals. There is a need for maternity health professionals to:

- Promote discussion about the role of the contemporary father, including the influence of media images and the wide range of “normal” ways in which fathers can experience the childbirth process.
- Assist fathers to determine the level of involvement they would like throughout the childbirth process.
- Balance information that largely concerns the women with information about the fathers’ perspective.
- Explain the competing realities of BEING TOGETHER AND SEPARATE
- Promote discussion to identify fathers’ current and potential experience of this process and assist them to identify strategies for managing the experience, including the support they might need during that time.
- Assist couples in achieving congruence with their expectations of support from each other during throughout the childbirth process.
- Provide opportunities for fathers to express feelings about *being separate* throughout the childbirth process, and give an open invitation to discuss areas of concern that may occur.
- Use a range of teaching methods to assist fathers who do not voice their concerns with learning about the issues identified in the study.
- Provide opportunities for postnatal de-briefing sessions to enable fathers to discuss their reflections on the birth.
- Make on-going assessments of fathers’ physical and emotional responses during the birth, and act as necessary.
- Ensure, when maternity caregivers are unknown to the couple, that an approach is demonstrated that values the perspective of both partners.
- Give explanations about progress during the birth, especially when unexpected events occur or major diversions from the birth plan are necessary.

- Strive to maintain practice competence that supports a confident approach and a level of control that can assist fathers to feel confident, safe and encouraged in the performance of their role.

8.4 Trustworthiness of This Study

The circular nature of grounded theory method incorporates verification into the conduct of the study by constantly seeking evidence from data to support the findings (Brink, 1989; Creswell, 1998). That process has been applied continuously throughout this study and the criteria for trustworthiness as described by Glaser (1978) have been met.

This study meets the criteria for establishing soundness in the application of the research method as outlined by Strauss and Corbin (1990). Evidence to support generation of concepts and their systematic linkage and density appears throughout the findings chapters. Constant comparative analysis has been used as an evidence check throughout. The conclusions are therefore supported by material in the findings. The conceptual model that has emerged accounts for the wide variety of behaviours demonstrated by first-time fathers during the childbirth process and the broader conditions affecting the process can also be incorporated. The core process had been continuously applied to the findings and the significance of the theoretical findings has been explained.

The evidence of category development described in the method chapter (Chapter Three) demonstrates Glaser's (1978) criterion of "fit". Many of the sub-categories and concepts were named with in vivo titles that relate back directly to the data provided by participants. Where analysis has revealed original findings or a new interpretation of existing knowledge, the evidence is grounded in the data and memos have been recorded as an audit trail of the theoretical developments (see Appendices K and L).

This study also "works" and has "relevance" because two participants, four childbirth educators and four maternity caregivers have reviewed the findings and demonstrated an ability to understand them, re-state them in their own words and apply them to their own experience of the process. The participants confirmed that the findings had "fit" and that the core category and its explanatory properties related directly to their personal experience. The maternity caregivers and educators

acknowledged the potential applicability of the findings to their areas of practice. The conceptual model that has been developed has “modifiability” useful in the unpredictable process of childbirth. The phrasing of BEING TOGETHER AND SEPARATE allows for adaptation within the many shifting circumstances fathers encounter. This model can readily incorporate the experience of fathers in changing social and professional contexts.

8.5 Limitations

The limitations of this study mainly involve the narrow range of characteristics shared by the participant group. All participants identified as being European and were either employed in the middle-income bracket or were studying towards qualifications that would prepare them for employment in that bracket. By choosing to be part of the study, participants demonstrated a motivation to share their experience of the childbirth process. All participants were able to clearly express their thoughts and feelings and all were present when their babies were born. Only first-time fathers participated and all the births took place in a hospital setting.

These characteristics are not widely generalisable to the population of fathers in New Zealand. Beliefs and practices in relation to childbirth vary widely across the broad spectrum of ethnic groups represented in this country. Not all fathers value the role or have a positive concept of being a father. For instance, men who have a history of abusive behaviour (Hunt & Martin, 2001; Mills & Page, 2000) might be located in quite a different place from the participants in this study on the conceptual model that has emerged. It also cannot be assumed that all fathers would be as articulate as the men who contributed to this study. Mitchell and Chapman (2002) noted that men are not used to being asked their opinions on matters such as childbirth and sometimes they find it difficult to separate their own perspective from their interpretation of the experience via the experience of their wives/partners. The experience of fathers who are not present when their babies are born is not known in relation to the process of BEING TOGETHER AND SEPARATE. It is also possible that the experience of fathers who have had children previously may influence how those men manage subsequent childbirth experiences. As an indication, several study participants suggested ways in which they would do things differently next time. Another area for investigation is the influence that the birth setting may have on fathers’ experience of

BEING TOGETHER AND SEPARATE. Studies by Morison et al. (1998) and Westreich et al. (1991) also support further exploration of this area.

Additional limitations to the study were posed by the restriction of participant numbers to keep parameters of the research within manageable boundaries for a Master's level thesis. Maori and other ethnic groups are not well represented in central Auckland Parents' Centre classes where the convenience sample was largely drawn from and the time frame and resources available for the study did not support wider sampling. Ideally, theoretical sampling of fathers with characteristics identified as having potential interest to the developing study would have added depth, breadth and clarity to the findings, as would sampling of maternity caregivers, childbirth educators, wives/partners and the fathers' social networks. Full saturation of the categories has therefore not been achieved. Thus the theory is indicative of a process, but could not be described as dense and a wider scope would contribute to both category development and the discovery of relationships between categories, significantly enhancing the conceptual model that has currently emerged.

8.6 Potential Areas for Further Research

Fathers' experience of childbirth was revealed to be a complex process involving many factors that influence the ways in which fathers felt TOGETHER AND SEPARATE. Further exploration of the core category could include fathers who wish to be present during birth but are unable to do so as well as fathers who do not wish to attend birth. Investigation of the influence of birth setting on a father's experience of BEING TOGETHER AND SEPARATE and the experience of fathers who are obstetric caregivers could provide additional perspective to category specification, as would the comments of maternity caregivers relating to their observations of fathers throughout the childbirth process. Comments made by my participants also suggest that research into the broader experience of being a father throughout the childbearing year is merited. It is important to explore the perspectives of fathers from non-European/Pakeha New Zealand cultures, especially Maori. Those studies could benefit by employing researchers from within the ethnic groups and providing an emic perspective. Research is also indicated to determine contemporary perspectives on the different roles fathers can have during the childbirth. It is more than 10 years since Chapman (1992) extended the roles of fathers beyond that of "coach". Such

studies could explore the influence that fathers' personality styles and their work responsibilities have on their experience of the childbirth process.

Several findings made by the study do not seem to appear in the current academic literature. A more comprehensive understanding of fathers' experience could be derived from research into the employment, implications and outcomes of **weighted-decision-making** as well as fathers' experience of **going with the flow**, differentiating the roles of husband/partner and father and *having to choose* when mother and/or baby are unwell. Several findings that were supported in the literature could be explored further. These include "being with" as it pertains to the childbirth setting and perspectives from both members of birthing couples regarding their satisfaction with the involvement of fathers during the childbirth process. Further exploration of the effect that caregivers have on fathers' experience of the childbirth process is also indicated, especially the factors that enhance and hinder relationships between fathers and caregivers.

Finally, because information regarding fathers' presence during birth is currently scarce and difficult to obtain, the "official" gathering and reporting of fathers' attendance and involvement in childbirth would be of significant value.

8.7 Concluding statement

This thesis has used grounded theory methodology to reveal BEING TOGETHER AND SEPARATE as the core category that explains the experience of a group of eleven first-time fathers during childbirth. The conceptual model that emerged provides a theoretical description of the social process most central to the experience of these men. Although the findings do not claim to be generalisable to all first-time fathers, the conceptual model has potential to be contemplated and developed in similar contexts. By exploring the experiences of fathers throughout the childbirth process, the conditions in which fathers experience the process, the consequent effects of those conditions on fathers and the strategies that fathers employ to handle those consequences, have been identified and discussed. It has been revealed that fathers can feel *separate* from the process in some situations, *together*

in others and in some situations fathers can also feel concurrently *together and separate* or they may move from one position to the other.

Fathers have needs that are distinct from those of their wives/partners. Participants demonstrated clearly that although they had a desire to be **part of** the childbirth process, and they often found that opportunities to be *together* with the experience existed, they also faced barriers that made them feel more *separate*. In situations where they did feel *separate* they strove to employ strategies aimed at bringing them closer *together* with the experience. Sometimes those strategies made a positive difference to their experience and sometimes they complicated matters due to the anxiety and frustration that occurred.

This study has shown that identification of fathers' specific needs is a necessary part of providing quality maternity care. The concept of partnership supports ways in which those needs can be identified and addressed. If the long-term goal of maternity caregivers and childbirth educators is to prepare families for the transition to new parenthood, an emphasis on promoting the interests of couples, rather than just the women, needs to be a priority. The literature reviewed in the process of this study showed that there are demonstrable benefits from supporting fathers throughout the childbirth process. Contemporary fathers are expected to provide much of the care and support to mothers that, up until recent times, was traditionally provided by women from the community. Supporting literature has also shown that a happy, confident father who is validated as an integral part of the expectant and new family, and who can operate within a role in which he is comfortable, will be in a better position to offer the care and support that his family needs. Support for fathers themselves is particularly important when it is acknowledged that the relationship between caregiver and woman has a finite time span, whereas the relationship shared by the couple and their family will continue long after caregivers have concluded their professional responsibilities.

The significant impact that maternity caregivers can have on influencing fathers' experience of the childbirth process is a key finding of this study. Realistically, assessment and care for fathers will be dependent on the level of service that the caregiver can provide. Caregivers with generous amounts of time and a willingness to work with the family will be able to determine issues of importance for

fathers in the antenatal phase, and be able to provide appropriate care during the birth and post-partum period. Caregivers with limited time are less likely to provide this level of care, since they will be more focused on the necessary “safety” tasks rather than the holistic quality of the experience for the couple. Nevertheless, the principles associated with the findings of this study can still be applied in ways that enhance the fathers’ experience. Childbirth educators can assist with potential gaps in the provision of care for fathers by offering opportunities where men can identify issues of importance and can explore strategies to assist in managing those issues.

From the findings of this study, meaningful strategies have been developed for childbirth educators and maternity caregivers to support and encourage fathers in the roles that these men aspire to carry out. The key tasks are the assessment, planning, implementation and evaluation of the education, care and support that is offered to fathers as well as to mothers. This may enable the needs of these men to be addressed in ways that are likely to enhance fathers' experience of the childbirth process.

In most Western countries there is little emphasis on providing antenatal education and care specifically for expectant fathers, despite these men having a number of needs that are quite separate from those of the birthing women. This study that has explored the experience of fathers during the childbirth process will broaden the understanding of future parents, maternity caregivers, childbirth educators and others who work with families throughout the childbearing year. Knowledge about BEING TOGETHER AND SEPARATE may provide a sound basis for providing high quality care that could ultimately have a positive effect on the transition of expectant couples to new parenthood.

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21 February 2001

Maria Carbines
C/O Dr Antoinette McCallin
School of Health Sciences
Massey University
Albany

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Private Bag 102 904,
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Dear Maria

**HUMAN ETHICS APPROVAL APPLICATION – MUAHEC 00/098
HOW FATHERS HANDLE THE CHILDBIRTH PROCESS**

Thank you for your amended application details, which we recently received and have been placed on our files.

The amendments you have made now meet the requirements of the Massey University, Albany Campus, Human Ethics Committee and the ethics of your application, therefore, are approved.

Yours sincerely



Dr Mike O'Brien
**CHAIRPERSON,
MASSEY UNIVERSITY, ALBANY CAMPUS
HUMAN ETHICS COMMITTEE**

cc. Dr Antoinette McCallin - School of Health Sciences

MEMORANDUM

Academic Registry - Academic Services



To: Anne Barlow
From: **Madeline Banda**
Date: 18 April 2001
Subject: 01/22 How fathers handle the childbirth process

Dear Anne

Thank you for providing amendments to your ethics application as requested by AUTECH.

Your research project has ethics approval for a period of two years until 31 December 2003.

You are required to submit the following to AUTECH:

- A brief annual progress report indicating compliance with the ethical approval given.
- A brief statement on the status of the project at the end of the period of approval or on completion of the project, whichever comes sooner.
- A request for renewal of approval if the project has not been completed by the end of the period of approval.

The Committee wishes you well with your research.

Please include the reference number and study title in all correspondence and telephone queries.

Yours sincerely

Madeline Banda
Executive Secretary
AUTECH

Appendix C: Participant Information Sheet

Participant Information Sheet

Project Title

How fathers handle the childbirth process.

Introduction

My name is Maria Carbines. I am a registered nurse and a qualified childbirth educator. At present I am a student in the Master of Health Science program at Auckland University of Technology. Over the past two years I have completed a number of papers in my area of interest which is birthing and parenting. I am about to undertake a research study that will complete the degree.

Invitation

You are invited to participate in a study that will be exploring what it is like to be a father in and around the time of childbirth.

What is the purpose of the study?

The purpose of this study is to increase the understanding of maternity care-givers and childbirth educators regarding how fathers view and handle the childbirth experience.

How are participants selected for the study?

I will be approaching potential participants at groups such as Parents Centre antenatal education classes. Through the course of my work I will also approach other participants who meet the eligibility criteria.

Can I join the study?

People who are eligible to join the study will have all of the following characteristics:

- first-time fathers
- expecting their baby within the next three months
- fluent in English
- living in the Auckland metropolitan area

What happens in the study?

Participation in this study will involve either one or two interviews. Each interview will last for approximately one hour and will be conducted at a time and place that is suitable to the participant. The first interview will be within the last three months before the baby is due, and the second interview will be within the first three months after the baby is born. There may, possibly, be one further interview to clarify points made in earlier interviews.

During the interviews, you will be invited to describe the childbirth experience from your own perspective. Areas covered will include your expectations of the childbirth experience, your reflections on the experience, your concerns regarding the experience and any elements of social support or professional maternity care that assisted you during this time frame. It is your choice whether your wife/partner is present during the interviews.

If your consent is given, these interviews will be taped and transcribed.

What are the discomforts and risks?

The only potential risk is the distress that may be caused by recalling a difficult experience related to this childbirth event. If that is the case, you may request that the tape recorder is turned off, and any portion of the transcripts or notes taken by the researcher can be removed at your request. If the difficulties do not resolve, at your request the researcher can refer you to people who can be of assistance.

Because discussion of childbirth can be a source of strong feelings for some people, you may wish to discuss your potential participation in this study with your wife or partner.

What are the benefits?

The only personal benefit you may receive from participating in this study is the opportunity to reflect on and explore your experiences during childbirth. Within a broader perspective, your participation contributes to the development of knowledge for maternity caregivers and childbirth educators. Such knowledge can be used to improve the care and services provided to expectant and new parents.

What compensation is available for injury or negligence?

This study does not involve provision of any maternity care. It is important for you to know that:

- My role is that of a researcher, not a nurse or a childbirth educator
- I will not be analysing the maternity care provided by your care-givers
- I am not in a position to give a second opinion on any care that has been received

How is my privacy protected?

At all times, confidentiality of the information supplied during interviews will be a priority of the researcher. Information obtained from interviews will be stored securely. If you consent to the interviews being taped and transcribed, the only people who will have access to those tapes and transcriptions are the researcher, the supervisor and the person transcribing the tapes. Your identity will be concealed by use of a pseudonym (pretend name) in both the tapes and transcriptions. At no time will participants be identified to other parties. Direct quotes from participants used in the final report will mention only the pseudonym. Once the study is completed you have the option of having the tapes either destroyed, returned to you or stored safely.

Costs of Participating

There are no financial costs to any participants in this study.

Opportunity to consider invitation

Once you have read this information sheet you are free to choose whether you wish to participate.

If you do choose to participate, please contact *Maria* at the phone number listed below. I will then arrange an interview at which time I will fully explain the research, answer any questions you may have and ask for your written consent to participate.

Participant Concerns

Any concerns regarding the nature of this project should be notified in the first instance to:
The Project Supervisor: Dr Anne Barlow, AUT (917 9999 ext 7197).

Any concerns regarding the conduct of the research should be notified to:

*The Executive Secretary,
Auckland University of Technology Ethics Committee (AUTEC),
Madeline Banda
ph: 917 9999 ext 8044.
madeline.banda@aut.ac.nz*

Thank you for taking the time to read through this information sheet.

Maria Carbines (researcher)

Contact ph: (09) 625 4104
m.acarbines@xtra.co.nz

This study was originally approved by the Massey University Human Ethics Committee on February 21st, 2001 and by the Auckland University of Technology Ethics Committee on April 19th, 2001.

Appendix D: Consent Form

Consent to Participation in Research

Title of Project: **How fathers handle the childbirth process**Project Supervisor: **Dr. Anne Barlow**Researcher: **Maria Carbines**

- I have read and understood the information provided about this research project.
- I have had an opportunity to ask questions and to have them answered.
- I understand that the interview will be audio-taped and transcribed.
- I understand that I may withdraw myself or any information that I have provided for this project at any time prior to completion of data collection, without being disadvantaged in any way. If I withdraw, I understand that all relevant tapes and transcripts, or parts thereof, will be destroyed
- I agree to take part in this research.

Participant signature:

Participant name:

Date:

Project Supervisor Contact Details:

Dr. Anne Barlow
Faculty of Health
Auckland University of Technology
Akoranga Campus
Ph: 307 9999 ext: 7197
e-mail: anne.barlow@aut.ac.nz

**Approved by the Massey University Human Ethics Committee on
February 21st, 2001.**

**Approved by the Auckland University of Technology Ethics Committee
on April 19th 2001.**

AUTEC Reference number: 01/22



PARENTS
CENTRE

Auckland Parents Centre

P.O. Box 24-520

Royal Oak

AUCKLAND 3

Ph & Fax: (09) 625-0065

27 November 2000

Dear Maria

In reply to your letter of 14 November 2000, the committee of Auckland Parents Centre grant you permission to approach potential participants through the classes we offer, with regard to your Masters program with the Nursing Department at Massey University.

We wish you well with your research and we look forward to hearing the results.

Yours sincerely

Jocelyn Eaddy
Auckland Parents Centre

Appendix F:

FIRST ATTEMPT AT FORMING MAJOR CATEGORIES (Feb. 21st 2002)

<u>Contributing</u>	<u>Controlling</u>	<u>Adapting</u> <i>(going with the flow)</i>	<u>Expectations</u> <i>(of self and others)</i>	<u>Anxiety Level</u>
Decision-making	Comfortable with change	Normal thing	Like opening a Christmas present	Looking for comfort
Planning	Level of control	Prioritizing	Change in expectations	Managing concerns
Preparing	“In the club”	Relationships	Media influence	Paradoxical emotions
Knowing what to do	Responsibility	Roller coaster	Stereotypical father	Tension
Sense of distance	(?Being part of it)	Waiting	Getting something out of childbirth	Coping
Being separate		Change in approach		Things going wrong
Team work		Change in expectations		Known/Unknown
(?Being part of it)		Change in priorities		Understanding
That moment		Change in self		Low Key Excitement
Privilege		Change in relationships		
Contributing		with others		
		Change in physical involvement		
		Divergence of role		
		Focusing		
		Like a father		
		Starting point		
		Waiting		
		Change predicted by others		
		Change in responsibilities		
		Change in management strategies		
		Reality		
		Bonding		
		Balancing		

Appendix G:

FIRST ATTEMPT AT MAJOR CATEGORIES TO COVER PRE, INTRA AND POSTNATAL TIME FRAMES (Feb. 21st 2002)

Sensing the danger

- Planning
- Preparing
- Responsibility
- Known/Unknown
- Low key excitement
- Things going wrong
- Preparing for the worst

Influencing the environment

- Decision-making
- Knowing what to do
- Team work
- Contributing
- Controlling
- Comfortable with change
- Normal thing/media influence/
- Social expectations/stereotypical father
- Prioritizing
- Roller coaster
- Waiting/Christmas present
- Expectations
- Tensions
- Managing concerns
- Coping
- Understanding
- Looking for comfort
- Change in expectations
- Relationships
- Focusing
- Sense of distance/being separate
- Change of physical environment

Breathing out

Changed reality
Change in responsibilities
Tensions release
Becoming a family
That moment
Responsibility
Divergence of role

[illegible]

- paradoxical emotions
- roller coaster
- change in self
- change in relationships with others
- starting point
- change in approach
- change in expectations
- change in priorities

Appendix H:

CAUSAL PARADIGM MODEL

1. “*Sensing danger*” (Feb. 21st 2002) or “*Approaching the unknown*” (Feb. 22nd 2002)

In the weeks before the baby is due, fathers think about the event and what it will involve for themselves and their partners.

<i>Causal Condition</i>	→ → → → → → → →	<i>Phenomenon</i>
Wife / partner is pregnant		Concern about labour
<i>Properties</i>		<i>Specific dimensions</i>
Things going wrong		Level of danger
Expectations		Level of control
Being part of it		Increasing responsibilities
Increasing anxiety level (?looking for comfort)		Known/Unknown experience
Being protective		Knowing own limits
Being separate		Change in self
Sense of reality		Change in relationship with others
Father’s role (like a father)		Roller Coaster
Media influence		
Societal expectations		
Assumptions of being there		
Waiting		
<i>Context</i>		
Expecting a normal delivery		
<i>Strategies</i>		
Planning (?thinking ahead)		
Preparing		
Being adaptable		
Decision-making		
Prioritizing		

CAUSAL PARADIGM MODEL

2. *“Influencing the environment” (Feb. 21st 2002) or “Dealing with it” (Feb. 22nd 2002)*

During labour fathers implement their plans and contribute to the birth process.

Causal Condition

Wife / partner is in labour

→ → → → → → → →

Phenomenon

Dealing with it

Properties

Adapting

Managing concerns

Paradoxical emotions

Waiting

Specific dimensions

Change in levels of control

Tension build-up

Reality different to expectations

Trusting staff

Confidence in staff

Understanding

Context

1. normal labour

- early 1st stage

- late 1st stage and second stage

2. change in expectations of labour

(eg: induction, change of venue)

3. mother and/or baby unwell

Strategies

Contributing

Controlling

Decision-making

Looking for comfort

CAUSAL PARADIGM MODEL

3. “Breathing Out” (Feb. 21st 2002)

Immediately after birth fears and concerns have largely disappeared. Changed reality looms large in the transition to “becoming a family”.

Causal Condition
Baby has been born

→ → → → → → → →

Phenomenon
Dealing with it

Properties
Becoming a family
Divergence of role
That moment

Specific dimensions
Changed reality
Tension release
Increased respect for wife / partner
In the club
Starting point

Context
1. mother and baby well
2. baby unwell
3. mother unwell
4. mother and baby unwell

Strategies
Control of environment (C1; P)

Incidental finding: “becoming a father” is often a delayed reality.

**Summary of
CAUSAL CATEGORY OVERVIEW
*A Causal-Consequence Perspective (Glaser, p.74)***

Category: Sensing danger or “Approaching the unknown”

Causal sub-family:

Sources:

Expectations; Known and unknown; Media influence; Social influences; The unknown; Things going wrong (Sensing danger); Waiting (?Anticipation); Sense of danger; Control; (?Unknown experience; ?Roller coaster)

Reasons:

“Like a father” (A-A 330-345)

Explanations

Being separate; Being part of it; Being protective; Change in self; Change in relationship with (perspective on) others; Becoming a father; Coping; Prioritising; (?Known/unknown experience; ?Knowing own limits; ?Change in self; ?Change in relationships with others)

Anticipated Consequences:

Assumption of being there; Being adaptable; Increased anxiety level; Change in responsibilities; Planning (include in preparing); (?Preparing; ?Decision-making)

Consequences subfamily:

Outcomes:

Adapting; Sense of reality; Divergence of role; (?Change in self; ?Change in relationship with others; ?Roller coaster; ?Increasing responsibilities; ?Being separate)

Efforts:

Decision-making; Planning; Preparing; (?Being adaptable; ?Being part of it; ?“Like a father”; ?Waiting; ?Knowing own limits)

Functions:

(?Decision-making; ?Prioritising;)

Predictions:

Things going wrong; Contributing; (?Expectations)

Anticipated consequences:

Getting something out of childbirth
(?Level of danger; ?Level of control; ?Unknown experience)

Unanticipated consequences:

Leftovers

Media influence; Societal expectations; Assumptions of being there;

Summary of
CAUSAL CATEGORY OVERVIEW
A Causal-Consequence Perspective (Glaser, p.74)

Category: “Influencing the environment” or “Dealing with it”

Causal sub-family:

Sources:

Not feeling her physical pain (?A-P); Managing concerns

Reasons:

(?Preparation; ?Planning;)

Explanations:

Being part of it; Change in relationship with (perspective on) others; Priorities;
Protective; Coping

Accountings or Anticipated Consequences:

(?Control: chain of command, not overriding wife or midwife)

Consequences subfamily:

Outcomes:

Waiting; Sense of reality
(? managing concerns; ? Paradoxical emotions; ? Change in levels of control)

Efforts:

Adapting; Control; Decision-making; Reading the situation; Understanding
(?Trusting staff); Confidence in staff; Preparing

Functions:

Contributing; Decision-making

Predictions:

Anticipation; Danger

Anticipated consequences:

Reality different to expectations

Unanticipated consequences:

Change in relationships; Tension; Relief; Special occasion

Summary of
CAUSAL CATEGORY OVERVIEW
A Causal-Consequence Perspective (Glaser, p.74)

Category: Breathing out

Causal sub-family:

Sources:

Reasons:

Explanations:

Anticipated Consequences:

- to regard as likely; expect

Consequences subfamily:

Outcomes:

Priorities; Tension release; (?Divergence of role; ?Increased respect for wife/partner; ?“In the club”)

Efforts:

Control of the environment

Functions:

Contributing

Predictions:

Getting something out of childbirth

Anticipated consequences:

Starting point

Unanticipated consequences:

Being cared for; New reality

- experience of new reality
- becoming a father
- divergence of role (husband and father)
- change in responsibilities
- mystery solved

ALL-ENCOMPASSING CATEGORIES

(ie: global rather than specific to one of the specified time frames of antenatal, perinatal or postnatal)

Normal thing; Planning (advice based on hindsight); Becoming a father (on-going process)

Appendix J: New Organisation of Major Categories

(July 31st 2002)

(Previously: Approaching the Unknown: Dealing with it; Like breathing out)

This re-organisation aims to amalgamate the current sub-categories and properties in to three major categories which flow through each of the time frames.

Benefits:

- able to seamlessly merge the experiences of all three time frames
- removes the difficulty of delineating between phase two and phase three
- will hopefully encompass the “paradoxical emotions” which have not yet got a “home”

1. Being part of it

- Being part of it
- Being separate
- Having a job to do
- Becoming a family
- That moment

2. Becoming a father

- Becoming a father (?Like a father)
- Waiting
- Social influences / expectations (Meeting social expectations)
- Release of tension (?Like breathing out)
- Diverging roles
- New reality

3. Dealing with it

- Dealing with it
- Sensing danger
- Prepared yet unprepared
- Understanding
- Reading the situation
- Expectations

Appendix K: Memos Tracing Discovery of the Core Category

Dec 12th 2001

What *can* the father be part of?

- being present
- offering support (physical, emotional, practical)
- decision-making (to a point eg: advocacy, personal preference)

What can the father *not* be part of?

- physical sensations of childbearing
- professional decision-making (weighing up risks)
- intuitive support (eg: that offered by another woman who is a mother)

By April 28th, 2002 the evidence was obviously still there, but not clear enough to stand out for some reason.

Current ideas for the core category

←-----?Like a father-----→
←-----? Riding the roller coaster-----→
←-----? Becoming a father-----→
←-----? Contributing-----→
←-----? **Being part of it**-----→
←-----? **Together but separate**-----→

The lights went on several months later when I realised that I could free the data up from the linear process of childbirth and choose major categories that would follow through the entire time frame.

July 31st, 2002

I went to the GT meeting this afternoon. Listening to what others were saying, and commenting that “Dealing with it” was so big, a lecturer said “That’s because



you’ve still got you pre, intra and post phases”. I suddenly thought, “Is there a way of representing the data as continuous processes throughout the entire time frame?” (“Dealing with it” is huge because the theory is linear. DOES IT HAVE TO BE LINEAR?) So (while someone else was talking, how rude!) I looked over the page-size overview of the three categories and saw “Becoming a father” in all three sections and “Being part of it” in two of them, so I’ll have a play around and see if they work. I hope so, because it means I can move between each of the phases freely within the same category, rather than having to stick to a time frame. It certainly fixes the problem of distinguishing between the end of phase two and the beginning of stage three. (ie: when the baby’s head is born the changes start for the father, but the obstetric stage three doesn’t start until the baby is born.)

Finally, after a working session at a grounded theory seminar on August 10th, 2002 the structure became clear, and **BEING TOGETHER AND SEPARATE** was born.

It’s interesting that when I re-read the transcripts of all the participants, examples of being together and being separate kept leaping out at me. The process felt entirely

circular when I re-read the transcript of that first interview with Tom, there it was as plain as day “I’m separate from that”.

February 27th, 2003

I remember thinking that after the first ever interview I did for this study in April, 2001, I left Tom’s place with the distinct question in my mind, “Is this about being separate?”. Later in the year, after having done 19 interviews, there apparently was more evidence to support this perspective as well as the converse case of “being part of it”.

Appendix L: Selection of Theoretical Memos

May 27th, 2002

As I've been typing more stuff on "Approaching the Unknown" a **new sub-category has emerged** – "Being realistic". This incorporates overcoming romantic ideas about childbirth, planning for an unknown scenario and realising that there are limits to the amount of preparation that could be done. I have also **incorporated "Planning" into PREPARING. Information gathering has also turned up as a second-level code.**

May 28th, 2002

It looks like "decision-making" is part of "contributing, so I'll have to figure out if one is a sub-set of the other or whether they are two equal parts that both contribute to the whole but share a lot in common.

I found it! I found it! In NA: 118 he said "...it's **for the best**" when referring to how he would handle a change in their birth plan. This neatly supports C2A's view that no matter the details, the **"bigger picture"** was that the health of mother and baby were paramount and that the "ideal" wishes of the expectant couple were pretty low on the list.

As I read participants describing the **"stereotypical father" that person seems to be the father of the previous generation** (cigars, waiting room etc.). Even though fathers are expected to be present during in our current society, that stereotype has not reached the "cult" status of being instantly recognizable in caricature.

June 5th 2002

I'm deep in to writing up **"Like breathing Out"**. I typed out all the codes I listed last night from the text portions I have allocated to one single document ("*Text Portions for Like Breathing Out*"). There's about 50 of them and they look like they will sort themselves out pretty well in to bigger categories. I printed them out this morning, cut them up and roughly arranged them in to groups in order to start processing what is there. It's great to see that there is far more going on in this portion of the whole thing than I thought.

April 9th, 2003

I spoke with Frank Hayes (a psychologist who works with new fathers) this morning about the T & S model and he had some valuable observations. Overall he understood the model and thought that it represented fathers' experience, although, interestingly, he spoke of it mostly applying to the postnatal phase. His other comments:

- * When pregnancy occurs the vertical lines go wider; the continuum gets expanded.
- * Before pregnancy the space between the vertical lines is smaller; has a narrower breadth.
- * Once pregnancy occurs the good times are really good and the bad times really bad. You feel much more together and much more separate than you ever did before.
- * Keep the connections between the two vertical lines – the continuum is always present.
- * The model also relates to being T & S as a family (more so after the baby is born).
- * There is a lot more pull to be separate for men (financial issues, increased stress).
- * The lure to be separate is pretty high. You have to grow up – the loss of the old self and a re-defining of the new self.

- * A lot of powerlessness in being together. Men aren't as well prepared for the steep learning curve. Men like things that are tangible (eg: playing with a child that can kick a ball, rather than cuddling a baby)
- * How are men being supported to be separate?
- * It's not about the couple supporting each other; it's about other people supporting the couple. A huge grief response that is the root of some of the sense of being separate.
- * Being a father now requires more negotiation and communication than when roles were black and white. Roles now are not well defined. No role models from previous generation to follow.
- * When parents become tired and stressed they revert to how they were parented. For men this means being more separate.

June 28th, 2003

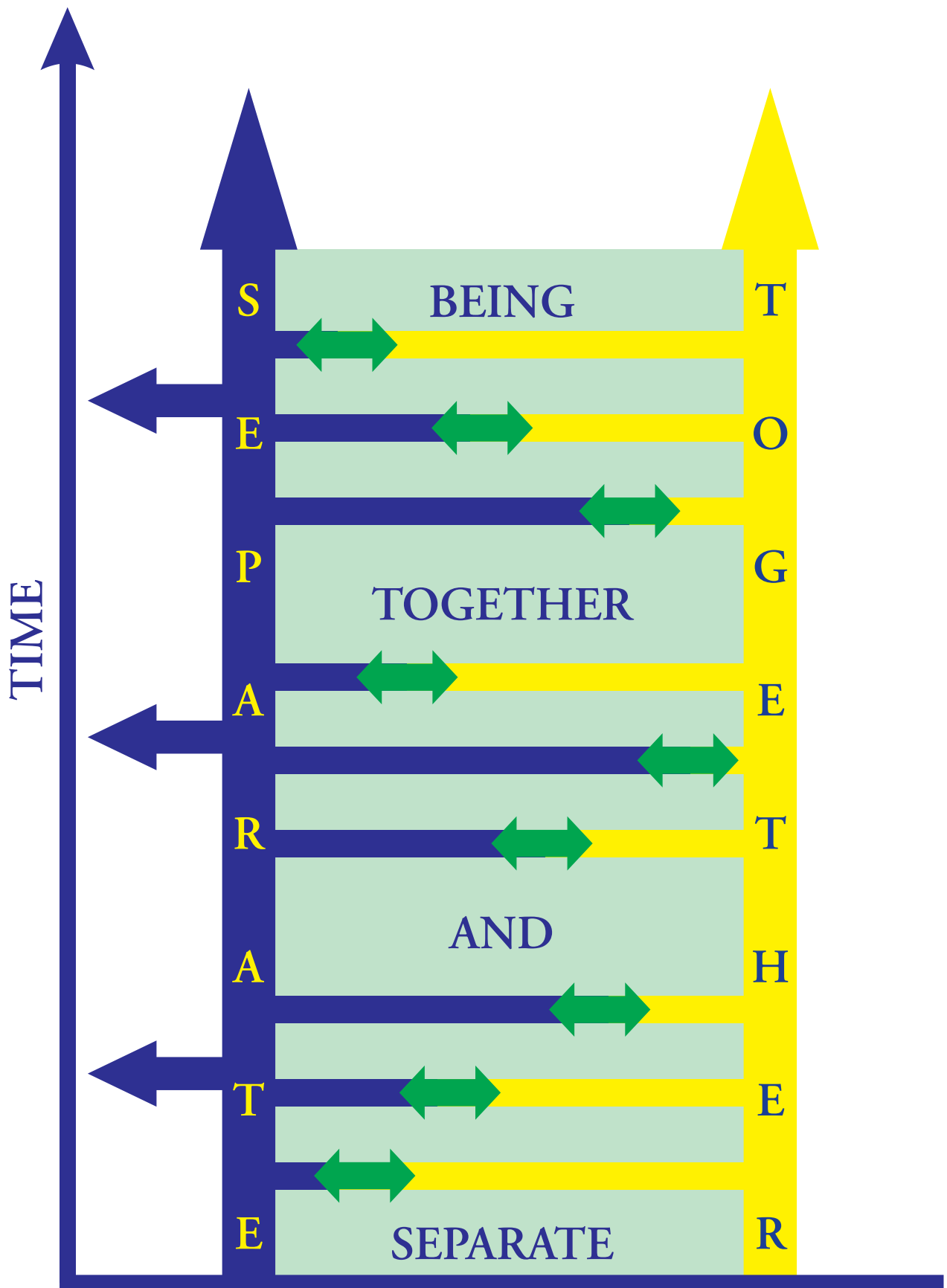
Proposed legislation raises the potential for women to be accorded the status of "father" (Tunnah, 2003).

Tunnah, H. (2003, June 12th). Ms Dad exposes bill's gender bending clause. *New Zealand Herald*.

Retrieved 28/6/03.

<http://www.nzherald.co.nz/storydisplay.cfm?thesection=news&thesubsection=&storyID=3506996>

This further challenges the social role of "father" and could generate a variety of research avenues in the future. It raises the potential for exploring BEING TOGETHER AND SEPARATE in the relationships pregnant women have with people other than the baby's father. One avenue for further study sprang to mind after several women I spoke to identified with aspects of BEING TOGETHER AND SEPARATE when they talked about being present when their daughters were giving birth.



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