

**'IT'S THE FIRST SCIENTIFIC EVIDENCE': MEN'S EXPERIENCE OF
PREGNANCY CONFIRMATION - SOME FINDINGS FROM A LONGITUDINAL
ETHNOGRAPHIC STUDY OF TRANSITION TO FATHERHOOD**

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‘It’s the first scientific evidence’: Men’s experience of pregnancy confirmation - some findings from a longitudinal ethnographic study of transition to fatherhood

ABSTRACT

Background and aims

In contrast to women's experiences of motherhood, there has been comparatively little research investigating men's experience of the transition to fatherhood and how changing cultural perspectives contribute to the contemporary experience of fathering. This paper draws on the findings of a larger ethnographic study of men’s transition to fatherhood in the United Kingdom (UK) and discusses men's experiences of pregnancy confirmation.

Methods

A longitudinal ethnographic approach was chosen to investigate men's 'real life' accounts of their transition to fatherhood. A mixture of 'novice' and experienced fathers (n=18) were recruited from antenatal classes in the north of the United Kingdom (UK) during 1998. Semi-structured interviews were conducted on three occasions, twice during their partner's pregnancy and once afterwards.

Findings

Framed by the context of the contemporary construction of involved fatherhood, the men frequently spoke of their desire to be 'involved' with their partner's pregnancy and yet reported difficulty in engaging with its reality. They nevertheless participated in a range of activities - body-mediated-moments - which brought them closer to their partner's pregnant body and therefore their unborn baby. These activities centred on pregnancy confirmation, announcement, fetal movements, the ultrasound scan, and culminated in their presence during

labour and delivery. This paper discusses their involvement in the process of pregnancy confirmation.

Conclusions

The men's experiences of early pregnancy were forcefully marked by their involvement in the confirmation process. This activity gave men entry into a physical dimension, helping them forge an involvement in the pregnancy and shape their early transition to fatherhood.

Implications for practice

The study has provided insight into expectant men's experiences of pregnancy and contributed to the understanding of the changing nature of contemporary fatherhood in the UK. Recognition of men's changing roles in pregnancy, and greater insight into their experiences should be of relevance to all those supporting the transition to parenthood, including midwives, obstetricians, ultrasonographers and childbirth educators. Such increased awareness should inform the antenatal support given to men and reinforce the importance of relevant antenatal preparation which effectively meets the needs of not only expectant women, but also expectant men.

Key words

Fatherhood, pregnancy, childbirth, expectant men, transition, ethnography.

INTRODUCTION

Fatherhood has been a focus of general interest since the early nineteenth century (Lewis, 1995) but until recently it has been far less studied than motherhood (Henderson and Brouse, 1991; Chalmers and Meyer, 1996; Barclay and Lupton, 1999). Academic discourse in this area, predominantly in North America, the UK and Australia, has developed rapidly since the 1950s (May and Perrin, 1985), gaining momentum in the late 1970s and 1980s in the disciplines of psychology, medicine, psychiatry and social policy. In the 1990s and twenty first century, fatherhood research is also found in health, family and social policy arenas.

The earlier research (with some exceptions, for example Heinowitz, 1977; May, 1982a; McKee and O'Brien, 1982; Jackson, 1983; Lamb, 1986; Hanson and Bozett, 1986; Lewis and O'Brien, 1987) tended to focus on men's maladaptation to fatherhood, for example men's altered functioning, whether physiological (Clinton, 1987; Strickland, 1987; Ferketich and Mercer, 1989; Hyssala *et al*, 1992; Mason and Elwood, 1995), psychological (Clinton, 1987; Benvenuti *et al*, 1989; Klein, 1991; Mercer *et al*, 1993) or psychiatric (Ballard *et al*, 1994; Areias *et al*, 1996; Ballard and Davies, 1996; Leathers *et al*, 1997). This 'pathologising of fatherhood' (Lupton and Barclay, 1997) resulted in research in which men were rarely given the opportunity to describe their own experiences of fatherhood (Sharpe, 1994; White, 1994). The research was also criticised as little more than an extension of the work on mothers (Richards, 1982); its failure to use longitudinal approaches (Lemmer, 1987; Chapman, 1991) and its emphasis on the experience of first time fathers (Draper, 1997). Consequently relatively little is known of how men define and perceive themselves as fathers (White, 1994) and how changing cultural perspectives (such as changes in marriage and family practices) contribute to the contemporary experience of fathering.

This paper draws on the findings from a larger ethnographic study conducted in the UK which explored men's 'insider' accounts of their experiences of the transition to fatherhood (Draper, 2000). The study investigated men's experiences of pregnancy, birth and early fatherhood in order to provide midwives, childbirth educators and other health professionals with greater insight into the experiences of expectant fathers, thereby informing the care and support of men during the transition to fatherhood (Kaila-Behm and Vehvilainen-Julkunen, 2000). This paper focuses on their accounts of pregnancy confirmation. It begins with a brief description of method and then draws on some of the empirical data and a number of theoretical perspectives to discuss the significance of men's accounts of pregnancy confirmation.

METHOD

An ethnographic approach was chosen as a way of understanding men's experiences of fatherhood because it is 'informed by the concept of culture' (Morse and Field, 1996 p21) and is able to generate the 'thick description' (Geertz, 1973 p10) of people's behaviour in everyday contexts (Hammersley and Atkinson, 1995). Classical ethnography has been characteristically concerned with describing 'other' cultures, however its usefulness in researching contemporary cultures, 'anthropology at home', is now becoming well established (Jackson, 1987; Rapport, 2000; Savage, 2000). The ethnographer, immersed in the culture under study, uses both the ethnographic eye and ethnographic ear (Martin, 1990) to interpret meaning within the everyday life contexts researched. In contrast to the use of observation as the principal tool of traditional ethnography, the value of interviews as a legitimate form of generating contemporary anthropological data has been recognised (Hockey, 1999) and this was the emphasis used within this study.

Data collection

A sample of both novice and experienced fathers (n=18) was recruited from a town in the north of England. Men were enlisted through the local branch of the National Childbirth Trust (a national lay organisation within the UK providing education and support for parenthood) and also by snow ball sampling where men already part of the study volunteered to approach expectant men they knew. The men were white, middle class and predominantly tertiary educated and all were in stable relationships with their partners. In contrast to others researching men's experiences of reproduction, for example Murphy's (1995) study of men's experiences of miscarriage and Lloyd's (1996) discussion of non-responses of men and infertility, no problems were encountered recruiting men to the study. Indeed men were keen to participate, delighted that their experiences were of interest.

The men were interviewed alone three times over the course of their transition to fatherhood and interview guides were informed both by the themes identified in the literature and data generated from three preliminary focus groups. The focus groups were used as a preliminary and exploratory tool (Morgan, 1988) to pilot both the interview guide and process. The focus groups generated useful data, some of which I draw upon in this paper, indicating the guide's usefulness. The interviews, conducted predominantly in the men's homes, were tape recorded and subsequently transcribed verbatim.

The men were encouraged to talk as freely as possible and were not interrupted as they told their narratives. A minimally directive approach to the interviews (Morse and Field, 1996) was therefore adopted and most often the interviews were led by the men themselves and my contribution was to seek clarification, using the techniques of focussing, clarifying, reflecting and summarising (Connor *et al*, 1984).

This paper draws on data generated during the first interview, usually conducted in the second trimester of the pregnancy, during which they spoke of their early experiences of the pregnancy, the event of its confirmation and their involvement to date.

Local Ethics Committee Approval (a prerequisite in England for research conducted on National Health Service (NHS) patients or staff) was not required, as the research did not involve NHS patients or staff. However, issues of consent, anonymity and confidentiality were still of relevance. The men were informed of my intention to tape-record the interviews, to which only I had access, and that their accounts would be treated with the utmost confidence, anonymity being preserved throughout all the stages of the research.

Increasingly research conducted within the interpretive paradigm has rejected the labels of reliability and validity arguing that application of evaluation criteria from a different paradigm is problematic (Koch and Harrington, 1998). Rigour within qualitative research is often discussed within the context of trustworthiness which can be judged using Guba and Lincoln's (1989) criteria of credibility, transferability and dependability. Credibility of the research was achieved using the longitudinal approach to data collection (Hall and Stevens, 1991; Morse and Field, 1996), applying the same techniques consistently across time, integrating the data with existing theory and supporting discussion with multiple extracts from the interviews (Sandelowski, 1994). Throughout the research a decision (Hall and Stevens, 1991) or audit (Morse and Field, 1996) trail was kept, providing a clear account of the methodological decisions taken over the course of the project.

Data analysis

Following verbatim transcription, the interview data were systematically analysed by hand into coding categories which fell into the three broad descriptive categories of 'pregnancy',

'birth' and 'early days'. Drawing on a number of theoretical frameworks these descriptive categories were then exposed to theoretical analysis, which Morse and Field (1996) describe as the most important product of qualitative research.

The paper now presents men's accounts of their experiences of pregnancy confirmation. In the spirit of qualitative and anthropological research, theoretical and empirical discussion is interwoven throughout this section. Such an approach allows theoretical development whilst simultaneously staying close to the data (Geertz, 1973) and an analysis is therefore presented which creates a dialogue between data and theoretical perspectives. In (re)presenting their accounts, data have not been edited or 'tidied up' in any way, and despite arguments to the contrary, repetitious 'crutch words' (Blauner, 1987) have not been removed. The men's words are presented as they were spoken, including 'uhms' and 'ahs'. Pauses in men's accounts are indicated by ... and other non-verbal symbols of communication are indicated in italics in parentheses, for example (*laughter*). Parts of a quote edited because they are not directly relevant to the discussion are indicated by Such consistent approaches to the presentation of data (Sandelowski, 1994) allow the researcher to remain as true as possible to the data, thus providing a 'vicarious experience' for the reader (Sandelowski, 1994).

BODY-MEDIATED-MOMENTS

Framed by the context of western societies' contemporary construction of fatherhood, the men in the study frequently spoke of their desire to be 'involved' with their partner's pregnancy but also their inability to engage with its reality. As a result, they experienced a sense of redundancy. They consistently reported that they felt distant from the pregnancy and therefore the baby. For example Bernie, an experienced father in focus group three, described how despite his best efforts to become involved, he felt removed from the process:

I think you try to be involved and you try to ascertain how the pregnancies feel from your partner, but you're always going to be that one step removed from it and therefore you're going to be remote. (Bernie FG 3:13)

His inability to directly experience the embodied nature of the pregnancy left him, and many of the men feeling 'one step removed'. Consequently, they felt that they had little 'evidence', a word they frequently used, about the baby. In her study of expectant fathers, Jordan (1990, p312) also found that men felt remote from the process:

His sense of reality is typically quite different from that of his mate. The father lacks the constant reminder of the bodily changes of the pregnancy and the activity of the fetus within. His experiences of the pregnancy/child are second hand through his mate.

Without the anchor of direct embodied experience, all the men in the present study valued and enjoyed the secondary accounts given to them by their partners about the pregnancy and the development of the baby. Their second-hand contact with the baby during pregnancy was mediated mostly by and through their partner's body. Contact with the baby via this 'proxy' embodiment was a 'reality booster' (Jordan, 1990) and therefore assumed great significance within their accounts. All the men engaged in such contact with their unborn babies in what I called 'body-mediated-moments'. Our experience of ourselves in the world is very much mediated by our bodies. The body is not merely a *container* for but, rather, *is* our existence. Our experience of our bodies, our embodiment, is a social process located in social spaces and within a network of people. Because we are ourselves manifest through our bodies, life is full of body-mediated-moments. The term's ambiguity is used purposefully to express how at a time when the man is negotiating his transition to fatherhood, he uses the woman's body to gain or mediate access to the fetal body.

Body-mediated-moments were high profile within the interviews and I suggest that engaging in these moments, privately and publicly, marked and confirmed men's new status as expectant fathers and, in doing so, were part of the contemporary man's pregnancy ritual (Heinowitz, 1977) which served to promote their transition to fatherhood. Body-mediated-moments were associated not only with pregnancy confirmation, but also with the public announcement of the pregnancy (the annunciation), the ultrasound scan, the baby's movements, culminating, perhaps most vividly in labour and delivery (Draper, 2000).

CONFIRMATION

For the majority of men the pregnancies were planned and, as with the men in May's study (1982b), represented a completion of financial, physical and emotional security. Three of the pregnancies were unplanned and men's reactions were characterised initially by shock, fear and resentment. Irrespective of the planned or unplanned nature of the pregnancy, the pregnancy test itself (most often those purchased over the pharmacy counter) featured significantly in men's accounts of the early days of the pregnancy. Beyond the sexual act itself, it was the first example of a body-mediated-moment. Many spoke vividly about the test, their involvement in it and its impact upon them. Jim was an experienced father and his partner Di, bought and performed the pregnancy testing kit and then rang him at work to tell him the news. Their previous history of infertility heightened the impact for Jim:

The very strong memory is erm, er when we found out and she didn't even tell me, she went and bought a pregnancy kit and she phoned me up at work and erm, you know, 'I'm pregnant' and I, I just could not believe it. It was absolutely, absolutely, you know, elation...couldn't believe it. (Jim 1:14)

In contrast to Jim, some of the men actually bought the pregnancy testing kit. Rhys, an experienced father, bought the kit but his partner completed the test:

Well it was one of Boots (*a major UK pharmacy*) pregnancy test things. This time I went out and bought it like an er...she did the test and it came up pink. And that was it. (Rhys 1:3)

Dave, another experienced father not only bought the kit but was also involved in doing the test:

Yes, I actually, I think I actually went and bought and, I can't remember whether it was one we had left over or whether I went and bought another one. But, yes I went and bought it and er came home and that night we did it and yes, it was definite. (Dave 1:4)

Joe, a novice father, described how buying and doing the test was 'a joint thing'; he bought it and his partner completed the test. However, the response of the shop assistant reveals an ambiguity associated with men's involvement in this process. She appeared to misinterpret his intentions of buying the test, assuming perhaps that the only reason a man could be buying a pregnancy test was to establish whether or not he had got a 'girl into trouble'. Her reaction however only served to emphasise its impact to him. His description of choosing the correct test to buy illustrates how the shelf of pregnancy tests within the chemists was unfamiliar territory for him. However, it can be argued that the scientific, objective and visual nature of the knowledge generated by the test was much more familiar:

Joe ...So we thought she was pregnant and she was uhming and ahing and I said I'd go and get a pregnancy test from the chemist. I didn't particularly want to go but I thought 'Alright'.

Researcher So did you suggest that or did she suggest...that you go?

Joe I can't remember, it was sort of a joint thing. I mean that was the way that we'd planned to go, to get it sorted and it was just like...'so I'll go'. So you're in the chemist aren't you and there's a whole batch of them, and I'm really

tight being a, a bit of a northerner. So I asked the woman for some advice like, you know what did she think type thing, cos you've no idea. So she came up with it, I'm not sure whether there was two tests in it or not. You could see like from her own demeanour that it was just like 'Shit, he's got someone in trouble' and er...*(laughter)* and she said something like 'Oh best of luck' or something like that, something like that. And I said 'I hope, I hope it's positive' type thing and her whole face changed. So that was really quite, quite novel. So I came back and was a bit apprehensive and so I gave it to her. But she actually did the test without sort of me there or anything like that, she was just upstairs in the bathroom. And she said 'Joe come and have a look at this' and I comes upstairs and there's the line on it so it's just like 'Yyyehh' *(making an upward movement with his right arm)*. So it was just like real excitement. (Joe 1:7)

James was an experienced father who was quite familiar with the procedure for pregnancy testing within the chemist. He described how confirmation within this setting signalled the start of the pregnancy for him. His narrative is not only materially grounded – 'in the corner of the shop' – but also draws upon the 'root' metaphor:

The third time around, it sounds silly really, but we'd been to the chemist for a pregnancy test each time *(one that is completed on the premises by a pharmacist)* and it's when the shop staff come back with a particular look in their eye and sort of call you to give you the results and somewhere in the corner of the shop the reality of pregnancy takes root in me. For some reason at that point that's the beginning of the process. (James 1:3)

In contrast to James, who vividly described how for him the reality of the pregnancy took root *outside* his partner's body (in the chemist), some of the other experienced fathers, were less reliant on the scientific test to solely confirm pregnancy and took more account of the woman's embodied *inside* declarations. Their knowledge of their partner's regular menstrual cycles combined with their previous experiences of pregnancy meant that the test merely confirmed what they already knew. Gary described the primacy of his partner's embodied knowledge and how the test assumed a secondary status:

She bought the kit...from Boots...we knew she was overdue. I don't think...it was er...I think cos she's always said that she's been totally regular anyway. So the moment she was a couple of days overdue, it was like, we thought 'Yeh, this is it'. So erm, actually doing the testing and all that sort of thing, it just

confirmed that...you know what we were planning right from the very beginning.
(Gary 1:4)

FORMS OF KNOWLEDGE

The significance of the test and the expectation of medical management of the pregnancy, illustrate ways of knowing which are familiar to men. The test was significant for some men because of their familiarity with the process and outcome of such a 'scientific' test. Situated firmly within a masculine discourse, the scientific, objective and visual nature of the knowledge generated by the test is a familiar concept and was therefore used by men to reframe the unfamiliar territory of pregnancy. However, some men, most often experienced fathers, were less inclined to solely rely on this scientific or medical knowledge and drew upon knowledge generated by their partner's embodied experience.

Young (1990, p170) contrasts these two readings of the pregnancy; the unique embodied experience of the woman and the technological machine generated picture of medicine:

At a phenomenological level the pregnant woman has a unique knowledge of her body processes and the life of the fetus. She feels the movements of the fetus, the contractions of her uterus, with an immediacy and certainty that no-one can share. Recently invented machines tend to devalue this knowledge....such instruments transfer some control over the means of observing the pregnancy and birth process from the woman to the medical personnel. The woman's experience of these processes is reduced in value, replaced by more objective means of observations.

This 'wrestling' between forms of knowledge has also been discussed by Brigitte Jordan (1997), who suggests that for a particular field of knowledge, several different knowledge systems exist. She suggests that by consensus, some systems of knowledge usually carry more weight than others, either because they explain the world better or because they are associated with a stronger power base such as science or patriarchy, or both. She also

suggests that parallel knowledge systems exist that are of equal legitimacy, and people move between them.

She introduces the term *authoritative knowledge* to describe the outcome of a process that may occur when one form of knowledge gains ascendancy over others. The consequence of the legitimation of one kind of knowing as authoritative is the devaluation and even dismissal of other kinds of knowing. Medicalisation of pregnancy and childbirth can be therefore be understood in terms of the legitimation of medical and scientific knowledge and the consequent devaluation of the woman's embodied knowledge. Pizzini (1992, p70) vividly describes the implication of this:

Traditionally, in fact, the signs connected with the progress of pregnancy and birth came to be read on the body of the woman When pregnancy and birth were medicalised, the signs came to be read by machines, on the monitor, through chemical reactions and through microscopes.

In this context, it can be seen that at the site of the pregnant body a number of different discourses converge. For the woman her embodied experience of the pregnancy enables her to directly engage with her unborn child. For some of the men, however, the pregnancy was produced and made available through discourses of medicine and science. For example, the pregnancy test was a kind of scientific project reminiscent of school chemistry lessons which helped to locate men on familiar territory, and helped them to reframe as familiar that which was unfamiliar. A medical discourse was evident within Bill's account and he described how the pregnancy test was the first 'scientific evidence' of the reality of the pregnancy:

Because it's the first physical evidence, well, you've obviously got physical evidence in the bump, but it's the first er scientific evidence that there's....other than her being....that there's something there. (Bill 1:9)

The presence of the interior invisible baby was inscribed on the chemical reagent strip of the pregnancy test and for these men the test, ironically with either pink strip or blue line, signalled the start of the pregnancy.

However, other men, more often experienced fathers, drew less upon these visual and medical ways of knowing and more upon their partner's embodied experience. Knowledge of their partner's bodies, rehearsed on previous occasions through these body-mediated-moments, assisted their understanding of the processes at work during pregnancy and birth. As a form of authoritative knowledge, embodied knowledge had equal if not greater legitimacy than medical knowledge. In contrast to Bill's desire for scientific evidence to validate the pregnancy, Maurice described how feeling the baby was more important to him than seeing the baby. He distinguished between feeling the baby through the medium of his partner's body and seeing the baby through the medium of the scanning machine:

Maurice I found the feeling of the baby moving to be much more exciting
than the scan.

Researcher Why do you think that was?

Maurice I don't know...I suppose its because the scan was a machine.
(Maurice FG1:12)

CONCLUSION

The UK and other contemporary western societies represent cultures in which the presence of the body is privileged (Lupton, 1994 and 1998), occupying a focal point within every day life (Davis Floyd, 1990). In the context of woman's transition to motherhood, it is the embodied experiences of pregnancy and birth which are privileged, as the woman's body is foregrounded in her transition to motherhood. Recent empirical and theoretical work on the subject of pregnant embodiment (for example Young, 1990; Lupton and Barclay, 1997;

Longhurst, 1999, 2000 and 2001; Schmied and Lupton, 2001) has revealed that despite women's direct experience of being and having a pregnant body, many women find the experience uncertain and unsettling. Whilst some women enjoy the intimacy with their developing baby, others struggle to come to terms with the blurring of body boundaries between the baby and 'the self'. If some women as embodied can feel ambivalence towards their baby it can be suggested that expectant men, who are unable to directly experience the fundamentally embodied nature of pregnancy and birth, may find this even more so. Evidence from this study and elsewhere (Lupton and Barclay, 1997) suggests that as a result they can feel distant from the whole process. In a culture which espouses a model of involved fatherhood, this sense of detachment can challenge men's early experience of pregnancy. They can therefore experience a tension between the ideal image of involved fatherhood, shored up by contemporary representations, and the reality which is grounded in their experience.

For the men in the study, their experiences of early pregnancy were forcefully marked by their involvement in the confirmation process, either their participation in the conduct of the pregnancy test or their attempt to share the embodied experience of their partners. This involvement formed part of a range of body-mediated-moments which served in some way to compensate for their own lack of direct embodied experience. These moments, mediated through and on the bodies of their pregnant partners gave men entry into a physical dimension, helping them to forge an involvement in the pregnancy and shaping their early transition to fatherhood.

Findings from this study, about men's participation in pregnancy confirmation and also other body-mediated-moments such as the ultrasound scan and labour (Draper, 2000), illustrate how many men wish to be involved in pregnancy and labour and yet can frequently feel

detached from these processes. Such insight into the experiences of expectant men should be of relevance to all those supporting the transition to parenthood, including midwives, obstetricians, ultrasonographers and childbirth educators. This increased awareness should inform the antenatal support given to men by midwives and general practitioners so that from the outset expectant fathers can be 'drawn' into the pregnancy experience. It should also alert those who are responsible for selling and undertaking pregnancy testing, for example practice nurses, family planning nurses, pharmacists and pharmacy assistants, to the expectations some men may have about their own involvement in this process. The findings are also of relevance to midwives and other childbirth educators involved in the facilitation of antenatal classes and should reinforce the importance of relevant antenatal preparation which effectively meets the needs not only of expectant women but also of expectant men (Nolan 1994).

The findings presented here reflect the predominantly middle class and tertiary educated nature of the sample. A different sample of men from a more diverse range of social backgrounds may have produced a very different ethnography. Additionally the relatively small sample size as well as its homogenous nature, mean that the findings are not necessarily representative of all men. However, their experiences are situated within a wider social context in which the project of involved fatherhood, informed choice (DoH 1993) and rejection of the medicalised childbirth culture (Machin and Scamell 1997) are now common. This wider social context enables theoretical connection between the experiences of the men in the study and the broader understandings of contemporary fatherhood. In addition to this theoretical work, further research is also required to investigate, for example, the impact of men's involvement in pregnancy confirmation on future pregnancy loss, and whether involvement in pregnancy confirmation determines or affects men's participation as labour companions or the post-natal relationships men form with their children.

REFERENCES

- Areias M. E. G., Kumar R., Barros H., Figueiredo E. (1996) Correlates of Postnatal Depression in Mothers and Fathers. *British Journal of Psychiatry* **169**, 36-41.
- Ballard C. G., Davis R., Cullen P. C., Mohan R. N., Dean C. (1994) Prevalence of Postnatal Psychiatric Morbidity in Mothers and Fathers. *British Journal of Psychiatry* **164**, 782-788.
- Ballard C., Davies R. (1996) Postnatal depression in fathers. *International Review of Psychiatry* **8**, 65-71.
- Barclay L., Lupton D. (1999) The experiences of new fatherhood: a socio-cultural analysis. *Journal of Advanced Nursing* **29** (4), 1013-1020.
- Benvenuti P., Marchetti G., Tozzi G., Pazzagli A. (1989) Psychological and psychopathological problems of fatherhood. *Journal of Psychosomatic Obstetrics and Gynaecology* **10**, 35-41.
- Blauner B. (1987) Problems of Editing "First-Person" Sociology. *Qualitative Sociology* **10** (1), 46-64.
- Chalmers B., Meyer D. (1996) What men say about pregnancy, birth and parenthood. *Journal of Psychosomatic Obstetrics and Gynaecology* **17**, 47-52.
- Chapman L. (1991) Searching: expectant fathers experiences during labour and birth. *Journal of Perinatal and Neonatal Nursing* **4** (4), 21-29.
- Clinton J. F. (1987) Physical and emotional responses of expectant fathers throughout pregnancy and the early postpartum period. *International Journal of Nursing Studies* **24** (1), 59-68.
- Connor M., Dexter G., Walsh M. (1984) *Listening and Responding*. The College of Ripon and York St John, York.
- Davis Floyd R. E. (1990) The Role of Obstetric Rituals in the Resolution of Cultural Anomaly. *Social Science and Medicine* **31** (2), 175-189.
- Department of Health (1993) *Changing Childbirth: report of the Expert Maternity Group*. HMSO, London.
- Draper J. (1997) Whose welfare in the labour room? A discussion of the increasing trend of fathers' birth attendance. *Midwifery* **13**, 132-138.
- Draper, J. (2000) *Fathers in the Making. Men, Bodies and Babies*. Unpublished PhD dissertation, University of Hull, Hull.
- Ferketich S. L., Mercer R. T. (1989) Men's Health Status During Pregnancy and Early. *Fatherhood Research in Nursing and Health* **12**, 137-148.
- Geertz C. (1973) *The Interpretation of Cultures*. Basic Books Inc, New York.

- Guba E. G., Lincoln, Y (1989) *Fourth Generation Evaluation*. Sage, Newbury Park California.
- Hall J. M., Stevens P. E. (1991) Rigor in feminist research. *Advances in Nursing Science* **13** (3), 16-29.
- Hammersley M., Atkinson P (1995) (2nd Ed) *Ethnographic Principles and Practice*. Routledge, London.
- Hanson S. M. H., Bozett F. W. (1986) The changing nature of fatherhood: the nurse and social policy. *Journal of Advanced Nursing* **11**, 719-727.
- Heinowitz J. (1977) *Becoming a father for the first time: A phenomenological study*. Unpublished PhD dissertation, California School for Professional Psychology.
- Henderson A., Brouse J. (1991) The experiences of new father during the first 3 weeks of life. *Journal of Advanced Nursing* **16**, 293-298.
- Hockey J. (1999) *Interviews as ethnography?* Voices and Visions Conference Department of Anthropology, University of Manchester, October.
- Hyssala L., Rautara P., Sillanpaa M., Tuominen J. (1992) Changes in the smoking and drinking habits of future fathers from the onset of their wives' pregnancies. *Journal of Advanced Nursing* **17**, 849-854.
- Jackson B. (1983) *Fatherhood*. George Allen and Unwin, London.
- Jackson A. (1987) (ed) *Anthropology at Home*. Tavistock Publications, London.
- Jordan B. (1997) Authoritative Knowledge and Its Construction in Davis-Floyd R. E., Sargent C. F. (eds) *Childbirth and Authoritative Knowledge Cross Cultural Perspectives*. University of California Press, Berkeley, pp.55-79.
- Jordan P. L. (1990) First-time Expectant Fatherhood: Nursing Care Considerations. *Clinical Issues Perinatal Women's Health Nursing* **1** (3), 311-316.
- Kaila-Behm A., Vehvilainen-Julkunen K. (2000) Ways of being a father: how first-time fathers and public health nurses perceive men as fathers. *International Journal of Nursing Studies* **37**, 199-205.
- Klein H. (1991) Couvade syndrome: male counterpart to pregnancy. *International Journal of Psychiatry in Medicine* **21** (1), 57-69.
- Koch T., Harrington A. (1998) Reconceptualizing rigour: the case for reflexivity. *Journal of Advanced Nursing* **28** (4), 882-890.
- Lamb M. E. (1986) (ed) *The Father's Role Applied Perspectives*. John Wiley and Sons, New York.
- Leathers S. J., Kelley M. A., Richman J. A. (1997) Postpartum Depressive Symptomatology in New Mothers and Fathers: Parenting, Work and Support. *The Journal of Nervous and Mental Disease* **185** (3), 129-139.

- Lemmer C. (1987) Becoming a Father: a Review of Nursing Research on Expectant Fatherhood. *Maternal Child Nursing Journal* **16** (3), 261-275.
- Lewis C. (1995) In Conclusion: What opportunities are open to fathers? in Moss P. (ed) *Father Figures Fathers in the families of the 1990s*. HMSO, Edinburgh.
- Lewis C., O'Brien M. (1987) (eds) *Reassessing Fatherhood New Observations on Fathers and the Modern Family*. Sage Publications, London.
- Lloyd M. (1996) Condemned to be meaningful: Non-response in studies of men and infertility. *Sociology of Health and Illness* **18** (4), 433-454.
- Longhurst R. (1999) Pregnant bodies, public scrutiny: 'giving' advice to pregnant women in E. K. Teather (Editor) *Embodied Geographies. Spaces, Bodies and Rites of Passage*. Routledge, London pp 78-90.
- Longhurst R. (2000) 'Corporeographies' of pregnancy: 'bikini babes'. *Environment and Planning D: Society and Space* **18**, 453-472.
- Longhurst R. (2001) *Bodies. Exploring Fluid Boundaries*. Routledge, London.
- Lupton D. (1994) *Medicine as Culture: Illness, Disease and the Body in Western Societies*. Sage Publications, London.
- Lupton D. (1998) *The Emotional Self*. Sage Publications, London.
- Lupton D., Barclay L. (1997) *Constructing fatherhood: discourses and experiences*. Sage Publications, Ltd London.
- McKee L., O'Brien M. (1982) (eds) *The Father Figure*. Tavistock Publications, New York.
- Machin D., Scamell M. (1997) The experience of labour: using ethnography to explore the irresistible nature of the bio-medical metaphor during labour. *Midwifery* **13**, 78-84.
- Martin E. (1990) Science and Women's Bodies: Forms of Anthropological Knowledge in Jacobus M. (ed) *Body Politics: Women, Literature and the Discourse of Science*. Routledge Chapman Hall, New York pp 69-81.
- Mason C., Elwood R. (1995) Is there a physiological basis for the couvade and onset of paternal care? *International Journal of Nursing Studies* **32** (2), 137-148.
- May K. A. (1982a) Three Phases of Father Involvement in Pregnancy. *Nursing Research* **31** (6), 337-342.
- May K. A. (1982b) The father as observer. *Maternal and Child Nursing* **7**, 319-322.
- May K. A., Perrin S. P. (1985) Prelude: Pregnancy and Birth in Hanson S. M. H., Bozett F. W. (eds) *Dimensions of Fatherhood* Sage Publications 64-91 California
- Mercer R. T., Ferketich S. L., DeJoseph J. F. (1993) Predictors of Partner Relationships During Pregnancy and Infancy. *Research in Nursing and Health* **16**, 45-56.

- Morgan D. L. (1988) *Focus Groups as Qualitative Research*. Qualitative Research Methods Series 16. Sage Publications, London.
- Morse J. M., Field P. A. (1996) *Nursing Research The application of qualitative approaches* (2nd Ed). Chapman Hall, London.
- Murphy F. A. (1995) *The Experience of Early Miscarriage from a Male Perspective*. Unpublished MSc thesis, University of Wales Swansea, Swansea.
- Nolan N.(1994) Caring for fathers in antenatal classes. *Modern Midwife* **4** (2), 25-28.
- Pizzini F. (1992) Women's Time, Institutional Time in Frankenburg R. (ed) *Time, Health and Medicine*. Sage Publications, London pp 68-74.
- Rapport N. (2000) 'Best of British': The New Anthropology of Britain. *Anthropology Today* **16** (2), 20-22.
- Richards M. P. M. (1982) How should we approach the study of fathers? In McKee L., O'Brien M. (eds) *The Father Figure*. Tavistock Publications, New York pp 57-71.
- Sandelowski M. (1994) The Use of Quotes in Qualitative Research. *Research in Nursing and Health* **17**, 479-482.
- Savage J. (2000) Ethnography and health care. *British Medical Journal* **321**, 1400-1402.
- Schmied V. Lupton D. (2001) The externality of the inside: body images of pregnancy. *Nursing Inquiry* **8**, 32-40.
- Sharpe S. (1994) *Fathers and daughters*. Routledge, London.
- Strickland O. L. (1987) The occurrence of symptoms in expectant fathers. *Nursing Research* **36** (3), 184-189.
- White N. R. (1994) About Fathers: Masculinity and the Social Construction of Fatherhood. *The Australian and New Zealand Journal of Sociology* **30** (2), 119-131.
- Young I. M. (1990) *Throwing like a girl and other essays in feminist philosophy and social theory*. Indiana University Press, Bloomington and Indianapolis.