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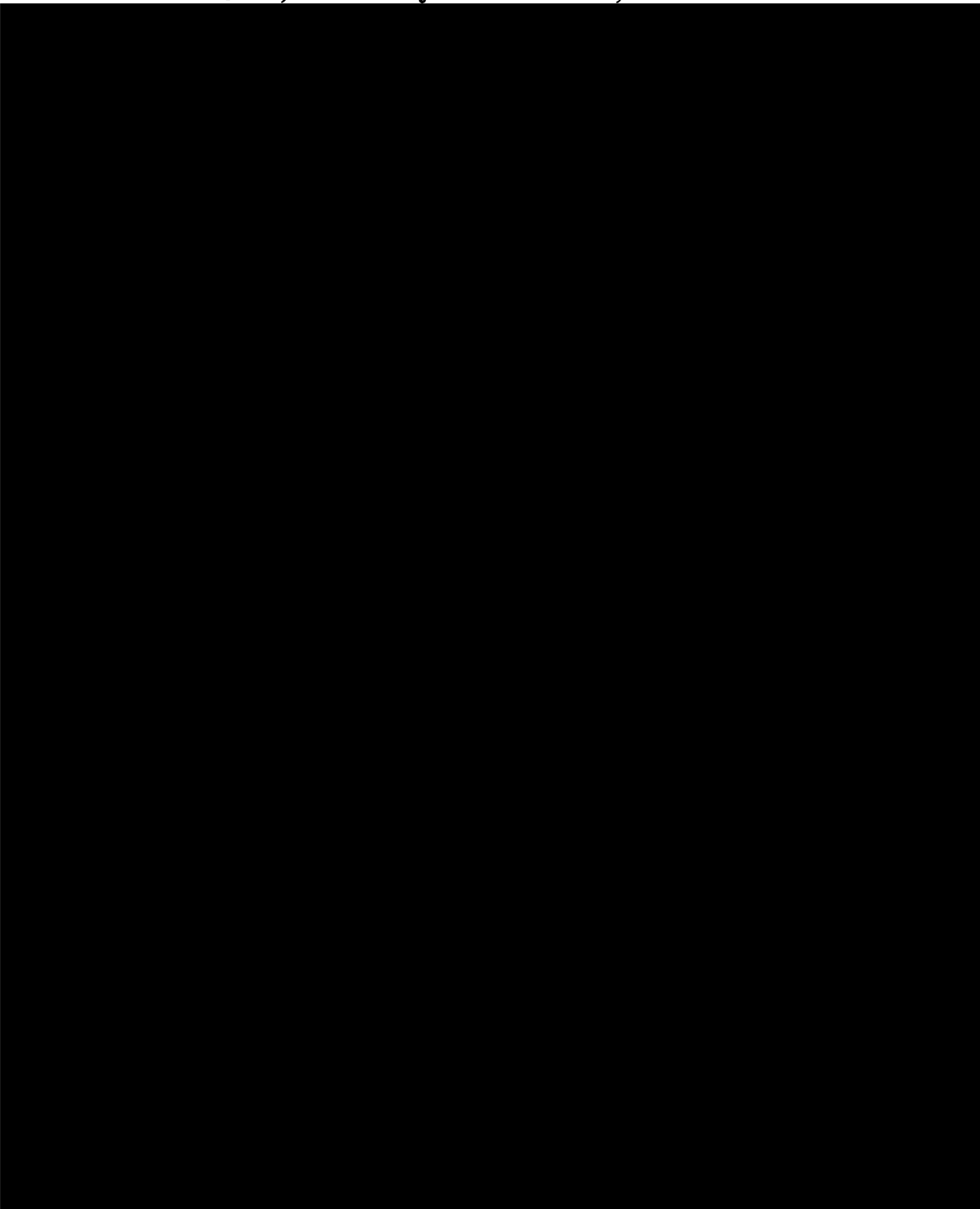
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MANAGEMENT OF DETACHMENT AND INVOLVEMENT
IN PREGNANCY BY FIRST-TIME EXPECTANT FATHERS

by

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ACKNOWLEDGEMENTS

I first thought the task of writing these acknowledgements would be an easy one, but as I reflect on the last three years, so many people have helped me in a variety of ways. I cannot thank them all here, but I am grateful for all the raised eyebrows, doubtful looks and understanding smiles that helped me to clarify my thinking and to stay sane over the course of this research.

I owe particular thanks to the members of my dissertation committee. Dr. Phyllis Stern has been the "ultimate sponsor": laughing with me when I needed it, paring down my prose, and always being there with a bit of analytic genius when it did the most good. Dr. Ramona Mercer has been my mentor since my interest in fathering began. Countless times her keen insights opened up new and exciting directions in the analysis of the data. Dr. Anselm Strauss taught me how to blend creativity and logic, serendipity and scientific rigor. His quiet guidance and enthusiasm got me permanently hooked on qualitative research, something for which I am very grateful. My thanks to my dissertation committee; I could not possibly have had a better one.

There has always been a sort of unofficial dissertation committee as well, made up of good and patient friends. Dr.

Lois Welches gave encouragement and a sympathetic ear, often when it was needed most. My peers in the program, especially Fred Bozett, Julie Corbin, Virginia Tilden and Susan Virden, celebrated with me when times were good, and helped me over the rough spots. They spent many hours talking over my research with me, and have become trusted colleagues as well as valued friends.

My thanks also to the people who helped me recruit expectant couples for this study. Nellie Jochson and the nursing staff at St. Luke's Hospital, San Francisco, were very generous with their time and effort. With incredible patience, Jan Gersonde, Jean Neeson and Doris Weyl, all nurse practitioners at the University of California Clinic, tolerated me frequently interrupting their busy schedules to look for potential subjects. Had it not been for their assistance, I would still be looking for subjects.

I am very grateful to all the expectant couples who welcomed me into their homes and were willing to share so much of their pregnancy experience with me. Their interest and enthusiasm for the study made all of the hard work worthwhile. My special thanks to the fathers who allowed me to read their personal letters and journals as I tried to see the world through their eyes, and to those who kept me informed about the progress of their pregnancy long after their formal obligation as research subjects had been fulfilled.

Finally, I thank my parents for teaching me how to

work hard, and who always encouraged me to use my head as well as my heart. Most especially, I thank my husband Michael. He put up with an absentee wife while I was collecting data and a slightly crazy one while I was writing, all without once complaining. His unfailing support and encouragement was more than anyone could expect; the fact that he also became my best and brightest critic was a wonderful bonus. I cannot express my gratitude to him adequately; I can only hope he knows.

K.A.M.

ABSTRACT

MANAGEMENT OF DETACHMENT AND INVOLVEMENT IN PREGNANCY
BY FIRST-TIME EXPECTANT FATHERS

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This qualitative field study examined the experience of first-time expectant fatherhood, and was aimed at generation of a substantive theory pertaining to first-time expectant fatherhood. The specific focus was: how do first-time expectant fathers manage their detachment and/or involvement in relation to pregnancy? Data were obtained in unstructured interviews conducted with 20 expectant fathers and their wives, half of whom were interviewed at 12 week intervals during pregnancy. Additional data were obtained through participant observation of childbirth education classes and in clinics, and from anecdotal materials, such as personal journals and articles in the popular press pertaining to expectant fatherhood. Data were analyzed using "constant comparative analysis" techniques for qualitative data as developed by Glaser and Strauss in their book The Discovery of Grounded Theory (1967).

Analysis shows three distinct detachment/involvement styles or behavioral patterns which reflect how men see

themselves in relation to pregnancy, those being 1) observer, 2) instrumental, and 3) expressive styles. The man's readiness for pregnancy, as well as his individual psychology and the power balance in the marital relationship, are major factors affecting the style the expectant father adopts. Women expected and demanded more involvement from men than men would ordinarily adopt, leading to negotiation and compromise between spouses in early pregnancy. Analysis also shows a characteristic male pregnancy trajectory, consisting of three phases which reflect shifts in the man's detachment or involvement in pregnancy. The phases in this trajectory are: 1) the announcement phase, 2) the moratorium and 3) the focusing/redefinition phase. The moratorium is critical in the expectant father's detachment/involvement management. The less ready a man felt for pregnancy, the more detachment from the pregnancy he required, and the longer the moratorium phase he experienced. A prolonged moratorium can prevent the concentrated preparation for fatherhood that takes place in the focusing/redefinition phase. This substantive theory has immediate implications for prenatal education, pregnancy and birth care, and marital counselling, and has potential for extending knowledge and theory of adult development.

Phyllis Nanager Stern

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PART I

INTRODUCTION AND APPROACH

Take-home Exam

The mind is faster than the womb.
Three months after we, for one night only,
tested fate, the child is testing us,
and our sterility is no longer the question.
At six a.m. I find him, or her -
the kid for Pete's sake-
lying between us on the bed,
asking questions.
What makes you think you'll be such a good father?
I don't have to answer.
This exam wasn't scheduled.
I at least want my breakfast first.
What about overpopulation?
Don't you care about starving people?
I roll over: O.K., so I'll skip breakfast.
At the table
it jostels for the space between us,
crowding up the silence
where we once held hands,
handing out questionnaires like a psychologist.
Who'll take care of me?
Are you both going to work?
Or just the father?
Will you be sexist role models?
As we flee on our bicycles
the voice calls down the street:
How do you expect me to turn out
if you don't spend any time with me?
Later, seeing you in your swimming suit,
I'd swear you weren't even showing.

David Waltner-Toews

"Take-Home Exam" was first published in Prism International,
Summer/Fall 1976, and appears here by permission of the author.

Chapter I The Research Problem: Background and Overview

Pregnant mothers have always been of great interest, to laymen and scientists alike. There is both a magic and an earthiness about the woman's experience of pregnancy. Pregnant mothers are stared at, hidden away, given seats on crowded buses, but seldom ignored. But what about the father? Judging from the attention paid to that question in the scientific and popular literature, relatively little. Fathers may be essential for conception, but in terms of the pregnancy, they may be as Margaret Mead once suggested, a social accident.

Social accident or not, half of the expectant parents in the world are fathers. Their experience of pregnancy can be alternately painful and joyful, and to the outside observer quite fascinating. The research reported here is an attempt to generate a substantive theory that helps to explain the complex process of father involvement in pregnancy.

This report will present a "grounded theory" methodology or "constant comparative analysis" (Glaser and Strauss, 1967) of how first time expectant fathers manage their own detachment/involvement during pregnancy. More specifically, this theory describes: 1) how first-time expectant fathers establish their own detachment/involvement style, 2) how they maintain that style through negotiation with their wives, 3) how

their detachment/involvement changes over the pregnancy trajectory, and 4) what variables affect that change.

This report is divided into three parts. Part I, entitled "Introduction and Approach" describes the research question, how it was developed, and a review of the literature pertaining to men and pregnancy. Part I also includes a description of constant comparative analysis of qualitative data and the specific methodology and design of this study. Part II presents the findings of the study: first, a general discussion of the male perspective on pregnancy, second, a presentation of the process of detachment/involvement management, and then a closer look at detachment/involvement styles and how they change over the pregnancy trajectory. Part III presents conclusions and implications of this research.

At the very least, I hope this report enables the reader to understand how first-time expectant fathers manage their own detachment/involvement in relation to pregnancy, and how I derived this theory from the mass of data I collected over the period of one year. In addition, I hope to give the reader some insight into the "twilight zone" that is pregnancy for many men, and allow the reader to walk briefly in the shoes of the first-time expectant father.

Development of the research problem

I acquired my research interest in fathers early in my graduate study. I became interested in new fathers after

reading Greenberg and Morris' (1974) pioneering study of the newborn's impact on the father. I then developed a research protocol comparing fathers present in the delivery room at the birth of their first child with those who were not present in regard to self-initiated physical interaction with their newborns in the first postpartum hour. My hypothesis was that fathers who had participated in the birth and had become psychologically involved in the process, would then initiate physical interaction with their newborn sooner than those who had not been present at the birth.

That protocol was never carried out because of the heavy clinical demands of my second year of graduate study. However, as I began to see pregnant women in the clinic as a student nurse practitioner, I became increasingly curious about their partners. Expectant fathers frequently sat in the waiting area reading magazines while their wives were examined. My colleagues and I often tried to involve fathers in the prenatal visits; we were successful with some and not with others. I wondered what pregnancy was like for them, what their major concerns were, and what they thought were the high and low points of expectant fatherhood. At that point, I realized that the logical place for me to begin my inquiry into fatherhood was at the beginning - pregnancy.

After studying in the area of fathering for some time, I became committed to doing an exploratory study of the phenomenon of expectant fatherhood. However, I was at

that time carrying a preconception of which I was unaware. Specifically, I was most interested in studying what I called "involved" fathers (Antle, 1975; Antle-May, 1978), men who were active participants in the pregnancy, and who demonstrated that by coming to prenatal classes and visits, asking lots of questions, being supportive to their wives and being present during labor and birth. Implicit in this notion was my feeling that these men were important to study because they were in some sense the ideal. I did not recognize I had this naive and provincial notion until I began this research. The real world of the first-time expectant father soon set me straight about ideal types and what was important to examine.

Most of my preparation for this research took place in methodology classes with Professors Virginia Olesen, Leonard Schatzman and Anselm Strauss, in independent studies with Professors Lois Welches and Phyllis Stern and in clinical class work with Professor Ramona Mercer. I explored field methodology and realized that I was interested in field work in part, because it would permit the breadth and flexibility I felt was needed for my inquiry into expectant fatherhood. I then completed a literature review in the areas of 'expectant fatherhood' and 'men and pregnancy'. The scant return reinforced my decision to do a broad exploratory study. Perhaps the most notable gap in the literature was the absence of any studies of the expectant father's experiences over the duration of the pregnancy.

I decided at that point that a longitudinal component would be the core of my study.

With the help of Professors Stern, Strauss and my classmates, I refined my interest into a research question that was consonant with the qualitative approach I found so challenging. The final statement of the research question prior to beginning data collection was: what is the nature of the phenomenon of first-time expectant fatherhood? How do these men experience their mate's first pregnancy? How do they come to see themselves as future fathers?

I selected qualitative methodology to explore this question for several reasons. First, the experience of expectant fathers was little researched, and the existent research studies did not fit together into an integrated picture of the phenomenon. This situation seemed a natural for a broad exploratory study that would generate a substantive theory that could be a springboard both for changes in practice and further inquiry. Second, I believe that just as the methodology must fit the question, the methodology must fit the researcher as well. Although I did not have any prior experience with grounded theory research, the flexibility of the method and the emphasis on the use of self in the research process appealed to me. I would be able to use my natural curiosity to explore a variety of questions and to probe unexpected findings rather than to be limited to my interaction with subjects or with data.

As I collected and began to analyze data, the research

question began to change, as is usually the case in field-work and qualitative analysis. Gradually, how men manage their involvement and detachment in relation to pregnancy emerged as a major theme. I developed a substantive theory that describes how men manage their detachment/involvement styles during pregnancy, and how that detachment/involvement changes over the pregnancy trajectory.

This theory will be presented in greater detail in Part II of this report. The remainder of Part I will be devoted to a brief overview and presentation of the research methodology used in this study and a review of the literature dealing with men and pregnancy.

Managing detachment/involvement styles: an overview

Maybe fathers don't want to know about birthing. After all, doctors are paid to be involved, and the mother doesn't have a choice, but the father, well, he doesn't have to.

This excerpt from a first-time expectant father's journal points out one important aspect of the phenomenon of expectant fatherhood. To some extent, the man has a choice about how he will structure his pregnancy experience. There is a range of logical possibilities, from complete detachment with no contact with the pregnant woman, to extreme involvement with almost continuous contact with the woman. How the man finds and maintains his place along that continuum

is the thrust of this theory. This chapter will define the important concepts, and then present an overview of the process of detachment/involvement management for first-time expectant fathers over the course of the pregnancy. Subsequent chapters will present components of the theory in greater depth.

Why detachment/involvement?

As mentioned earlier, I began this study intending to examine the experiences of "involved" fathers, men who were clearly active participants in pregnancy. As the study progressed, two realizations changed the direction of my thinking. First, I realized that mens' involvement in pregnancy is not all all-or-nothing matter; rather, there is a range from close involvement to extreme detachment, and expectant fathers fall at various points along that range. This is the reason for the perhaps awkward use of the term 'detachment/involvement'. Just as for many years, men were presumed not to be interested in pregnancy, now the fashion is to speak as if all men were vitally interested. The findings of this study show that generalization to be too broad, an error I wish to avoid. I am using the concept 'to be involved' to mean 'to be drawn in as a participant, to relate to closely' and 'to be detached' as the opposite of that - 'to be disunited, to stand apart separately'. Second, I realized that it was impossible for me to objectively label any set of behaviors as involved or detached. The important

issue is how the expectant father sees himself, and how others who are central in his life see him. Thus, throughout this study, the term 'detachment/involvement' refers to the man's perception of his relationship to the pregnancy, or to the perceptions of his partner, and not to some pre-determined notion of how an expectant father should behave.

Why management?

A first-time expectant father must manage (control or direct) his detachment/involvement in pregnancy because he has a choice. There is no biological imperative for him to be one way or the other. Social mores are flexible enough to allow a considerable range of acceptable behavior. The choice is not his alone, however. The man must relate to the pregnancy in a way that is comfortable not only for him, but also for the pregnant woman and those close to him. Clearly then, the man must manage his detachment/involvement in such a way that takes into consideration his own desires, tolerance, and abilities, the needs and expectations of his wife and others, and the constantly changing nature of the pregnancy itself.

All of these factors enter into the calculus by which a man determines how he will relate to pregnancy. Despite all of these factors and the immense variation among individuals, there are some regularities. Three distinct styles of detachment/involvement emerged among the men interviewed in this study:

- 1) observer styles - in which a man reports a certain amount of emotional distance from the pregnancy, and sees himself largely as a bystander,
- 2) instrumental styles - in which the man reports that he focuses on tasks to be accomplished, and sees himself largely as a caretaker,
- 3) expressive styles - in which the man reports a highly emotional response to the pregnancy, and sees himself as a full partner.

Throughout this report, a man will be said to adopt an observer style rather than the observer style, to communicate the fact that individual styles may vary, yet still represent the same stance toward the pregnancy.

Which style a man adopts is dependent on several factors, perhaps the most important being the man's readiness for pregnancy. Once the man establishes a certain style of detachment/involvement for himself, he must then maintain and adjust that style to the changing demands of the pregnancy, and the perceived needs of his partner. Many of the adjustments in an expectant father's detachment/involvement style occur as a result of negotiation with the pregnant woman. This process of negotiation varies according to which style the man adopts and how comfortable the woman is with that style.

There is a pattern of changes in detachment/involvement that take place over the course of pregnancy. In general, involvement increases gradually as the birth approaches,

although the rate of this increase varies. Changes in detachment/involvement over the course of pregnancy create a characteristic pattern called the male pregnancy trajectory. This trajectory has three distinct phases, each one representing a change in the man's relationship to the pregnancy. These phases, which will be described more fully in later chapters, are 1) the announcement phase, 2) the moratorium and 3) the focusing/redefinition phase. The order of these phases is fixed; however, they may vary in length and occasionally either of the latter two phases may be foreclosed completely.

Variation in movement through these phases occurs primarily because of a lengthened or shortened moratorium. The length of the moratorium is related to the particular detachment/involvement style the man adopts and his readiness for pregnancy. Variations in the male pregnancy trajectory can have both positive and negative consequences for the pregnant couple, and may indicate need for some changes in obstetrical health care practices.

To summarize, I have attempted to outline the substantive theory developed in this study. The theory describes how first-time expectant fathers manage their own style of detachment/involvement in pregnancy by showing: 1) how men establish their own detachment/involvement styles, and how they differ, 2) how men maintain their own style through negotiation with their partners, 3) how their detachment/involvement changes over time, in three distinct phases within

the male pregnancy trajectory, and 4) what variables affect change in detachment/involvement and account for individual differences in trajectories.

This theory was developed through a method of collecting and analyzing qualitative data called "grounded theory" methodology or "constant comparative analysis" (Glaser and Strauss, 1967). Chapter 2 will present a description of the design of this study, as well as a detailed discussion of this methodology as it was used in this research.

Chapter II Design and Methodology

The aim of "grounded theory" methodology is to generate a theory, that is a set of interrelated concepts, that emerges from and attempts to explain a given body of data. This method of analysis for qualitative data was developed by Glaser and Strauss, and a broad description of the technique is presented in their book entitled The Discovery of Grounded Theory (1967). Some social scientists believe that there is something magical at best, and disreputable at worst, about the grounded theory method. However, at base, it simply is a more rigorous and disciplined form of the everyday human activity of making some order out of seemingly unrelated observations and generalizing from that order.

The process is at times difficult to describe for two reasons. One, the rules for qualitative analysis are not standardized, and thus are not easily describable. Two, grounded theory generation requires that data collection, recording and analysis go on simultaneously rather than in a strict order, thus making description of the process more difficult. These problems can be alleviated somewhat by explaining the process of generating theory from data by showing how the grounded theorist "handles" qualitative data, rather than describing the process more abstractly. This chapter will present a brief general overview of the process, followed by a more detailed account of how I collected, recorded and analyzed data in this study.

Overview of grounded theory methodology

The emphasis of grounded theory methodology is on generating theory that describes processes rather than units in a social setting. Description of the units themselves restricts generalization to other social settings, and the theory is likely to become obsolete when the setting changes. Analysis of basic social or social-psychological processes, however, is more readily generalizable to other social settings and yields more powerful theory. The grounded theorist collects and analyzes data simultaneously. She records data in such a way that permits each piece of data to be examined closely and compared to other data. Such comparison yields natural groupings of data called categories. As fairly clear cut categories emerge, the researcher hypothesizes about possible connections or linkages among those categories. These connections are then constantly compared to each other and examined in relation to the growing mass of data. The researcher is continually making new hypotheses about categories and the connections between them. Hypotheses that do not fit the data are dropped or changed, and new ones developed. Thus, the researcher is always seeking and defining the limits of her hypotheses.

Categories are well-established or saturated when no new information is uncovered about them. The relationships or connections among well-established categories are the basis of the emerging theory. Eventually, categories and connections between them become sufficiently clear that a

core category or process emerges. The researcher actively searches for observations that will substantiate or show the limits of the theory, a process known as theoretical sampling. The researcher explores the special characteristics or properties of categories and the conditions under which they occur in an effort to create a denser and more integrated theory. The process of theory construction is finished often in the writing of the theory; as writing proceeds, additional insights prompt further refinement of the theory until the researcher is satisfied with it. Thus, a useful grounded theory describes a basic process in a social setting in a way that is true to the data and that stimulates new thought and inquiry.

Study design, subject recruitment and description of study population

I collected data intermittently from September 1977 through September 1978. The major part of the study consisted of formal interviews with first-time expectant fathers and their wives. There were two groups of informants. The first group consisted of 9 couples who were interviewed 2-4 times during their pregnancy and postpartum period. This group will be called the longitudinal group. The second was a group of 11 couples who were interviewed only once. This group will be called the cross-sectional group.

The longitudinal group was interviewed on the following schedule:

- a) 2 couples interviewed at 12-16 weeks, 20-26 weeks, 34-40 weeks, and once 2 weeks postpartum,
- b) 2 couples interviewed at the intervals above, but without a postpartum interview,
- c) 5 couples interviewed at 20-26 weeks, and 34-40 weeks without a postpartum interview.

Originally all longitudinal couples were to be interviewed in the postpartum period; however, after completing several postpartum interviews, I found I was not obtaining data pertinent to the pregnancy experience, so I discontinued those interviews.

The cross-sectional couples were interviewed as follows: 2 couples interviewed at 12-16 weeks, 4 couples at 20-26 weeks, and 5 couples at 34-40 weeks. No postpartum interviews were done in the cross-sectional group. I conducted a total of 35 interviews; each usually lasted 90 minutes, yielding more than 55 hours of interviews.

Prospective couples were referred to me by fellow professionals; a few expectant fathers volunteered in response to a sign posted in a prenatal clinic explaining the study. Expectant couples were referred to me if they were:

- 1) in reasonably good health (at time of referral) with uncomplicated pregnancies,
- 2) in the first pregnancy for both partners (excluding previous early abortions),
- 3) living in a stable relationship at the time of referral,

- 4) both able to speak English well enough to be interviewed,
- 5) willing to have me contact them by phone.

Five couples who were contacted by me refused to participate. Two couples who were interviewed early in their pregnancy had subsequent miscarriages and were dropped from the study. Once couples were referred to me, I sent them letters explaining the study and later called them at home to determine whether they were willing to participate. If they agreed, I then made arrangements to interview them in their home. Both the husband and wife were asked to sign consent forms; no one refused to do so.

The consent form included the statement that I might wish to interview the husband and wife separately. The consent form also stated that if separate interviews were done, I would not discuss the content of one partner's interview with the other, although they were free to do so if they wished. Four of the nine longitudinal couples were interviewed separately at least once during their pregnancy.

Perhaps an explanation is in order as to why I interviewed couples rather than only the expectant fathers. Although this study specifically focused on the expectant father, I interviewed couples for several reasons. First, the man's experience of pregnancy evolves in relation to the woman. Each man creates his own "self as expectant father" through interaction with his wife. Thus, it seemed essential that I examine the woman's perspective. Second,

I did not wish to create any suspicion or tension within the couple by interviewing husbands alone. This problem had occurred once in the very early phases of data collection. A woman who had had a difficult delivery and a subsequent postpartum depression came to perceive my postpartum interviews with her husband as threatening. When I realized this, I terminated my contact with that father as gracefully as I could. Consequently, I conducted separate interviews with spouses only when I felt that I had established excellent rapport with both spouses. I had thought that separate interviews might yield data that spouses might not have shared otherwise. In a few cases, this was true. However, for the most part, couples were quite open and honest during interviews and I did not feel separate interviews were usually necessary.

The 20 couples interviewed in this study were all volunteers; thus this study population is not representative of all expectant couples in the Bay Area. Of the couples in this study, 16 were Caucasian, 2 were Filipino, 1 couple was Latino and 1 couple was Black. The average age of the men was 29 years old, ranging from 20 to 42 years old. The women ranged in age from 21 to 36 years old, with an average of 27. Eleven of the couples had planned their pregnancies; nine had not. Although detailed information about educational and economic status was not collected, it is apparent that the study population is predominantly middle-class. Half of the men had some college education; the remaining

half had all completed high school. Of the 20 men interviewed, five were professionals (physicians, lawyers, architects), eight were blue-collar workers (construction workers, machinists, park employees), and seven were white-collar workers (bank employees, salesmen). Of the 20 women interviewed, 11 had had some college education; all had finished high school. Nine of the women were professionals (physicians, nurses, psychologists), six were white-collar workers (bank employees, clerks), and five were unemployed.

The question arises whether a volunteer study population biases the data obtained and thus the theory generated. This would certainly be true if the aim of this study was to establish facts and to assert that these facts were true for the entire population studied. However, the aim of this research was to generate a theory that explained as much of the data as possible, and that could be validated by further inquiry later. Data from different kinds of informants in different social settings would serve to refine and expand the substantive theory presented here.

Data collection: interview content and techniques

At the beginning of the first interview, I explained that I was a registered nurse working on my doctorate, and also a childbirth educator who had been interested in expectant fatherhood for several years. I encountered few problems negotiating entry and establishing rapport with couples. Men were occasionally surprised that anyone would

be interested in their experience of pregnancy, and a few were a little reticent to talk about themselves in this unfamiliar way. However, I reassured them that the interview would not be intense or prying, and that I would "take the lead" from them, meaning that I would be glad to hear whatever they wanted to tell me. In a few cases where the man was somewhat reluctant to talk about himself, I was usually able to make him feel at ease by talking mostly to the woman at first, and then gradually pulling him into the interview. After a few interviews were completed, I was able to reassure couples that most people found the interviews enjoyable. During the course of the study, several couples told me they found the interviews quite interesting and helpful because they focused attention on aspects of their relationship they might not have thought about otherwise.

Early in data collection, the interviews were very broad and unstructured. I began most interviews by collecting demographic data. I then began to explore with the man how the pregnancy fit into his life, and what impact he thought the pregnancy had had on him and the marital relationship. I frequently asked each partner how the other "had been to live with since the pregnancy began". This seemed to communicate to the couple that I wanted to hear about the bad times as well as the good, and often relieved some uncertainty for them.

Interviews with cross-sectional and longitudinal subjects differed somewhat. In the longitudinal interviews, I tried

to determine what changes the man and woman perceived in each other and in their relationship as the pregnancy progressed. Cross-sectional interviews yielded more of a "slice of time" perspective, although I did ask these couples to reflect on the impact of the pregnancy both past and future. I developed a particularly useful technique for focusing longitudinal couples on any change in their perceptions during the pregnancy. I brought a typed transcript of their previous interview, read passages of it to them, and asked them to respond. This yielded considerable information about changes in the couple relationship and the man's stance toward the pregnancy over time. Eventually this data enabled me to construct a theory of the male pregnancy trajectory.

I tape-recorded all interviews, and then transcribed them. I transcribed much of each interview word-for-word; however, I summarized many sections and noted tape counter numbers so that I could locate them easily if necessary. I incorporated field notes, such as any non-verbal cues, my own emotional response to the content of the interview, into the transcription. I then began data analysis from the typed interview transcriptions.

Data collection: anecdotal materials

In addition to interview data, I collected personal journals, letters, articles in the popular press and poetry done by expectant fathers. I then analyzed these materials in the same way as interview data, and found them useful

in generating new directions to pursue in subsequent interviews. Personal journals and letters were donated by interested expectant fathers, and in all cases, I obtained permission to include these materials in the finished research report.

Data analysis: substantive coding-building categories

Substantive (or open) coding is the first stage of constant comparative analysis. Substantive coding is the process of separating data into discrete bits and moving them to higher levels of abstraction by categorizing them. Each piece of data, in this case, each response or sometimes each line or phrase, was examined and its content summarized or labeled, often using the informant's own words.

A category is a concept, either a theme or a process appearing in the data, that seems distinct. Some examples of categories that emerged during this study are: "arguing over nothing", "announcing the news", and "feeling ready". Some categories are fairly predictable to the researcher when she is familiar with the field; others surprise the researcher and ensure that she discards many preconceived notions when it is apparent they do not fit the data.

Such an unexpected category emerged rather early in this study. Often in the first trimester interviews, men reported that although they knew the pregnancy was a reality, and in most cases they were happy about it, they just didn't experience it as real or important in their everyday lives.

At first, I gave this a category heading of "not real". Although it was awkward, I used that heading because those were the words the men used to describe their feelings, and because it symbolized that concept well for me. I later changed "not real" to a less awkward, more descriptive one I called "waiting for the pregnancy". Eventually, that new category was subsumed under the larger heading "moratorium" that became important in the later stages of theory construction.

I noted category headings (also called substantive or open codes) in the margins of the working copy of the transcriptions. If a particular category stimulated some questions or thought, I would write a short memo under that category heading. Sometimes I wrote on one piece of data or category until I had nothing more to say; other times I coded an entire interview or several interviews quickly and then went back and elaborated on the categories in short memos.

Analytic memo writing is a crucial part of this style of research. A memo is simply thought put on paper regarding a given category, connections between categories, or the theory as a whole. It is vital that the researcher record these thoughts immediately, because if left unwritten too long, they will be forgotten under the pressure of incoming data. Early memos tend to be short and raise more questions than they answer. Gradually memos become longer and more substantive. In the final stages of theory construction,

major memos essentially become the building blocks of the theory.

Substantive coding yields many categories rapidly, but as more data are analyzed, some categories drop out and other more productive ones emerge. Just as before when individual pieces of data seemed to fall into categories, now categories may fall together or seem to be connected in some way. Categories that are clearly connected may be combined and recoded into a broader category. Because this expands them to include a wider range of observations, these larger categories become increasingly abstract. They remain grounded in the data, however, because they are constantly compared to incoming data. If new data seem to disprove a particular category or hypothesis, the researcher must go back and see if the observations in that category do indeed tie together, or if she forced the data into an inappropriate grouping.

Categories that survive this comparison to incoming data become the focus of the researcher's attention. The researcher compares categories with each other, and focuses on the relationships between categories. This process is called theoretical coding and may be the first time that the researcher sees a hint of the emergent theory amidst pages of data.

Data analysis: theoretical coding - building connections between categories

Theoretical coding is the process of building connections between categories. The researcher does this informally throughout the research process. However, by using sets of theoretical codes, the researcher now focuses more intently on the relationships between well-established categories. Theoretical codes are sets of concepts which, when applied to seemingly unrelated categories, may enable the researcher to pull out connections (or linkages) that had been missed earlier. One frequently used theoretical code is: causes, conditions, consequences, contingencies, covariance, and context.

The researcher examines categories in relation to a theoretical code until it seems to highlight relationships. The theoretical code must fit the data; applying one that does not will result in faulty connections. Consequently, the researcher may try several before one fits. For example, the category of "not real" which emerged early in my interviewing did not seem to be connected to any other category for some time. However, I knew the category was significant because it appeared early and strong in the interviews. After working with the theoretical code listed above for some time, I realized that the "not real" pregnancy for these men was a consequence of another category or process labeled at that point "waiting for the pregnancy". This connection became the basis for what later became the moratorium phase in the male pregnancy trajectory.

This process of building connections between categories yields the first fuzzy outlines of the substantive or grounded theory. Once some connections are made, the researcher can begin to identify which categories may be crucial and require more attention and which ones may be peripheral to the emerging theory. Again, the researcher constantly compares linkages to the larger body of data to see if they fit. A connection that does not seem to fit may be faulty; if so, the researcher will eventually be forced to discard or rebuild it. For example, early on I thought that all men probably experienced what I called the "not real" pregnancy, and I tried to build that into the emerging theory. Later, when I listened to the data that said that not all men experienced that phenomenon, I was forced to rebuild that part of the scheme.

Theory construction: theoretical sampling and reduction

Once the outlines of a workable theory emerge, the researcher concentrates on strengthening and simplifying it. This is done by theoretical sampling and reduction. Theoretical sampling is the process of purposefully collecting and coding data into a particular category to strengthen it or define its limits. A category is said to be saturated when the researcher has collected and coded sufficient data into it to be sure that more data will not yield any important new information. Once the category is saturated, the researcher can then concentrate on further developing the

theory by pulling out the properties and conditions of that category.

Properties are characteristics of a category such as its visibility, timing, changeability, or valuation. Conditions are the circumstances in the social setting which permit the theme or process to emerge. For example, the conditions for a man "feeling ready" for a pregnancy are stability in the marital relationship, relatively secure finances, and a sense that the pregnancy will not keep him from doing other things that are important to him. If the man does not believe these conditions exist, he is likely to describe himself as not "feeling ready" for pregnancy.

Properties and conditions are sometimes readily apparent in the data; other times using theoretical codes is helpful in pulling out less obvious properties or conditions. Exploration of properties and conditions of major categories provides for richness and density in the substantive theory. As with other processes in this research, discovery of conditions and properties goes on continually. However, I found it easier and more efficient to do this in the later phases of analysis when theory construction was well underway.

When a number of categories are saturated, and seem to have similar conditions and properties, the researcher may simplify the theory by searching for a higher-order category that will subsume smaller ones without losing explanatory power. This process of reduction enables the researcher

to delimit the emerging theory. Categories that are peripheral to the theory may be dropped. Data that do not fit may show the limits of the theory, or the theory may be further modified to account for the new data.

Theory construction: selective coding and isolation of the core category

At some point, the researcher becomes committed to a theory that seems to explain much of the data. The body of data is reexamined, and old data in categories that may have been dropped out may be selectively coded into the existing theory. Eventually the researcher stops developing new categories and works on increasing the density and power of the theory as it stands.

The core category is isolated gradually as categories are compared and reduced. The core category is one process or concept out of many found in the data that explains the activity in the social setting in a novel and productive way. The researcher must compare the core category to the larger body of data to determine the fit. For example, at one point in the study, I was convinced that a process I called "mutualizing" (sharing experiences between spouses in an effort to break down the barrier between their separate experiences of pregnancy) was a core process. However, when I reexamined the larger body of data in relation to "mutualizing", I found that some couples did not mutualize. I struggled with this poor fit for a while, until I realized

mutualizing was a small part of the larger process of involvement management. Involvement management emerged soon thereafter as the core process of this study.

Theory writing: sorting memos

Once the researcher has isolated the core category, and has built a theory that organizes much of the data, the researcher begins to write the theory. A dense and well-integrated theory is sometimes difficult to write from start to finish because of the complexity of interrelated concepts and the richness of detail possible in this style of research. A key process in writing theory is sorting memos, that is literally sorting them into piles according to categories, linkages, or cross-cuts across categories. This sorting process allows the researcher to integrate various parts of the theory as she goes along, and allows the researcher to write from different perspectives by sorting memos in different ways.

Theory writing: integration of theory and findings

Characteristic of this style of research is a final report which presents theory and findings in an integrated whole, since in a real sense the theory is the major finding of the study. Data are used to illustrate the theory and how it was derived.

The substantive theory presented in this report was generated primarily by constant comparative analysis of

interview and anecdotal data. However, this study was also influenced by previous research in the area of men and pregnancy, and by the sociological perspective of symbolic interactionism which is the philosophical basis for grounded theory methodology. The following chapter reviews some of the literature in those areas that pertain most directly to this study.

Chapter 3 Perspectives on Involvement and the Male
Pregnancy Experience

This study was influenced in part by previous research in the areas of expectant fatherhood and the transition to parenthood, and also the sociological perspective of symbolic interactionism. This chapter will present a brief discussion of the symbolic interactionist perspective as it guided this research, and then a review of studies on expectant fatherhood as they pertain to mens' involvement in pregnancy.

Symbolic interactionism emerged as a major perspective in social psychology with G. H. Mead's work entitled Mind, Self and Society (1932), and its later analysis and consolidation by Rose (1962) and Blumer (1969). My understanding of symbolic interactionism is based on the following premises put forth by Blumer (1969):

- 1) human beings act toward objects (symbols, events) in terms of the meaning those objects have for them,
- 2) meanings are derived through social interaction, that is, meanings are social constructions,
- 3) meanings are modified by individuals through an interpretative process which brings to bear the individual's unique life history and ways of seeing,

- 4) the human being can conceive of himself as an object, this self-object emerging from interaction in which others define him to himself.

Thus the individual can view himself as others view him, and can interact with himself. Through social interaction, the individual develops the ability to take the role of the other; in so doing, the individual can see himself as an object and act on the basis of what he sees.

The experience of pregnancy and expectant fatherhood is the first wave of permanent changes in life brought by parenthood. How a man reorganizes his thinking and alters his behavior, and how he chooses to become involved in pregnancy depends greatly on the man's unique life situation and personal history. The quality of his marital relationship, his desire for a child, his knowledge (or lack of knowledge) about childbearing and rearing, and everything he has noted about fatherhood are brought to bear on the meaning of expectant fatherhood that he constructs. This meaning or cluster of meanings then enables him to plan and test out various strategies or patterns of behavior. Through social interaction he begins to select patterns that seem to fit his expectations and the expectations of others.

Involvement in pregnancy occurs as the man prepares for and adapts to changes in his primary relationships and life style that pregnancy brings. This adaptation, whether by involvement or detachment, is part of the larger process of parental role development. To understand how expectant

fathers become detached from or involved in pregnancy, one must begin to understand men's meanings of pregnancy and fatherhood, and how these meanings are constructed and changed through interaction with their partners, significant others, and society at large.

Whatever understanding of the process of detachment/involvement management by expectant fathers is generated in this study comes almost entirely from the interview and anecdotal data. This is because the existent literature on men and pregnancy sheds little light on the experience of expectant fatherhood as a whole. Indeed, many of the earliest classical works in the field focus on pathological or highly unusual pregnancy experiences such as "Pregnancy as a Precipitant of Mental Illness in Men" (Freeman, 1951), "Sexually Deviant Behavior in Expectant Fathers" (Hartman and Nicolay, 1966), and "The Husband's Role in Psychiatric Illness Associated with Childbearing", (Kaplan and Blackman, 1969). Recently, researchers in nursing and other social sciences have turned their attention to the normative experience of expectant fatherhood. However, these more recent studies still yield rather limited knowledge about the man's perspective on pregnancy, in part, because most dealt with interview or questionnaire data which was sometimes difficult to interpret. In addition, most studies in the past have collected data only in the last trimester, thus neglecting the earlier two-thirds of pregnancy. Consequently, little is known about the early phases of expectant fatherhood,

and nothing about the changes in the experience of the course of pregnancy.

Another problem in reviewing the literature in this area is the variety of ways key terms are used by researchers. 'Father involvement' is an increasingly used term. Its meaning can range from behavioral involvement measured by outside criteria, to subjective involvement as defined and reported by the expectant father, or some vague mixture of the two. Thus, the connections between findings of the studies discussed here and the concept of detachment/involvement management that evolved in this study may be tenuous. Even so, the discussion of recent work in the area of expectant fatherhood will provide a framework for better evaluation of the theory presented in this report.

Perhaps the most influential work, at least in terms of the early part of this research, was the descriptive volume entitled Pregnancy: The Psychological Experience by the Colmans (1971). Their description and analysis of the expectant father's emotional experience of pregnancy remains the most extensive to date. The Colmans' discussion of expectant fatherhood, derived largely from their own pregnancies and reports from expectant fathers in discussion groups, was among the first to examine the experience holistically. The Colmans stressed that the resurgence of a man's unconscious feelings and earliest memories of his childhood play an important part in his emotional reaction and adjustment to pregnancy. They postulated that an

expectant father would become actively involved in the pregnancy and birth experience (their meaning was unclear) to the extent that he was able to deal with and work through this emotional stress. They added that identification with and active involvement in the pregnancy and birth promotes nurturance in the man, and a closer tie with the infant later. They argue that a potential barrier to this close involvement is the fact that many expectant fathers feel left out of the pregnancy; they are jealous of their wives' ability to conceive and bear a child, and of the attention pregnancy takes away from them as husbands. Another barrier to close involvement the Colmans identified was the frequent inability of men to accept and express the nurturant feelings that pregnancy brought out in them.

The Colmans' work triggered my own interest in expectant fathers, and was the guiding perspective for many articles on expectant fathers, including my own (Antle, 1975; Antle-May, 1978; Roehner, 1976; Leonard, 1977). However, their psychoanalytic view of expectant fatherhood seems most applicable to well-educated middle-class men. My repeated contacts with men who had read the Colmans' book and said that it did not accurately reflect their experience, underlined for me the narrow view of the male pregnancy experience that many researchers have.

McNall (1976) presented considerable information about men's concerns late in pregnancy. In her interview study, expectant fathers were asked thirty-four questions about

common concerns during pregnancy. The fathers were asked to rank-order these questions according to the intensity of concern. Responses fell into three broad groups. Expectant fathers reported that they were most concerned about their feelings of helplessness, and apprehension about labor and birth, and moderately concerned about changes in the couple relationship and their feelings about fatherhood. The items fathers were least concerned about seemed to have little relationship to each other. Her conclusions that expectant fathers were most concerned about labor and birth throughout the pregnancy can be questioned, since the fathers were interviewed in the hospital on the second or third postpartum day when the labor and birth experience was undoubtedly fresh in their minds. However, her findings do correlate with data I have collected through observation in prenatal education classes and in a series of case studies of expectant fathers, that labor and birth is indeed a source of considerable apprehension for expectant fathers during the last trimester of pregnancy. This suggests that childbirth education classes have become a major way for expectant fathers to become involved in pregnancy in part, because these classes meet the expectant father's pressing need for information about labor and birth.

In a small questionnaire study, Roehner (1976) found that, in a sample of 26 men who attended childbirth education classes, most said that the announcement of the pregnancy elicited in them feelings of joy and pride as well

worry and some feelings of inadequacy in them. The majority of those men placed great emphasis on supporting and helping their wives, perhaps as Roehner suggested, to the detriment of their own preparation for fatherhood. She also noted that none of the men reported getting help with any of their concerns about parenthood from anyone other than their spouses. Another interesting finding was that most of the men felt that they began to "feel like a father" before the birth, either when they decided to have a child, when they got the news of the pregnancy, when they first felt the baby move, or at the actual birth.

In an interview/questionnaire study of 128 expectant fathers attending LaMaze classes, Wapner (1976) found that the major concern of expectant fathers was the responsibility of providing for a new family. This seems to conflict with McNall's findings; however, Wapner's questionnaire did not include items that would tap concerns about labor and birth. Most of these expectant fathers reported feeling very invested emotionally in the pregnancy. Over half said they almost always or often felt like "we are both pregnant" (p. 7). The fathers felt more protective and concerned about their wives because of the pregnancy. Overall, their responses reflected a sense of increased nurturance directed toward their wives. Interestingly, their wives rated the men as less nurturant than the men themselves did. Wapner concluded that this was due to the fathers' expressing few of their nurturant feelings to their wives. Only one-third

of the men said that they wished they could share more of their feelings with their wives; thus, the majority were satisfied that their wives understood how they felt. In addition, the wives rated the men as more mature, more manly and more helpful around the house during the pregnancy than the men themselves did. Wapner concluded that spouses may have different needs during pregnancy, the man needing to explore a more nurturant role with his wife, and the woman needing the man to be "supportive and responsible but perhaps not overly involved in and identified with the pregnancy." (p. 10).

Wapner's study is the only one reviewed which deals directly with the concept of father involvement in pregnancy. He constructed a set of questions to measure "behavioral involvement" (p. 10). Those questions were how often the expectant father: 1) talked to his wife's doctor, 2) spent more time with his wife because of the pregnancy, 3) did extra housework, 4) read about pregnancy, labor and birth and 5) helped prepare the house for the baby. Men rated themselves very low on all these activities but the last, preparation of the home for the baby. Obviously these activities had little relationship to the high levels of subjective involvement in pregnancy that those expectant fathers reported. This underscores the importance of focusing on the subjective state, rather than on outside criteria, as a starting point for assessing father involvement. Wapner expressed concern that these

findings represented expectant fathers' "difficulty in finding ways of translating their feelings about pregnancy into meaningful and gratifying activities" (p. 13). However, it may be that these activities were not meaningful and gratifying to the men in his study, that expectant fathers do not need to make such a translation of feelings into activities, or that such activities evolve naturally later in pregnancy.

Two studies have presented information on the kinds of activities that may represent involvement in pregnancy. Fein (1976 a) reported that fathers consciously prepared for changes in the marital relationship by spending more time with their wives and paying more attention to their needs, or by talking with their wives about their future relationship and their new life together. In contrast, Obzrut (1976, p. 1442), in an interview study of 20 fathers in the last two months of pregnancy lists the following activities and how often they were reported by expectant fathers as included in their preparation for fatherhood:

Preparing living arrangements for the baby	95%
making purchases for the baby	95%
attending parenting classes	90%
showing an interest in children	90%
anticipating changes in life style	85%
thinking about their role as father	85%
planning father-child activities	85%
reading about fathering	80%

observing other fathers	75%
talking to other fathers	70%
dreaming about their baby	45%
increasing family income	25%
babysitting	20%
practicing infant care activities	15%

Thus, recent research suggests two main areas in which preparation for fathering and subjective detachment/involvement may be established: work (thoughts, feelings, activities) related to the pregnancy and birth, and work related to the marital relationship. Another less researched area which may represent detachment/involvement in pregnancy may be an expectant father's physical response to pregnancy, the so-called couvade syndrome.

The couvade syndrome, a constellation of pregnancy-like symptoms experienced by the male in response to his mate's pregnancy, was named by Trethowan and Conlon (1965, 1971). These researchers state the cause of such physical symptoms in the male is overidentification with the female partner, or a manifestation of parturition envy. However, this syndrome has been reported to occur in as high as 65% of a large study population (Leibenberg, 1973), and is a frequently reported ancillary finding in other studies (Wapner, 1976; Roehner, 1976; Gurwitt, 1976). In addition, Fawcett (1977) in her study of perceived body image changes in pregnant couples, found a distinct increase in the perceived body space of expectant fathers during the last months of

pregnancy and a subsequent decrease at one to two months postpartum. Her hypothesis that this change was mediated by identification with the spouse was not supported. However, the trend toward increased perceived body space was clear and she suggests that this might be included as another aspect of the couvade syndrome.

Pregnancy symptoms may be an unconscious expression of the father's pregnant emotional state. Wapner (1976) notes that there was a definite correlation between the man experiencing pregnancy symptoms and reporting the feeling that "we are both pregnant". If so, pregnancy symptoms may be an adaptive behavior related to subjective involvement in some men, of course excluding those rare cases which impair normal functioning and require psychiatric intervention. Research specifically dealing with the couvade syndrome is rather scant, but Munroe and Munroe (1971) reported that American men who experienced mild pregnancy symptoms were rated by prenatal clinic staff as more strongly involved in infant caretaking postpartally than were non-symptomatic men. This may suggest that men who allow themselves to be open to the pregnancy experience physically, if not emotionally, may be more ready to assume a nurturant role with their newborn later. If so, pregnancy symptoms may be an indicator of subjective involvement in pregnancy.

There are indications in the literature that the style of detachment/involvement that the expectant father establishes in pregnancy is controlled to a large degree by his

wife, and that she may be in a more powerful decision-making position than he in relation to the pregnancy and birth. Reiber (1976) found in her interview/observation study of nine couples that, if women wanted their partners to be actively involved in child care activities later, their partners agreed that they would be. Conversely, if women wanted to keep these activities to themselves, the men expected that they would be less involved in child care. These findings are supported by those of Fein (1976 b) who reported that "womens' pre-birth expectations of mens' infant care involvement predicted mens' involvement even more strongly than did mens' expectations" (p. 346).

It would seem logical that, if the woman shapes so much of the man's expectations and experiences in child care, she would also play an important role in shaping his involvement in pregnancy. This is substantiated by Zussman (1969) who found that, in all cases in her study where fathers participated in labor and birth, the woman initiated discussion of his participation; in no case did the husband or obstetrician first suggest the idea. This seems to confirm the findings of this study that the man's level and style of detachment/involvement in pregnancy is shaped to a large degree to fit the woman's expectations and needs.

The only recent study which, to my knowledge, studied the phenomenon of expectant fatherhood over the course of pregnancy was an interview study by Heinowitz (1977). His study, based on a phenomenological perspective, consisted

of intensive interviews with four first-time expectant fathers at the confirmation of pregnancy, after the man first felt fetal movement, in the seventh or eighth month, during the last month, and two to three weeks postpartum. These interviews yielded much in-depth information about the subjective experience of expectant fatherhood. Heinowitz drew few generalizations from his wealth of data; however, he did identify some significant themes. First, he found that the subjective experience of expectant fatherhood was highly variable, with frequent and sudden changes in mood, and fluctuations in the man's feelings of connectedness with the pregnancy and with his partner. Heinowitz attributes this changeability to ambivalence and a sense of isolation which he views as important aspects of the transformation from husband to father; specifically, he states:

The expectant father feels pulled between his need to acknowledge his own isolation, his need for attention and reassurance, and his sense of responsibility to his wife. He must continually find ways to maintain a balance and cope under the stresses he feels. (p. 238)

Other findings in the Heinowitz study suggest that the momentum of the pregnancy fosters a sense of helplessness and passivity in some men. There were also themes of inadequacy and self-doubt, and feelings of being walled-off from their emotions and being unable to fully experience

the impact and the implications of pregnancy. Many of the themes support the sequence of changes in detachment/involvement over the male pregnancy trajectory as presented in Chapter 6 of this report.

To summarize, existent studies do not contribute greatly to an understanding of the phenomenon of expectant fatherhood as a whole. Most studies have yielded questionnaire or interview data which is difficult to interpret and to relate to other findings, and there is a dearth of information on the male pregnancy experience over time. The studies reviewed here, however, do suggest that expectant fathers prepare for fatherhood and involve themselves in pregnancy in three major areas: work in preparation for childbirth and childrearing, work in maintaining the marital relationship, and for some, a physical response to pregnancy known as the couvade syndrome. In addition, several studies support various parts of the theory on detachment/involvement management reported here. The most important correlations seem to be the power differential between man and woman during pregnancy (Reiber, 1976), mens' isolation and ambivalence of early pregnancy giving way to feelings of participation and taking hold later (Heinowitz, 1977), and the importance of certain events as benchmarks for expectant fathers (Heinowitz, 1977, Wapner, 1976).

Part II of this report presents the substantive theory of detachment/involvement management by first-time expectant fathers. Chapter 4, "The Male Pregnancy Experience: General

Properties", outlines some of the more salient properties of the experience of first-time expectant fatherhood. Chapter 5, "Adopting and Maintaining Detachment/Involvement Styles", describes three distinct detachment/involvement styles that first-time expectant fathers adopt during pregnancy, and how these are altered and maintained through negotiation with their wives. Chapter 6, "Managing Detachment/Involvement and the Male Pregnancy Trajectory", describes three phases in the male pregnancy trajectory that reflect changes in detachment/involvement, what factors account for variability in the movement that some men experience through those phases, and the implications this variability may have for the expectant father and his partner.

PART II

FINDINGS

Chapter 4

The Male Pregnancy Experience: General Properties

This chapter is intended to give the reader a sense of how men view the pregnancy experience, and to serve as a framework for the later explanation of detachment/involvement management during pregnancy by first-time expectant fathers. The properties of the male pregnancy experience described here are essentially the foundations of that substantive theory. This chapter will show how the woman sets the pace for, and controls much of the man's pregnancy experience. The biological gap between their respective experiences will be described. This gap makes expectant fathers outsiders in some ways, thus placing them in less powerful decision-making positions in relation to the pregnancy. Much of the male pregnancy experience is colored by the ambivalence about pregnancy and parenthood that most men feel, even if the child is desired. This ambivalence is linked to feelings of increased vulnerability in the face of new responsibilities associated with pregnancy, and with men's lack of preparation for and knowledge about childbearing. Another important characteristic of the male pregnancy experience is the resolution of this ambivalence as evidenced by the pattern of increasing excitement and interest in pregnancy that men feel over time. Finally, social trends, particularly

the prepared childbirth movement, have had positive and negative impact on mens' experiences of pregnancy.

The expectant father as outsider

Perhaps the most striking property of the male pregnancy experience is the fact that the man is in some ways an outsider and is in a less powerful decision-making position vis-a-vis the woman, at least in matters pertaining to pregnancy, birth and early childrearing. This has important implications for the process of detachment/involvement management discussed in the following chapters. The man's experience is structured largely by the woman; indeed, many men perceive the pregnancy as "hers", and thus do not see any need to take a more active role in decision-making role commencing with the birth of the child. Some men do what might be called 'anticipatory negotiating' in preparation. Joan said at 16 weeks of pregnancy:

One of the things I notice that gets brought up and gets dropped fast is how to work out child care when I go back to work. He caught me saying one day that I would get a babysitter or a friend that I trust, and he said "what about me? what about somebody that I trust?" so that's something that we haven't really dealt with yet, but we will have to.

The expectant father's outsider status derives from the separate way that men and women experience pregnancy. At

first, this might seem to be stating the obvious, since men are fundamentally different from women and it follows that their pregnancy experiences would be different. However, since the woman's experience is well-documented and the focus of much attention, there is the tendency among scientists and expectant parents themselves, to assume that the man feels as the woman does about many aspects of pregnancy. When men are asked to describe their experience, it soon becomes apparent that this is not so.

Experiential gap between partners

Part of this experiential gap arises from biological differences that cannot be overcome. The man usually does not experience definite physical symptoms, he does not experience labor and birth as a woman does, and he cannot breastfeed an infant. As much as a couple may want to share their experiences and feelings, their separate biology and different socialization prevents complete description and understanding. Couples are often surprised by the distance that pregnancy can create between them. This is illustrated in the following exchange between a husband and wife at 15 weeks of pregnancy:

Don: I found it hard at times, not experiencing the nausea, to understand how awful it really was, and I couldn't always relate to it. I'm sure I wasn't the most sympathetic person at those times.

Joan: He got more sympathetic when I started throwing up.

Don: Well, it's true. I don't understand, never having been there.

Joan: And explaining and explaining doesn't always get you there.

The early weeks of pregnancy are the most difficult for the couple since the man cannot see the first signs; many men reported that pregnancy didn't really start for them until their wives "began to show". This dependence on outward signs was troublesome for some men. As one man wrote in his journal:

I needed all the help I could get to keep me involved, to keep the pregnancy from becoming her problem, not mine. Her body was changing and her mind could follow, but for me, it was the mind that had to lead.

Men often described the feeling that they were "once removed" from the pregnancy, and that the experience seemed "second-hand". The woman is both the pacesetter and gatekeeper for the man during pregnancy. She sets the pace through her attention to the physical and emotional changes she is experiencing, and controls the man's access to information about how the pregnancy is progressing in the early weeks of gestation. Without any physical changes in his own body to reinforce the reality of the pregnancy, the man must watch for cues from the woman.

Physical involvement in pregnancy

Not all men felt the lack of reinforcing physical sensations quite so acutely. Five of the men in this study experienced some physical symptoms that they suspected were related to the pregnancy. For a few, the symptoms were clearly pregnancy-like, such as weight gain, or morning nausea. Others felt fatigued or tense, or had more frequent headaches, conditions less clearly linked to the pregnancy.

This information was acquired in an unexpected way. At the beginning of nearly every first interview with a couple, I asked the man this very broad question: "how does it feel to be pregnant?" I anticipated that men would respond with information about their emotional experiences and indeed, most did. However, some men gave me two interesting alternatives to the response I expected. One group of men balked at my use of the word 'pregnant' in referring to them, usually by making some joke, such as "Oh, well, if it weren't for this morning sickness" said sarcastically, or a slightly indignant "You've got the wrong one! She's the one who's pregnant!" Another small group of men didn't think twice about the question, and proceeded to describe various physical symptoms they had been experiencing. Clearly men differ in the degree of physical involvement they feel is acceptable for them, from the man who denies any physical response at all, to the man who accepts a few mild symptoms as a fairly normal response. Reported pregnancy symptoms did not seem to be overidentification with their wives, as the classical

writers about the couvade syndrome suggest (Trethowan and Conlon, 1965; Trethowan, 1972; Liebenberg, 1973). On the contrary, for some men in this study, mild pregnancy symptoms may have been an adaptive response to substantial changes in their wives and in their marital relationship. Such symptoms may have the effect of narrowing the experiential gap for some men.

Different priorities

The biological barrier between a man's and woman's experience of pregnancy may have long-range effects on the man's concept of himself as a future father. Some men saw conflict between their expectations of an active caretaking role with the infant and how they expected breastfeeding would be. Most couples in this study who decided to breastfeed did so early in the pregnancy. In most cases the decision was largely the woman's with support from the man. Even though men usually agreed with the decision, some expressed reservations about not being able to "get close" to the baby, or not having anything to do for the baby if their wives were breastfeeding. This is not to imply that these men secretly opposed the decision to breastfeed, simply that they saw a trade-off was necessary; losing some interaction with the baby in favor of what they saw as the more important advantages of breastfeeding. In one case, a man expressed some interest in becoming a househusband and caring for the baby in the early months so that his wife could return to

a job she enjoyed. However, he and his wife decided that this was not plausible since breastfeeding more or less required the mother to be the primary caretaker.

The gap between mens' and womens' experiences of pregnancy also leads to other differences in priorities on issues related to pregnancy and birth. For example, a man may not see the value of childbirth education classes, or may not have strong preferences about certain procedures during labor and birth. This is usually because he feels these things do not affect him directly, and he does not see them as very important. The woman, on the other hand, has a very high stake in seeing that her wishes are carried out, particularly on matters pertaining to the birth. Women are sometimes surprised that their husbands can be so casual about such important concerns. This can be a source of tension between spouses. Couples sometimes find themselves in the middle of an argument about something to do with the birth, such as the pro's and con's of intravenous infusions during labor, only to find the problem is not disagreement, as much as different amounts of emotional investment in some issues. Mens' expectations tend to be fairly global; for example, Michael said at 16 weeks of pregnancy:

My wife has some really specific things that she wants to have, and I want those things as well, but haven't been as adamant about them or as definite about them. I have more the feeling that what I want is for it to be exactly the way

she wants it and for me just to be there with her and the baby, and that everything should just go ok and that everybody be all right.

These differences in priorities are usually resolved, and especially in areas where the woman's emotional investment is clearly very high, the man generally supports her wishes. Occasionally, a woman asks more than the man feels he can give, for example, that he be present at the birth. A few men cannot agree to that no matter how important their presence is to their wives. Most others who would not participate if it were their choice alone, agree to attend the birth recognizing that the woman's need for her mate's presence is more pressing than his desire to wait outside. This is vividly shown in the following excerpt from an interview at 28 weeks of pregnancy:

Paul: I'm deathly afraid of hospitals. Actually, I've been doing my best to avoid talking about the birth much. I just got up the courage recently to go into the delivery room with her. I guess the childbirth classes have given me much more interest in being present, but that's going to have to work on me a bit more.

Jane: I was really surprised. We were in bed talking and out of the blue he said to me that he was going to come into the delivery room with me because - last year

he had some minor surgery and I was in the room waiting for him when he came back and he was so afraid of being in the hospital. I guess he was just thankful that I was there. That's what he said, "you were with me then, and I'm going to be with you in the delivery room". It was a big surprise.

Mens' ambivalence about pregnancy and its resolution

Another important property of the male pregnancy experience is the ambivalence that most men feel in early pregnancy, even if the pregnancy was desired. The causes of this ambivalence are unclear. However, it seems to be related in part to the increased feelings of vulnerability and responsibility that pregnancy elicits in men, and also to their lack of knowledge about and preparation for pregnancy.

Every one of the expectant fathers in this study felt they were unprepared and ill-informed about pregnancy. There are no well-established rituals, no clear guidelines for behavior for expectant fathers. Apparently, pregnancy is discussed rarely by men, except as something to avoid. Men frequently have very vague notions of what pregnancy will mean to them, and they often feel there is little for them to do during this period.

The lack of preparation for and knowledge about pregnancy is reflected in some of the popular stereotypes of expectant

fathers in our culture. Perhaps the most widely recognized stereotype is the panicky expectant father who, at the last minute, can't find the car keys, let alone the hospital. This crisis mentality appears frequently in the popular literature for and about expectant fathers. A recently published book of humor, entitled How to be a Pregnant Father: An Illustrated Guide for the First-Time Father begins: "For the first-time father, pregnancy can be puzzling, tiring and sometimes hurtful, and a frequent strain on the patience and the digestion." (Mayle, 1977, p. 1). The same chapter later concludes, "You, sir, have months of this to put up with". Clearly the book was meant to be humorous, but it also was intended to communicate information to expectant fathers. The major points were how to manage eating and sex amidst the chaos of living with a pregnant woman, and how to survive labor and delivery.

Expectant fathers recognized the connection between their lack of preparation and this crisis mentality in the popular literature. When asked early in the pregnancy what kind of experience they anticipated, many men were sure they wouldn't be the nervous type, but they had no clear notion of how they would be. One man said at 14 weeks of pregnancy:

I don't picture myself as the typical stereotyped portrayal on TV that gets real nervous and can't find the hospital or the car keys.

I don't see myself like that - but I don't know how I'll be - I don't know what it's going to

be like. I've never done anything like this before.

This lack of knowledge and preparation can intensify a man's fears and thus his ambivalence about pregnancy. For example, men often fear labor and birth a great deal, and describe it as something quite foreign to them and difficult to imagine. In my field work, I observed that men in the first meeting of a prepared childbirth class were intensely curious about some anatomical models that were displayed at the beginning of class, while their partners regarded them rather casually. The women felt that this was because they were relatively familiar with their own anatomy, and had had life experiences that in some sense prepared them better for the notion of labor and birth, such as menstrual cramps, pelvic examinations and false labor. On the other hand, the men required much more detailed explanations and descriptions before they were at ease with the models and the idea of labor.

Occasionally one can observe directly the diminution of men's fears and their gradual adjustment to the reality of labor and birth. This phenomenon was evidenced on a non-verbal level in prepared childbirth classes I observed. The teacher of the class began the first session with a general question-and-answer period. I was scanning the faces in the group quickly when a particularly tense-looking older woman asked "what is LaMaze going to do for the pain?" This was the first time the word 'pain' had been used in the discus-

sion. The non-verbal response in the following moments was quite striking. The womens' faces were generally questioning, turned toward the instructor, and the women sat quite still. In constrast, nearly every man registered anxious expressions that ranged from wrinkled foreheads to actual grimaces. In addition, most of the men shifted in their chairs, fidgeted or rewound their watches. Very few of the men looked at the instructor until she was well into her explanation of the rationale for psychoprophylaxis. This scenario was repeated several more times during the series of classes. However, each time the non-verbal response of the men in the group was less dramatic until late in the class series, the response was almost imperceptible, and the men were able to talk about labor pains in a fairly relaxed way.

Some men who began pregnancy knowing nothing about prepared childbirth became ardent advocates, sometimes to the surprise of their wives. One woman described such a change:

He could have cared less about natural childbirth until he read this one article. Then just last week - I don't know whether he was doing it just to please me or not, but he was really excited and saying "well, we're going to start those classes, and we'll try to go natural", and I said "well, I'm glad you've decided how I'm going to do it." But as time went along, I decided that he was right and that I would try it.

Another factor in men's ambivalence seems to be the feelings of increased vulnerability and responsibility that pregnancy elicits. The first-time expectant father has a sense of his personal vulnerability in the face of new responsibilities. Men talked about feeling more vulnerable and frail in response to the pregnancy, and the idea that something might obviate their relationship with their future child was quite disturbing to them. This may be a cohort effect, since many of the men interviewed were of draft age during the Viet Nam War, and three were veterans. One man, a veteran of much of the early combat, described his feelings of vulnerability in response to a news story he read:

I read that article about the man who was killed with his two year old daughter. The article said that he had had a hard time finding himself and he was finally getting himself together and they had this child, and things were really going good for them, and somebody comes along and blows him away. I really identified with that, and it made me feel awfully frail. It made me feel afraid at times, not necessarily for myself because I've faced death a lot of times and I'm much more resolved to it, but it would worry me having a child, and not being around. I know Barbara will be a great mother. It has nothing to do with that. It has to do with me and my relationship with the child (Alan at 14 weeks

of pregnancy)

These feelings of vulnerability do not always relate to death or separation from the family. More commonly, they center around financial concerns or particular life goals with which the man is struggling. One man described the feeling that he was building up contingency plans, a "protective network" to deal with financial problems. Another described his concerns about responsibility:

I feel the responsibility thing quite a bit, the provider thing. I know she could handle it if I wasn't around. I think women are stronger in many ways than men, mentally. I've always felt that E. was a strong woman, that she can handle anything. I know it sounds weird, but sometimes I feel so helpless in many ways. I feel unable to respond, and it's a source of frustration to me, so what I tend to do is try to disregard it, try to sweep it aside, "well, I'm not going to deal with it", which is the way that men deal with things. If they can't understand something or can't handle something, they just sweep it aside, and then label it such-and-such and then go on to something they can handle. (Bill at 28 weeks of pregnancy)

It is as if the sense of responsibility of being tied to a child puts these fathers in touch with their personal vulnerability. A recurrent theme in the classical litera-

ture on the psychology of pregnancy is that women have a sense that they are being tested and have a heightened fear of death during pregnancy (Jessner et al., 1970). The data from these first-time expectant fathers suggests that this may be true for men as well.

The resolution of this ambivalence is reflected in the pattern of increasing interest and excitement about the pregnancy as it progresses. This pattern is one of the more significant findings of the study, and is discussed more fully in Chapter 6 which deals with the male pregnancy trajectory. Briefly, mens' excitement and involvement in pregnancy is directly related to the physical signs of pregnancy and the preparations for birth. The pregnancy may not become real to the man until he can hear and feel life. Excitement and interest gradually increase from that point usually in the sixth month, and may increase sharply as the man begins readying the home for the baby or begins classes with his wife. Excitement generally remains high until the onset of labor, but if there is a long wait between the completion of the final preparations and the onset of labor, the expectant father may report some impatience and boredom with pregnancy. Description of this pattern may seem to be stating the obvious; however, this pattern is a strong general trend which, to my knowledge, has not been documented to date. Later chapters will explore the implications of this pattern for the first-time expectant father, the consequences for spouses of men whose experience does not fit this pattern,

and consequences for the men themselves.

Social trends affecting the experience of expectant fatherhood

Certain social trends have had a significant impact on the expectations of first-time expectant fathers, and have changed the male pregnancy experience substantially over the last 20 years. Clearly, many if not most of the first-time expectant fathers in this study were uncomfortable enough with their lack of knowledge about pregnancy and birth to begin reading about pregnancy, birth and attending childbirth classes. However, in my interviews with middle-aged men reflecting back on their first pregnancy, and from articles dating from the 1940's and 1950's, it is apparent that men were not expected to be well-informed or highly involved in pregnancy. Many expectant fathers in this study when asked to reflect on their fathers' involvement in childbearing and rearing, doubted their fathers could have been very involved in their mothers' pregnancies, even if they had wanted to.

Probably the most important factors in this change are the rise in consumerism in health care, the advent of family-oriented obstetrical care, the gradual change in traditional sex roles, and perhaps most important, the prepared childbirth movement. Proponents of prepared childbirth since the 1950's have proselytized for greater father involvement in childbirth and have provided new avenues for that involve-

ment. They developed prenatal classes which included fathers, and stressed the importance of father participation in labor and birth. Perhaps the most tangible proof of their work lies in the vast increase in the number of hospitals allowing father participation in labor and birth across the country.

By and large, the widespread acceptance of father participation in childbirth has been beneficial for first-time expectant fathers. Many men today cannot even imagine what their fathers' experience of waiting out labor and birth in the fathers' waiting room must have been like. Some men say that the stereotypical panicky expectant father image grew from the experiences of so many men being shut out and fearful about pregnancy and birth.

However, sometimes the very measures that are meant to allay mens' fears can exacerbate them. A childbirth educator pregnant with her first child said:

I think in some of the classes fathers transmit their anxiety to each other, but they may not realize that's what is happening. They are caught between the fear of medical intervention and mistrust on the one hand, and the feeling of total responsibility for the birth on the other. That's a hard place to be - Dick is really frightened for me and has asked a couple of times "what should I do if it really gets rough?"

Pressure toward father participation is quite strong

in some areas, and it may outstrip father readiness at times. Some men confided to me that they were going to the classes only because they didn't want to appear out of step with the times. Men who ordinarily would have preferred to wait out labor and birth in the fathers' waiting room may find themselves, as one man put it, "Being advertised into deciding to go through with it" (my emphasis). This trend extends to Caesarean births in some hospitals, with fathers being allowed and encouraged to be in the room during the birth, in some cases without ascertaining whether the father is well-prepared for that experience. It is a bit ironic that some men feel they must assume more responsibility by participating in labor and birth, which is a time when they may be most stressed and vulnerable. It is impossible to tell how widespread this problem is, but out of the more than 20 expectant fathers with whom I talked during the course of this study, 7 expressed to me serious reservations about their new, more responsible role in labor and birth.

To summarize, the experience of first-time expectant fatherhood seems, as one man described it, a "twilight zone". Expectations seem crystal clear to one man, vague to another. Pregnancy may be a time of great joy and anticipation, or tremendous pain and personal reassessment. It is not enough to point out that individual variations exist. The next chapters will present in detail, the components of a theory that explains and predicts some of the individual variation in how first-time expectant fathers manage their detachment or involvement in pregnancy.

Chapter 5 Adopting a Detachment/Involvement Style

Common knowledge among maternity clinicians and child-birth educators has it that first-time expectant fathers differ in their desire and ability to become closely involved in the pregnancy process. However, different styles of expectant fatherhood have not previously been documented or described. This chapter will present the first part of the process of detachment/involvement management by 1) describing the three distinct detachment/involvement styles that emerged among the first-time expectant fathers in this study, 2) explaining some of the factors that contribute to the adoption of a particular style, and 3) describing how first-time expectant fathers maintain or alter their individual style through negotiation with their wives.

Adopting Detachment/Involvement Styles

Describing a particular pattern of behavior as a style is not new to the social sciences; leadership, parenting and other behavior patterns have been fruitfully analyzed in terms of style. Three distinct detachment/involvement styles emerged among the first-time expectant fathers I interviewed, those being the observer, instrumental and expressive styles. Each style has different consequences for the expectant father and his partner. One style is not

preferable to another in the sense that one does not imply more emotional maturity, masculinity or parenting ability. They are simply variations on a theme. These styles reflect how the man sees himself in relation to the pregnancy. They are not absolute; a man does not view himself purely as an observer, or a caretaker, nor does he always behave consistently. Instead, these styles represent general patterns or predominant modes. There usually is considerable change in the level of detachment/involvement a first-time expectant father feels over the course of a pregnancy. However, dramatic changes in style did not occur among the men interviewed, and such changes are probably rare for reasons I will describe later in this chapter.

Observer style

This may be the most common detachment/involvement style among first-time expectant fathers. Adopted by nine of the expectant fathers, observer styles were the most common in this study. The observer style is based on the man's perception of himself as an onlooker or a bystander in relation to the pregnancy. He does not report much emotional investment in the pregnancy. This does not mean he is not pleased to be expecting a child; he may be quite happy about it, but the impression he gives is that the pregnancy does not take up a large part of his life.

Of the three styles described here, the observer style allows for the most detachment from pregnancy. The man may

be heavily invested in the couple relationship, but there is a sense that he is keeping himself somewhat separate from what is happening to his wife. Fred responded this way to a crisis in their pregnancy at 20 weeks:

When she was bleeding, I gave it a lot of thought and I said "well, maybe if you have a miscarriage, maybe it's for the best" - it sounds kind of cold to say that we can always try again, but it's true. Sometimes I'm not very emotional about things. People might think I'm very cold-blooded, but it's not true. I just take things cool.

Men in an observer style frequently talk about the pregnancy as "hers", not "mine". As one man said, "I still have trouble saying 'I'm going to have a child. I always say she is.'" (Steve at 38 weeks of pregnancy)

Men in an observer style may be rather unemotional at receiving the news of the pregnancy. They may not tell many people about it, and may be a little surprised at other people's excitement. Dan said at 14 weeks of pregnancy:

Everyone in the unit knew that she would be calling to tell me one way or the other about the pregnancy test, and when I put the phone down and said "yeah, she's pregnant", they all jumped up and down. I just kind of stood there; I don't know, I just don't respond that way to that kind of news."

These men may seem unwilling to share in activities like prenatal classes, or clinic visits, saying that that kind of father participation is "not for me". Although they may drag their feet at first, most of these men eventually do participate in classes and come to enjoy the experience.

Men in an observer style may seem to be outside of much of the decision-making that goes on during pregnancy, such as selection of childbirth classes, deciding about breastfeeding, or choosing a health professional. The following is a fairly typical statement: "Well, I just know she has her heart set on having a natural childbirth, so I hope it goes ok." (Dan at 14 weeks). Ellen, the wife of a man in an observer style at 26 weeks of pregnancy, said: "I guess I'm going to breastfeed. I asked him what he thought and all he said was 'it's up to you'." (Ellen at 26 weeks)

Wives of these men may describe their husbands as a little detached from the pregnancy. Often women see this as regrettable, but attribute their husbands' detachment to their basic nature, or the fact that there is little for men to be excited about for much of pregnancy. Cindy said at 14 weeks of pregnancy:

Just the other day I realized that I was sort of fussing at him, saying "I wish you would get more involved. It seems like you're so detached" and then I realized that, good grief, I was only 13 weeks pregnant, what is there for him to get excited about other than I'm getting fat and

are getting bigger.

The same woman at 26 weeks reflecting back on early pregnancy:

He wasn't exactly distant, more like interested but ... I guess I expected him to go out and buy every book on fetal development in the book store and read this, that and the other when I was hardly pregnant enough to put in a peanut shell.

However, the general trend for men to become more involved and excited later in pregnancy holds true for men who adopt an observer style. Cindy's husband, who described himself as "an observer by nature" was clearly pleased to be expecting a baby, but seemed a bit distant through much of the pregnancy. Then at the last interview at 38 weeks, he began by insisting that I not start the interview until I saw the newly completed nursery. He stood smiling outside the room while his wife and I examined the new purchases for the baby. Later Cindy told me privately that she had come upon him in the nursery at odd moments, looking closely at (but seldom handling) the toys and baby clothes.

While the observer style clearly allows as much opportunity for involvement as some men want, it also allows for much detachment. This aspect is of some importance because it provides some space and time for adjustment for men who are unhappy about the pregnancy. One such man, John, said:

My enthusiasm for the child is not really honest. It's a question of making the best

of the situation you find yourself in.

When she says "are you happy about the baby?"
my answer is yes - because I'm happy about her
being happy about the baby. I'm not happy
about the baby. (John at 26 weeks)

This man later refused to participate in prepared childbirth classes, and did not attend the birth of the baby.

Thus, there are two groups of men who may adopt an observer style. Most are happy to be expecting, and are able to establish a level of involvement that is comfortable for them and their wives. Others are unhappy about the pregnancy and maintain some detachment in order to adjust and make the best of a bad situation. This wide range of detachment/involvement possibilities is unique to the observer style.

To summarize, the observer style allows for a fairly wide range of both involvement and detachment for the expectant father, but usually is characterized by the most detachment of the three styles considered here. Men in an observer style may be at first uncomfortable with participation in childbirth classes, and birth, but usually do participate and come to enjoy it. These men seem rather unemotional about the pregnancy, but in fact represent a wide range of emotional reactions to their impending fatherhood. The observer's detachment from the pregnancy is generally perceived by the wife as regrettable. Men in this style are often coaxed or pushed into more involvement by their wives.

In a few cases, the man may resist, and the resultant tension between spouses can be problematic. However, in the majority of cases, the couple negotiate a workable compromise and the pregnancy experience proves satisfying for both.

Expressive style

The expressive style is characterized by a strong emotional response to pregnancy and a stance that is more like a full partner than an observer or caretaker. This style was the second most common in this study, adopted by seven expectant fathers. This probably results from the rather progressive philosophy about childbirth in the Bay Area. Groups of expectant fathers in other regions might well show a predominance of other styles during pregnancy, such as the instrumental style described later in this chapter.

The expressive style allows for more involvement than do observer of instrumental styles, since the man is caught up in the emotional impact of the pregnancy, and may be more in touch with his partner's experience. However, this style also has the potential for considerable pain, either for the man who is unhappy about the pregnancy and who can not distance himself from his feelings, or for the unlucky expectant father who experiences the loss of a pregnancy in which he had so much emotional investment. An excerpt from a letter from one such man shows the complex emotions he felt at the loss of a much desired pregnancy in the second trimester:

Where to begin? I am numb, going through the

motions, depressed one minute, full of hope the next: she lost the baby last week. The baby had already become a big part of our lives and this experience has changed both of us greatly. This was a major experience in my life on a par with the war - for me, anyway. The loss is great, but so is the gain. We are determined to go on, to be stronger, and when the time finally comes, to be the best parents and human beings we can be. We know this child was just passing through and in its passing it became a part of us. There are so many more things buzzing around in my head. We find ourselves strong and then crying the next minute. Our sense of self and our sense as a couple has strengthened ... The human experience is so wide and varied, so beautiful and painful - we feel it keenly. (Alan at 20 weeks)

Men in an expressive style are usually excellent informants, because they are often fascinated and sometimes preoccupied with their emotional response to pregnancy, and are anxious to talk about it. These men are most often quite happy to be expecting a child, and they experience many emotional highs in response to the changing pregnancy. This is not to say that men in other styles do not experience such emotional changes; certainly they do. However, men in expressive style bring their feelings out, examine them

closely and express them to their partners. It is apparent that pregnancy is important to these men, and that it touches many facets of their lives. Michael said at 14 weeks:

"Because I really want this baby, I'm aware of it constantly - I'm all the time feeling around." Dan said at 16 weeks:

I feel excited, but also nervous - this is a new world we are venturing into ... the responsibility of a child. A lot of times I get to thinking about it and I just feel like jumping up and down and yelling. It hasn't changed a lot of what I am doing day-to-day, but I think of it often and it feels good.

Men in an expressive style are often aware of subtle changes in themselves because of the pregnancy, but may have some difficulty describing these changes. Some men experience quite a bit of emotional turmoil, and they see their ability to deal successfully with it as a sign that they are ready to become fathers. Note the following statements:

A lot of different emotions hit me. It was really weird, and I was able to handle them. That felt good. That sort of told me, "yeah, you're ready". I've been going through a lot of head trips lately. I'm glad it's a nine month process. (Alan at 14 weeks)

I've developed within myself to the point where I can say "hey, I'm strong, there's no

way I can't handle this. It's going to be fine." But in the beginning there are a lot of things hitting you at once that you don't understand. I think the nine months is a growing thing for both the husband and wife.

(Bill at term)

These statements also reflect the fact that these men see the pregnancy as a useful, even necessary period for their preparation to become a father. These men spend considerable time thinking and talking about their future fatherhood, and may do much more conscious preparation during the pregnancy than men in other styles. These men also become readily involved in childbirth education classes, and are most likely to be active participants in labor and birth. They foresee themselves as active partners in early parenting, although they frequently are intimidated by the thought of caring for a small infant.

Another characteristic of an expressive style is the effort that these men put into closing the experiential gap that pregnancy creates in the couple. These men and their partners place a high value on mutuality in their marital relationship, and try very hard to "share how it feels" as these men frequently put it. Most of this interaction is directed at increasing the man's understanding of the woman's physical and emotional experience. However, there are also times when the man struggles to explain his experience to her. Note these excerpts from two interviews with

Michael:

I'm having a good time with this (the pregnancy). Watching what's happening with her body and how she's changing, feeling a little jealous that I don't get to have any of these physical things happen for me, but she really shares a lot of her experience with me and that feels really good. (at 14 weeks of pregnancy)

later at 28 weeks:

For a while I had been feeling a little depressed. I had some feeling of loss of her to the baby, and finally I had to tell her about it. That thought was really inconceivable to her. For her, the pregnancy was a gain, absolutely a gain and it was difficult for her to see that it is a loss for me in a way.

In response his wife said:

It really astounded me to hear him saying that, but as I listened, it made perfect sense. It's like a change in my attention more than anything else. I felt surprised that our experiences could be so different. I didn't know that it was that way for him. That sounds terrible; if that were happening to me, it wouldn't feel good at all. It is also a little frustrating because I felt like I spent a lot of time and effort sharing the "being pregnant"

part with him.

Men in an expressive style and their partners are often a bit surprised that, despite their efforts to mutualize their experience as much as possible, that the experiential gap persists.

Because these couples discuss so much of their respective experiences, these expectant fathers are often acutely aware when they are unable to meet their partners' needs for one reason or another. By and large, these couples have built into their relationships a high level of responsiveness to the other. As pregnancy intensifies each one's needs for affection and reassurance, the man feels unequal to the task at times. This creates tension in the relationship and sometimes men grapple with guilt feelings because they can not always help their partners as much as they would like. Bill said at 28 weeks of pregnancy:

Sometimes I know what it is that she needs or wants, but sometimes I don't find the energy to respond to her needs, and she will say "well, I don't think you really care" and it's difficult for me to respond to her because I am going through changes myself that I can not even analyze.

Another function of the high levels of mutuality for which these expectant fathers strive seems to be a higher incidence of reported pregnancy symptoms among men in an expressive style. Early in this report, I mentioned that

some men responded to the broad question "how have you been feeling since the pregnancy began?" by discussing both physical and emotional changes. Most of the men who reported physical changes were ones who adopted an expressive style.

Note this exchange at 14 weeks:

Michael: I've been having some nausea at times
and sometimes dizziness the last month.
First I attributed it to a lot of stress,
but maybe - a sympathetic pregnancy?

Mary: You just get to experience it in your
own way.

Michael: I get the nausea without the breast-
feeding, is that it? (laughter)

Other men may not experience pregnancy symptoms as such, but may find themselves caught up in their wives' symptoms in some interesting ways:

I've been sleeping more. Because she sleeps,
I sleep. For a while I was sleeping 12 hours
a day. By 8:30, yawn, yawn. (laughter) I've
also been eating a lot of stuff. I know she
had to eat, so she would fix food and then
she couldn't eat it. So I would say "come on,
Barb, eat it!" while I was stuffing my face.
I'm blimping out! Christ, I must have gained
7 or 8 pounds already! (Alan at 15 weeks)

To summarize, an expressive style of detachment/involvement is characterized by an emphasis on the emotional aspects

of the pregnancy, a high level of mutuality in terms of the pregnancy experience, and often a physical response in the form of pregnancy symptoms or behavior patterns that mesh with the woman's symptoms. This style allows for considerably more involvement and less detachment than the observer style. Thus the man may experience tremendous emotional peaks should the pregnancy be desired and everything go smoothly. However, if the expectant father is ambivalent about the pregnancy, or should it become high-risk in any way, the expectant father in an expressive style may experience much emotional turmoil and grief. These men are often the prototypical "involved" fathers who are active participants in pregnancy and birth, and are held up as the ideal by proponents of father participation in childbirth. (Antle, 1975; Antle-May, 1976; Tanzer and Block, 1976; Leonard, 1977; Heise 1975).

Instrumental style

The last detachment/involvement style to be presented here is the instrumental style. Adopted by four men, this style was the least common in this study; all four of these men were Filipino, Latino, or Black. This suggests that this style may be more common in study populations with more ethnic and economic diversity than that of this study, and may be more prevalent in other parts of the country. The instrumental style reflects an emphasis on tasks to be accomplished, and the expectant father sees himself as a

caretaker of the pregnancy. Men in this style may make appointments for the woman, keep her on her diet, make the major purchases and generally, as one man put it, "take care of things".

If the three detachment/involvement styles were ranked according to how much potential involvement each style permitted, the instrumental style would fall in the middle, allowing more involvement and activity than the observer style, but less involvement and more emotional distance than the expressive style. Men who adopt an instrumental style see it as quite natural that they should take responsibility for overseeing certain aspects of the pregnancy. They usually attend childbirth classes and labor and birth not so much to have that experience in and of itself, but because they see it as part of their role as husband and expectant father. These men may be very active in seeking information and frequently speak for their wives during prenatal visits and childbirth classes. They may see themselves as responsible for how events go during labor and birth. These men may become quite expert at coaching techniques for childbirth, or spend much time and energy preparing to be the official photographer for the birth. Jay said at 14 weeks of pregnancy:

I want it to be LaMaze. That's the way I want it. I's not just her having the baby, you know, I'm part of it too. Especially the first time, I want to see everything that's

going on and help my wife as much as I can, make sure everything goes ok.

Jay at 26 weeks:

I won't let her eat junk food. I'm the one who buys the groceries. She seems to be gaining pretty good weight. I make sure she doesn't take anything, no drugs or alcohol. She doesn't smoke, so I don't have to worry about that. I keep her on her diet pretty well.

None of the men in this study who adopted an instrumental style were unhappy about the pregnancy. It seems logical that men would take a less active role in an unwanted pregnancy, although one man said that even if he hadn't wanted the baby, he would "do the same things, because that's what a man does." It is possible that, had the pregnancy been unwanted, some of these men might have adopted more of an observer style, rather than a more active instrumental one.

Men in an instrumental style talked about the financial burdens of pregnancy and parenthood more than did other men, but again they discussed finances as something they could control. A crisis during the pregnancy may highlight this theme of "taking care of business". For example, one man lost his job two weeks before their baby was due. He played down the seriousness of the situation and showed much ingenuity in getting another job in very short order. He confided to me later that he had been very concerned about the problem, but did not let his wife know because "it would

only upset her more. My job is to keep her happy."

In summary, the instrumental style represents a mid-point in the range of potential detachment/involvement between observer and expressive styles. The man becomes very active in directing some of the affairs related to the pregnancy and birth, and sees himself as an important part of the process because of what he does. These men often ask many questions and become very conscientious labor coaches. Men in instrumental styles do not generally see the emotional impact the pregnancy has on them as important, but they do take considerable pride in fulfilling what they see as their role as a husband and father. This style may be more common among groups of expectant fathers with more economic and ethnic diversity than the population in this study.

Factors contributing to detachment/involvement styles

There are three main factors which contribute to the adoption of a given style by the first-time expectant father. They are: 1) the man's individual psychology, 2) the balance of power in the marital role relationship, and 3) the man's readiness for pregnancy. The first two are relatively fixed in the couple relationship. However, whether the man feels ready for pregnancy, and is happy or unhappy about it, seems to be more fluid and is particularly crucial in determining which detachment/involvement style a man will adopt.

For this reason and because exploration of the man's individual psychology and the marital role relationship is

beyond the scope of this study, these points will be discussed rather briefly. The effect of the man's readiness for pregnancy on detachment/involvement management will be presented in more depth.

Individual psychology

The different detachment/involvement styles described here grow in large part from the man's individual psychology and his view of himself, and as such changes little because of pregnancy. His style reflects his way of being in the world, or at least his way of being in the couple relationship. Some men see themselves as naturally being observers or caretakers, while others see themselves as more emotionally involved with life. Thus, couples perceive a man's detachment/involvement style during pregnancy as more or less a given. When I asked couples if they saw any change in the man because of the pregnancy, most reported little change and did not see why there should be. As more than one man asked, "Why should I be any different now that we're pregnant?" One woman remarked about a particular behavior change in her husband: "80% of that is how Michael is anyway, and 20% is Michael expecting a baby."

This stability in style is logical. The pregnancy is inseparable from the woman the man married; thus his style of relating to the pregnancy should logically be based on patterns established in the marital relationship. One could imagine circumstances in which a pregnancy might be so ful-

filling or so stressful that the man's usual patterns of interaction might change. However, data indicate that even men who were greatly distressed about a pregnancy related to it in ways that they and their partners saw as consistent with previous patterns.

Occasionally, problems arise because the woman expects some appreciable change in the man because of the pregnancy. Only a few couples in this study encountered this problem, but it did cause some tension. Ellen, whose husband Fred, was a rather calm, collected man who had adopted a somewhat distant observer style, was a little distressed that he did not respond more emotionally to the pregnancy. This is apparent in the following exchange:

Ellen: Sometimes I was really worried. I wanted him to be happy, to say how happy he was. He wasn't showing that he was really excited. He wasn't ... happy! Maybe he was (watching Fred shake his head in disbelief) but he wasn't showing it.

Fred: How could you say that I wasn't happy? I'm never very emotional. I just take things as they come along. I just accepted the fact and I was happy. You used to ask "what if I'm pregnant?", and I would say "well, if you are, you are; just imagine, we'll have a little kid of our own."

Ellen: I thought you were just saying that.

Ellen reported feeling anxious about her husband's cool response throughout the early weeks of pregnancy, until he announced the news to his family, which then reassured her that he was in fact pleased. Even though Ellen recognized that Fred was not emotional about many things, she had expected some change in him now that she was pregnant. When asked whether she would rather have him be a little more demonstrative and involved, she said that she would, but that she understood that "that's just the way he is, so it's fine."

By and large, men do not expect any significant change in themselves as a result of the pregnancy, so they usually are not disappointed. Women, on the other hand, usually expect some change in the man's behavior. Often women are a little disappointed that their husbands are not more excited and more involved in the pregnancy. This is especially true in the early months when many men find involvement difficult; consequently some tension in the relationship may result.

This trend for women to want their husbands more involved than they are in the pregnancy is quite strong and seems significant. Every woman I interviewed wanted her man more closely involved in the pregnancy at one time or another regardless of the detachment/involvement style the man adopted. This is because the woman's needs for support and reassurance are strong and immediate, and she tries to

restructure the man's behavior to meet her present and future needs. Joan said at 14 weeks:

After watching a series of birth films, he said to me, "You know, I may not respond like some of the men in the film, but I do feel badly for the way you feel sometimes." He was really being supportive and almost apologetic for the normal way he is. I don't expect him to hold a cold cloth to my head when I am heaving in the bathroom. He's the type who runs downstairs and yells "are you all right?", but I do expect him to rub my back during labor. We are working on that right now. (laughter) We have to work on that for a long time."

This pressure for behavior change is nearly always unidirectional, from woman to man. Very few men reported incidents in which they tried to get the woman to change her behavior in relation to the pregnancy, other than the few men in this study who adopted an instrumental style. This reflects that, in most cases, the woman's power is greater than the man's at least in matters related to pregnancy and birth. This dynamic will be discussed at greater length at several points in this report, as it is a key process in the theory.

Marital role relationship

In the second factor that affects the adoption of a given detachment/involvement style is the balance of power in the marital role relationship. Marital roles can be seen as either complementary or symmetrical, a paradigm described by Watzlawick and others (1967, p. 68). Complementary role relationships are based on difference; the roles are specialized and interlock each other, such as breadwinner and homemaker roles. Symmetrical role relationships are based on equality; the roles tend to mirror each other, such as in dual-career families (Rapoport and Rapoport, 1971). It is apparent that the expressive style, which requires a fairly high degree of mutuality in the pregnancy experience, is more likely to be adopted in couples where marital roles are symmetrical. Conversely, the instrumental style seems to be more common in couples where marital roles are complementary. Marital role alignment seems to be less important in the adoption of observer styles; individual psychology of the man and his readiness for the pregnancy may be stronger factors in the adoption of that style.

Men's readiness for pregnancy

The man's readiness for pregnancy appears to have the strongest impact on the detachment/involvement style he adopts during pregnancy. If a man feels ready for pregnancy and is pleased about the news, he is likely to adopt a more involved style; if not, he will likely adopt a more detached style. Combine this with the marital role alignment in the

couple and the direction his individual psychology takes him, and the picture of how an expectant father adopts one style over another becomes clearer.

As mentioned earlier, marital role alignment and individual psychology are relatively fixed. However, readiness for pregnancy seems much more changeable. The most obvious factor in readiness is whether the man ever wanted to become a father. Most men in this study had wanted to have a family at some point, but there were two who had decided they never wanted to have children. Needless to say, the news of their impending fatherhood was not welcome. These men maintained considerable detachment from the pregnancy and did only what was necessary to keep peace with their partners. John said at 28 weeks of pregnancy:

I find myself playing games to let her know she's wanted and that the child's wanted and that she's loved about it when I don't necessarily feel that way myself. It's an effort to let her feel secure and know that this whole thing is all right.

This man maintained a very detached observer stance throughout the pregnancy and decided against attending childbirth classes, and labor and birth.

However, most men in this study did want a family at some point, so the issue became the timing of the first pregnancy. By and large, the less ready a man felt for pregnancy, the more detached he was in relation to it.

Readiness seemed to be a combination of factors, but the main ones appear to be the following: 1) relative financial security, 2) stability in the couple relationship, and 3) a sense of closure to the childless period in the marriage. Again, these are the man's perceptions of the situation, not some outside assessment of these factors.

Should the man see a problem in any of those three areas, he is likely to feel unready for pregnancy. There are gradations of unreadiness ranging from feeling mildly rushed to feeling very stressed with "too much too soon." If a man is mildly rushed, the chances are that he will be able to adjust given some time. Once he has adjusted to the reality of the pregnancy, he can usually redefine it more positively and become more involved. As Paul said at 28 weeks:

I think earlier I did feel a little rushed.

I would have preferred to have the baby later, so that we could have been more prepared. But now I'm really happy about the baby. It seems to have worked itself out.

Everything seems to have fallen into place.

This man had begun the pregnancy in a detached observer stance, but as he adjusted to the situation, he redefined the pregnancy more positively and became increasingly involved as time went on. However, if a man is completely unready for pregnancy, he is unlikely to adjust readily. Men in this situation cannot seem to redefine the preg-

nancy positively, and they remained detached throughout.

As mentioned before, the man's readiness for pregnancy is perhaps the most crucial factor in the adoption of a detachment/involvement style. This is because most men see the timing of pregnancy as something over which the couple has or could have had some control. If a man is forced to go through with a pregnancy for which he is unready (either because of personal opposition to abortion, or because the pregnancy is much desired by his partner), he is likely to adopt a more detached style than he might have if the timing had been better. Many men who adopt an observer style may be in this category. On the other hand, a much desired and hoped-for pregnancy may allow a normally quiet reserved man to take a more actively involved role than one might otherwise expect. Some men who adopt an expressive style, but who glow quietly rather than telling everyone about the pregnancy, probably are in this category.

There is a common notion that men who balk at the first news of a pregnancy will usually come around and eventually will become enthusiastic about becoming a father. This notion is not completely supported by the findings of this study. Certainly, if the man is mildly opposed to a pregnancy, the chances are good that he will redefine it more positively given time. However, such men may not be able to adopt as involved a style as their spouses may want, and these men may not really warm up to the notion of becoming a father until after the child is born. If a

man is considerably distressed about a pregnancy, there will likely be much marital tension and pain for both partners. In addition, it is unlikely that these men will be able to adopt any but a very detached observer style during the pregnancy, and the chances for a more positive adjustment are slim. These men are unlikely to be willing to participate in labor and birth, and may even be at risk for feelings of alienation and resentment after the child is born.

To summarize, there are at least three distinct detachment/involvement styles first-time expectant fathers may adopt, those being the observer, instrumental and expressive styles. These styles reflect how the man sees himself in relation to the pregnancy, whether as a bystander (observer style), a caretaker (instrumental style) or a full partner (expressive style). They also represent a range of potential detachment/involvement, from the extreme detachment possible in observer styles, through the task-oriented activity of instrumental styles, to the highly emotional, intense involvement possible in expressive styles. There appear to be three main factors which contribute to the adoption of a given style. They are: 1) the man's individual psychology, 2) the power balance in the marital role relationship and 3) the man's readiness for pregnancy. The latter seems to be most crucial in determining how involved or detached from the pregnancy the man becomes.

However, a first-time expectant father does not adopt

a detachment/involvement style in isolation. Once he has adopted a style, it is constantly being maintained or altered through interaction with others, primarily his wife. The following section will present the dynamics of this negotiation process, and how negotiation patterns differ according to the particular detachment/involvement style adopted.

Negotiation of the expectant father's detachment/involvement

This negotiation process is aimed at establishing a comfortable compromise between the style and level of detachment/involvement each partner wants for the expectant father. Earlier in this report, I stated that generally the woman wanted the man more involved than he was, regardless of the dynamics of that negotiation process.

As with most interactions, this negotiation can be analyzed in terms of the strategies and tactics used by each partner. For the sake of discussion, the strategies and tactics of the man and woman will be presented in opposition to each other. In reality, most couples do not spend much time working toward opposite goals; rather, they strike a comfortable compromise, and negotiation is scaled down. Eventually, most spouses come to have the same goal of moving the man into closer involvement, and negotiation gives way to collaboration. Occasionally, spouses may have the same goal from the outset; in these couples, collaboration, rather than negotiation, is the dominant theme in their interactions around the pregnancy.

As was stated earlier, the woman usually desires that the man be more involved than he would otherwise be. She is also in a more powerful decision-making position vis-a-vis the man in matters related to pregnancy. Thus, the dominant strategy of the women in this study was pulling him in, that is, trying to move the man into closer involvement in the pregnancy. Women employed several different tactics to accomplish this goal. The most common was tourguiding, a collection of behaviors that were aimed at supplying the man with information, and arranging learning experiences for him. For example, women often went to great lengths to help their partners hear and feel the baby for the first time. One woman, who was a nurse, went to much trouble to bring a Doppler device home so that her husband could hear the fetal heart tones quite early in pregnancy. Another woman made very complicated arrangements so that her bus driver husband could park his bus outside the clinic and run inside long enough to hear and see the baby while sonographic studies of the baby's size were being done. Other women not-so-casually brought home plenty of reading material on pregnancy and birth, and left it in prominent places around the house so that the man could read it. One woman even hid her husband's favorite mens' magazines and substituted parents' magazines.

Another tactic some women used to pull their partners into closer involvement was pushing. This was a set of behaviors, less subtle than tourguiding, that included

nagging the man, or chiding him in public for being uninterested in the pregnancy. Some women verbally compared their partners to other expectant fathers, in an attempt to show them how they could improve. Others sought expert opinion from childbirth educators or other health professionals on their husbands' behaviors. When the opinion one woman received matched her perception that her husband should be more involved in the pregnancy, she promptly brought that to her husband's attention. When another health professional (not the writer) informed that same woman that her husband's behavior was not unusual, she chose not to give that information to her partner.

Another tactic women used to move their partners into closer involvement was demanding. In this case, the woman made her needs and desires clear, and asked for specific responses from the man. In most cases, these demands were fairly concrete, such as asking him to attend prenatal visits or classes, or making major purchases for the baby. Sometimes the women could not specify what they wanted, only that their partners should feel differently (be more excited, happier or more sympathetic).

Some women, after early attempts to involve their partners failed, decided that the time was not right, and adopted a temporary strategy of waiting it out. This was common in couples where the husband was opposed to the pregnancy or had established a detached stance early on, and was very resistant to the wife's tactics. Women waited it out in

two ways: first, by going outside the couple relationship for support and encouragement, and second, by complaining. Going outside consisted of seeking out friends and relatives who were happy about the pregnancy, and using them as support people until her partner had adjusted to the pregnancy. Women who were unable to bring their partners into closer involvement, and who had few outside support people, experienced considerable isolation and depression. Other women used complaining as a tactic for waiting it out, not with the hope of changing their husbands' behavior but more as a release of tension. Women who relied on complaining found that it often led to anger and arguments with their partner, so many resigned themselves to, as one woman put it, "suffering in silence".

Logically, it is possible that some women would want to keep their men at a distance rather than pulling them into the pregnancy, or waiting for them to move closer. However, I did not see much distancing behavior on the part of the women in this study. There were some indications of this in terms of future parenting roles, such as one woman's rejection of the notion of her husband being primary caretaker of the infant in the early months, saying "I don't want to see my ... my time with the baby cut short" (her emphasis.)

I have presented the woman's strategies and tactics in dealing with her partner's detachment/involvement style first, because the woman begins these negotiations. With-

out her influence, the man probably would adopt a style that was more detached; however, the woman's different expectations and her need for support motivate her to move the man to a level of involvement with which she is more comfortable. In most cases, then, the man reacts to the woman's lead, and develops his strategy in response to her behavior.

A major strategy for men in this study was maintaining distance from the pregnancy. Most men felt uncomfortable, at least at first, with the closer involvement their partners asked of them. Men used several different tactics to maintain their distance. One of the most common was disagreeing/disbelieving, usually in response to the woman's efforts at tourguiding. Men frequently denied the need for the first maternity clothes, or argued about the merits of childbirth education classes. They might dismiss some early pregnancy symptoms as being "all in the head", and insist the woman maintain a normal routine. Many men talked about the pregnancy not seeming real to them, usually as a justification for their distancing behavior. They reasoned that if the whole thing didn't feel real to them, why should they become more involved? This tactic of disagreeing/disbelieving frequently led to tension and arguments, and so was usually dropped in favor of other distancing tactics.

Another more subtle distancing tactic was working overtime. Working overtime in this case refers not just to work in his occupation, but any activity that took the man's attention away from the pregnancy and the couple relation-

ship. Early in pregnancy, several men began to work extra hours at their jobs, explaining that the extra money was needed with the baby coming. They also implied that part of the reason might be to get away from "all of this baby stuff". Another man saw that as a possible reason for his sudden interest in sailing lessons that took him away from home two evenings a week and frequent weekends.

Another distancing tactic men used was acting. This tactic seems rather rare and emerged as a response to women who frankly demanded certain behavior changes from the man. In situations where men were opposed to, or ambivalent about the pregnancy, they sometimes acted as if they were feeling good about the pregnancy and complied with the woman's demands. Although they were not involving themselves willingly, these men saw this as necessary to "keep the peace". The most graphic example was John's comment to his wife that he was only acting happy about the pregnancy because she wanted him to, not because he felt that way himself.

Men did not seem to use specific tactics in response to their partners' waiting it out. This is probably because, once he felt he was no longer being pressured, the man was free to distance himself as he wanted. However, this state in the interaction was temporary; eventually the woman had to try again to involve him more closely, or as happened more often, the man had had time to adjust and began to

move closer on his own.

A second strategy for first-time expectant fathers was moving in, to seek more involvement for themselves. This strategy was less frequently observed, perhaps because it was sometimes difficult to distinguish when the man was being pulled in or acting, and when he was moving in on his own accord. Moving in was more apparent later in pregnancy, as will be explained in the discussion of the male trajectory in Chapter 6. Men used two tactics for moving in. The first, laying claim, refers to a collection of behaviors by which the man established his territory in relation to the pregnancy and birth. Some men became expert and enthusiastic labor coaches, and claimed that as their bailiwick. Others claimed certain physical preparations for the baby as their job, such as remodeling a room to be the nursery or building a crib. One man decided to learn to play the harp so that he would have something unique to offer the child; this corresponded to the special gift of breastfeeding he saw his wife being able to give. Another man became irritated with his wife when she failed to consider his need to participate in the decision about a future babysitter.

It is logical that sometimes a first-time expectant father would lay claim to something that conflicted with the woman's expectations. I saw no dramatic disagreements in this area. One woman expressed mild irritation at her husband's decision to "go LaMaze", saying that she was glad

"he had decided how I'm going to do it." However, this did not become a major issue between the two, and the woman was eventually quite pleased with her husband's choice.

Joining in is a less active tactic than laying claim. Men who started out as rather detached early in pregnancy, usually did not feel comfortable in asserting a claim in relation to pregnancy and birth; instead, they moved closer by willingly joining in the wife's activities. For example, a man who insisted early in pregnancy that he would not go to childbirth education classes, decided later he would, and enjoyed them immensely. A man who first went along on shopping trips for the baby, as he put it, "only to write the check", came home one day with a crib toy he had to assemble himself, and stayed up until two in the morning doing so.

To summarize briefly, the dominant strategy of women as to pull the men into more involvement, using tactics such as tourguiding, demanding, or pushing. More often than not, men responded by mobilizing a strategy of maintaining distance by disagreeing/disbelieving, or acting or working overtime. This interaction was most common early in pregnancy (before 20 weeks), because men tended to be less involved during this period. Thus some negotiation was necessary, and most couples struck a temporary compromise. However, because most men's interest and desire for involvement increased after that point, the interaction gradually

shifted away from negotiation to collaboration as men began to move in on their own, and women assisted in that process.

This movement from negotiation to collaboration in establishing the first-time expectant father's level of detachment/involvement varies according to which style the man adopts. If he adopts an observer style, especially a more detached one, the negotiation process is highlighted, and compromise and collaboration may be delayed. This happens because the woman is uncomfortable with his detachment, and the man uncomfortable with more involvement. Thus, opposing tactics are used; this has implications for the couple's pregnancy experience which will be discussed in Chapter 6. However, if the man adopts an instrumental or an expressive style, there may be less discrepancy between what both partners see as desirable for the man. In this case, negotiation may be more subtle and may give way quickly to compromise and collaboration.

There is a definite time sequence to this negotiation-compromise-collaboration process. This sequence is related to certain changes in men's detachment/involvement that occur over the time span of the pregnancy, which I call the male pregnancy trajectory. The next chapter will present the phases and important benchmarks of this trajectory, what factors account for variability in the pace of movement through those phases, and what implications that variability has for the expectant couple.

Chapter 6 Managing Detachment/Involvement and the
Male Pregnancy Trajectory

Regardless of the detachment/involvement style adopted by the first-time expectant father, there appears to be a characteristic pattern of changes in detachment/involvement which I call the male pregnancy trajectory. These changes are part of the general trend toward increasing excitement and involvement as pregnancy progresses. This trend occurs both because of the negotiation process within the couple, and the changing nature of the pregnancy itself. This chapter will describe each of three phases of the male pregnancy trajectory, the benchmarks which set each phase apart, and the apparent function each phase serves. The factors which vary the pace of movement through this trajectory, and the implications this variability has for the expectant father will also be discussed.

I developed this concept of a male pregnancy trajectory after noticing a pattern of changes in attitudes among the longitudinal subjects in my study population. Seemingly, most expectant fathers experience similar shifts in their feelings about the pregnancy. These phases are: 1) the announcement phase, 2) the moratorium phase, and 3) the focusing/redefinition phase. The order of these phases appears to be fixed; however their length, especially the

length of the moratorium, seems to be variable.

Announcement phase

The announcement phase is the period during which the pregnancy is first suspected, then confirmed. This phase varies in length from a few hours to a few weeks. For the sake of discussion, I use the term "announcement phase" to describe the period of time including suspicion and confirmation, while the term "getting the news" refers specifically to the situation in which the man received the official confirmation. Thus, getting the news is the major benchmark of the announcement phase. This distinction is necessary for the following reason. While getting the news was a significant event for most men in this study, the suspicion and confirmation of pregnancy stretched out over several weeks. This period of time is interesting because it is the beginning of the man's adjustment to expectant fatherhood.

The announcement phase is the threshold of the shared pregnancy for the couple. This phase can be characterized by great joy and excitement for the man if the pregnancy was desired, or pain and shock if it was not. The length of the phase varies depending on how soon pregnancy is suspected, whether this suspicion is held by one or both partners, what kind of initial impact that suspicion has on the expectant father, and how soon confirmation is sought.

There is a prevalent myth that most men are oblivious to the early signs of pregnancy, and then are simply astound-

ed by the news that they are going to have a child. This was not the case for the men in this study. Most of these men were advised of, or noticed early signs. The announcement was rarely, as one man put it, a "bolt out of the blue". One woman pointed out the difference between myth and reality, saying that when she called her husband to confirm their suspicion, it was "not the way it was supposed to be. That's not the way Lucy and Desi (T.V. characters) did it. You know, she was home knitting booties when he came home, and he had to figure it out". Other women had also fantasized earlier in their lives about how they would give the news to their mates about pregnancy, but the real-life announcement never turned out the way it was supposed to. Clearly many women had an internal script for this important event while most men did not.

Different versions of the announcement

Men described two different versions of getting the news, those being the "on-again-off-again" version and the more standard one. Getting the news in the on-again-off-again way occurs when the couple thinks they may be pregnant, and while early tests are negative the symptoms persist, and eventually pregnancy is confirmed. This version has a different impact on the man depending on whether or not the pregnancy is welcome. A man who wanted the pregnancy very much said at 16 weeks:

I sort of surprised myself when we thought

that she was pregnant a month or two before...and then she got her period. I was more disappointed than I expected I would be.

Another man who did not want the pregnancy said at 26 weeks:

I was finally beginning to warm up to the idea (that she was pregnant) but when we went in for the first test and found out that she wasn't, I was pretty relieved. But she kept having all these symptoms. She went back in about six weeks later for another test and it was positive, and it all came back in our faces. I was really upset. It took me about two weeks to calm down and try to accept it. The second time was even worse.

Getting the news this way generates a lot of emotional turmoil for the couple, which can be either exhilarating or painful for the man depending on whether the final confirmation of pregnancy is good or bad news for him.

The more standard version of getting the news happens when pregnancy is a possibility which is quickly confirmed. The news is usually announced to the man by the woman; sometimes they receive the news together. In one interesting case, the man noticed early changes in his wife and informed her that she was pregnant. She refused to believe it (she was using an IUD), and put off going for a pregnancy test

until nearly six weeks after her husband first gave her the news.

Properties of the announcement

Certain properties of getting the news seemed important to men, one of which was its credibility. Men may perceive some announcements to be more convincing than others, although it is not always clear what governs this distinction. One man said that the health professionals announcement was not important, but when his wife said she was pregnant, "she was pregnant, I trust her body more than any doctor." Another said:

When we did the first test at home, I wasn't quite ready to believe it, mostly because I didn't want to be disappointed. I was sort of cautious, but I wanted to believe it, which is why I decided a few days later to have the test done by the lab. I called and she said it was positive, and I was really excited. It was true and for real, and not to be fearing another disappointment somewhere along the way. I was so excited, and still didn't totally believe it. (Michael at 16 weeks)

This man, a physician, said he really believed they were pregnant only after going to the clinic with his wife and being told by the staff doctor that it was true.

Another important property of the announcement is the

setting and its effect on the man's behavior. Some settings, such as home or another private place, are comfortable for men and allow them to behave in a variety of ways. Other settings are awkward, and inhibit their behavior. This happened frequently when the man got the news from his wife via a phone call to his work place. For example, Laura said "I called him at work and told him. I didn't think he sounded very excited", and Dan responded "I don't know - women! I couldn't jump up and down right there in the unit." Another man pointed out that "work was not exactly a private place" and that he later called his wife back privately and told her that he was very pleased even though he had not sounded that way to her earlier.

This illustrates that even very early there is some disparity between the woman's and the man's experiences of pregnancy. Men sometimes said that this was because men and women responded differently to the news of pregnancy; for example, one man who worked almost exclusively with women said:

I don't know, I don't respond that way (with excitement and elation) to that kind of news. Everybody in the unit knew that she would be calling to tell me one way or the other, and when I put the phone down and said, "yeah, she was pregnant", they all jumped up and down and I just kind of stood there.

Another man said "I feel good about it for us, but when somebody else is going to have a baby, I don't think that's the greatest thing in the world."

These comments reflect some ambivalence about the news of the pregnancy, despite the fact that both of the men quoted above had wanted a child and those couples had tried to conceive. Most of the men in this study experienced a flash of joy and pride (if the pregnancy was desired) as well as some fear and nervousness at the news that they were expecting a child. Some men readily admit these negative feelings; others only hinted at them. Heinowitz (1977) also found that men usually experienced some ambivalence at the announcement and throughout the early weeks.

This ambivalence is not unique to men; similar feelings are common in women during early pregnancy. However, I believe that this ambivalence is more pronounced in men, and it colors more of their early pregnancy experience. Perhaps this is because of the man's relative lack of preparation for fatherhood, and the generally negative connotations pregnancy seems to have for many men. One father said that he thought most men reacted negatively to pregnancy to mask their fears about it. For whatever reason, men's doubts are stronger, and persist later into the pregnancy when compared to their spouses.

This difference in their respective experiences usually does not become an issue immediately. The woman must also adjust to the news, and as long as she can't quite believe that she is pregnant, she does not pressure the man to ac-

cept it himself. Thus the announcement phase is not crucial in the man's detachment/involvement management because there is no requirement for him to become involved at this point. However, within a few weeks, the pregnancy begins to have more importance in the woman's life space than the man's, and this divergence marks the beginning of the man's need to manage his detachment/involvement. In many cases, this management process is highlighted in the next phase of the male pregnancy trajectory, the moratorium.

Moratorium phase

The moratorium phase was so named because, in the process of adjusting to the reality of the pregnancy, most men apparently need to put the pregnancy aside and put off conscious thought or preparation until later. All men seem to experience this moratorium but the length is very individual. It ranges from just a few days for some men to several months for others. Most men remain in this phase from a few weeks after the confirmation of the pregnancy until about the 25th week. Generally the length of this phase corresponds to the period in which the pregnancy is invisible to the man; as his partner begins to show more, the moratorium usually ends and the man can move into the final focusing/redefinition phase.

The moratorium phase is characterized by the man's sense of emotional distance from the pregnancy. Frequently men would say that the pregnancy was "not real" to them,

and that they did not expect to feel much emotional impact until later, when "she begins to show more". Men felt that this was normal; since there was not much for them to feel or do until later, they would wait. They concentrated on other life concerns, and forgot, sometimes for days at a time, that they were expecting a child.

I believe this moratorium is necessary because most men are ambivalent enough about pregnancy that they need this time to adjust to the reality and the impact it will have on their lives. One man explained that he thought this was because most women had the meaning and consequences of parenthood worked out for themselves long before pregnancy, so once the baby was on the way, "everything was in automatic". But most men, he continued, never gave much thought to pregnancy and fatherhood, so when it became a reality, men had to stand back and figure out what pregnancy was going to mean to them. This work was more difficult for men, he thought, because of their lack of socialization into the parent role, and because men didn't have the biological changes to reinforce the transition to parenthood.

The moratorium is the most crucial phase in the detachment/involvement management process because the man's and woman's experiences are so different during this phase. The man cannot see, and does not feel any substantial change in his life and there is little for him to do. The woman is experiencing definite physical and emotional changes and is forced to adjust in various ways to the pregnancy. She

may be in need of reassurance and support from her partner, at the very time when the man may need to distance himself from the pregnancy. The resulting tensions lead to the various negotiating tactics described in Chapter 5, as the woman attempts to pull the man into the pregnancy, and the man responds by distancing himself.

Most couples have a little difficulty reaching a compromise; thus, this period can be stressful and at times painful for both partners. One couple reported their experience this way:

Bill: I would say "I can do this much - I can't do more than that".

Elaine: I would say "Fine, I need this much, some days I need more but I can handle it" - we just work it out.

The following are fairly typical comments from women during their partners' moratorium phases:

He really let me know non-verbally that he really didn't want to talk about the baby, and I really needed to talk - I really was nervous about it and I was talking to everybody else and they were all asking "well, what does Sam think?" and I kept saying "what do I think? I don't know what he feels - he was kind of shocked like I was".

They all wanted to know, I wanted to know too, but I had to wait. I knew eventually he would come around to the idea because he had before.

(Peggy at 28 weeks)

Well, I would like sit in a corner and feel like he should come to me and tell me that he loved me, and pat my stomach and ask "how's the baby?!" I would be sitting there thinking "I should be getting more out of this." It's irritating because I understand why he can't respond like I think he should, that it is normal, because I've read that most husbands can't get all excited like we do. (Elaine at 20 weeks)

It's very hard to get feedback from him. I am going through certain feelings, and it is alone at this point, and sometimes I just want to hear more from him. He does not grasp it yet, so it is like the adjustment to it is really on our own. I'll say something and I really don't get much feedback, mainly because he doesn't seem to understand where my head's at right now (Jane at 14 weeks)

Characteristics of the moratorium - emotional distance and "doing triage"

There are several characteristics that distinguish the moratorium phase, one of which is the man's feeling that the pregnancy is not quite real, and his expectation that he will "feel more later when she begins to show".

Another is the man's relative inability to focus on the pregnancy, and his tendency to be pulled away into other life concerns. He may need only a little detachment, or quite a lot depending on how ready he is for the pregnancy. The tactic of working overtime is seen frequently during this period, as the pregnancy takes a back seat to other interests which may often take the man out of the home. The man's distance from the pregnancy may lead to arguments, with the woman claiming "You don't care" and the man not quite understanding what all the fuss is about. In fact, reports of marital tension and disrupted communication is one indicator of the moratorium phase.

Although the man may not be consciously focusing on the pregnancy, there is some evidence that there may be subtle preparations underway. One man talked about his feeling of "doing triage" as he tried to get his feelings and thoughts into some kind of order in the face of the pregnancy. Men who denied being much interested in the pregnancy in the early months sometimes described physical symptoms surprisingly like their wives. Some men are aware of an inner turmoil, of feelings and changes they can't easily describe. The following are typical comments from men during this period:

Everything started to come into my head at once, and then after a while everything started to fall into place. I'll be ready for it. I've got enough adaptive survival skills that I can adapt to anything.

I did triage! It was just like triage. (Alan at 14 weeks)

There are so many other things playing along, too many other issues. You will be sitting down thinking "how is the child going to be?" and then all of a sudden you're thinking "what about the mortgage payment? how is this class going to go? how's this job going to be a year down the line?" You're pretty preoccupied with all these things. (Paul at 14 weeks)

I tossed it all around. You think about your everyday living, your 8-hour job, the people that you like and dislike, what your goals are, and what the road blocks are, and all these things start rushing around. It was like a merry-go-round. You're trying to get some organizing thought pattern, but it doesn't always come. (Bill at 14 weeks)

These statements reflect the work these men are doing in adjusting to the impact and implications of pregnancy, and the change factor in their lives. The pregnancy is something apart, not integrated into their lives yet pressing in on them, and forcing these men to confront the future. They do not yet have an image of a future child, or themselves as a future father; they can imagine the future only globally and they must begin to organize and adapt as best

they can.

Effect of style and readiness on the moratorium

Men in different detachment/involvement styles have somewhat different experiences during the moratorium. In general, the more ready for pregnancy the man felt, the shorter this phase seemed to be. Conversely, men who were deeply ambivalent about pregnancy had fairly long moratorium phases, in one man's case extending up until the actual birth of the child. Men in expressive or instrumental styles, especially those who wanted pregnancy very much, may only experience a few days of being "in-limbo" before moving onto the more focused preparation of the last phase. One exception was a man who established an expressive style early on. He wanted a child, but had some ambivalence about what fatherhood would mean to his love of travel and exploration. This man experienced personal turmoil during this period. He described it rather vividly:

I have to admit there are times when I want to get away from it. I know she's pregnant, but I want to go somewhere where it's not there. I have not been able to become as enthusiastic as she has. After all she's going through the physical changes. I'm going through changes too, but I'm finding it hard to express my feelings. It's like you're waiting for this spectacular moment, but you can't really respond to it until it happens. It's a source of frustration to me.

I feel unable to respond so I tend to disregard it, try to sweep it aside. I feel like there is a state of limbo here. I have all this energy and feeling, but there is really nothing I can do. (Bill at 14 weeks)

This man experienced this 'in-limbo' state until sometime in the eighth month, when he began to build a long-planned crib for the baby. That event marked the end of his moratorium and the beginning of his focusing/redefinition process.

Men in observer styles seem to have somewhat longer moratorium phases, and have more difficulty integrating the pregnancy into their lives. This is probably because, as observers, they are more dependent on visible cues that come later in the pregnancy. Men who adopted observer styles because they were opposed to pregnancy, and needed the detachment that style permits, may experience prolonged moratorium phases. They may never be able to integrate the pregnancy into their lives; thus they cannot begin to focus on the experience and use it to redefine themselves as future fathers. One man in this study felt he had been forced into pregnancy after a long-standing decision that he would never have children. Throughout the pregnancy, he described it as "something happening to her, not to me", or as a "period of unhopeful waiting". He was never able to imagine himself as a father. Despite his partner's request that he be present at the labor and birth, he stayed

away. This is an extreme example of the effect of ambivalence on the man's management of his detachment/involvement during pregnancy.

Part of the difficulty that expectant fathers experience during this phase comes from having to adjust to the future focus the pregnancy imposes. Heinowitz (1977) supports this finding, stating that the man often feels uprooted and projected into the future during early pregnancy:

The pregnancy seems to have emphasized the disparity in their life pace and life focus. Feeling resigned to this situation, the men decided to back off and take care of themselves. (p. 226)

Further, he states that "reality compels him to face the isolation of his own transformation process. He is thrown back on his own resources." (p. 237). Interestingly, despite the tension that their divergent experiences cause, spouses also recognize that this is normal, that the man needs this time to adjust and that things will improve. Men and women both saw that the man's detachment was related to the invisibility of the pregnancy, and that clear physical signs were usually necessary before the man could become excited and more involved.

The end of the moratorium is marked by an experience men described as "taking hold" or "getting caught up in" the pregnancy. This usually coincided with the more dramatic physical changes in their wives, and feeling or hearing

the baby around 25-30 weeks. For some men, just the physical reality of the baby was enough to move them into the next phase; for others, a more concrete experience was necessary, such as painting the nursery or building a crib. Regardless of the marker event, most men report a distinct change in their relationship to the pregnancy sometime after the end of the mid-trimester. They begin to be more excited and interested in the pregnancy, and are ready and eager for more involvement than they had previously. This change marks the beginning of the focusing/redefinition phase.

Focusing/redefinition phase

The focusing/redefinition phase is marked by a break from the "not real-not mine" quality of the moratorium phase to a sense that the pregnancy is here and important to the man. Men can readily describe these experiences in great detail:

A few weeks ago, there was a warehouse sale nearby and they had baby furniture, and she said, "hey, these are on special, we should get them now" And then it really dawned on me that I was a father. I don't know why. I got to thinking "wow", and then we bought a crib and a stroller and then I pictured myself - me pushing a stroller down the street and, boy, for a whole day I kept seeing that. Her sisters noticed it. I was staring out the window while we were playing cards! I think

then, really, I was in shock. It really hit me that I was going to be a father. (Fred at 26 weeks)

The focusing/redefinition phase usually begins toward the beginning of the last trimester, and extends up until the birth. The expectant father is aware that his attitudes and feelings about the pregnancy have changed from the vague unconnected quality of the moratorium in two key ways. First, the man feels that he can begin to really focus and concentrate on his own experience, and in so doing, he feels more in tune with his wife. Second, he begins to redefine himself as a father, and the world around him in terms of his future fatherhood.

These two areas of change are linked together. Apparently the man must get in touch with the pregnancy and the impact it has on him before he can see himself as a father. One man described it: "Being pregnant is like getting the measles. You get exposed, but it takes a while before you catch on that you've got them.". Since he is dependent on the visible signs that come later, the man's pregnancy trajectory lags behind the woman's. In a sense, his pregnancy does not begin until the time when he can feel it and see it.

Focusing on the pregnancy

Focusing on the pregnancy refers to this heightened awareness of the impact of the pregnancy. Men often describe reading or hearing about children and parents, and

feeling like "it's all a bit more personal now". They find themselves thinking a lot about what being pregnant means to them day-to-day. Alan said "I've been having to think more about what I do. When I used to do something, I used to do it automatically. Now I think, wait a minute, maybe I shouldn't do this."

In contrast to the distant quality of the moratorium, the pregnancy now feels immediate and important. This contrast is clear in Bill's remarks at 28 weeks:

I've become possessive about the baby and it's not even here yet. It's mine. I feel more alive about it. Before it was kind of deadened in a way; I was thinking, planning but not really alive about it until now. Before it was too early. It was like with a microscope, I didn't have the right focus. I couldn't see clearly enough, and each month it got a little clearer and a little clearer, until there was finally the point where I could see it. Whereas the mother all this time has been experiencing the changes. She's got a better microscope than I did. (Bill at 28 weeks)

These changes are apparent to the wives, and have the added benefit of increasing men's sensitivity and understanding of their wives' experience. Jane described the change in her husband, who had been fairly detached up until this point:

He's been more excited about it, ever since he felt movement. Gradually week by week, he became more interested. Much more so now. He wants to know if it is a boy or a girl. He wants it to hurry up and be born. He's also become more sensitive to me. We're not where we were at the beginning when we were like in separate worlds. I think we are much more in tune. There's just this general excitement that he didn't have a couple of months back. Every once and a while, he'll pat my belly and say "hurry up and come out", and that makes me feel good because he is excited. (Jane at 28 weeks)

During this phase, if the man had been resistant before, he generally becomes more amenable to attending prenatal classes and clinic visits. Some men have to catch up on information about pregnancy that they may not have wanted before, but which now seems very important. One father who had been vague and "felt unconnected" to the pregnancy in the first interview, was very difficult to interview in the second trimester because he kept asking questions, like what to do about stretch marks, whether I thought his wife was gaining enough weight, and my opinions about non-violent birth.

Men may also channel much energy into making physical preparations for the baby. One man told me that his re-

modeling the nursery was just like his wife's remodeling the womb. It was not unusual for me to have to start second trimester interviews by taking tours of nurseries in various stages of readiness. Sometimes particular toys or purchases come to have a special meaning for expectant fathers. One woman told me about her husband's love for a crib mobile he brought home. Before the baby was born, he would often go into the nursery and wind the toy up to hear the lullaby it played. Even after the child was born and too old to be really interested in the mobile, that father would bring guests into the baby's room and show them the toy he had gotten for the baby. Another man, who took hold of the pregnancy relatively late in the last trimester, worked feverishly in the last weeks to ready the nursery, sometimes working right through the night. He painted the room twice, because the first color "wasn't quite right".

All this activity in preparation for the baby comes as a relief to some men. They see getting the nursery ready and making purchases for the baby as the first things that they can do, after months of having to watch and wait. Bill said, in the last weeks of pregnancy:

In the past month, I've experienced a great surge of excitement at all the things there are to do. We've been going out to baby shops and I've been mesmerized by all the things in there. I've been buying things that I thought were needed, and every night

I come home and I go up and look at the nursery, and I think "well, baby, you'd better come out because this room isn't complete without you."

Bill's wife told me with tears in her eyes about his joy at finding a shirt he had worn as a boy, and deciding they would keep it in the baby's closet until he was big enough to wear it. Another woman said that she had to keep reminding her husband that "sometimes people buy things for themselves when they think they are buying for the baby - like \$45 teddybears."

Redefinition of self as father

On the heels of the man's increased focus on the pregnancy is the beginning of his redefinition of himself as a future father. Men report that they may begin to feel more fatherly, and have an image of their child at this point, while they had difficulty picturing their future child before. Late in pregnancy, one man described it this way:

Being a gardener, you sow seeds, and for the longest time you don't see anything. All of a sudden you see a little bit of green and that green bit starts taking shape and it grows and gets more vigorous and then you start seeing more detail in it. It's the same thing with the father. You start visualizing the child more and more.

In the process of redefining themselves, men not only reflect on their future child, but also on their past and on their own fathers. They begin to construct their image of self as father, remembering how they were fathered, and comparing those memories with their expectations of themselves. One man said:

I think about my dad a lot, like what he thought about when I was growing up, all the things he did for me. I especially remember those things right now, more than before we were pregnant. Now I'm going to know how it feels, why my dad said and did all those things. He worked hard to raise a family and now we can do it too. (Jay at 24 weeks)

As the man redefines himself as a father, he also redefines others in terms of his new status. Men frequently commented on the surprise they felt when they first realized their parents were going to be grandparents. Alan said at 16 weeks:

I've been thinking about my grand - my mother - that's interesting. I'm thinking about her in grandmother terms. It's been only within the last two or three years that I've gotten closer to her, to the point that I can tell her a lot of the things that I'm feeling. I think that's an important part of why I felt ready to have a child.

Men also reported they felt their circle of friends changing because of the pregnancy. Friends who "didn't fit the picture" were falling away, and those with children or who liked children remained.

Interestingly, while men volunteered information about how their perceptions of friends and relatives were changing because of the pregnancy, most men did not spontaneously talk about seeing their wives as mothers. Even when I deliberately questioned in this area, I got only vague responses about what a good mother his wife would be, or the like. I have no data that would explain why this happened. I can only speculate that perhaps the process of redefining the wife as mother was implicit throughout the pregnancy, and thus the man did not consciously focus on it. It could be that the area was too personal to be discussed in an interview situation, but I doubt that is true because most men discussed other private matters such as their sexual relationships, or troubled childhoods without much reservation. It also could be that I communicated my special interest in fathers to the extent that informants felt I really didn't want them to talk about wives. I could not detect that message in my taped interviews, but it certainly is possible.

As the man comes to see himself and his world in terms of his future fatherhood, he constructs a "future biography" (Glaser and Strauss, 1965, p. 32) of his life with his child. One man who had previously said nothing could get him out of bed at two in the morning, said late in pregnancy that

he was going to get up for the early morning feedings "just to see what is going on - just to be there." The fact that his wife was breastfeeding did not seem to make any difference. Another man could picture taking his baby to night school with him, or going shopping with his baby in a stroller. Another man who loved toys himself could describe in detail the kinds of toys he was going to buy for his child. His wife told me privately that her husband had already bought some of the toys he was "picturing", and had hidden them in a closet where he thought she wouldn't find them. The old joke about expectant fathers buying footballs for their unborn "boys" was re-enacted several times during this study. In one case where the baby turned out to be a girl, the father was not distressed; he simply decided that she would become "the first woman quarterback".

Anticipation of the birth

The intensity and excitement that characterizes the focusing/redefinition phase increases gradually as the birth approaches. The last few weeks of anticipating the birth may be difficult for the men, especially if he had adopted a more involved style by this time. The waiting seems interminable, and some men experience what they call "sympathy pains" as the birth approaches. One man described excitedly how he had had a "conversation with the baby". He had been talking to his wife's abdomen, telling the baby that he ought to be born soon, when the baby "almost kicked him out

of bed". This father decided that the child was definitely "a stubborn Taurus, just like me."

One interesting aspect of this phase is the sense of isolation that some men experienced as the birth approached. By the last month of pregnancy, most childbirth education classes had ended, and men who intended to coach their wives through labor and birth felt nervous and alone at times. Even though most were thankful for having attended classes, they often did not feel as prepared as they would have liked to have been for the reality of the birth. One man agonized about whether he would go into the operating room if "something went wrong". He finally decided that he would, because not knowing what was happening would probably be worse than what he would see in a Caesarean birth. Men usually felt they could not discuss their fears with their partners, since that would "only make matters worse". Since most had no one else in whom to confide, they kept their worries to themselves. Several men said that the gap between the usual end of childbirth education classes and the birth (usually 3-4 weeks) was hard on them, and they could have used the support of their groups during those last weeks.

Men sometimes became quite anxious about their wives, especially if the expected date of the birth passed without any signs of labor. One man kept an especially vigilant eye on his wife at night. She was quite large and had some difficulty breathing when lying down. Occasionally her breathing sounded labored as she slept, and her husband repeatedly

woke her asking if she was all right. After three nights of this behavior, she informed him that he was either going to relax and let her sleep, or he was sleeping on the sofa. I called the father a few days later to see how things were progressing; sheepishly he told me his wife had made him sleep on the sofa one night, but then had relented and let him back in the bedroom, because she couldn't sleep without him there to bother her.

As the expected date of the birth came closer, fathers kept lists of people to call and things to do once labor began. Although I did not ask fathers to call me when labor started, most added me to their list, and I was informed along with relatives, friends and employers. Sometimes the lists of tasks were quite long; one very organized man who adopted an instrumental style during the pregnancy showed me his list, which was a stack of index cards color-coded according to the importance of the tasks, and when they needed to be done. Another who had established an expressive style rebelled at all those "assignments", and found a good friend to do most of the last-minute things, so that he could "concentrate on the vibes", as he put it.

Since I did not collect data after the birth, I cannot speculate about the fathering behaviors of the men in this study. However, it seems logical that men who began their preparation for fatherhood by focusing on the pregnancy experience and redefining themselves in terms of their future fatherhood before the birth would have an easier adjustment

in the weeks and months that followed. There is some evidence that this is true; Fein (1976,a) found that men in couples who had worked out congruent roles related to parenting before the birth made an easier postpartum transition than men in couples who did not. Thus, the work accomplished in the focusing/redefinition phase of the male pregnancy trajectory may be related to constructive parenting behaviors later.

To summarize briefly, the experience of first-time expectant fatherhood can be broken down into three distinct phases. The announcement phase is the period of suspicion and confirmation of pregnancy, and marks the beginning of the shared pregnancy. Since the pregnancy is not well-integrated into either partner's everyday life in the very early weeks, the man's detachment/involvement is not crucial during this phase. However, pregnancy rapidly assumes more importance in the woman's life than the man's, and as that occurs, his detachment/involvement becomes an issue. The second phase of the trajectory is the moratorium. This phase is characterized by the man's putting off conscious preparation for and attention to pregnancy, and establishing some detachment from it. How much distancing he does and the length of this phase depends largely on how easily the man adjusts to and accepts the pregnancy. The more ambivalence he has about pregnancy, the more distance he requires and the longer the moratorium may last. The third phase is the focusing/redefinition phase. The beginning of this phase

usually corresponds with his wife's increasingly pregnant figure and the man's feeling and hearing fetal life at the end of the mid-trimester. This phase is characterized by the man's conscious focus on the pregnancy and preparation for his future fathering role as a father.

The order of the phases in the male pregnancy trajectory is fixed; however, there is some variability in the pace of the sequence. This variability occurs primarily in the length of the moratorium. In addition, there is a correlation between the length of the moratorium and the detachment/involvement style the expectant father adopts. The following section will explore this correlation more fully.

Pace of movement through the trajectory and detachment/involvement style

As stated before, the function of the moratorium appears to be to allow time for the man to adjust to the reality of the pregnancy, and to overcome the ambivalence which may be universal to expectant fathers. The man's subjective readiness for pregnancy is not only an important factor in the adoption of detachment/involvement styles, but readiness also appears to be crucial in determining the length of the moratorium phase.

As discussed in Chapter 5, observer styles allow for the most detachment. Generally observers experienced fairly long moratorium phases. This is logical, since, if they

adopted observer styles because of unreadiness for pregnancy, they would require a longer period of adjustment to overcome that ambivalence. Men who were most opposed to pregnancy consistently adopted very detached observer styles, and experienced moratorium phases that sometimes lasted until 30-38 weeks. In one extreme case, the moratorium lasted until the actual birth. These couples experienced considerable stress during this phase, because of the wide gap between the detachment the man required and the involvement the woman wanted from him.

However, not all men who adopted observer styles were unready for pregnancy. Some men were observers because of their individual psychology or because of the power dynamics in the marriage. These men experienced shorter moratorium phases than did men who were opposed to pregnancy. Most of these men took hold around the time they could feel fetal life, usually 25-30 weeks. Their moratorium phases were also less stressful than those experienced by the more distant observers, because less negotiation was needed to move these men to a level of involvement that was comfortable for both partners.

Instrumental and expressive styles allow for more involvement but less detachment from the pregnancy. Caretakers and full partners were more likely to feel ready for pregnancy; these men experienced much shorter and less stressful moratorium phases than did observers. It was not unusual for these men to take hold between 14-20 weeks, and spend

the rest of the pregnancy preparing for fatherhood in a prolonged focusing/redefinition period.

Thus, not only is the man's subjective readiness for pregnancy an important factor in how much detachment he establishes during pregnancy (style), but also in determining how quickly he can move toward more involvement and conscious preparation for fatherhood. In general, the more ready the man feels for pregnancy, the more likely he is to adopt a more involved style and the less time he requires to adjust and accept the pregnancy.

One interesting exception underscores the importance of the readiness factor in the length of the moratorium phase. Bill established an expressive style early in pregnancy. He clearly wanted a child, but after 8 years of marriage during which he and his wife did much traveling which he loved, he was worried about the drastic changes in life style that pregnancy and parenthood would require. He admitted being more than a little ambivalent about the decision to conceive. His expressive style should have provided for considerable involvement in the pregnancy and a short moratorium phase. However, he felt ambivalent enough about the pregnancy to need some time to adjust. He spent the early months exploring the emotional impact the pregnancy had on him, but was unable to take on the close involvement he had planned. The first two interviews with this man were full of his reflections on his ambivalence, and how he felt closed-off from much of the pregnancy because of it.

At some point in the eighth month, he suddenly resolved his doubts, and as he put it, "began to feel alive about the pregnancy". He started building a crib and practicing his harp in preparation for the baby. He had planned to begin those activities much earlier in pregnancy, but had been unable to work on them seriously until this point. His sense of unreadiness for pregnancy affected his experience profoundly; other factors, such as his personality, the symmetrical role relationship in his marriage, and his desire for more involvement, could not compensate for the detachment and prolonged adjustment period imposed by his unreadiness. His wife clearly understood this, and allowed him the time and space he needed to adjust. When he was ready, he moved into more involvement and made up for the participation he had avoided earlier.

The style and pace of each man's involvement in pregnancy is individual. His experience is not a mirror image of his partner's; he cannot always attend to her needs and follow her lead, because his needs are different from hers.

Perhaps because he felt this disparity so acutely, Bill described it vividly:

I really don't think the father should be rushed. I think there should be a lot more understanding for the father because the baby is not inside him, it's inside the mother. Men are not insensitive. It's not that they don't care early in the pregnancy about the baby.

It's just that they are going to care at the right time, when it is right for them. It wasn't right for me until the last month and a half. It just wasn't there, but I always knew it would be there. The feeling grows within the father in time, and if you rush it, you will have an exhausted type of father. If the father really tried to respond to the mother's emotions all the time, and if he is forced to always respond, by the time the child comes, the father may almost resent the child. That's why I feel grateful for the type of wife I have, that she hasn't pushed me. I think that some fathers can be turned off about the coming of a child because of the mother's attitude. Sometimes fathers can't respond the way other people think they should. They can't because they don't have it in them. I think I had sufficient time in that waiting period to become adjusted to the demands that would come. In the beginning, I was just unsure. There are a lot of things that you don't understand, a lot of things hitting you all at once. I think that nine months is a growing time for both the husband and the wife.

In summary, the readiness factor which is important in the man's adoption of a detachment/involvement style,

is crucial to the pace of movement through the moratorium phase. A sense of unreadiness may prompt a man to adopt a more detached style, and to maintain that detachment longer in an effort to adjust to and accept the pregnancy. Generally, men who adopt the more involved instrumental and expressive styles will experience brief moratorium phases. Men who adopt the more detached observer styles but who feel ready for pregnancy, experience slightly longer moratorium phases and must do more negotiation during that period to keep their partners content. Men who adopt the most detached observer styles because they are opposed to pregnancy need the longest adjustment period. While these trends hold true generally, even with the more involved styles, a sense of unreadiness can impede and delay an expectant father's adjustment.

Thus we can see that, while all men seem to experience the same progression of changes across the time span of pregnancy, which detachment/involvement style they adopt and particularly how ready or unready they feel for pregnancy will alter the pace of the male pregnancy trajectory. These findings have implications not only for men and women anticipating pregnancy, but also for health professionals providing pregnancy and birth care for those couples. Part III will discuss these implications and present recommendations based on these findings.

PART III

CONCLUSIONS AND IMPLICATIONS

Chapter 7 Summary, Implications and Recommendations

This final chapter will begin with a brief summary of the substantive theory presented in this report. These findings will then be related to some of the most recent research in the area of adult development. The last section of this chapter will discuss implications of this theory for expectant parents and for health professionals providing pregnancy and birth care. Finally, some suggestions for future clinical research will be offered.

Summary of the findings

This report has presented a substantive theory of how first-time expectant fathers manage their detachment or involvement during pregnancy. The theory has two related parts; the first is a typology of detachment/involvement styles, the second a trajectory that describes changes in detachment/involvement that men experience during pregnancy. The typology describes three distinct detachment/involvement styles which reflect the different ways men view themselves in relation to pregnancy. These styles are: 1) observer styles in which the man sees himself as a bystander, 2) instrumental styles in which the man sees himself as a caretaker of the pregnancy, and 3) expressive styles in which the man sees himself as a full partner in the preg-

nancy. How involved or detached a style the man adopts is determined in part by his individual psychology, the power balance in the marital role relationship, and most importantly, by the man's sense of readiness or unreadiness for pregnancy.

Compared to their spouses, men are in less powerful decision-making positions in terms of how much involvement they establish in pregnancy. In general, women expect men to be more involved in pregnancy than the men themselves expect to be. Women employ tactics to move men into closer involvement, while men usually attempt to move away or maintain some distance, at least early in pregnancy. Eventually, couples reach a compromise between their differing expectations, but the negotiation period can be stressful for both.

This negotiation occurs during the second and most crucial phase of the male pregnancy trajectory, the moratorium. The first phase, the announcement phase, is interesting because it marks the beginning of the shared pregnancy for the couple, but it is not crucial in the man's detachment/involvement management because the woman has not yet integrated the pregnancy into her life. However, the woman adjusts to and accepts the pregnancy more quickly than the man, and the divergence between their experiences is highlighted during the moratorium. The moratorium phase is the period during which the man must adjust to and accept the reality of the pregnancy. In order to do this, he must overcome the ambivalence he feels toward the pregnancy.

Most men in this study seemed to need to establish some emotional distance from pregnancy during this period. The moratorium phase is critical to the detachment/involvement management process, because the man must maintain the distance he needs to adjust, yet maintain enough involvement to keep his partner satisfied. The length of the moratorium is determined in large part by the man's readiness for pregnancy. The more ready he feels, the more likely he is to adopt a more involved style, and the shorter and less stressful the moratorium is likely to be.

Once the man has overcome his doubts, he usually feels ready for more involvement in pregnancy and enters the last phase of the male pregnancy trajectory, the focusing/redefinition phase. During this phase, the man consciously prepared himself for fatherhood. However, entry into this phase is dependent on the man's ability to overcome his ambivalence. If he is unable to adjust, the moratorium may be prolonged and prevent the preparation for fatherhood that usually takes place during the focusing/redefinition phase.

Men who adopt the more involved instrumental and expressive styles usually experience brief and relatively

tranquil moratorium phases. Men in observer styles who are ready for pregnancy experience slightly longer and more stressful moratorium phases. Men who adopt observer styles and are very ambivalent about pregnancy experience prolonged moratorium phases, and may never begin the preparation for fatherhood that characterizes the final phase of the trajectory.

Extension to established theory

The first-time expectant father's sense of readiness for pregnancy emerged as an unexpectedly important component of the male pregnancy experience. To my knowledge, there has been no research focused on mens' readiness for pregnancy and the effect it may have on paternal role development. However, the findings of this study seem to relate to some of the more recent research in the area of adult development. The following section will point out some parallels between these findings and research findings in adult development, and then will discuss some directions for future research.

Research into the development of the fathering role is scant. However, several recently published developmental studies of the adult male touch on childbearing in the male life cycle. When their findings are examined along with the findings of this study, the significance of mens' readiness of pregnancy may be better understood.

Change in the individual over time is the crucial dimension in developmental theory; however, change and

growth during the adult years have only recently become a major focus for research. The small but steadily growing amount of research on the male childbearing experience includes no recent studies from a developmental perspective. Duvall's (1962) discussion of the developmental tasks of the expectant father speaks only very generally about the male experience of pregnancy and then almost exclusively to aspects of the more traditionally defined provider role. However, Duvall's discussion does outline some aspects of the instrumental style described in this study. Obviously, the instrumental style is an older one in a historical sense. The fact that the Filipino, Latino and Black men in this study consistently adopted that style speaks to their affiliation with more traditional subcultures and values.

More recent works in the field of adult development by Levinson, Darrow, Klein, Levinson and McKee (1974), Nydegger (1973, 1975a) and Gould (1972) may partially explain why readiness for pregnancy emerged as such a dominant theme in this study. Levinson et al have constructed what they call "an embracing sociopsychological conception of the male adult development periods" (1974; 249). These periods are seen to emerge both from the biopsychosocial nature of man as well as from the nature of the society in which he lives. Levinson tentatively concludes that these developmental periods are relatively universal in Western society and are age and sex linked. He distinguishes the

following chronological periods in male adult life: early adulthood, roughly 20-40 years of age; middle adulthood, 40-60 years of age; and late adulthood, 60 years and on. Since the vast majority of men become fathers for the first time in the early adulthood period, only that period will be included in this discussion.

The first phase in the period of early adulthood, called "Leaving the Family", is a period of transition from adolescence into adult life, extending roughly from ages 19 to 24 years. "Leaving the Family" is marked by increased self-parent differentiation and distancing from family influences. The second phase of early adulthood Levinson calls "Getting into the Adult World", which extends from the early twenties to ages 24 to 29 years. This phase is characterized by exploration of the adult world with an increased sense of autonomy and beginning commitments to life choices. A central task of this phase is the construction of a "life structure" (Levinson et al, 1974; 247). This life structure is the overall pattern of roles, relationships, personal meanings and values that affect and are affected by the individual's interaction in larger society. A life structure is actively constructed during this phase and the individual may believe that the choices he makes are extremely important and permanent; however, this life structure will be revised considerably as the man develops and grows. The third and last phase of early adulthood is the phase called "Settling Down", which occurs during the early

and middle thirties. This phase is marked by a sense of stability and commitment to previous life choices contrasted with a need for upward mobility and movement toward established goals. At this point the life structure as it was constructed in the man's twenties becomes relatively stable and clearly defined, but only temporarily. Levinson states that this life structure must change later to permit expression of the repressed aspects of the self as the man moves into middle adulthood.

The credibility of Levinson's schema comes both from his methodological rigor and the variety of ways data were collected (interviews, questionnaires, standardized and projective tests). His findings are supported by Gould's (1972) cross-sectional study of time and self-perception in a large adult sample. Gould's description of changes in self-perception among adults from ages 18 to 34 correspond nicely with Levinson's phases of "Leaving the Family", "Getting into the Adult World" and "Settling Down". Gould did not present data for males and females separately; if he had done so, his findings would probably parallel Levinson's even more closely.

Although Levinson and Gould make only passing reference to the childbearing experience in their developmental models, it would seem logical that a man's experience of pregnancy would be quite different if he first became a father during the "Settling Down" phase than if pregnancy occurred earlier during "Leaving the Family" or "Getting into the Adult World".

It may be that the demands of the earlier phases (occupation, separation from family, establishing intimate relationships) might prevent a sense of readiness for pregnancy, while the later phases may enhance readiness since other concerns have been resolved by this time, if only temporarily. Interestingly, when the average ages of men in each detachment/involvement style are computed they are as follows: instrumental styles, 22 years, observer styles, 28 years, and expressive styles, 32 years. Each corresponds roughly with a different phase of early adulthood according to Levinson's schema.

Perhaps this pattern suggests a trend. Perhaps men in the "Settling Down" phase are more likely to be ready for the emotional commitment pregnancy and parenthood demands, and are more likely to adopt expressive styles. On the other hand, men in their early twenties who are leaving their family or getting into the adult world, may feel unready for the additional demands of pregnancy (detached observers), or approach pregnancy as part of their role as husbands and providers (instrumental styles). These parallels between Levinson's work and the findings of this study certainly raise more questions than they answer, but the possibilities are interesting.

Such speculation leads logically to the question: might a man's developmental status and perhaps indirectly, his readiness for pregnancy, have implications for his later parenting behavior? Another developmental researcher,

Nydegger, has found a relationship between paternal age and fathering behaviors. In her 1973 study, she examined the interaction of age and timing of role entry with men's perceptions and performances of fatherhood by means of interview, questionnaire and semantic differential data. She summarized her findings as follows: "Both age of the father and the timing of his fatherhood make significant differences to his role perception, his parenting in relation to his wife's, his role performance and to certain dimensions of his children's behavior, especially in interaction with the sex of the child." (Nydegger, 1975 a; 2). More specifically, early fathers (ages 24 and younger at role entry) tended to show role strain and discomfort. These fathers defined their role as 'spending time with' their children. Their youthfulness was found to be positively correlated with rejecting behaviors, firm enforcement of directives and a strong need to maintain order. On the other hand, late fathers (aged 34 or older at role entry) were more composed and comfortable in the role. They saw their role more as overseers and role models. Late fathers were generally more accepting and flexible in dealing with their children, and their time perspective was enlarged over that of early fathers. Their increased age was positively correlated with encouragement of independence and individuality. Early fathers verbally rejected sex-stereotypes for themselves and their children, but late fathers actually sex-typed themselves and their children

less frequently than did early fathers.

Nydegger concludes that "older fathers are at least twice as likely to be good fathers, even in a population characterized by concerned parenting" (1975 a; 4). It is apparent from her data that early fathering can be problematic; however, little information was presented about on-time fathers. Relating Nydegger's data to the findings of this study and to Levinson's schema, it may be that Nydegger's early fathers would tend to experience pregnancy and child-bearing during the phases of "Leaving the Family", or "Getting into the Adult World", and perhaps might have been more likely to adopt observer or instrumental styles during pregnancy. Typically, Nydegger's late fathers would have become fathers during "Settling Down", and might have been more likely to adopt expressive styles during pregnancy.

Certainly assigning developmental phases and detachment/involvement styles after the fact is highly speculative, but the parallels do raise some interesting questions. Is readiness for pregnancy and detachment/involvement style clearly related to men's developmental status? If so, how? Is there an optimal time for expectant fatherhood? If different detachment/involvement styles are related to developmental status, do these styles then persist after the child is born and affect the man's early fathering behavior?

The implications of these questions are far-reaching, and the possibilities for future directions for research are numerous. However, even without extrapolation to other

research and theory, this investigation into the experience of first-time expectant fatherhood has important implications for consumers and providers of pregnancy and birth care. The following section will discuss the implications of this study for expectant parents and health care providers, as well as present some further recommendations for future research.

Implications and recommendations for clinical practice and research

Several major findings of this study have importance for expectant couples. Probably the most important is the impact of the man's readiness or unreadiness for pregnancy on the couple's pregnancy experience. Men who were ready for pregnancy not only established more involvement in the pregnancy, but also had less difficulty adjusting to it. Unreadiness delayed the man's adjustment and involvement in pregnancy, and the subsequent difficulties imposed stress on couples over and above the usual stress of pregnancy.

Women at times underestimated the problems that men's unreadiness for pregnancy could cause. Some assumed that their partners would eventually "come around", and that their pregnancy would then be a happy event for both of them. This happened in some cases, but in others the man's prolonged adjustment period was lonely and difficult for both. In one instance where the woman insisted on a pregnancy which the man vigorously opposed, the man never adjust-

ed to the pregnancy, and three months after the child was born, the marriage seemed to be in trouble. Apparently, women who become pregnant and are uncertain whether the pregnancy will be accepted by their husbands, are taking more of a gamble with their marital relationship than they might think.

Another implication which may be important to expectant couples is the man's less powerful position compared to the woman in relation to the pregnancy. For a variety of reasons, men have little to say about how pregnancy is handled. The woman's power in the situation is usually directed toward moving the man toward closer involvement in the pregnancy. While this seems desirable to her, unless she exercises some care, she may push him toward more involvement than he can handle readily. The end result may be that the man may distance himself even more, or may feign interest he does not feel. Either outcome is likely to lead to tension and frustration for both partners, and may have negative consequences for the marital relationship later.

An understanding of the male pregnancy trajectory may assist couples to recognize that the experiential gap they feel during pregnancy is normal. Particularly, an understanding of the man's need for detachment and time to adjust during the moratorium phase may help women cope with their own isolation during that time. Men may be very reassured to know that it is normal for them to lag behind their partners in acceptance of and involvement in the pregnancy.

Consequently, men may be less prone to feel guilty about their emotional distance in early pregnancy.

The implications of this substantive theory for health professionals providing pregnancy and birth care may be even more important than those for expectant couples. Certain well-established practices in prenatal care and education need to be critically examined in light of the findings of this study.

First, the importance of the man's readiness for pregnancy must be realized. Men are consistently left out of or even actively excluded from family planning decisions, yet living through an unwanted pregnancy may be quite difficult for the man, and have serious consequences for his parenting later. Health professionals should try to determine the man's readiness for pregnancy, and if there is a problem, recognize that he may need situational support and counseling early in pregnancy. Men probably should be more routinely included in early prenatal examinations, and certainly should be allowed more voice in family planning decisions.

Second, common practices in prenatal health care and the most prevalent modes of childbirth education should be examined in relation to the male pregnancy trajectory and the typology of detachment/involvement styles reported in this study. The most common childbirth education modes, LaMaze and Husband-Coached Childbirth, may only fit men in the more involved styles. In the trend toward greater

support of father involvement, men who do not want an active role in labor and birth find themselves with few alternatives. Understanding and support of the observer father should be provided, and childbirth education classes should allow for more passive involvement for fathers who want it.

The timing of childbirth education classes are better suited to womens' needs than mens' and perhaps this is as it should be. However, since few opportunities exist for contact between health professionals and expectant fathers early in pregnancy, men who began focusing on the pregnancy before the start of classes in the last trimester may need additional avenues for discussing their experiences and getting information. The three to four week gap between the end of classes and the actual birth may be quite stressful for the man who intends to be an active participant in the birth, but who needs some encouragement. His wife usually receives support and encouragement through her more frequent prenatal visits, but the expectant father is as isolated during this period as he was early in the pregnancy, and cannot look for much support from his partner. Perhaps some means of continuing support for the expectant father and his partner through to the birth could be developed, such as additional classes or meetings, or including the father more routinely in the final prenatal examinations before the birth. Establishing evening office or clinic hours would definitely be a help in this regard.

An understanding of the male pregnancy trajectory,

specifically recognizing that a prolonged moratorium phase will cause a delay in the man's conscious preparation for fatherhood, may help the health professional identify men who may be at risk for later problems in parenting. Men who adopt observer styles and who are very ambivalent about pregnancy might be good candidates for special attention from childbirth educators or other health professionals. The spouses of such men may need additional support and may benefit from an explanation of the probable causes of her partner's detachment from pregnancy. Probably the most useful intervention would be simply to listen - to provide a sympathetic ear to expectant fathers who frequently have no one else with whom to talk over their hopes and fears about the pregnancy.

Recommendations for future research

In addition to implications for clinical practice, this substantive theory suggests many directions for valuable clinical research. Certainly the next step would be to test these findings in more diversified populations of expectant fathers. Such research might strengthen or expand the typology of detachment/involvement styles and the male pregnancy trajectory.

Research should be done on the readiness factor and its possible effects on the man's transition to fatherhood. Since it emerged as such a crucial factor in the man's pregnancy experience, it may also have an important influ-

ence on his fathering behavior and the marital adjustment after the birth of the first child. In addition, the relationship, if any, between mens' detachment/involvement styles during pregnancy, and later patterns of fathering behavior could be explored. Finally, the different detachment/involvement styles and the male pregnancy trajectory could be examined in light of the man's developmental status. Such research would begin to fill the gap in knowledge about the significance of childbearing in adult male development.

This study has expanded my interest in variations in the male pregnancy experience. It would be interesting to see how the experiences of first-time expectant fathers during high-risk pregnancies would compare to those of the men in this study. I have also become interested in mens' experiences of premature labor and miscarriage. I maintained informal contact with several men who were dropped from this study when their wives became high-risk or when they miscarried. Virtually nothing is known about mens' experiences of threatened or actual loss of a pregnancy. In most cases, health professionals do not even think about the needs of these men unless their partners are hospitalized. This certainly would be an area for valuable research.

To summarize, this report presented a substantive theory that 1) describes three distinct detachment/involvement styles adopted by first-time expectant fathers during pregnancy, and 2) outlines a characteristic male pregnancy tra-

jectory, comprised of three phases, the latter two of which are particularly important in the man's detachment or involvement in pregnancy. Readiness for pregnancy emerged as a crucial factor in how quickly men adjusted to and accepted pregnancy, and how detached or involved they became. There may be some relationship between men's readiness for pregnancy, the detachment/involvement style adopted, and their developmental status. This theory of the process of detachment/involvement management in pregnancy by first-time expectant fathers has implications both for clinical practice and for future research. However, perhaps the greatest value of this research was in focusing more needed and long-overdue attention on men as husbands and fathers.

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