



A Portfolio Submitted for the Award of  
Doctorate in Counselling Psychology (DPsych)

**Men's Experience of the Transition to First-time  
Fatherhood during their Partner's Pregnancy:  
An Interpretative Phenomenological Analysis**

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## **DECLARATION**

I, Lee-Anne Meleagrou-Hitchens, hereby grant powers of discretion to City, University of London to allow this thesis to be copied in whole or in part without further reference to me. This permission covers only single copies made for study purposes, subject to the normal conditions of acknowledgement.



# **PREFACE**

## **On The Threshold**

This DPsycho Counselling Psychology portfolio comprises three sections: a research study, a combined case study/process report and a publishable article. These separate pieces of work encompass a common theme; navigating the threshold (or liminal space) of a transition. Before offering an impression on each of the pieces included in this portfolio, I will first explain what is meant by the term 'threshold' and 'liminal'.

The term 'liminal' comes from the Latin root, 'limen', which means 'threshold'. Liminality is a term used to describe the psychological process of transitioning across boundaries and borders (Larson, 2014). When an individual is in a liminal space, they are in the 'crossing over' space during a transition. Since the transition has started, they are no longer the same person that they used to be. However, since the transition is not yet completed, they are also not the person that they will become. As such, they are on the threshold of becoming. Whilst this in between space - the liminal space - entails ambiguity and disorientation, it also involves transformation. It is in the liminal space where we can let go of a belief, a role, an identity or a way of being, so that something new can be created. A liminal space can therefore be a troublesome as well as a transformative time in an individual's life.

The first section of the portfolio is an empirical study exploring the experiences of men in the transition to first-time fatherhood during their partner's pregnancy. Becoming a father for the first time is a significant life event and research reveals that it affects a man's identity, including his values, interests and habits (Claxton & Perry-Jenkins, 2008; Hofner, Schadler & Richter, 2011; Nomaguchi & Bianchi, 2004). It can also impact his relationships with others, which includes his partner, his family and his wider social network (Ahlborg, Misvaer & Moller, 2009; Bell et al., 2007; Houts, Barnett-Walker, Paley & Cox, 2008; Lawrence, Nylén & Cobb, 2007; Maurer, 2007). Although the research suggests that the transition to fatherhood is a difficult and complex process (Genesoni & Talandini, 2009; Miller, 2011), relatively little research has been conducted on how expectant fathers experience the prenatal

period. This is a time when a man is on his way to become but has not yet become a father, leaving him 'betwixt and between social statuses' (Draper, 2003, p.87). That is, he is no longer the child-free individual he used to be before the pregnancy confirmation but he is also not yet a father. He is thus on the threshold of becoming a first-time father.

This research seeks to not only fill a gap in the research literature on expectant fathers, but to raise awareness about this population in the research community and shed light on their experiences that have thus far been overlooked. Seven participants were interviewed about their experiences of the transition to fatherhood during their partner's pregnancy and the data derived from these interviews were analysed using interpretative phenomenological analysis (IPA). The emergent themes pointed to the ambivalence and isolation that the participants experienced during the pregnancy amidst a shifting sense of self. During the pregnancy participants were experiencing intense and conflicting emotions and whilst they were all preparing, to varying degrees, for life with a baby, they often did not feel adequately supported during the pregnancy, referring to a lack of information and resources available to them. As a result, they experienced loneliness and isolation and often felt more detached from the pregnancy than they expected or wanted to be, which amplified the ambivalence that they experienced during the transition to fatherhood. The implications for research and practice are also discussed and suggestions for future research are included.

The second section of this portfolio is a combined case study/process report representing my therapeutic work with a client who was in the process of recovering from substance dependence. When the client had achieved abstinence, after 15 years of substance misuse, it had inadvertently resulted in a complete lack of sexual desire, for which the client sought therapy.

This case study reflects my clinical practice from a relational person-centred approach (PCA). A relational approach holds that it is the relationship, rather than therapist-offered conditions, that constitute the essence of the PCA (Cox, 2016). Rather than conceptualising the PCA in a unidirectional way, as traditional person-centred theorists do, a relational approach recognises that human beings have a fundamental need to relate to others in an interactive and mutual way (Mearns &

Cooper, 2005). As such, it depicts the PCA as bidirectional or multidirectional (Cox, 2016). Since the client's psychological suffering was related to the (in)expression of his sexuality, which comprises both interpersonal and intrapersonal dimensions (Schmid, 2005), a relational PCA, which corresponds to my phenomenological epistemology, seemed fitting.

Accompanying the client during the recovery process, which entailed a transition from substance dependence to sobriety, had touched me deeply. The client arrived at therapy in a state of incongruence, yet through the therapeutic relationship was able to move towards self-understanding and self-acceptance. It also promoted an internalised locus of evaluation, liberating him from the conditions of worth that others had imposed on him. It was a powerful experience to witness, and be part of, his transformation and our work together will continue to shape my development as a counselling psychologist.

The final section of the portfolio is a journal article that draws on the qualitative research presented in the first section. It aims to demonstrate my ability to compose a publishable article based on an original piece of research and in accordance with the specific guidelines for publishing as set by the Journal of Men's Studies, which is part of SAGE Publications (see Appendix M included in Section C). The journal article is essentially a concise yet rich summary of the findings that were produced by the research study. It elucidates the four superordinate themes that emerged from the data analytic process, revealing that the prenatal period constituted a turbulent time in the participants' lives. It pointed to the participants experiencing conflicting mental states and emotions during their partner's pregnancy. For many, the pregnancy felt like a long, drawn out process, which elicited feelings of frustration and loneliness. As they were awaiting the birth of their baby, and thus a new status as father, they were making plans and preparations for their life with a baby, which included contemplating the restrictions that fatherhood will bring and the sacrifices it would require of them.

In this portfolio, the participants in the research study and the publishable article were on the threshold of becoming fathers and the client in the case study was on the threshold of sobriety. During the compilation of this portfolio, I too, identified with liminality, because I was on the threshold of becoming a counselling psychologist. As

such, I recognised and related to the uncertainty, ambivalence and isolation that the participants and the client had described/experienced. In fact, sharing their experiences with me during their respective transitions, and allowing me to become part of it, facilitated my own transition. Not only did it provide me with the content to include in this portfolio, which is the final component of transitioning to qualified (counselling psychologist) status, but it enabled me to appreciate and accept the emotional discomfort that I experienced during my own transition. Whilst these transitions involved navigating stormy seas, since it contained many challenges and demands, it also gave rise to a tremendous amount of personal growth for all of us. Not only am I proud of the (almost) counselling psychologist that I have become, but I also feel privileged to have witnessed the personal growth experienced by my client and the research participants.

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## **SECTION A: QUALITATIVE RESEARCH STUDY**

Men's Experience of their Transition to First-time Fatherhood  
during their Partner's Pregnancy: An Interpretative  
Phenomenological Analysis

Supervised by Prof. Carla Willig

## **ABSTRACT**

Fatherhood is a social construct that is continuously shaped by societal and cultural changes. As a result, fathering responsibilities are (re)conceptualised and (re)configured over time and across generations, which, in turn, affect men's expectations and experiences of becoming fathers for the first time. Today, the father role is understood to be equally important to a mother's role in terms of parenting, placing more expectations on a father than ever before. Unfortunately, the transition to fatherhood, particularly during the prenatal period, has been much less focussed upon compared to the transition to motherhood. Consequently, this study is interested in giving voice to expectant fathers so as to provide an in-depth exploration of their experiences during their partner's pregnancy. Data is collected from seven participants using semi-structured interviews and analysed using Interpretative Phenomenological Analysis (IPA). The findings suggest that not only did the prenatal period entail a shifting sense of self but it also included experiencing intense and conflicting psychological and emotional states. Participants often felt that their experiences were overlooked by others, with a lack of support resources available to them. Implications for counselling psychologists, including other healthcare professionals, are discussed in terms of both research and practice. Suggestions for future research are also made.



## TERMINOLOGY

The term 'perinatal' refers to the period of time before and after birth. Whilst it has been defined in various ways, with specific cut off dates both in the pregnancy and after birth, it will be used in a more general sense in this study. 'Perinatal' denotes the period of time from when you become pregnant and up to a year after giving birth. 'Antenatal' or 'prenatal' means before birth whereas 'postnatal' means after birth.

'Trimester' denotes three roughly equal intervals of pregnancy based on obstetric dates. The first trimester commences on the first day of the last menstrual cycle (day 0) and goes through obstetric week 13. The second trimester starts at the 14<sup>th</sup> week of the pregnancy, lasting to the end of the 27<sup>th</sup> week. The third trimester begins at 28 weeks and ends with birth (American College of Obstetrics and Gynecology, 2004).

## RESEARCH STUDY INTRODUCTION

Men's mental health and wellbeing during their transition to fatherhood is an important public health issue that is under-researched and poorly understood (Goodman, 2005), particularly from a qualitative perspective (Paulson & Bazemore, 2010). Research reveals that poor mental health and wellbeing in fathers not only has a negative impact on them, but it also has a detrimental impact on their children, their partners and wider society (Amato, 2001; Ramchandani, Stein, Evans & O'Connor, 2005; Ramchandani et al., 2008). Evidence on the role of a father during the prenatal period points to the significant influence that he has on his partner's healthy behaviours during pregnancy (National Society for the Prevention of Child Cruelty, 2014). It also reveals that the active involvement of fathers during pregnancy results in improved mental health outcomes for the family as a whole following birth (NSPCC, 2014).

The two most common mental health problems that fathers seem to experience during the perinatal period are anxiety and depression (Goodman, 2004; Moss et al., 2009; Paulson & Bazemore, 2010; Philpott et al., 2017). In fact, it seems that the occurrence of depression and anxiety are most common during the prenatal period, suggesting that men find this period the most demanding during their transition to fatherhood (Boyce, Condon, Barton & Corkindale, 2007; Buist, Morse & Durking, 2003; Condon, Boyce & Corkindale, 2004; Genesoni & Talandini, 2009). It is therefore imperative to examine how expectant fathers experience the prenatal period during their transition to first-time fatherhood.

By focusing on the subjective experiences of a small group of men whose partner was in the second or third trimester of pregnancy, I aim to explore and shed light on the participants' experiences during their transition to first-time fatherhood. How these men experienced themselves and their relationships to others during the pregnancy will be the focus of attention, together with the meaning that the participants attached to these experiences. The research is interested in what happened to the participants, psychologically, emotionally and physically whilst they were preparing for new fatherhood.

This study comprises four parts or chapters. The first chapter, a critical literature review, explores the existing research literature to understand the topic better and to identify gaps within it. The second chapter provides a detailed description of the methodology and procedural aspects related to how the study was conducted. The third chapter presents the findings that emerged from the data analysis whilst the final chapter will interpret and discuss these findings in light of existing research and theory.

# CHAPTER ONE: CRITICAL LITERATURE REVIEW

This literature review will present an outline of the research that has been conducted on men during the transition to first-time fatherhood. It begins with a brief overview of fatherhood research, which draws attention to how fatherhood is shaped by social and cultural changes in society and highlights a neglected area in fatherhood research: the transition to fatherhood. Next, I examine the research that has been conducted on men's transition to fatherhood before narrowing the focus further to expectant fathers' transition to first-time fatherhood during pregnancy. This is followed by a discussion of the role of theory, specifically identity theory and transition theory, in relation to understanding men's transition to fatherhood during the prenatal period. Expectant fathers' experiences during the prenatal period is an area of immense importance to counselling psychology. Not only does the mental health and wellbeing of expectant fathers facilitate their engagement during the pregnancy, which benefits both expectant parents, including their relationship, but it is also linked to improved outcomes after birth, for them, their partner and their baby (Amato, 2001; Fletcher, 2011; NSPCC, 2014; Ramchandani et al., 2005; Ramchandani et al., 2008).

## 1.1 Overview of Fatherhood Research

Fathers make up a large portion of the adult male populations in Western countries, with it being estimated that around 61.6 percent of the men living in the United States of America (USA) are fathers (United States Census Bureau, 2014). Unfortunately we do not know this statistic for the United Kingdom (UK), since many UK datasets only ask about fathers who live in the same household as their child(ren) (Burgess & Goldman, 2018). Yet, analysis of 'Understanding Society', a UK household longitudinal study that follows the lives of thousands of individuals within households over time, reveals that only 11% of men aged over 70 have never fathered a child or played a fathering role to a child (Speight, Poole, O'Brien, Connolly & Aldrich, 2013). Whilst adolescents can of course become fathers too, it seems a rarer phenomenon across the whole population; analysis of 'Understanding Society' suggest that only two percent of UK males aged 16 to 19 were fathers (Speight et al., 2013). Overall, however, it is clear that fatherhood constitute a major role in men's lives, with the transition to first-time fatherhood bringing about more profound changes than any other developmental state in a man's life (Machin, 2015).

It is important to recognise that social and cultural changes transform the way in which fatherhood is viewed. This, in turn, affects men's expectations and experiences of becoming fathers for the first time (Henwood & Procter, 2003). As a

result of a number of changing social practices, including changing employment patterns, which includes more women and mothers taking up work outside the home as well as higher levels of male unemployment (White, 1994; Elliot, 1996; Aldous, Mulligan & Bjarnason, 1998; Glass, 1998), the concept of fatherhood has evolved. Once viewed exclusively in terms of breadwinner and disciplinarian, today the new model of fatherhood includes qualities such as: presence, involvement, putting children's needs first, approachability, nurturing and caring (Henwood & Procter, 2003). Fathering responsibilities then are (re)conceptualised and (re)configured over time and across generations (Miller, 2011). Today the role of father is considered as equally important to a mother's role in terms of parenting, placing more expectations on fathers than ever before (Fenwick, Bayes & Johansson, 2012).

Fathers' involvement in childrearing has increased dramatically in recent decades, with it now being routine in many Western countries for fathers to have a participatory role throughout labour and the birth of their baby (Booth & Crouter, 1998; Deutsch, 2001; Lupton & Barclay, 1997; Mander, 2004; Redshaw & Henderson, 2013; Seward & Richter, 2008). Research from both Europe and America reveal a strong, positive correlation between active father involvement and infant development, and also on the well-being of fathers themselves (Lamb, 1997; Lamb, Pleck, Charnov & Levine, 1987; Pruett, 1998). As a result of this changing context of contemporary fatherhood, theorisations of men's lives and masculinities have become more critically focussed upon (Connell, 2000), causing a shift away from the notion of 'a single unified masculinity' (Morgan, 2002, p. 280). Similarly, it is increasingly recognised that rather than a unified normative model of fatherhood, there is a plurality of fathering practices (Morgan, 2002).

Although research on fatherhood has increased exponentially since the seminal work of Michael Lamb (1976), which marked a growing awareness of the role of the father in child development, much less attention has been paid to the process of becoming a father. As such, we still know relatively little about the needs and experiences of men during their transition to first-time fatherhood, and thus the nature of support that they might require during this period (Machin, 2015).

## **1.2 The Transition to Fatherhood and a Gap in the Literature**

The transition to fatherhood begins with the confirmation of pregnancy and extends to the first few months, or up to a year, after childbirth (Strauss & Goldberg, 1999). The term 'transition' represent the staged physical, psychological and spiritual

journey in which an individual shifts from their ordinary circumstances through a transitional phase of psychological reorganisation to integrate the new or change event into their life (Kralik, Vinsentin & Van Loon, 2006).

Becoming a father for the first time constitutes a crucial change in a man's life, which requires fatherhood to be integrated into male identity (Hofner et al., 2011). Research reveals that the transition to fatherhood has the potential to change a man's relationship with his partner (Ahlborg et al., 2009; Houts et al., 2008; Lawrence et al., 2007), his family (Bell et al., 2007), and his social environment (Maurer, 2007). It also impacts on his values, interests, habits and working life (Claxton & Perry-Jenkings, 2008; Nomaguchi & Bianchi, 2004). Whilst research suggests that men's transition to new fatherhood is a complex and ambiguous process (Daiches, Hall & Chin, 2011; Doucet 2009; Draper 2002, 2003; Genesoni & Talandini 2009, Miller, 2011), the health of the mother and baby is the focal point of healthcare provision from the moment the pregnancy is confirmed (Fletcher, Mathey & Marley, 2006).

Miller (2011) utilised a qualitative, longitudinal approach to focus on the experiences of 17 UK men as they anticipated and then became fathers for the first time, replicating her earlier motherhood study (Miller, 2005, 2007) and producing comparative data. The research design entailed the in-depth interviewing of the participants on up to four occasions; once before and three times after the birth of their first child. The mean age of these participants was 33.7 years at the time of the first interview. The findings from Miller's (2011) narrative approach suggest that men's transition to new fatherhood depict more ambiguous trajectories than their female counterparts in their transitions to motherhood (Miller, 2011). This is because a woman experiences and displays all the physical changes of the pregnancy and these physical signals and markers not only guide her in her transition to motherhood but also influence the reactions she obtains from others. As a result of their lack of visible bodily changes, men can feel detached from, and undervalued during, their partner's pregnancy (Draper, 2003; Miller, 2011) and they frequently express ambivalent feelings during this phase (Donovan, 1995; Draper, 2003; Finnbogadottir, Svalenius & Persson, 2003). A woman's transition to motherhood in Western societies is facilitated by medical practices and social processes that provide her with a framework or structure through which her new identity as mother is produced (Draper, 2003). For example, medical science sets out the milestones for pregnancy (e.g. first, second and third trimester) and birth (e.g. due date) whilst social processes (e.g. public health services advocating certain lifestyle choices during

pregnancy) encourage expectant mothers to engage in health promoting behaviour such as avoiding alcohol and certain foods and activities that are deemed risky (Lupton, 1994; Lupton, 1995). Since a man's transition to first-time fatherhood is not clearly marked by body changes, medical observation or social recognition of pregnancy, many expectant fathers experience the transition to new fatherhood as difficult and isolating (Draper, 2003, Jordan, 2007). Indeed, a man's transition to first-time fatherhood has been described as a journey in limbo, through no man's land (Draper, 2003).

A meta-analysis of 43 quantitative studies, involving 28004 participants, reveals that depression is more prevalent among first-time fathers than the general male population (Paulson & Bazemore, 2010). Depressive symptoms appear to be more common during the prenatal rather than the postnatal phase (Boyce et al., 2007; Buist et al., 2003; Condon et al., 2004) suggesting that men experience the former as the most demanding phase in their transition to first-time fatherhood.

In their literature review, which explored the psychological experience of becoming a first-time father in Western countries, Genesoni and Talandini (2009) corroborated these findings. Although the authors had anticipated labour and childbirth to be the most challenging time, their findings indicated that the prenatal period constituted the most demanding period for men during their transition to fatherhood. Their review included 32 studies pertaining to the experiences of fathers from Australia, Canada, Finland, UK, USA and Sweden, which had been published between 1989 and 2008. These studies, many of which adopted longitudinal research designs, made use of quantitative and qualitative approaches, which included ethnographic research, discourse analysis, narrative analysis, content analysis, grounded theory and thematic analysis. It reveals the complex and unstructured trajectories of men in their transition to first-time fatherhood, which spanned from pregnancy up to the end of the child's first year of life. It also pointed to distinctive psychological processes at play during the three timeframes during the transition to first-time fatherhood; the pre-natal period consisted of psychological reorganisation due to the emergence of new fatherhood status, the labour and birth phase was more emotionally intense than the other two phases and the postnatal period required men to negotiate competing demands in their personal, professional and family lives.

Genesoni and Talandini (2009) highlighted three main areas of difficulty for men during the pregnancy: (1) a lack of tangible evidence for the pregnancy/baby elicits

feelings of unreality, (2) diverging expectations and different needs from those of their pregnant partner gives rise to disequilibrium in the relationship and (3) difficulty in the formation of a paternal identity, which requires a core identity shift from the role of partner to that of parent. The authors hypothesised that men undergo psychological reorganisation during the pregnancy whilst trying to adhere to a father image that is based on close involvement with childcare and family life, which Henwood and Proctor (2003) argued is an image that modern fathers have not inherited a role model for. Despite the review's insightful findings, only half of the studies included in it had actually focussed on expectant fathers' experiences during the prenatal period and only a handful of these focussed exclusively on the pregnancy period. As such, it can be argued that the review lacks depth and only provides limited insight into expectant fathers' experiences during pregnancy.

In a more recent systematic review of qualitative studies, Baldwin and colleagues (2018) synthesised the findings of 22 studies published between 1990 and 2017 to explore the mental health and wellbeing of men during the transition to fatherhood. It covered the experiences of 351 first-time fathers from both Western (Australia, Canada, UK and USA) and Eastern countries (Japan, Singapore and Taiwan). Methods of data analysis varied across the studies and included: grounded theory, discourse analysis, narrative analysis, critical incident technique, thematic analysis and interpretative phenomenological analysis (IPA). Based on the synthesised findings, three main factors that impact on men's mental health during their transition to fatherhood were identified: (1) the formation of the fatherhood identity, (2) competing challenges of the fatherhood role and (3) the negative emotions and fears it evokes. These three factors seem to correspond to the distinctive psychological processes that were highlighted by the review of Genesoni and Talandini (2009), discussed previously. Baldwin et al. (2018) highlighted several barriers that fathers faced in accessing support which included a lack of tailored information available to them during this period and healthcare professionals not acknowledging their presence or involvement during the pregnancy.

Unfortunately, the majority of studies on men's transition to first-time fatherhood focus on the postnatal period. Studies that investigate the prenatal period typically do so in conjunction with the other two periods (labour and birth, and the postnatal period) that are comprised within men's transition to fatherhood. Although these longitudinal studies are invaluable, offering rich accounts of expectant fathers' experiences across the different phases of their transition to fatherhood, there is a

danger that researchers will be more focussed on changes over time and overlook the subjective experience of change at a specific point in time. Whilst studying the on-going changes during the transition to fatherhood is hugely important, it is also imperative to examine individuals' experiences at a particular point in time (e.g. during the pregnancy). It is at points of transition that an individual's views, values and ways of being in the world are challenged, which requires them to actively deal with the ensuing changes. Longitudinal designs risk losing this contextual richness. There is therefore a need for research to explore men's transition to first-time fatherhood during the prenatal period.

### **1.3 The Transition to Fatherhood during Pregnancy**

In their meta-synthesis of first-time fathers' experiences of pregnancy, Kowlessar, Fox and Wittowski (2015) reviewed and synthesised the research findings of 13 qualitative studies. These 13 studies represented 281 men from a broad age range (16-59 years). Although the authors described their sample as diverse, closer inspection revealed that bar 14 males from a Taiwanese sample, the men were all from white, Western backgrounds. Even so, their review seems to be the first of its kind in that focused exclusively on expectant fathers' experiences during the prenatal period.

Kowlessar et al. (2015) used meta-ethnography, a seven-phase methodology for synthesising qualitative studies, and extracted five over-arching themes that captured the emotional, psychological and physiological experiences of expectant fathers during pregnancy: (1) Reacting to early pregnancy; (2) On the outside looking in; (3) The pregnant male; (4) The journey of acceptance; and (5) Redefining self as father. The meta-synthesis illuminates how, particularly during early pregnancy, expectant fathers experienced conflicting emotions and felt removed and distant from the pregnancy process. It also describes the physical and/or physiological changes that some expectant fathers experience during pregnancy (e.g. stomach pains, which, in turn, can have a detrimental impact on some men's mood). Finally, it suggests that a man's willingness to be involved with the pregnancy aided and expedited his psychological adjustment, which ultimately allowed him to move away from his life as a non-parent and redefine himself as a father. The authors propose that these themes, which are arranged in temporal sequence, provide a working model of first-time fathers' experiences of pregnancy. Sandelowski, Docherty and Emden (1997) however argue that synthesising data from research studies that utilise different methodologies and thus have distinct epistemological positions, as is the case in this



particular meta-synthesis, alters the data beyond recognition. According to them, for a meta-synthesis to remain true to the original data, it has to include only those studies that share the same methodological approaches.

Findings from the individual studies that have been included in this meta-synthesis, indicate that men experience many emotional, psychological and physiological changes as they anticipated new fatherhood (Barclay, Donovan & Genovese, 1996; Brennan, Marshall-Lucette, Ayers & Ahmed, 2007; Donovan, 1995; Draper, 2003; Fenwick et al., 2012; Finnbogadottir et al., 2002; Kao & Long, 2004; May, 1982). It seems that during the prenatal phase men experienced powerful and conflicting emotions, felt isolated and undervalued, came to embrace new values and attitudes and had more expectations, roles and responsibilities placed upon them than ever before (Donovan, 1995; Deave & Johnson, 2008; Draper, 2003; Kao & Long, 2004). The sample sizes of these studies differed greatly, ranging from four (Armstrong, 2001) to 53 participants (Barclay et al., 1996). The study by May (1982) recruited 20 participants but also included interview data from a further 80 participants, for which no demographic or recruitment information were given. Kowlessar et al. (2015) concede that several studies included in their meta-synthesis had failed to address the credibility and trustworthiness of their respective findings.

Overall, the research findings suggest that pregnancy trigger a process that leads men to re-evaluate their lifestyles and undergo psychological change (Condon et al., 2004; Strauss & Goldberg, 1999). Indeed, expectant fathers seem to experience a fundamental change in their identity from their role as partner to that of parent during the prenatal period (Genesoni & Tallandini, 2009; Strauss & Goldberg, 1999). However, during this period a man is on his way to become a father without being a father yet and he is therefore 'betwixt and between social statuses, neither one thing or the other' (Draper, 2003, p.87). Yet, despite the various challenging demands along the way, expectant fathers receive little guidance and few models of support during their transition to first-time fatherhood (Deave & Johnson, 2008).

Since its inception in 1999, The Fatherhood Institute has aimed to collate all the research on UK fathers. As part of this endeavour, it launched a two-phased investigation into how quantitative research on British fathers have been collected and researched since the late 1990's, which involved analysing the datasets from numerous longitudinal studies on family life in the UK. These findings of British fathers are captured in several reports (Burgess & Davies, 2017; Burgess &

Goldman, 2018; Goldman & Burgess, 2017). However, Burgess and Goldman (2018) highlight that many of these studies had collected only minimal demographic data about fathers whilst the vast majority had failed to ask male sample members any questions, apart from smoking during pregnancy, in relation to the prenatal period.

As a result of the paucity of data relating to fathers and fatherhood in the prenatal period, the authors identified several research gaps. This included expectant fathers' attitudes, beliefs and preferences concerning birth and caregiving as well as their information needs and perceived support during the prenatal period. Burgess and Goldman (2018) highlight that despite the guidelines and recommendations of professional bodies and voluntary sector organisations, not a single maternity service in the UK routinely collects or analyses information on fathers' psychological or physical health, asks questions about health-related behaviours or seeks to engage them in health-promoting behaviours during the prenatal period. In fact, no recent or current commission framework in England, Wales or Northern Ireland requires maternity services to engage with anyone else other than the pregnant woman. Whilst Scotland's 2011 Framework for Maternity Care requires maternity services to recognize the father's role and include them, there seems to be no evidence that this requirement is being monitored or enforced (Burgess & Goldman, 2018).

In response to this lack of quantitative data related to expectant fathers' experiences during the prenatal period, The Fatherhood Institute launched an online survey in 2018 entitled 'How was it for you?' (Fatherhood Institute & Fathers Network Scotland, 2018). Its 1873 respondents were all fathers whose babies had been born in the NHS in the previous five years. It revealed that almost all expectant fathers attended the antenatal appointments with their pregnant partner during the pregnancy, but that a large number had felt ignored throughout the pregnancy, including during their baby's birth. The vast majority of expectant fathers (over 80%) reported that they had not been asked any questions about their mental health, physical health or health-related behaviours, such as diet and exercise patterns during the pregnancy. In response to specific questions about antenatal care on the survey, 29.4% of expectant fathers who had attended an antenatal appointment stated that they had rarely or never been spoken to directly, with 55.6% disclosing that they had never been addressed by their name. Feeling excluded seems to be a common experience of expectant fathers, with a frequent complaint being that their role as father was not recognised during the pregnancy (National Maternity Review, 2016).

Overall, it seems that more current research is needed on how men experience their

transition to first-time fatherhood during the prenatal period, which research suggest can be a demanding period for them. Whilst quantitative surveys are able to elicit detailed information from expectant fathers in relation to their experience of the prenatal period, they are not able to provide a detailed picture of individual experience. With the shifting context of fatherhood, it is important to focus on how expectant fathers reflexively make sense of this critical transitional phase in their lives. Ideographic and qualitative studies, particularly IPA, are able to provide a much more detailed picture of individual experience and as such are better suited to explore transition, which entail change and identity shifts (Smith, 1995, 1996).

## **1.4 The Role of Theory**

### **1.4.1 Identity Theory**

Whilst there are various identity theories (McCall & Simmons, 1978, Stryker & Serpe, 1994, Thoits & Virshup, 1997), they share common elements: (1) the self comprise a multiplicity or set of identities, (2) these sets of identities are organised, in a coherent way, into a hierarchical structure in terms of some quality or characteristic, (3) the higher an identity is in this hierarchy, the more likely it is to determine role behaviour and (4) identities develop through social interaction. The self therefore includes a collection of identities, organised in a hierarchical way (Stryker, 1986; Stryker & Serpe, 1994), with the term 'identities' referring to an individual's traits, characteristics, social relationships, status and roles (Oyserman, Elmore & Smith, 2012). The term 'status' denotes a position or rank that an individual occupies in a social system – e.g. father - and the term 'role' refers to the norms, values, behaviours and characteristics that society amalgamates with that status. An individual can occupy various statuses and perform numerous roles associated with each status. However, the more statuses an individual occupies, the more roles they will assume and the higher the likelihood will be for them to experience role conflict (Hirsh & Kang, 2015).

McCall and Simmons (1978) differentiate between status *prominence* and status *content*. 'Prominence' denotes the subjective importance of the status (e.g. father) to the individual compared to their other statuses (e.g. partner, son, banker and so on) and 'content' refers to the individual's mental picture of a specific status, that is, what it means to them to be a father (McCall & Simmons, 1978). Given that there are

multiple ways to be a father, it follows that men will have different father status contents (Pleck & Masciadrelli, 2004).

Determining the content of the father status, that is, the man's view of himself as father-to-be, can help to elucidate the prominence that this identity holds for him (Habib, 2012), because as Pleck and Maschiadrelli (2004) point out, fathers may have very different father contents in mind when discussing the importance of their father status. Yet, the prominence of his father status will ultimately shape his fathering role behaviour. For example, if a man identifies closely with the role of provider as a father, he is more likely to work long hours and might attach more value to earning a higher income compared to engaging in lots of caregiving activities. The transition to first-time fatherhood entails the overt inception of a new social identity status: becoming a father (Stryker, 1986). Given that expectant fathers have not had prior experience in the fathering role during the prenatal period, it provides a fruitful context in which researchers can investigate the content and meaning dimensions of their emerging paternal identity (Habib & Lancaster, 2006), that is, what it means to be a father. It appears that, thus far, few researchers have taken up this opportunity (Cowan & Cowan, 1987; Habib & Lancaster, 2006, 2010).

Although the works of Habib and Lancaster (2006, 2010) have yielded important information about men's paternal identities during their partners' pregnancies, their use of quantitative measures in their studies limits the extend to which they could explore this topic. For example, in both studies they utilised self-administered questionnaires comprised of questions with multiple-choice answers and employed vignettes with preconceived identity status content categories. The researchers had asked men to rate the extent to which they identified with seven vignettes, with each vignette including a narrative of statements about a relatively distinct father content. These included: a primary caregiver, a breadwinner, a playmate and coach, a mother's helper, a mother's emotional supporter, a reluctant father and an uncertain father. Although the use of vignettes allowed the participants to depict their father status content in a quantifiable and relatively brief manner, it restricted the answers that expectant fathers could give in relation to the questions posed to them. As such, it risks overlooking important facets of their sense of self during the transition to first-time fatherhood. Moreover, fatherhood, like motherhood, is a socially constructed category, and is therefore shaped by an individual's social context. As a result, the ideas and ideals of fatherhood will vary not just between individuals but also across cultures and generations (Lupton & Barclay, 1997; Miller, 2011). Since the fixed

categories or selections in these questionnaires and vignettes cannot capture this diversity, a qualitative methodology, such as IPA, investigating how expectant fathers view themselves during pregnancy, would be much more fruitful within this context.

### **1.4.2 Transition Theory**

Transition theory, first associated with the French anthropologist Van Gennep (1909), is a useful theoretical framework through which to understand men's transition to fatherhood (Draper, 2003). Throughout pregnancy, expectant fathers are suspended in a world that is neither one thing (their lives prior to the pregnancy confirmation), nor the other (their lives when their child is born and they are officially a father) and Van Gennep (1960), highlighted the social nature and consequences of such an intermediate state.

Perceiving life as a continuous cycle of death and rebirth, Van Gennep held that all individuals within a society moved between fixed positions or events such as birth, childhood, marriage and death (Draper, 2003). He was particularly interested in the passage between the two fixed positions, that is, the processes involved in acquiring a new status. Van Gennep, in his 'Rites of passage' framework (1909, 1960) outlines a tripartite structure to this passage: separation (involving detachment from a previous status or identity); threshold or limen (in which the individual no longer exists in their old state yet has also not fully incorporated their new state); and incorporation (in which the individual return to society having fully assumed a new social status or identity). According to him, movement between statuses was achieved and exhibited by rites of either separation, transition or incorporation, which either symbolically or practically signified the change in status (Froggatt, 1997). With his conceptual framework, van Gennep wanted to demonstrate how rites of passage function at the collective level to ensure that transitions are regulated in a way that maintains the stability of society (Draper, 2003). Whilst some authors declare that ritual practices have disappeared from Western societies, resulting in ritual impoverishment (Grimes, 1995), others argue that the nature of rituals has changed and diversified (Draper, 2003). Davis-Floyd (1987, 1990a, 1990b) documents the changing nature of pregnancy and childbirth rituals, reflecting how technological advances have resulted in a standardised set of obstetrical procedure, which are in fact rituals designed to convey the core values of Western society to birthing women.

The British anthropologist, Turner (1966, 1969, 1974), extended van Gennep's

theory in important ways, which not only allows for the analysis of an individual's experience of transition but also illuminates how rituals actively produce and transform society rather than merely confirming it (Draper, 2003). Turner was particularly interested in the liminal phase and the marginal, even invisible, status of the individual undergoing transition within this period. For Turner (1969), the ambiguous nature of the individual's altered status during the liminal period presented a potential threat to social stability, because the individual was 'neither here nor there; they are betwixt and between the positions assigned and arrayed by law, custom, convention, and ceremony' (p.95). As such, the individual is considered to be in an interval of social timelessness or in a vulnerable abnormal position, rendering them both dangerous to themselves and to others. Draper (2003) use transition theory as a framework to elucidate how men's transition to fatherhood entails marginalisation and vulnerability.

Draper (2003) explains that a woman's transition to motherhood is aided by cultural practices; medical science (Davis-Floyd, 1987; Helman, 1994; Lupton, 1994) and social processes and policies (Lupton, 1995) provide a clear structure through which women's new identities as mothers are produced. Despite their increasing involvement in pregnancy, birth and early fatherhood, men remain on the side-lines of this process (Summersgill, 1993). Whilst the pregnant woman's biological transition is fore-grounded within her social transition, an expectant father is not able to directly experience the biological aspects of the pregnancy which makes his transition to fatherhood less structured (Draper, 2003). As a result of increased paternal involvement in the West, a new rite of passage (to fatherhood) is emerging, characterised not just by men's invitation and involvement at pregnancy and birth but also into the previously considered female realm of childrearing (Draper, 2003). Yet, even though expectant fathers are now welcomed into the previously secret space of pregnancy and birth, they are, at the same time, occupying a sort of non-role, what Shapiro (1987) refers to as the 'cultural double blind'. Draper (2003) documents how expectant fathers attempt to forge their own rites of passage during the transition to fatherhood, arguing that these rituals, whilst being a private experience or performance, contribute to collective meanings of cultural practice. Men performing in contemporary pregnancy and childbirth rituals not only shape their own transitions toward fatherhood but also contribute to the legitimisation, maintenance and development of the ritual itself (Draper, 2003). In this way the individual influences the collective and the collective influences the individual.

Whilst the transition to fatherhood encapsulates the entire tripartite structure outlined above, the concept of liminality can help explicate the transitional experiences of men during pregnancy. Viewing pregnancy through the lens of liminality is important 'because it is at places and moments of change and transformation that one can see most clearly the processes of domination and resistance, of inclusion and exclusion, and of marginalization and socialization' (Davis, 2008, p. 486). Whilst the pregnancy, the limen phase, might entail ambivalence for all expectant fathers, each expectant father will nevertheless experience the pregnancy in his own unique way, with a variety of factors, such as health related issues, relational dynamics, environmental stressors and cultural expectations shaping his experience.

## **1.5 Relevance to Counselling Psychology**

Men's psychological health and wellbeing during their transition to fatherhood is an important public health issue that has been under-research (Clement, Sikorski, Wilson & Das, 1997; Underdown, 1998; Goodman, 2005), particularly from a qualitative perspective (Paulson & Bazemore, 2010). The World Health Organization (WHO) defines psychological health as: 'a state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community' (2004, p. XIX).

How expectant fathers experience their transition to fatherhood during pregnancy, together with the range of potential meanings they attach to becoming and being a father, are of immense importance to the field of counselling psychology. It seems that the transition to first-time fatherhood is a complex, unstructured and challenging process (Daiches, Hall & Chin 2011; Doucet, 2009; Draper 2002, 2003; Genesoni & Talandini, 2009; Miller, 2011). Men frequently express ambivalent feelings during their partner's pregnancy (Donovan, 1995; Draper, 2003; Finnbogadottir et al., 2003) and perceive a lack of support available to them as they prepare for life beyond the pregnancy (Deave & Johnson, 2008). Whilst depression is not only more prevalent among first-time fathers compared to the general male population (Paulson & Bazemore, 2010), it seems to be most common during the prenatal period (Boyce et al., 2007; Buist et al., 2003; Condon et al., 2004).

The Royal Society for Public Health in the UK (Campion, 2019) advocates that public mental health interventions must actively promote positive mental wellbeing rather than only focussing on preventing and treating mental illness. It recommends the

targeting of specific settings, which includes prenatal and postnatal settings, so as to improve public mental health practice. By focussing on expectant fathers, counselling psychologists can develop interventions that clinicians working in these specialist settings can use to effectively support expectant (and new) fathers during pregnancy (and early fatherhood).

Exploring the experiences of expectant fathers during the prenatal period will allow counselling psychologists to understand the needs and nature of support that these men might need during this transitional phase in their life. It will also shed light on what happens to men psychologically, emotionally and physically as they prepare to enter into new fatherhood. Research reveals positive correlations between expectant and new fathers' experiences, characteristics, behaviours and attitudes, and maternal and infant health outcomes (Burgess & Goldman, 2018; Cabrera, Volling & Barr, 2018; Flach et al., 2011; Fletcher, 2011; Ramchandani et. al., 2008; Van Batenburg-Eddes et. al., 2013). As such, focusing on expectant fathers' experiences will not only have implications for the mental health and wellbeing of these men, but it might also impact on the quality of their relationships with their respective partners as well as the future of their unborn child (Fletcher, 2011). However, in order to provide effective preparation so as to promote positive fatherhood however, it is crucial that we understand the perspectives of fathers (Gage & Kirk, 2002).

An epistemological standpoint of pluralism, which acknowledges and embraces the vast diversity across the world in which individuals operate, lies at the heart of counselling psychology (McAteer, 2010). Rather than viewing fatherhood as a uniform process, which research confirms it is not (Genesoni & Talandini, 2009), a qualitative study will embrace and uphold the diversity and complexities in expectant fathers' journeys towards first-time fatherhood. This recognition and valuing of diversity will ultimately assist counselling psychologists in understanding the plurality of personal and social experiences of expectant first-time fathers during the prenatal period. Consequently, counselling psychologists can develop and implement new, or restructure existing, interventions available to expectant fathers. Additionally, it can raise awareness in both the clinical and wider social world about expectant fathers' experiences and needs during the prenatal period so that these men can receive more support during this critical period in their transition to fatherhood. The proposed research will also fill an important gap currently discerned in counselling psychology journals.



The transition to first-time fatherhood brings about more profound changes in a man's life compared to any other developmental state (Machin, 2015). This has the potential to affect his mental health and wellbeing as well as his relationship with his partner, his family and his wider social world. The mental health and wellbeing of expectant fathers not only facilitates their engagement during the pregnancy (which benefits both expectant parents and their relationship) but it is also linked to improved outcomes for expectant fathers and their families beyond birth. Unfortunately, men's experiences during the prenatal period continues to be overlooked and it is therefore important to investigate how men experience the prenatal period in their transition to first-time fatherhood.

The aim of the study is to understand men's subjective experience of first-time fatherhood during the prenatal period, the time when a man is on his way to become but has not yet become a father. Through this research I aim to answer the question "how do men experience the transition to first-time fatherhood during their partner's pregnancy?". Such a research endeavour will not only shed light on how men view themselves as fathers-to-be during their partner's pregnancies but it can also reveal how expectant fathers manage and cope with the new expectations and responsibilities that their new status as father-to-be has brought about. Additionally, it could help to illuminate the psychological impact of this transitional phase and perhaps highlight those ritual practices that aid transition towards fatherhood during the limen period.

## CHAPTER TWO: METHODOLOGY<sup>1</sup>

As discussed in the preceding chapter, there seems to be little available research on how men experience the transition to first-time fatherhood during their partner's pregnancy. Therefore, more studies are required to explore how men experience this fundamentally important stage in their lives. In-depth explorations of how men experience their partner's pregnancy, together with the meanings they attach to it, will not only illuminate men's subjective experience of their transition to fatherhood, but can also highlight the challenges and opportunities inherent to this transitional phase of their lives. The transferability of this knowledge to other domains such as policy-making and service provision can ultimately enhance the support that expectant first-time fathers receive or have access to.

### 2.1 Overview of Research Design

My research employs the qualitative research methodology of IPA. I conducted semi-structured individual interviews with seven] expectant first-time fathers during the second or third trimester of their partner's pregnancy. Next, I analysed the data generated by these interviews to uncover superordinate and subordinate themes.

### 2.2 Research Aims

The aim of the study is to understand men's subjective experience of first-time fatherhood during the prenatal period, the time when a man is on his way to become but has not yet become a father. Through this research I aim to answer the question "how do men experience the transition to first-time fatherhood during their partner's pregnancy?".

How expectant fathers experience their transition to fatherhood, together with the range of potential meanings they attach to becoming and being a father, are of immense importance to the field of counselling psychology. As has been shown in the previous chapter, fathers-to-be continue to be overlooked by both clinicians and researchers despite there being substantial evidence to demonstrate that their experience is complex and challenging.

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<sup>1</sup> This chapter has been written in the first person so as to express the reflexive nature of my research and as a means to address the reader directly when describing the research stages and process.

It is hoped that the findings generated by this research will assist counselling psychologists in raising awareness in both the clinical and social world about the challenging and unique experiences fathers-to-be face during their partner's pregnancy. This, in turn, will lead to the availability of more resources and support for these men. Moreover, the research findings will enable counselling psychologists to implement novel, or restructure existing, clinical services available to expectant fathers.

## **2.3 Rationale for a Qualitative Approach**

Quantitative and qualitative approaches to research embrace different research methodologies because they are based on traditions that differ in the assumptions they make about the nature of knowledge and about the sort of questions that will result in useful understanding about human behaviour (Bhati, Hoyt & Huffman, 2014). As a result, quantitative and qualitative research paradigms embody divergent research cultures with very different values and goals. Broadly speaking, quantitative methods are consistent with nomothetic approaches, which generate knowledge by deriving a set of rules or laws that control the phenomenon of interest and which aim to both explain past observations and predict future patterns (Windelband, 1901). These methods commonly focus on the strict quantification of data and on the careful control of empirical variables, searching for causal or correlational relationships between them (Pontoretto, 2005). Qualitative methods, on the other hand, are concordant with ideographic approaches, which define knowledge as an assimilation of subjective, contextual information in a meaningful and systematic way so as to create understanding of a specific phenomenon (Bhati et al., 2014). Qualitative methods typically produce findings that incorporate participants' own words to describe psychological events or experiences (Taylor & Bogdan, 1998).

As a trainee counselling psychologist, I felt that the qualitative research paradigm resonated well with my personal and professional development. Although I recognised the value of quantitative methods for psychological research, it felt somewhat removed from my clinical practice in which I strive to offer my clients encounters of relational depth. Since I was eager to approach my research question in the same vein as I approach my clinical work, it felt like a natural fit to embrace a qualitative research method. My aim was not to approach my research question in a deductive manner whereby I try to establish general laws or principles about men's transition to first-time fatherhood, or by embracing a nomothetic approach that

presumes that a participant's social reality is external and objective (Burns, 2000). In fact, I do not believe that there is a single, universal way in which a man transitions to first-time fatherhood and there is research to suggest that the transition to first-time fatherhood is anything but a uniform process (see Genesoni & Talandini, 2009). Given that I recognise and value the plurality of men's personal and social experiences in their journey to fatherhood, it seemed only appropriate to select a qualitative, rather than a quantitative, design to investigate the subject matter.

Qualitative research is predominantly concerned with the quality of experience and meaning; it is interested in how individuals experience and interpret the world around them and the meanings they attach to the events that happen to them (Willig, 2013). Rejecting the formulation of hypotheses prior to the commencement of a study, a qualitative approach instead promotes an open and inductive approach to data collection and analysis (Pietkiewicz & Smith, 2014). Consistent with my own views, the qualitative research paradigm considers social reality as a 'creation of individual consciousness, with meaning and the evaluation of events seen as a personal and subjective construction' (Burns, 2000, p.3). Despite its critique of lacking the accuracy and precision of quantitative measurements, qualitative research has been able to explore important areas that have not previously been explored, including individuals' subjective experience and the meaning they give to those experiences.

In recent times there has been a gradual shift in the field of counselling psychology from relying primarily on quantitative methods to a more balanced reliance on both quantitative and qualitative methodologies, which also reflects how these two seemingly contrasting approaches can co-exist in an interdependent way (Ponterotto, 2005). Both approaches ask different sorts of research questions, thereby contributing different material to the world of research. By focussing on the subjective experience of expectant first-time fathers during their partner's pregnancy, I aim to uphold a central tenet of counselling psychology. That is, to acknowledge and embrace the vast diversity of individuals, experiences and beliefs across the contexts in which individuals live their lives (McAteer, 2010).

## **2.4 Epistemological Position and Reflexivity**

According to Willig (2013) there are three questions that researchers can ask to help ascertain the epistemological roots of a methodology: (1) what kind of knowledge does the methodology aim to produce; (2) what kinds of assumptions does the methodology make about the world; and (3) how does the methodology

conceptualise the role of the researcher in the research process? I will address each of these in turn.

Willig (2013) asserts that qualitative researchers typically aim to produce three types of knowledge: realist; phenomenological; and social constructionist knowledge. Given that my research focuses on the subjective experiences of men who will soon become fathers for the first time, it aims to produce phenomenological knowledge. I am concerned with exploring experience in its own terms; I am not attempting to establish general principles or laws nor am I trying to fix experience into predefined categories.

When considering the kind of assumptions a methodology is making about the world we are considering its ontology, which relates to the nature of the world (Willig, 2013). Unfortunately, many psychology researchers tend to merge their epistemological and ontological positions. This has resulted in the specious realism-relativism dichotomy, the view that there are only two seemingly opposing views of the nature of reality (Willig, 2016). Realism holds that there is a single, true reality that is identifiable and measureable whereas relativism maintains that there are multiple, constructed realities that are subject to the experiences and perceptions of an individual (Ponterotto, 2005). In truth, 'realism' and 'relativism' constitute the endpoints of a continuum, with a range of positions in between (Willig, 2013). I reject the extreme realist position ascribing to the view that reality consists only of an objective set of facts that can be discovered and measured. For me, there is not necessarily a direct cause and effect association between things in the world and their representation. However, I also reject an extreme relativist position, whereby reality exists exclusively in individuals' claims of it. Instead, I would situate myself somewhere between these polar opposites.

My position can be described as critical-realism which retains the ontological realism that there is a real world that exist independent of individuals' constructions and perceptions of it whilst agreeing with another form of epistemological relativism, which comprehends the experiential world as a construction of an individual's perspective of that world (Maxwell, 2012). Critical realism aims to study a mind-independent reality whilst acknowledging that it might not be possible to produce an objective or unbiased account of anything (Willig, 2013). Thus, although my research will focus on the internal, subjective realities of men who will soon become fathers for the first time, I retain the belief that both material and social structures and processes

exist in reality. Nonetheless, I accept that their existence might be distinct from what we can know or come to understand of them (Willig, 2016). Merging my ontological and epistemological views means that I recognise that I can only ever capture a part of my participant's experiences or 'reality'.

My critical-realist position has been encouraged by my clinical practice which has illuminated to me how clients with similar experiences will nevertheless interpret the 'reality' of their experience in their own unique way. As a result, clients have vastly different interpretations of similar experiences, which reflects that these experiences are not necessarily related to an external 'reality'. Yet, even though I believe that experience is constructed rather than determined, I accept that this experience is nevertheless 'real' to the individual having the experience (Willig, 2013).

My research question itself is realist in that it is pointing to a shared experience - the transition to first-time fatherhood - that has independent ontological status. That is, it exists as an experiential structure which would endure even if my participants did not relay their accounts of it to me (Willig, 2016). Still, I recognise that my participants might have very different experiences of this 'reality', depending on their interpretation of it. I endorse Heidegger's view that an individual, and in this case each of my research participants, are continually a 'person in context' and that I, as a researcher, am attempting to understand their lived experience and meaning-making as contextual beings (Langdrige, 2007). In this sense then my ontological position is phenomenological, falling somewhere in between critical realism and social constructivism on the realism-relativism continuum.

My role as researcher will be fundamental in this research project. A helpful metaphor from Willig (2013) equates the researcher with a builder constructing a house; the same bricks (data) can be assembled in distinct ways to build a number of different buildings. I will interpret the data generated by my interviews with expectant first-time fathers and ultimately construct the findings of the final research project. That is, my own reality, context, inter-subjectivity and ascribed meanings will undoubtedly influence the findings produced by my research. Since I appreciate that my personal experiences and values cannot be eliminated from the research process, I recognise the need to acknowledge, describe, monitor and at times 'bracket' my personal values and biases and their potential impact on the research throughout the research process. I will also keep a reflective journal to consider the personal impact of the research on myself.

## **2.5 IPA Methodology**

IPA is a qualitative methodology which aims to provide detailed examinations of how individuals make sense of their major life experiences (Smith, Flowers & Larkin, 2009). It is concerned with both an individual's subjective account of experience and the researcher's interpretation of that account (Willig, 2013).

My epistemological position, together with my adherence to the values and ethos of Counselling Psychology, have encouraged my interest in IPA. In its recognition that the interaction between researcher and participant may influence the research findings (Smith et al., 2009), IPA embraces the notion that there are multiple valid realities and that these realities are in fact contextually constituted meanings. Meanings are no less real or potentially truthful than any object or objectivity (Browning, 2003); meanings are grounded in the reality of the world (Slife & Christensen, 2013). IPA seems to epitomise the Professional Practice Guidelines for Counselling Psychologists in the UK (British Psychological Society, 2005), which encourages Counselling Psychologists to 'engage with subjectivity and inter-subjectivity' and 'to know empathically and to respect first person accounts as valid in their own terms; to elucidate, interpret and negotiate between perceptions and world views' (p.1-2). Indeed, IPA argues that interpretations should be made purely on the basis of a participant's account and that researchers need to avoid being swayed by external sources, regardless of how relevant it may seem.

As its name indicates, IPA is both phenomenological and interpretative. In fact, the methodology of IPA has three primary theoretical underpinnings - phenomenology, hermeneutics and idiography – and I will examine each of these in the following subsections.

### **2.5.1 Phenomenology**

Phenomenology is a branch of philosophy that is concerned with the nature of human experience. Husserl, the founder of phenomenology, was concerned with the essence of experience and asserted that we need to 'go back to the things themselves' (Husserl, p.252, 1970). With 'thing', Husserl was referring to the experiential content of consciousness (Smith et al., 2009). He believed that it is possible to transcend our inner beliefs and preconceptions together with our inherent need to categorise things and that in doing so we empower ourselves to describe and analyse phenomena as they present themselves to us (Willig, 2013). Husserl's

notion of 'bracketing' requires adopting a reflective and disengaged attitude; we turn our gaze from the phenomena of the external world and direct it inwards, towards our perception of those phenomena (Husserl, 1927; Smith et al., 2009).

Heidegger (1962) challenged Husserl's concept of bracketing. According to him, it is flawed to believe that an individual is able to detach themselves from their internal world so as to enter into a relationship with the numerous somatic and semantic objects that comprise their world (Larkin, Watts & Clifton, 2006; Smith et al., 2009). For Heidegger, 'relatedness-to-the-world' is an essential part of a human being's constitution (Larkin et al., 2006). He believed that our personal interpretations are inextricably linked to our knowledge of the external world.

Merleau-Ponty (1962) also accentuated the situated and interpretative aspect of our knowledge about the world. He stressed the embodied nature of our relationship to the world, as body-subjects, and held that an individual can never escape their own particular point of view of the world (Smith et al., 2009). An individual's body connects them to the world, providing a vehicle to be in, and to understand, the world. Consequently, while we can observe and experience empathy for another individual, we can never fully share the other individual's experience; their experience is part of their own unique, embodied position in the world.

These ideas form the foundation for IPA, reflecting its phenomenological nature. IPA focusses on the detailed examination of human lived experience, where each experience is articulated in its own terms, as promoted by Husserl, rather than being confined to predefined categories. IPA agrees with Heidegger however that our attempts to understand the experiences of others and their relationship to the world are necessarily interpretative whilst also adopting Merleau-Ponty's stance that our physical body affects the fundamental nature of our knowledge about the world. Individuals are both physical and psychological in their make-up; they carry out actions and are able to reflect on those actions and those actions, in turn, have meaningful, existential effects (Smith et al., 2009).

### **2.5.2 Hermeneutics**

The second theoretical foundation of IPA derives from hermeneutics, which is the theory of interpretation. Phenomenological inquiry is always an interpretative process. It is impossible to remove our thoughts and meaning systems from the world so as to find out how things 'really are' in some absolute sense (Larkin et al.,



2006). Any discovery that we make must necessarily be a function of the relationship that exists between the researcher and the subject matter; the researcher is an inclusive part of the world that they are describing (Larkin et al., 2006).

The interpretative process involves a 'hermeneutic circle' (Schleiermacher, 1998). Understanding the nature of the subject matter depends on the researcher making preliminary assumptions about that which they are trying to understand (Willig, 2013). This interpretation from the researcher is dynamic and continuously interacts with the subject matter; it is open to revision and elaboration and constantly evolves as the researcher becomes aware of their own biases and blind spots throughout the phenomenological inquiry (Tappan, 1997). Understanding thus entails a circularity that moves from presupposition to interpretation and back again (Willig, 2013). Given that a researcher might not always be aware of all their preconceptions, reflective practices together with a cyclical approach to bracketing are vital during IPA investigations (Smith et al., 2009). By bracketing, or at least acknowledging one's own preconceptions, researchers can put aside their own experiences as much as is possible and engage entirely with the participant's own experience. I recognised that it was of the utmost importance that I intentionally bracketed my own experiences during the research process as a means to engage entirely with a participant's own experience.

IPA analysis is frequently described in terms of a double hermeneutic process because initially the participants make meaning of their world and subsequently the researcher tries to decode that meaning in order to make sense of the participants' meaning-making (Smith & Osborn, 2008). IPA researchers are being empathic as they aim to adopt the participant's perspective, whilst also being questioning as they try to delve deeper into participants' experiences (Smith et al., 2009).

### **2.5.3 Idiography**

The third and final theoretical foundation of IPA is idiography. An idiographic approach begins with the detailed analysis of case studies and very cautiously progress to produce more general statements about groups of people (Smith & Osborn, 2008).

IPA researchers examine the particular rather than the universal (Smith et al., 1995). They aim to produce an intimate portrayal of individual experience and therefore IPA studies typically recruit only a small number of participants (e.g. six to fifteen) (Smith

& Osborn, 2003). The researcher will move between significant themes generated in the analysis and epitomise them with individual narratives (how particular participants conveyed their personal story) whilst illuminating the similarities and differences between these narratives (Pietkiewicz & Smith, 2014). In my analysis, I will remain committed to idiography by striving for in-depth, rich analysis of individual perspectives (Smith et al., 2009). I will aim for a thorough analysis of my participants' accounts, ensuring that I carry out a thorough analysis of each case before moving on to consider the next. Only after I have done this, would I proceed to a cross case analysis, where the individual accounts are interrogated for convergence and divergence (Smith, 2004) and where the findings can subsequently be understood in relation to theory (Smith et al., 2009). Throughout the research process however I will aim to uphold the uniquely embodied and contextual particularity of a participant's experience (Smith et al., 2009).

## **2.6 Rationale for IPA**

When considering my choice of methodology, it was immediately evident that the function of IPA - examining the subjective conscious experiences of individuals – was exactly compatible with the subject matter of my proposed research. It also fitted well with my epistemological stance.

Although I am drawn to grounded theory (GT) (Glaser & Strauss, 1967), it was incompatible with the purpose of the study. GT typically attempts to produce a theoretical-level explanation of a certain phenomenon (Smith et al., 2009). Instead of developing a theory about impending fatherhood however, I wanted to focus on the the psychological texture and individual meaning of experience (Willig, 2008).

## **2.7 Evaluating Research**

Although some scholars contest the concept of validity for evaluating qualitative research, arguing that the ontological position underpinning qualitative research entails the possibility of infinite interpretations (Forshaw, 2007), I recognise the value of a systematic evaluative approach for the research process. Whilst there exists a number of guidelines for assessing the quality and validity of qualitative research, those produced by Elliot, Fischer and Rennie (1999) and Yardley (2000; 2008) have a more refined and pluralistic stance (Smith et al., 2009). Their criteria for evaluating qualitative research are wide-ranging and offer a collection of different ways to determine quality. Moreover, the criteria are applicable to all qualitative studies,

regardless of theoretical orientation. My research followed Yardley's (2000) four broad principles for establishing quality. Next I will examine each principle in order to elucidate how my research satisfied it.

### **2.7.1 Sensitivity to Context**

A good research study will demonstrate sensitivity to context; the researcher will be sensitive to the socio-cultural climate and background of the time and be acquainted with both the existing literature on the topic and the material that is acquired from the participants (Yardley, 2008). I met the first principle by immersing myself thoroughly in readings of theoretical and empirical studies on men's transition to fatherhood. I took into account how economic and societal trends have changed, and continue to change, the role, responsibilities, expectations and experiences of a father. During the interview process, I remained attentive and compassionate to each participant's perspective whilst facilitating a calm and comfortable dialogue between us. I remained vigilant about my own assumptions and interpretations as I strived to make sense of my participants' sense-making. In the write up of this chapter, my sensitivity to context is evident from my rationale for using IPA; not only does my epistemological position correspond to IPA, but the way in which I addressed my research question is consistent with IPA's commitment to idiography and lived experience.

### **2.7.2 Commitment and Rigour**

Commitment and rigour in IPA can be demonstrated by the degree of attentiveness to both the participants during the data collection stage and the research material during the subsequent data analysis. I remained committed to conducting each interview in a skilful, conscientious and respectful manner whilst ensuring that the participant was comfortable at all times throughout the interview. For some elements of the research process a demonstration of commitment can be indistinguishable from a demonstration of sensitivity to context (Smith et al., 2009). Nonetheless, despite the vague boundaries between them, I took great care throughout the research process to uphold both. Indeed, I had a clear, detailed, transparent and coherent rationale for each stage of my research (Yardley, 2000), which I hope is evident from this written account of my research project.

Rigour denotes the thoroughness of the actual study and includes elements such as the suitability of the sample in relation to the research question, the quality of the interview and the comprehensiveness of the data analysis process. My study only included men who have never been fathers before. I strived to keep the analysis as close as possible to the actual data so as not to lose sight of each participant's perspective. At the same time, I ensured that the analysis was sufficiently interpretative. I strived to move beyond merely offering a description of participants' accounts to provide an interpretation of its meaning in addition to similarities and/or differences amongst these accounts.

### **2.7.3 Transparency and Coherence**

The third principle was adhered to by providing the reader with a clear and detailed description of all the stages included in the research process. As such, the reader is able to see the exact research process, with an explanation of how and why each step throughout the process was taken (Yardley, 2008). In this chapter I have strived to explain my epistemological position, methodological choices, data collection procedures and the analytic process itself in a logical and truthful way. Moreover, I have kept a research diary throughout the project to ensure personal reflexivity which in turn can enlighten the reader of how my own thoughts and beliefs might have impacted the research.

### **2.7.4 Impact and Importance**

According to Yardley (2008) despite how well a piece of research is carried out, a test of real validity pertains to whether the research is telling the reader something interesting, important or useful. I believe that my research project is both novel and necessary and will contribute important knowledge not only to the field of counselling psychology but also to family studies and family life. Consequently, it might constitute an important influence for promoting inclusive practice in antenatal care and support services.

## 2.8 Personal Reflexivity

My interest in the selected topic is twofold. First, through my experiences of pregnancy and pregnancy loss, I came to see how men, in their journey to parenthood, receive far less attention than women in both the clinical and social world. It is the woman who physically carries a couple's child and undergoes all the physical (and emotional) changes that that entails. Even though she deserves all the support and attention bestowed on her, men too undergo significant change during this exciting yet tumultuous time. Indeed, until childbirth, the baby is an abstract to the man. Therefore, they are arguably less prepared for parenthood than women. Unfortunately, the impact of pregnancy from the expectant father's point of view remains unexplored and there appears to be limited resources available to men during this transformative time in their lives. While there is an astounding amount of literature available for dads-to-be, very little provides reflective discussions of what it means to be a father. This is in stark contrast to the collection of thoughtful, powerful and poignant testimony that can be found in literature on motherhood. It leaves one wondering then, where do men seek help on becoming and being fathers?

Second, I consider myself a feminist. A reader might wonder why I am focussing on men and fatherhood then rather than on women. However, true feminism advocates equality and is not about placing women first before men or children. In addition, expectant fathers have a significant impact on the health and wellbeing of their partners and children, and therefore improving the support that we offer these men during their transition to fatherhood will ultimately benefit mothers and children too.

Fatherhood has changed dramatically over the last few decades, with fathers being more involved in family life than ever before, both in terms of the practicalities of parenting and in terms of the relationship they have with their child (Galinsky, Aumann & Bond, 2011, Marsiglio & Roy, 2012, O'Brien & Shemilt, 2003). Each generation of fathers seems to be affected in unique and different ways by the society they live in. For example, recent research suggests that modern fathers' close adherence to masculine norms has a detrimental impact on their involvement in parenting whereas egalitarian fathers are more likely to be involved with their children and tend to engage in more parenting tasks (Petts, Shafer & Essig, 2018). It would be interesting for future studies to investigate how adherence to hegemonic masculine rules might impact on a man's experience of becoming a father for the first time and how it might influence his involvement with his partner's pregnancy. What is

clear however is that in order for us to promote the mental health and wellbeing of expectant fathers, and to support them with any specific needs they may have during this momentous time in their lives, it is imperative that we explore and understand men's experiences during their transition to first-time fatherhood.

Parenthood itself is also an important battleground in the feminist fight since parents serve as role models for their children. Fathers can establish patterns of equality that their children might then abide by and which will ultimately eradicate society's tired and oppressive gender norms. By including and supporting expectant fathers, we can help them feel more connected in their roles as fathers (Ives, 2014).

In carrying out my research, I appreciated that my own values of parenthood and my sympathetic stance towards men in their transition to fatherhood had the potential to unduly impact my interpretations of the data (Smith et al., 1999). Through reflective practice, which included keeping a reflective journal and regularly engaging both in individual and peer supervision, I strived to enhance my decision making and bracketing skills throughout the research process (Wall, Glenn, Mitchinson & Poole, 2004). I also engaged in personal therapy throughout the research project which provided me with the time and space to examine my personal views and values and to consider how it might be influencing the research.

## **2.9 Data Collection**

### **2.9.1 Sampling**

I recruited seven men who were on their way to become fathers for the first time, a sample size that is consistent with recommendations for professional doctorate sample sizes for IPA research. Including seven participants in my study appeared sufficient in balancing the task of thoroughly examining individual accounts and obtaining enough accounts to cross-examine them within the time framework of my doctoral training programme (Langdridge, 2007).

### **2.9.2 Inclusion and Exclusion Criteria**

Using a homogenous sample in IPA can ensure that the focus of exploration is only on the phenomenon of interest (Smith & Osborn, 2008) so that the analysis can reach meaningful depths (Smith et al., 2009). In considering my

research aims and ethical guidelines (BPS, 2014), I set certain inclusion and exclusion criteria as a means to ensure sample homogeneity and I will discuss these next.

All participants were male, aged 18 and over, and were cohabiting with their pregnant partner in London. The reason for including the cohabiting criterion pertains to the fact that I believed impending fatherhood might be more salient for men in these contexts, which in turn could elicit richer accounts in the one-on-one interviews.

The pregnancy had to be a wanted pregnancy, currently in its second or third trimester. With the term 'wanted', I simply meant that the participant (or couple) had no active plans or intentions of terminating the pregnancy or of giving the baby up for adoption after birth. I recognise that the term 'wanted' is weak, since any pregnancy might entail simultaneous feelings of 'wanted' and 'unwanted'. Nevertheless, as a means to maintain my focus on men's experience of the transition to first-time fatherhood, I tried to ensure that I only recruited those participants who were intending to keep the baby and were therefore anticipating fatherhood.

Men of pregnant partners who were in their first trimester were excluded from the study since it represents a time during pregnancy where it might be too early to assess the viability of the pregnancy and/or to meaningfully reflect on one's transition to fatherhood. Given that the study was interested in the experiences of impending first-time fathers, none of the participants included in the study had any children.

I decided to exclude individuals from the study who were currently experiencing significant psychological distress, because I wanted to manage, or eliminate, the risk of possibly inducing further emotional harm and/or distress to any of my participants. All participants were asked, prior to them consenting to take part in the study, how they might describe their current mental health and all the participants answered the question in a way that meant they could be included in the study.

### **2.9.3 Semi-structured Interviews**

Since IPA invites participants to provide an in-depth, first-person account of their experiences (Smith et al., 2009), I wanted to select a method for data

collection that would encourage participants to reflect freely on their stories, thoughts and feelings about the phenomenon of interest. I believed that the use of more structured approaches, such as questionnaires, would constrict the data, given their rigidity and recognised that the questions within questionnaires tend to imply pre-judgments about participants' experiences. As a result, I decided on semi-structured interviews to collect the data.

Semi-structured interviews guide rather than dictate a discussion, enabling participants to relay their experiences in a flexible, personal and detailed way. This is in contrast to the rigidity of questionnaires and structured interviews, which have pre-specified questions that are closely connected to the researcher's pre-defined hypotheses and which typically generate answers that can subsequently be analysed numerically (Smith & Osborn, 2008).

The allocated time for each interview was approximately 90 minutes. During each interview I aimed to attend closely to both the verbal and non-verbal communication of the participant. Adopting a conversational style interview, I aimed to build a safe rapport with each participant, which allowed them to explore their experiences. Like other IPA researchers, I appreciated that interviews are not 'neutral' accounts of experience but are rather co-constructed account of experience (Rapley, 2001) and the semi-structured interview format seemed well-suited to the endeavour.

#### **2.9.4 Interview Schedule**

Although it might be argued that an interview schedule seems to counteract the aim of the IPA researcher, which is to engage deeply with the lifeworld of a participant so as to produce a rich analysis (Smith et al., 2009), it also serves to make research transparent - an important feature of any research. Since an interview is a co-constructed creation, between the researcher and the interviewee, an interview schedule can reveal how the researcher had influenced the research findings whilst allowing other researchers to pursue a (somewhat) similar line of inquiry in the future.

I constructed an interview schedule (Appendix A), which comprised open questions around five broad areas: (1) the experience of finding out about their partner's pregnancy, (2) the support they received from others during the pregnancy, (3) the quality of their relationship with their partner during the



pregnancy, (4) the meaning of fatherhood for them personally and finally, (5) the changes they have experienced as a result of the pregnancy. Through my questions I aimed to invite my participants to provide an in-depth account of their experiences during their partner's pregnancy. I strived to follow each participant's train of thought however, even if and when it deviated from the questions outlined. I avoided asking leading questions as I did not want to disrupt or distort how my participants were narrating or making sense of their subjective experiences.

## **2.10. Procedure**

### **2.10.1 Recruitment**

Three recruitment strategies were utilised to recruit participants. Firstly, I handed out advertising flyers (Appendix B) directly to expectant fathers outside two South London hospitals immediately prior to the start time of the one-day "Expectant Fathers' course, typically held on Saturdays. Secondly, I recruited participants through snowballing. I asked all my contacts in my personal network whether they know, or know of, a pregnant person. However, I never interviewed anyone that was personally known to me and all the participants recruited through the snowballing technique were second or even third degree connections. Finally, I posted the research flyer of the study on two classified advertisement and community websites called Gumtree and Mumsnet, in the hope that this might attract interest from fathers-to-be, and which in fact it did.

Individuals who expressed interest in the study and made contact with me, were sent the 'Participant Information Sheet' (Appendix C). This sheet contained details on the aims of the research project, the way in which the data would be collected and on participants' rights throughout the study. All potential participants were encouraged to ask any questions they might have had before considering whether they wanted to or would participate. This communication took place through my City University London email account.

### **2.10.2 Telephone Interview**

Once a potential participant had contacted me to express interest in the study, and after I had forwarded them a participant information sheet, I arranged to have a brief telephone conversation with them. This enabled me to reiterate the purpose and nature of the study and gave the participant another opportunity to ask any questions they might have had.

I used this telephone interview to determine whether an individual met the eligibility criteria of the study. I used a prepared telephone schedule (Appendix D) and kept notes of participants' answers to the questions within this schedule. Participants who met the study's eligibility criteria during this telephone screening, and who agreed to participate in the study, were then invited to attend an interview with myself, at a time or place that was convenient for both parties.

### **2.10.3 Pre-Interview Discussion**

Recruited participants were invited to an interview with myself at a time and place that was convenient for both parties. The majority of interviews were conducted either in a meeting room at City University London or a consulting room at 8 Devonshire Place in Marylebone. For two of the participants, the interview was conducted at their respective homes. Both of these participants were recruited through snowballing and were therefore not total strangers to me.

Nonetheless, I implemented risk management strategies to ensure my safety (see Section 2.11). After meeting and greeting a participant, I gave them the opportunity to ask any questions. Next, I asked them to sign two copies of a consent form (Appendix E), which I also signed; one was then given to the participant to keep and the other was retained for my own records. After that I gave each participant a short outline of the ensuing interview and mentioned that upon completion of the interview, there will be time for a debrief, which will give them the opportunity to reflect on the experience of being interviewed.

#### **2.10.4 Semi-structured Interview**

Although I allowed 90 minutes for each interview, interviews were, on average, approximately 60 minutes long. The shortest interview was 43 minutes long and the longest interview was 76 minutes long. Each interview was recorded on a handheld digital voice recorder and after the interview I transferred the data onto a USB stick, which I stored away in a locked drawer at my home, and deleted the file from the voice recorder. Upon the completion and evaluation of the study, I intend to destroy this recorded material.

I adopted an open and relaxed attitude when meeting each participant, whilst remaining sensitive and thoughtful throughout our meeting. I knew all of the questions from the interview schedule (Appendix A) by heart so that I could use them flexibly during an interview. This meant that I could actively listen to each participant, instead of being distracted by a paper with a list of questions. Initiating the interview by asking participants for the reason(s) they agreed to take part in the study served as an easy and useful icebreaker question, which helped in creating a relaxed atmosphere and set the scene for open communication for the rest of the interview. In the first interview, I was quite nervous and tried to stick as much as possible to the interview schedule. However, from there my confidence grew and in subsequent interviews I could be much more flexible, meaning that the dialogue between myself and a participant felt very natural. Indeed, the way in which a participant told me their story ultimately determined when and how I asked the questions (Smith & Osborn, 2008). As a result, every interview took a different form than the one before. Throughout the interview I used my counselling skills: to set a participant at ease, to pace the interview, to remain attentive and sensitive, to monitor the effect(s) of the interview on the participant and to resist making interpretations during the actual interview (Smith et al., 2009).

#### **2.10.5 Post-Interview Debrief**

Upon completion of the interview, a verbal debrief was conducted with each participant. Participants were given the opportunity to reflect on

how the interview made them feel and to ask any questions that might have arisen as a result of it. All participants responded that they had enjoyed the interview as it included questions that no one had asked them during the pregnancy and which they appreciated being asked. For most participants it seemed to be a positive opportunity which had allowed them to reflect on what had thus far been quite an intense experience, filled with mixed emotions. After the debrief, each participant was given a post interview information sheet (Appendix F), which contained a list of organisations that could offer psychological support should they have felt that they needed it.

#### **2.10.6 Post-Interview Reflexivity**

Upon completion of the interviews, and subsequent to each participant's departure, I took time to reflect on the content of the interview and the thoughts and feelings that the conversation evoked in me. I kept detailed notes of these reflections, which also included my initial interpretations of participants' accounts (Appendix G). During the analysis and write-up phases, I revisited my notes in order to reflect on and develop my understanding of participants' subjective experiences.

#### **2.10.7 Transcription**

I transcribed each interview verbatim using Microsoft Word. Since each interview had been transferred to my computer, I was able to use the application iTunes to listen to and transcribe the interviews, which made it much easier to use the play, rewind and fast-forward functions than when doing the transcription directly from the audio recording device. After transcribing each interview, I deleted the interview recording from my iTunes application.

Mindful that IPA has been criticised for being overly reliant on the representational validity of language (Willig, 2013), I made sure to include some prosodic features and non-verbal behaviours during the transcription process. Since I wanted to keep the data as rich and close to the text as possible, I refrained from making corrections to the language used by each participant and therefore left grammatical

errors and malapropisms intact. I made sure to keep extra wide margins on both sides of the transcription document, leaving ample space for my analytic comments. I also numbered the lines for each transcribed interview.

### **2.10.8 Data Analysis**

Since IPA is based upon the principles of phenomenology, idiography, hermeneutics and reflexivity, it does not necessitate a specific set of procedural steps for data analysis, and therefore I appreciated that the analytic process will be a complex, demanding and complicated experience. As a newcomer to IPA, I must admit however that I found the prospect of the analytic process daunting and therefore found the heuristic framework offered by Smith and his colleagues (2009) incredibly helpful. I will draw on their analytic framework next to outline the steps involved in my data analysis:

#### **2.10.8.1 Step One: Reading and re-reading the transcript**

I focussed on one interview at a time to ensure an in-depth focus on each participant. I immersed myself in the original data by listening to the audio-recording several times and by reading and re-reading the transcript. During this stage, I tried to remain mindful of my own reactions to inconsistencies or contradictions I perceived in a participant's account so that I could bracket my own observations and sense-making about the data in order to actively engage with the data as it is (Smith et al., 2009). The first interview was chosen on the basis of the participant's rich explanation of his experience, since it felt like a good starting point for my data analysis.

#### **2.10.8.2 Step Two: Exploratory notes**

When reading and re-reading each transcript, I used the right hand margin to make line by line analytic comments on the text. I used A3 paper to allow myself more space for analytic comments. A sample of how I analysed the transcript for each participant is included in Appendix H. With every reading, I made line by line notes about my impressions, insights and

ideas. With further readings I started adding linguistic and conceptual comments and I used different colours to distinguish my comments. My descriptive comments were black and centred on the content of what the participant had talked about. Linguistic comments were highlighted in yellow and focused on particular ways in which the participant used language, which included repetitions, pauses and specific terms or phrases that were used. My conceptual comments, containing my own ideas and interpretations, were highlighted in blue and de-contextualising comments, which brought a detailed focus to a participant's words and its meaning, were highlighted in pink. This de-contextualisation enabled me to notice the meaning of certain words or phrases in the context of the wider interview account and brought the concept of the 'hermeneutic circle' to life for me.

#### **2.10.8.3      Developing emergent themes**

I read through the interviews again in order to extract emergent themes that captured the essence of my initial coding, which I now noted down in the left hand margin of the transcript. This process was facilitated by constantly asking myself "what does my initial coding in the right hand margin say about the participant's experience of the phenomenon under investigation?" Once I had collated emergent themes across the transcript, I found supporting extracts for each (see Appendix I).

Through analysing the interview of each participant, I became accustomed to the hermeneutic circle involved in IPA research. Although this type of research is deeply rewarding and enjoyable, its non-linear and repetitious nature, also makes it a laborious and, at times, frustrating experience. As I aimed to make sense of the participant's sense making, I became involved in a back and forth process with the data, where I was asking questions to uncover meaning, which then resulted in more questioning and the emergence of further meaning. Through this process, I was reducing the volume of the detail

whilst preserving the density of the associations and patterns found in my exploratory notes. At the same time, through the hermeneutic circle, the whole of the interview had become a set of parts, where these parts could now be joined together to form a new whole.

#### **2.10.8.4      Developing superordinate themes**

At this point I tried to discern patterns and connections across the emergent themes in order to construct superordinate themes. My focus was on themes illuminating how a participant had experienced the transition to first-time fatherhood during his partner's pregnancy. I used several strategies offered by Smith et al. (2009) to do so and this included (1) 'abstraction', where themes are grouped together under a superordinate theme; (2) 'subsumption', which is when an emergent theme itself attains superordinate status as it captures the essence of a cluster of related themes; (3) 'polarisation', which reflects oppositional relationships between emergent themes and where the focus is on difference rather than similarity; (4) 'contextualisation, where relationships between contextual and narrative elements can be discerned and (5) function, which appreciates that language is deeply intertwined with the meaning-making of a participant and as such examines emergent themes for their specific function within the transcript. To facilitate this process, I wrote down each emergent theme on a separate piece of paper before adding them to, and subsequently moving them around, on a large notice board. This spatial representation of emergent themes provided a clearer depiction of the interrelationship amongst them and allowed me to sort them into clusters (See Appendix J).

Throughout this part of the analytic process, I tried to remain open to different possibilities and to shift my ways of thinking about the data and the meaning it holds. I particularly struggled with grouping emergent themes together to arrive at superordinate and subordinate themes, worrying that I am not

clustering the data in the 'right' way. Indeed, despite believing I had completed the analysis, my grouping of themes continued to develop as I was writing up the analysis, since the writing process itself alerted me to new relationships among certain themes. By working with the data in a dynamic way, I was able to consider the whole in relation to its parts whilst also considering the parts in relation to the whole, which allowed for yet more meaning to surface.

#### **2.10.8.5 Making connections across participants**

After repeating the above four stages in a thorough and systematic manner to analyse each transcript individually, I moved onto the final stage of the analytic process, which involved the development of themes across all seven of my participants. Again, I used a spatial representation of the subordinate themes to uncover superordinate themes across the different transcript. By returning to the transcripts, I made sure that the superordinate themes captured the essence of the quotes within the transcripts.

Throughout the analytic process I remained mindful of needing to find the right balance between remaining grounded in the data yet moving beyond a mere description of the data. At times, the complexity and circularity of the process swallowed me up in it and at these moments it felt important to take a break from the analytic process. This not only allowed me to focus on the material when I felt refreshed but it also enabled me to consider and/or compare potential meanings of specific quotes or segments in a way that felt manageable. By stepping away from the data, I was able to isolate and reflect on a part of the whole, which allowed me to return to the whole when I have made sense of the part, yet another instance of the hermeneutic circle. I recognise that the findings that I will be presenting in the next chapter constitute one of many ways in which to approach the data elicited by the participants' interviews.



It might also be important to point out that at times in the analysis chapter, I will present my interpretations to the reader in terms of a formulation. For example, when a participant does not explicitly acknowledge a specific emotion, but his words and/or overall account nevertheless imply that he might have experienced, or is currently experiencing, the emotion, I will suggest it to the reader in the format of “it is plausible that X is feeling Y”.

## **2.11. Ethical considerations**

The proposed study obtained ethical approval (see Appendix K) from the Department of Psychology Ethics Committee at City University of London (ethics approval code: ETH1819-0059). As a trainee Counselling Psychologist I adhere to the ‘Code of Ethics and Conduct’ (British Psychological Society, 2018), the ‘Standard of Proficiency’ for Practitioner Psychologists (Health and Care Professions Council, 2015) and the HCPC ‘Guidance on Conduct and Ethics for Students’ (2016). Throughout the research process, I strived to embody ethical principles that respected the autonomy and dignity of my participants whilst maximising the benefits, and minimising the harm, to them (British Psychological Society, 2014).

The research was designed in a way that entailed no more psychological risk to participants than that which they were exposed to in day-to-day life. Moreover, the research included several measures to restrict the risk of potential harm arising as a result of the study. First, no participant who was experiencing a mental health crisis at the time was recruited to the study. During the telephone screening with each potential participant, I had asked them about their current mental health and wellbeing. Although it never became necessary, had I felt that an individual was experiencing a mental health crisis or that they had posed a risk to themselves or to others, I would not have recruited them to the study. Second, all the participants were informed about the nature of the study and the potential risk that might arise as a result of their participation before agreeing, and signing a consent form, to partake in the study. Finally, all participants were given a debrief after the interview which gave them the opportunity to ask further questions and also gave me the opportunity to give them a list of psychological support services in the event that they might need it. During this debrief, most of the participants expressed what a positive experience the interview had been for them, with some stating that I was the first person to ask them explicit questions about their experience of expectant fatherhood.

By not offering any financial incentive for taking part in the research, I tried to ensure that all participants would willingly share their experiences of expectant fatherhood rather than feel compelled to do so in order to obtain financial reward. At the same time, I recognised that financial incentives would complicate a participant's withdrawal from the study later on and I did not want them to feel obstructed from doing so if they wished to.

One of the main risks of the study pertained to my own safety. I was agreeing to meet men who were effectively strangers to me, which could have jeopardised my own safety. However, I ensured that I met the participants that I had recruited through leaflets, rather than snowballing, in one of two locations - a room at City University or 8 Devonshire Place. These interviews took place during daytime hours and at both locations there was a receptionist on duty. I notified the receptionist(s) before each interview was commencing, reminding them of the location of the room in which the interview would take place as well as the interview's approximate duration. I also implemented a 'buddy system' as an additional safeguarding measure. For every interview I conducted, I informed my husband of its time and location. I contacted him both before and after each interview and although it never happened, had I failed to get in touch with him following an interview, he would have known my location and could have attended the site and/or raised the alarm. Two of the participants were referred to me through contacts that I am close to and therefore I trust their judgement as to the risk of seeing these participants in their own homes. Nevertheless, I still used the 'buddy system' here, informing my husband of my whereabouts both before and after the interview. Overall, no harm was caused by any participant and all the interviews were conducted in a safe environment.

Throughout the interviews, I aimed to respect all participants' experiences of expectant fatherhood and avoided prejudicing their sense-making by keeping the research questions as open as possible. By remaining sensitive to their verbal and non-verbal cues during the interview, I ensured that my questions were not being experienced as intrusive or distressing. Whilst not wanting to leave any participant exposed, I also did not want to leave them feeling invisible or unheard. During the analytic and write-up phase, I also tried to stay as close as possible to the actual experiences of participants whilst making sure it is suitably interpretative. I aimed to select quotes that reflected and complemented my sense-making of their experience in a sensitive and coherent way.

A fundamental concern to me during the entire research process was ensuring the anonymity of my participants. All identifiable personal materials were altered to maintain confidentiality throughout, which included giving each participant a pseudonym. Transcripts and recordings were saved as password-protected files on my computer at home, which only I had access to. My audio-recorder, which was used solely for this research project and which contains all seven interview recordings, together with the consent forms, analysed transcripts, vignettes and my research diary are all locked away in a filing cabinet in my home. These materials will be destroyed following the appraisal stage of the research, when all corrections have submitted and approved.

## CHAPTER THREE: FINDINGS

This chapter will describe the superordinate and subordinate themes that emerged from the IPA analytic process that had been outlined in the previous chapter. The analysis sought to answer the question: how do men experience the transition to first-time fatherhood during their partner's pregnancy?

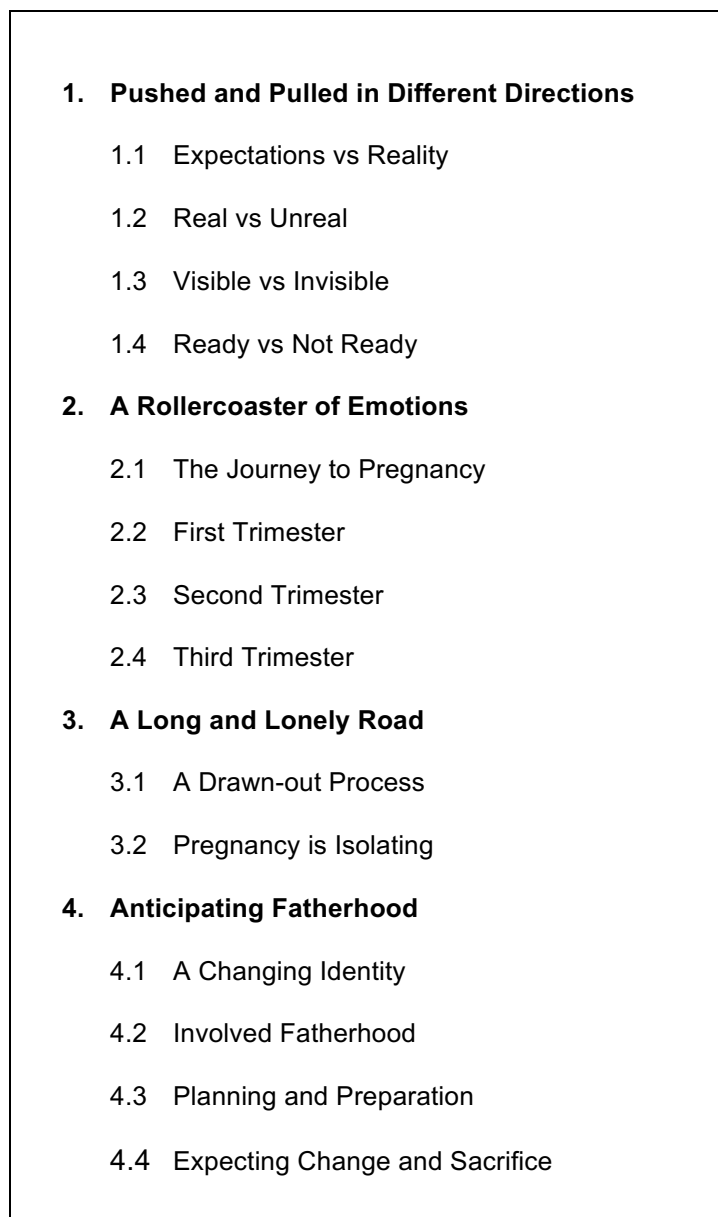
It might be useful to give the reader some brief demographic and background information about the participants at this point. All the participants in the study were male, from a white, Western, middle class background and between 29 and 41 years old. Although there were no requirements for participants to have English as their native language, all participants demonstrated a high level of oral fluency, including those participants for whom English was not their first language. Every participant in the study was married and lived with their pregnant partner in London. Their partner was somewhere between 20 and 37 weeks along in the pregnancy. A summary of this information is presented in Table 1 below.


**Table 1.** *Participants' demographic and background details*

### 3.1 Overview of Superordinate Themes

The material from all seven interviews (one interview for each participant) has been clustered into four superordinate themes – “Pushed and Pulled in Different Directions”, “A Rollercoaster of Emotions”, “A Long and Lonely Road” and

“Anticipating Fatherhood”. In this section I will give an overview of these superordinate themes together with their corresponding subordinate themes (see Figure 1), before moving on to provide an in-depth analysis of each (see Appendix L for a more detailed hand-drawn diagram of the superordinate themes and their subordinate themes, and Appendix H for how these themes emerged from the interview). It is important to point out that these superordinate themes, and their subordinate themes, are not entirely discrete and often overlap and intertwine.



**Figure 1.** Outline of superordinate and subordinate themes

The first superordinate theme 'Pushed and Pulled in Different Directions' includes four subordinate themes, where each of these denotes a different, conflicting experience that the participants had endured during the pregnancy. The first subordinate theme, 'Expectations vs Reality', reveals that participants' actual experience of the pregnancy, and how it came about, differed from their past expectations, leaving some, albeit not all, feeling surprised or challenged in a way that they had not anticipated. 'Real vs Unreal' reflects how participants grappled with reality during pregnancy, often not experiencing the pregnancy as real, at least not until later in the pregnancy. 'Visible vs Invisible' describes how the participants often felt invisible to others during the pregnancy as most, or all, of the attention was on their expectant partner. Relatedly, the participants frequently talked of "trying" to support their wives so as to be actively involved in the pregnancy, and thus visible, yet it seemed that they could not always achieve this. 'Ready vs Not Ready' reveals that despite many of the participants feeling ready for this new chapter in their lives, they were all worried about the sacrifices and disruption that the birth of their baby will inevitably bring to their lives. Moreover, there was a sense that one can never fully prepare oneself for life with a baby, reflecting how the participants often felt unprepared, and thus not ready, for what lay ahead. In their totality, these subordinate themes suggest that the pregnancy was never experienced as fixed or static. Instead, participants were constantly pushed and pulled in different directions, which inevitably evoked a gamut of emotions for them, the subject matter of the next superordinate theme.

'A Rollercoaster of Emotions', the second superordinate theme, documents the rollercoaster of emotions that the participants experienced throughout the pregnancy. Although emotions are referenced across all the superordinate and subordinate themes, its pervasiveness across the transcript was precisely the reason it felt important to depict it as a standalone theme. Its four subordinate themes are organised in a chronological sequence. 'The Journey to Pregnancy' represents the period before pregnancy confirmation. The vast majority of couples planned their pregnancies and were thus trying to conceive but this journey was more straightforward and easy for some compared to others. Although the journey to pregnancy technically denotes experiences before the pregnancy came about, I have included it due to its inseparability from the participants' experience of the actual pregnancy. The other three subordinate themes were labelled 'First Trimester', 'Second Trimester' and 'Third Trimester' because the way in which all the participants had conceptualised the pregnancy corresponded to medical discourse; there are three, roughly equal, phases, each with its own significant developmental milestones. Since these theme labels are derived from participants' actual

experience, which happens to correspond to expert discourse, it is consistent with the ethos of IPA. Each trimester seems to have evoked mixed and ambivalent emotions in the participants.

The third superordinate theme 'A Long and Lonely Road' depicts the arduous experiences of the participants during their partner's pregnancy. 'A Drawn-out Process' reveals how participants perceived time as moving slowly during the pregnancy, leaving many of the participants feeling impatient as they just wanted to meet their baby. 'Pregnancy is Isolating' reflects how lonely many of the participants felt during the pregnancy, with a lack of support from those around them.

The fourth and final superordinate theme 'Anticipating Fatherhood' comprises four subordinate themes related to the participants awaiting the birth of their baby and thus fatherhood. 'A Changing Identity', the first subordinate theme, centres on how the participants had new outlooks and perspectives in addition to changed priorities and responsibilities as a result of the pregnancy. For many of the participants it also entailed changes to their lifestyle. The second subordinate theme, 'Involved Fatherhood' documents how the participants aspired to be actively and equally involved in the parenting responsibilities upon the birth of their baby. The third subordinate theme, 'Planning and Preparation', details the arrangements that the participants were making, or had made, as they are trying to get ready for fatherhood. Finally, 'Expecting Change and Sacrifice', the fourth subordinate theme, elucidates how every participant expected his life to change in a fundamental way after the birth of his baby, reflecting both his fears and his expectations for new fatherhood.

## **3.2 Analysis**

In this section I will explore the aforementioned superordinate and subordinate themes in depth. My commentary, supported by direct quotations from participants, will aim to get as 'close to the participant's view as is possible' (Larkin et al., 2006, p.104) so that I can meaningfully interpret my participants' lived experiences (Smith et al., 2009). Each quotation will include, in parenthesis, the line numbers and page number of its location in the transcript. In order to emphasise the participants' voices, I wanted to eliminate anything that might detract from it and therefore I have decided to omit any reference to theory whilst presenting this analysis. In the next chapter, however, I will discuss the findings in light of theory. Although all of the findings

pertain to the real accounts of my participants, I have changed certain identifying information so as to preserve confidentiality.

### **3.2.1 Superordinate Theme 1: Pushed and Pulled in Different Directions**

This superordinate theme depicts how each participant was constantly pushed and pulled in different directions during the pregnancy. Each of the seven participants seemed to have endured different, conflicting subjective experiences throughout their partner's pregnancy. This included: their expectations for pregnancy not marrying up with the reality, the pregnancy sometimes feeling real but other times not, feeling actively involved in the pregnancy and therefore visible at times yet powerless and ineffective and thus invisible at other times and, wavering in the extent to which they felt ready to be a father throughout the pregnancy. The ebb and flow of a participant's subjective experience had the potential effect of either pushing the participant away from the pregnancy, as they felt detached or disconnected from it, or pulling the participant closer to the pregnancy since it made them feel connected to their emerging role as father.

#### **3.2.1.1 Expectations vs Reality**

Many of the participants described their experience of the pregnancy, including how it came about, to have been different to that which they had previously anticipated. As such, the pregnancy included challenges that they did not foresee or expect to encounter.

Dylan, for example, said:

We did IVF so it was, it's been slightly different to how maybe I thought I'd experience it when I was younger (Dylan, p.1, l.8-9).

Dylan's use of temporal referents in this sentence, initially using "was", the continuous past tense, then switching to "it's been", the present perfect continuous tense, reflects the enduring impact of his past experience of in-vitro fertilisation (IVF). The fact that he and his partner conceived by IVF thus continues to have an impact on him now, during his partner's pregnancy.



Talking about his expectations for the pregnancy in general, Dylan conceded that he was unsure of what his expectations for the pregnancy were. He alluded to having had expectations that ultimately turned out to be wrong.

Umm, I don't really know. I think I had internalised a lot of cultural rep..., umm, the stuff we see on TV and read in books and hear on the radio about uhh pregnancy and all that, which I realize, having been through 32 weeks of it now, is actually very far from what the reality is like. And not knowing anything about, it's weird, doing like biology, you do reproductive science and all that stuff, but then I was... I have been very surprised at every, not every juncture but like, the, the way that a pregnancy, for me, seems to be very clearly set (Dylan, p.1, l.12-19).

Dylan reflects on how he ultimately absorbed the popular discourses of pregnancy that were presented to him by society, which engendered expectations in him that were a far cry from what the actual reality turned out to be. Not only did the media provide him with inadequate information in relation to pregnancy as an adult but he himself only learned, via biology and reproductive science, about certain physiological aspects of a pregnancy during his schooling years. As a result, Dylan was left feeling unprepared for the pregnancy. Indeed, 'not knowing anything' insinuates that he felt uninformed and therefore ill-equipped. Dylan switching from "was" to "have been", implies that he is still gaining new insights as the pregnancy progresses and as such, continuous to be surprised by his lack of knowledge about pregnancy. In stating that his experience has revealed to him that a pregnancy is very clearly set, Dylan alludes to the vague knowledge he had of pregnancy in the past. With "very clearly set", Dylan refers to the three, distinct trimesters of pregnancy, each of which is marked by specific foetal developments and its associated bodily symptoms in the pregnant woman.

Jordan recognised how his partner's first pregnancy, which ended in a miscarriage at around eight weeks, had shaped their expectations for,

and experience of, their current pregnancy.

And then we had decided that we wanted to uhh you know, after we sort of got over the uhh the loss of it, that we wanted to try again at some point this year. So uhh but we didn't, we didn't really plan it beyond that umm and so then when she ended up being pregnant in January it was still a little bit sooner (laughs), but we were both really excited and surprised umm as well really excited but also umm of course a little bit of umm you know fear that something similar was going to happen (Jordan, p.1, l.21-27).

Although Jordan and his wife appreciated that they needed time to mourn the loss of their first pregnancy/baby, they had made the decision to "try again" (for another pregnancy/baby) in the very near future. By using the phrase "sort of got over", Jordan alludes to how difficult the experience of miscarriage was for him and his wife, with a sense that they could never be fully over it, thus reflecting the enduring impact of the miscarriage on them. Since they had no clear plan in place for their next pregnancy, it surpassed their expectations when they conceived again only three months after the miscarriage, leaving them both "really excited and surprised". Nevertheless, Jordan indicates how the pregnancy after a miscarriage had resulted in fear, stemming from the expectation that the past will repeat itself and this pregnancy too will result in loss. The verbal hesitations in this passage, reflected by Jordan's recurrent use of "umm" and "uhh", perhaps signals his continued uncertainty and caution about this pregnancy.

Reflecting on the experience of when he first found out that his wife was pregnant and that he was about to become a father, Hugo said:

Yeah, not quite what I expected it to be like but no, I thought it was wonderful. We had been trying for a while and so it really was great news. But I suppose, you know like my immediate reaction, this is just me, like I am like this, like when someone

dies as well like I don't, the emotions don't rush forward like straight away (Hugo, p.1, l.44-46).

Hugo admits that his expectations, not only in relation to how he would learn about his wife's pregnancy but also in terms of his reaction to it, were at odds with reality. During the interview, he elaborated on the circumstances in which his wife had shared the news of the pregnancy with him, painting a rather chaotic and funny picture of him dealing with several household chores at once, feeling sweaty and bothered, which was in stark contrast to the peaceful and romantic setting he had previously envisioned the moment to be. In this passage, Hugo reflects on how his immediate reaction was less emotionally intense than perhaps he had expected it to be. Although he puts this down to his character, stating that he typically deals with emotion-evoking situations in a more muted way, there is a sense that Hugo expected himself to feel something more, given how "great" the news was and given that they had "been trying for a while". Perhaps, this underwhelmed reaction confused Hugo, leaving him feeling disconnected.

Steven discloses that he had expected the sex of his unborn baby to be male, which did not match the reality.

Yeah we are having a girl. I was actually convinced it is going to be a boy, I don't know why. I have two brothers and so I just thought it will be a boy, even though my wife's family are full of girls. I also have two nieces from her side but yeah I just always thought it will be boy. So I was not disappointed, disappointment is not the right word, but I just always assumed it will be a boy (Steven, p.3, l.108-113).

Steven is not entirely sure why he was convinced that he would be fathering a boy, but he attributes it to the fact that he is one of three brothers. Although Steven utters the word "disappointed", he immediately seems to want to distance himself from using the word, and perhaps also the experience of feeling, or having felt, disappointment in relation to his baby's sex. It does seem however

that Steven is alluding to having experienced less than positive emotions when the reality did not reflect his expectations. This interpretation is further supported by a segment in the interview during which Steven acknowledges that his wife was worried about Steven feeling disappointed after they had learnt that they were expecting a girl.

This subordinate theme reflects how the participants' past experiences have engendered them with certain expectations for their partner's pregnancy, which did not always match reality. This mismatch, in turn, created distinct challenges and/or emotional reactions for the participants which affected how they had experienced the pregnancy at certain points in time. This subordinate theme not only highlights how a participant's past experience continued to impact his experience in the present, but it also reflects how unique and multifaceted each participant's journey towards, and throughout, the pregnancy was.

### **3.2.1.2 Real vs Unreal**

Six out of the seven participants described how the pregnancy did not feel real to them at times, suggesting how difficult it was to connect to the reality of the pregnancy. Since there was very little concrete evidence of a baby, particularly early on during the pregnancy, these participants struggled to connect to the baby that was growing inside his wife's belly. For example, Dylan said:

But yeah it [having a positive pregnancy test] was unbelievable and then it continued to be unbelievable (Dylan, p.3, l.134-135).

And

Because at the beginning it is abstract, umm, and then in the second trimester it is less abstract but still, umm, like, quite, it it, you can like see a baby moving around in there umm and then the third trimester is a, is a whole different thing (Dylan, p.1, l.23-27).

Although Dylan suggests that the pregnancy started to feel more real to him as time progressed, because he was eventually able to, via an ultrasound scan, visualise something concrete (a foetus moving around inside his wife's belly), his use of language suggests that the pregnancy maintained a surreal quality to it. His hesitation ("umm"), his use of certain words such as "but still", "like" and "quite", the repetition of "it", followed by him talking in quite general terms "you can", rather than "I could", seems to depict a distance between him and the foetus he visualised. Indeed, by saying "a baby" rather than 'the baby' or even 'our baby', Dylan seems to be distancing himself from the reality of *his* baby being in there. The pregnancy not feeling real to Dylan might have had a disorienting effect, which made it difficult for Dylan to feel connected to it. However, things changed in the final trimester of the pregnancy:

I guess it definitely feels real now and on the, like not on the horizon anymore, but an impending thing (Dylan, p.1, l.30-31).

The oxymoron of "I guess it definitely" conveys that Dylan continues to grapple with reality, even in the third trimester, albeit to a lesser extent than maybe he did earlier in the pregnancy. "On the horizon" reflects the distance Dylan experienced between himself and the pregnancy and seems to imply that he experienced himself as an observer to that which was unfolding on the horizon. "An impending thing" on the other hand indicates how much closer to, and involved in, the pregnancy he feels now. The approaching due date, and perhaps his wife's growing belly, has made the pregnancy more tangible for Dylan. It would appear that he now considers himself to be a participant in the pregnancy, waiting for something to happen *to* him. His use of "impending", which often carries a negative connotation, might also be reflecting his unease at that which lies ahead.

Matteo, who's wife was 20 weeks pregnant at the time, echoed Dylan's sentiment that the pregnancy felt more real over time, particularly once there was concrete evidence for it. He explained how his wife's growing belly, together with her ability to feel the baby move around inside of her, made the pregnancy more real for him.

Now there is evidence in terms of the belly being there and now she can actually feel the baby there, I can't feel it yet from the outside. So now it is becoming a lot more real, now that we are doing actually, we are also, we are doing our kitchen and and extending the house (Matteo, p.2, l.53-56).

Although Matteo mentioned that he was not yet able to feel the baby moving inside his wife's belly, it seems that the visible expansion of his wife's growing stomach together with *her* ability to feel the baby move inside of her, constituted physical evidence of the pregnancy for him. As a result, it "now" felt "more real" for him, reflecting how perhaps before it did not feel real, at least not as real as it feels now. For Matteo, the progress that was being made on their house extension project, as they were getting ready to welcome their baby, served as further concrete evidence that he will soon become a father. By repeating the phrase "we are doing" and by using the word "actually", Matteo is alluding to how him and his wife have now become actively involved in the pregnancy, which is making it feel more real. This was in stark contrast to early pregnancy where:

There is no, like you see a line on a pregnancy test and it doesn't really, there is no evidence or anything like that (Matteo, p.2, l.49-50).

Matteo points to how a lack of evidence in early pregnancy makes it difficult to embrace the reality of pregnancy. The only substantiation for the pregnancy at this point was "a line on a pregnancy test".

For Kevin, early pregnancy not feeling real was strengthened by the fact that he was unable to share the news with others, given that him and his wife wished to keep the news of their pregnancy a secret until the pregnancy had progressed beyond the first trimester, after which the chance of a miscarriage was drastically reduced. He said:

Umm and then, and then, and then the weird thing is, it is sort of, it doesn't feel quite real because it, then you carry on like we, we were going to a, we were meeting our friends for a

BBQ sort of an hour later and then we just had to you know, then you just carry on (Kevin, p.4, l.169-172).

Kevin's repetition of 'and then' refers to what it was like immediately after him and his wife had found out that they had conceived, reflecting a sense that they were just going through the motions. Rather than engaging with the pregnancy, they had to 'just carry on' with the activities of their daily life. This suggests that it was difficult, perhaps impossible, to connect to the reality of the pregnancy at that time since life was continuing as normal.

Virgil explained how his grapple with the reality of the pregnancy was ongoing, despite his wife being in the third trimester of the pregnancy. This had prevented Virgil from making changes to his life so as to prepare for the arrival of his baby.

So maybe in my case, if I was different umm, if I had a different personality possibly, my life would show great change because I would have spent 24 hours or all my weekends buying sort of equipments or child related tools, or I would have read more or, but to be honest, because, there is still this, still this thing, she is there but she is not there (laughs) (Virgil, p.14-15. l.652-657).

Although Virgil concedes that his personality traits had influenced the preparations he was making (or not making) in anticipation of the arrival of his baby, he seems to suggest that the pregnancy not feeling real, the fact that his baby 'is there, but she is not there', made it difficult for him to feel connected to the pregnancy. This, in turn, hindered his process of readying himself or their home environment for her arrival. Virgil's laughter possibly reflects the nervousness, even anxiety, that he experienced due to this perceived lack of preparation.

The pregnancy not feeling real, or becoming more real as the pregnancy progressed, seemed to have had a significant, albeit varied, impact on the participants. For most, it constrained how involved they felt in the pregnancy. For some, the pregnancy not

feeling real appeared to have hindered their preparations for their baby's arrival, which would ultimately have affected how prepared they felt for new fatherhood. For others, however, the actual preparations for new fatherhood, together with concrete evidence of the pregnancy, seemed to have helped in making the pregnancy feel more real, thus increasing the extent to which they felt connected to it. For those participants who wanted to keep the news of their pregnancy a secret, at least until the viability of the pregnancy had been established or until the pregnancy had reached the end of the first trimester, it seems to have had a detrimental impact on their engagement with the reality of the pregnancy. Indeed, not being able to share the news of the pregnancy with others not only undermined how real the pregnancy felt to these participants but it also concealed the reality of the pregnancy from others, which limited the support that these participants could get from those around them.

### **3.2.1.3**

#### **Visible vs Invisible**

All of the participants alluded to feeling invisible at times during the pregnancy. Not only was their wife carrying the baby, and thus experiencing all the physical symptoms and signs associated with pregnancy, but she also garnered a lot, if not all, of the attention when others eventually learned of the pregnancy. As a result, the participants often felt overlooked and ignored by the people that they felt close to in their lives. Although all of the participants strived to be actively involved in the pregnancy, the majority of them frequently felt powerless and ineffective. This reflects their unsteady role or position during the pregnancy; oscillating between feeling actively involved on the one hand and powerless and ineffective on the other.

Kevin reflected on the isolation he experienced during the pregnancy because of the invisibility of his experience. He said:

It can be, it can be a bit of a lonely, I don't know, I, I sort of feel like it can be a slightly lonely thing sometimes, because umm women get to walk around with their badges on and everyone knows what's gonna, or you can see it. So people are talking



to them about it in public, I am sure this is not news to you, but umm talk, coming up to you in public, women's walking group up the road that Delia bumped into and then chatted about it and then uhh got, we, I don't know, I mean I don't have quite so many people who I can talk to (Kevin, p.1, l.38-45).

Kevin admits that the pregnancy has been a lonely experience for him at times. His assertion that "women get to walk around with their badges on", carries both a literal and figurative sense. In the literal sense, pregnant women are eligible to get a badge from Transport for London (TFL), which allows them to be more visible on public transport. Figuratively, women's bodies undergo visible physical changes, alerting others to her pregnancy and thus her experience of impending motherhood. As a result, women have conversations with strangers about their pregnancy in public. Kevin distinguishes his wife's increasing visibility throughout the pregnancy with his own lack of visibility, which restricted the extent to which he could share his experience with others. Even when Kevin was eventually able to share the news of the pregnancy, and thus his experience of impending fatherhood, with others in his social network, it seemed that he continued to feel invisible:

So that was good obviously, it's good when you tell people and I think also it's just nice to have people to uhh to talk to, to talk about it. But I think the same thing kind of happens with that which is that most people when they phone up, when my mum phones me up her main thing is about what, you know, how is Delia feeling about it, you know, how is her health, how is she, it is very rarely about how are you doing (Kevin, p.10, l.437-442).

In this passage, Kevin alludes to the positive experience of sharing the news of the pregnancy with others. Not only was it enjoyable to share their good news with others, but it allowed Kevin to discuss aspects of the pregnancy openly. However, Kevin continued to feel somewhat invisible because most people, including his mum, prioritised his wife's health and wellbeing. It seems that his wife took

centre stage whereas his experiences remained unexplored, and thus obscured.

Hugo seemed to have had a similar experience to Kevin, unveiling that I, the researcher, had been the only person who had asked him about his personal thoughts and feelings about the pregnancy, which was currently in its 37<sup>th</sup> week, and thus nearing its end.

Uhh, I quite enjoyed it actually. I didn't uhh, yeah I suppose the attention is all on the mother, rightly so, she is the one carrying around like twice her body weight or whatever. And is uhh uncomfortable and all the rest of it uhh but it is nice to uhh for someone to ask me how I am, how I, how I'm feeling and stuff like that. There is no, you know like I was saying earlier about the support and that, it is not something that my family actually ask me. They always ask "how is Amy?" Uhh and which is fine you know, she, like I said I would think it weird if they didn't ask that but umm yeah they don't ask about myself (Hugo, p.16, l. 727-735).

Hugo admits that he has been surprised by how enjoyable the interview, where the focus was on him and his experience of the pregnancy, had been for him. He appreciates that the mother receives all the attention during pregnancy, because she is enduring all the physical changes together with the discomfort that that brings. Nevertheless, it had been refreshing for him to be asked about himself, about his thoughts, his feelings and his experiences, particularly because no one else, including his immediate family, who he feels rather close to, have not actually asked him anything directly about himself throughout the pregnancy. Their questions always centre on his wife, Amy and whilst he appreciates that, welcomes that even, he has felt somewhat overlooked throughout the pregnancy. Perhaps, Hugo's frequent use of verbal fillers, particularly "uhh", reflects his desire to continue talking, without interruption from me, so as to fully express himself now that he has finally been given the opportunity to do so.

Virgil and Dylan both discussed how powerless and ineffective they

felt during the pregnancy, particularly early on, reflecting their struggle to ascertain a steady role for themselves in the pregnancy. Virgil explained:

Uhh well I was trying to remain positive but of course, of course it's not me, it's not my body, the experience is her experience so uhh it is different umm I was trying to be positive but she, in that period she was more convinced that I know with all this bleeding of course it is over and we have to get over it, the baby is gone (Virgil, p.1-2, l.45-49).

When Virgil's wife experienced typical miscarriage symptoms (cramping and bleeding) in early pregnancy, he was "trying" to remain optimistic about the viability of the pregnancy whilst being acutely aware of the restrictions there were on how involved he could be. It was not his body experiencing these symptoms and therefore he felt powerless. Although he continued "trying" to be positive, it seems that it was difficult to be, or remain so, since his wife was adamant that these physical symptoms signalled the end of the pregnancy. This reflects how detached Virgil felt from the pregnancy; his experience, both physically and mentally, of the pregnancy was very different from that of his wife.

Dylan too struggled to ascertain a steady role for himself in the pregnancy, moving back and forth between feeling actively involved, and thus visible, and feeling powerless and ineffective, and therefore invisible:

So I think it was difficult, I mean I know it was more difficult for her. Umm not more difficult for her than it was for me, because obviously I know it was more difficult for her. But more difficult for her because I think she felt had she not had to have done IVF, because the, that bit of feeling terrible is usually not also matched with feeling like she... I mean she looked great but she felt like she looked terrible. I think I can, how I have just spoken of the fear of what's to come, I'm not the one to give birth and I think of course when you are staring down the barrel of essentially this enormous thing that is to happen to

your body, and you feel terrible... And you feel still quite distant... After we got over the initial euphoria, we were thinking 'God I hope this works, God I hope this works' constantly (Dylan, p.5, l.196-206).

Apart from reflecting on a whirlwind of emotion him and his wife experienced in the first trimester, Dylan keeps evaluating his experience in relation to his wife's, who is undergoing the physical changes and demands of the pregnancy. Through his repetition of 'more difficult', Dylan emphasises his wife's involvement in the pregnancy; she is in the lead role and takes centre stage, whereas he is a supporting figure, limited in how affected by, or involved in, the pregnancy he can be. It is almost as if Dylan questions the legitimacy of his own difficult experience. Dylan's observation of his wife's physical appearance was in stark contrast to what she herself observed, or experienced, which alludes to a distance that the pregnancy created between him and his wife, perhaps increasing his feelings of detachment. His use and re-use of "I", "you" and "we" also has the effect of obscuring the boundaries between him and his wife, perhaps reflecting Dylan's continuous tussle between feeling involved and connected on the one hand and detached and powerless on the other.

Uhh I just tried to do everything I could to make her life easier so like umm I really like cooking so I have been... I don't know, just trying to make her life easier and buy her stuff. And uhh, actually you can't, so I have been trying to get her a lot of massages recently but I remember, in the first trimester there is so much stuff you can't do (Dylan, p.5, l.211-215).

Dylan emphasises his effort and commitment towards being attentive and supportive towards his wife. His choice and repetition of words, such as "tried to" and "trying to" seems to suggest how powerless he felt at times. It communicates that Dylan remains unsure as to how helpful or supportive he was, despite him doing "everything" to make things easier for his wife. The restrictions imposed on pregnant women in the first trimester further limited how effective he could be, or feel, in his supporting role.

The participants' experiences of pregnancy therefore entailed feeling overlooked or neglected at times. As a result, they did not always feel that involved or connected to the pregnancy. Although all the participants sought an active role for themselves throughout the pregnancy, mainly in terms of trying to offer support to their wives, there is a sense that they were not always successful in this endeavour. Instead, the participants were swinging back and forth between feeling actively involved and feeling powerless and ineffective.

#### **3.2.1.4 Ready vs Not Ready**

All of the participants reflected on their readiness, or preparedness, to become a father. Whilst six out of the seven participants had planned their pregnancies, reflecting their commitment to embark on this new phase in their lives, all of them reported experiencing a fluctuating degree of readiness for fatherhood during the pregnancy.

I definitely have moments of realisation that includes excitement and joy and that this is going to happen, we are going to have a little family but also fear and anxiety about it umm you know, not feeling ready to be a father (Hugo, p.3, l.138-141).

Hugo mentions that he experienced "moments of realisation" during the pregnancy, which links to the first subordinate theme 'Real vs Unreal' and which captures the flickering doubts he experienced throughout the pregnancy. Whilst him and his wife had felt ready to have a family, and were happy and excited about the prospect of being parents, Hugo also experienced fear and anxiety in relation to it. It seems therefore that the extent to which Hugo felt ready to be a father wavered throughout the pregnancy.

Jordan too alludes to experiencing moments of uncertainty in terms of his readiness for fatherhood during the pregnancy:

I think mentally I am really prepared, I would, I mean of course in general, like anyone, you might have some thoughts like uhh

“how is it going to be?”, but I think I am ready for it (Jordan, p.2, l.90-92).

Whilst Jordan suggests that he is experiencing a strong sense of preparedness for fatherhood mentally, he admits to questioning what the future will be like, which reflects his uncertainty at times. Jordan omits talking about how prepared he feels practically in this passage yet elsewhere in his interview, he admitted to worrying about how he will cope with the practical demands of the new born stage. Together, it suggests that Jordan experienced uncertainty, and thus anxiety, in relation to how ready he felt he was for his new role as a father.

Kevin felt ready to be a father, but he admitted to also feeling overwhelmed by the changes that fatherhood will bring to his life.

I'm looking forward to uhh (silence) have uhh, well I'm looking forward to a change in my life as well, I feel like I am ready, I want to do something different, I want to have that experience of it (Kevin, p.14, l.616-618).

By repeating the phrase “I’m looking forward to”, Kevin emphasises his eagerness to become a father. He welcomes this new chapter in his life, including the change that it is going to bring, and he feels ready for it. However, in other parts of the interview Kevin alluded to feeling overwhelmed by the changes that new fatherhood will inevitably bring. He mentioned feeling weighed down by the opinions and advice that he has been receiving from other parents during the pregnancy, which he describes as having been predominately negative. He states:

...so when people say “oh my god, your life is gonna change so much” you sort of think “well yeah, but I quite like my life. I don’t, I mean, does it have to change that much?” (Kevin, p.5, l.195-197).

Even though Kevin feels ready for fatherhood, he also feels overwhelmed by the unsolicited advice that other parents are sharing

with him because it suggests that new fatherhood will radically transform his life. Since Kevin enjoyed his life, he sometimes experienced doubts about his readiness to be a father, particularly in relation to the changes, including the sacrifices, that a baby is going to bring to his life.

Virgil explains that he has been trying to prepare himself for fatherhood during the pregnancy and that he feels both ready and not ready.

Umm I have been reading but I don't think reading is enough no? I have tried to read some articles and I, some of those books that focus on the more practical side of it. (Sighs). I think (pause) yeah it is a mix. Uhh practically I am not prepared because I didn't have, I have no young kids in my family, we're a small family, so I am not used to deal with kids (Virgil, p.4, l.171-175).

Virgil seems unclear as to what it is that he can do to prepare himself for his new role as a father. By using a rhetorical question, Virgil seems to suggest that it is obvious that the reading he has been doing during the pregnancy, which not only included intellectual books but also ones that gave practical advice, has not been sufficient in preparing him for new fatherhood. He acknowledges his mixed feelings; he feels both prepared and unprepared. Although he mentions in another area of the transcript that he feels ready for, and therefore welcomes, this new stage in his life, it seems that being from a small family that doesn't have any young kids in it, is making Virgil feel concerned that he is not ready for dealing with the practical demands that a baby will bring.

All the participants experienced uncertainty during the pregnancy in terms of how ready they felt they were for new fatherhood. Indeed, it seems that the extent to which a participant felt ready or not ready to be a father fluctuated throughout the pregnancy. This, in turn, resulted in emotional turbulence, or ambivalence, during the pregnancy. The

emotional experiences of participants during the pregnancy constitute the subject matter of the next superordinate theme.

### **3.2.2 Superordinate Theme 2: A Rollercoaster of Emotions**

The second superordinate theme illuminates the rollercoaster of emotions that participants experienced during their partner's pregnancy. It's four subordinate themes are organised in a temporal sequence: 'The Journey to Pregnancy' represents the phase during which the couple was trying to conceive whereas 'First Trimester', 'Second Trimester' and 'Third Trimester' breaks the actual pregnancy down into three phases, each lasting between 12 and 14 weeks. 'First Trimester' includes the pregnancy confirmation and the first antenatal scan. 'Second Trimester' represents the period where the pregnancy is increasingly visible and where foetal movement can be felt/observed. This tangible evidence of their baby evoked new, or intensified, existing emotions for the participants. 'Third Trimester' centres on the final stretch of the pregnancy. During this period, those participants who had reached this milestone were preoccupied with the looming birth of their baby, of which they were constantly reminded of by their pregnant partner's growing bump, her reduced mobility and her increasing tiredness.

#### **3.2.2.1 The Journey to Pregnancy**

For some of the participants, the journey to pregnancy was relatively easy and straightforward, with few challenges to overcome. For the majority however, it seemed a difficult and demanding period, presenting unique and varied challenges along the way, which in turn, evoked a range of emotions. Although the period when a couple is trying to conceive, strictly speaking, precedes the pregnancy, it seemed inappropriate to exclude it from the analysis, given its fundamental impact on a participant's experience of their partner's pregnancy.

Dylan, for example, was diagnosed with infertility, which meant that he and his wife had to embark on IVF treatment. This threatened both his sense of belonging as well as his sense of self, which he discussed during the interview, and had a significant emotional impact on him. Dylan concedes:



I felt a lot of guilt. I mean I know it is not my fault that we had to do IVF but I felt a lot of guilt about umm the fact that we have had to. And that was on top of the guilt I felt about umm the experience we had in [country they had lived in before moving back to the UK] (Dylan, p.5, l.224-227).

Despite Dylan recognising that it was not his fault that they had to do IVF, he could not help but experience it as a personal failure. He alludes to him experiencing cognitive dissonance: he *knew* it wasn't his fault yet he *felt* that it was. The guilt Dylan was already experiencing, for subjecting him and his wife to a difficult time abroad, now intensified and reflects how Dylan felt responsible for the suffering of his wife, in addition to his own. His infertility and the process of IVF seems to have been an emotionally punishing experience for Dylan, which continued to have an impact on him throughout the pregnancy. Indeed, at the end of our interview, he mentioned how "cathartic" (p.19, l.868) it was for him to share his experiences about his infertility and having to have done IVF, which suggest that there was, perhaps still is, emotion to be released.

Virgil explained that his journey to pregnancy included a medical abortion two years ago, when him and his wife had made the joint decision to terminate an unplanned pregnancy.

Of course it is not an easy decision that you just take, just light-hearted and you just do it umm it wasn't for her definitely but I have to say back then I was more inclined to keep it like there was a moment I wanted to keep him or her (Virgil, p.2-3, l.92-95).

In drawing my attention to this tremendous, life-changing decision him and his wife have had to make in the past, Virgil indicates that the medical abortion in the past continues to affect him today, during the current pregnancy. It seems conceivable that the previous pregnancy had brought about a range of complex emotions for Virgil, particularly as him and his wife were not equally resolute in their position on terminating the pregnancy. These emotions might have included fear,

confusion, anger, blame, conflict, guilt, shame and anxiety. Although Virgil felt that him and his wife had ultimately made the right decision at the time, he admitted that:

From time to time we would think about what happened and what if you know (Virgil, p.3, l.104-105).

Virgil suggests that him and his wife occasionally thought about how life would have been had they not terminated their first pregnancy, which reflects the enduring impact of their decision on them. Perhaps, Virgil and his wife's new pregnancy stirred up some of the emotions that they had experienced during their first pregnancy. This seems even more plausible when considering that Virgil and his wife, once again, held diverging positions during early pregnancy, this time in relation to the viability of the pregnancy (as discussed previously under the subordinate theme 'Visible vs Invisible').

The participants' journeys to pregnancy were very variable, which reflects how unique and unpredictable each participant's experiences were during their quest to conceive a baby with their partner. Along the way, participants endured various trials and tribulations, which evoked a range of emotions in them and which continued to impact their experiences during the current pregnancy. Although this would be a useful study in its own right, it suffices to say that the participants' journeys to pregnancy evoked strong, sometimes even conflicting, emotions in them.

### **3.2.2.2 First Trimester**

The first trimester, for the purposes of this research, starts with the pregnancy confirmation, which is the point at which a participant first learnt that he and his wife had conceived. This period lasts up to 12 weeks, which is typically the point at which couples go for the first antenatal scan. Although the pregnancy confirmation was a positive experience for every single participant, for a few, the experience seems to have been less intense than they might have anticipated it to be previously. Hugo captured it rather well:

So the straightforward answer is that I didn't feel a lot, but like I was pleasantly surprised and happy. But, if I am being really honest it wasn't like suddenly exploding with joy or something. I have had those moments subsequently, but it doesn't, or didn't, sort of bubble up straight away (Hugo, p.3, l.124-127).

Hugo admits that although he welcomed the news that his wife was expecting a baby, he did not have a strong emotional reaction at the time. There is a sense that Hugo had previously expected himself to experience intense feelings of joy, or related positive emotions, in the moment when his wife announced her pregnancy. However, these emotions only surfaced later and were not immediately present. It is conceivable that Hugo might have felt perplexed, even worried, about his lack of emotional reaction at the time, particularly as him and his wife had been trying to conceive for some time prior to it. Kevin had a similar experience to Hugo.

Well we'd, we'd spent maybe six months trying, so doing pregnancy tests and you know it sort of becomes quite a ritual of the days and the fertile days, and the this, and it's not working, and you are not sure, umm and then we found, then we found out and it is quite a strange thing really, the, to see the uhh the thing coming up positive, because you are kind of used to seeing it say negative all the time, not pregnant all the time (Kevin, p.1., l.5-10).

Kevin describes how he and his wife had been trying for a baby for half a year before getting pregnancy. For Kevin and his wife, getting pregnant was not a straightforward experience; it required effort and planning, which made it feel ritualistic. When the pregnancy tests keep showing negative after they had tested, it evoked feelings of disappointment and uncertainty. Additionally, given that his wife had to have a contraceptive coil removed, which Kevin explains in another part of the interview, he and his wife had to wait a few cycles before they could start trying to conceive, as per their doctor's recommendation. For Kevin, it was a "strange" moment when he first learnt that he is about to become a father. Elsewhere in the interview,

Kevin expresses how his belief or expectation that him and his wife would eventually get pregnant, diminished the surprise he felt when the pregnancy test finally did come up as positive. At the same time, it was “weird to see such a big moment come up on a tiny little piece of uhh you know a little electronic device” (p.1, l.13-14). Kevin’s use of language in the passage above, specifically talking in one long sentence, reflects what a long drawn out process their trying for a baby had been for him and perhaps suggest that he was feeling emotionally depleted by the time the pregnancy was confirmed.

For Jordan, having experienced pregnancy loss prior to this pregnancy, meant that he experienced conflicting emotions during the first trimester.

So I suppose in the first you know, uhh, 12 weeks for sure, there was like a kind of wanting to be excited but not wanting to be too excited based on what had happened before (Jordan, p.1, l.29-31).

Although Jordan felt excited that him and his wife had conceived again, he was worried about becoming emotionally invested in the pregnancy, lest the same thing (miscarriage) happened again. For Jordan there was therefore a conflict between wanting to revel in the excitement that pregnancy brings and wanting to protect himself from further heartbreak, reflecting how difficult, emotionally, the first trimester was for him.

A threatened miscarriage had a detrimental impact on how Virgil experienced the first trimester.

Umm just because umm at certain points she thought that maybe she could lose the baby or that and psychologically that had an impact in the beginning (Virgil, p.1, l.41-43).

By saying “she”, Virgil alludes to the distance there was between him and his wife at this point during the pregnancy. As mentioned before, Virgil tried to stay positive about the viability of the pregnancy despite

his wife being adamant that the bleeding and cramping that she was experiencing was confirmation of her having a miscarriage. This must have been a very difficult experience for Virgil. Indeed, he acknowledges that it had a psychological impact on him, perhaps both of them, in early pregnancy.

The first trimester of pregnancy therefore evoked a range of feelings in the participants. Although finding out about the pregnancy had been a positive, joyous moment for all the participants, a few reflected on feeling somewhat underwhelmed in the moment, having expected their feelings to be more intense than they were. As a result, they might have experienced ambivalence during early pregnancy. Moreover, all the participants alluded to experiencing uncertainty and anxiety during the first trimester, reflecting how demanding this part of the pregnancy was for them.

### **3.2.2.3**

#### **Second Trimester**

Many of the participants talked about the second trimester bringing more tangible evidence of the baby, which, as discussed under the subordinate theme 'Real vs Unreal', made the participants feel more connected to the reality of the pregnancy, and therefore their baby. Not only did their partner develop a baby bump during this period, but foetal movement were now able to be seen/felt. The second trimester also included the anatomy scan, which typically takes place around the 20<sup>th</sup> week of pregnancy and which allowed for the observation of all the baby's major organs. Consequently, this phase of the pregnancy elicited new emotions or intensified existing emotions.

Kevin explained that as the pregnancy progressed into its second trimester, it evoked mixed feelings for him.

And then it's, and then, and then, I guess gradually there is the excitement because you start thinking "oh, I wonder what this person is going to be like" and what will, you know how exciting that will be and how much fun that will be and then

also “oh god, this is a real big change isn’t it, in our lives  
(Kevin, p.4, l.181-184).

Kevin’s repetitive use of “and then” emphasises the fact that his feelings in relation to the pregnancy did not arise instantaneously. Rather, it emerged and intensified over time, as the pregnancy developed. As explored previously, the pregnancy started to feel more real to Kevin as it progressed, particularly once it had reached the end of the first trimester and he started to share the news of the pregnancy with others. Consequently, Kevin began to consider what his daughter’s personality might be like and he started to envisage the fun and enjoyment that she will bring to his life, which gave rise to excitement. At the same time, however, he was scared about how radically his life would be transformed by fatherhood. Indeed, during the interview Kevin disclosed that he had started to experience stomach aches during the second trimester, which he had not sought medical attention for but which he had linked to his increased anxiety about the change that lay ahead.

Dylan also experienced anxiety during the pregnancy, mentioning how anxiety-provoking both the antenatal scans were for him:

And then there is a 12-week one and a 20-week one and I,  
yeah, each one, I... It still is a very nerve wracking thing each  
time it happens (Dylan, p.4, l.142-143).

The antenatal scans during the pregnancy intensified Dylan’s fear that an anomaly would be detected during the pregnancy. He seems to imply that the anxiety doesn’t diminish with the progression of the pregnancy; each scan had a powerful emotional impact on him. His seeming difficulty and hesitation to articulate his thoughts perhaps reflects how merely talking about or recalling the antenatal scans, provokes anxiety in him.

Steven too alludes to experiencing fear that something might go wrong with the pregnancy, explaining that him and his wife only told their friends and family about the pregnancy quite late into the second trimester. This was in contrast to the rest of the participants, who all

shared the news of their pregnancies in, or by the end of, the first trimester.

We wanted to tell our family first and then we wanted to also, we didn't want it to go all over social media, we wanted to keep it quite uhh you know private for a bit uhh because you know we, especially with your first child you, if anything goes wrong you don't want to, you don't want it to be all out there and then it's just, it just creates a big mess. So we wanted to, it was when it was right for us really, when we thought we were ready to tell everyone (Steven, p.5, l.212-218).

Steven states that he and his wife wanted to announce the news of their pregnancy to their families first before sharing the news more widely with others. They did not feel inclined to share the news of their pregnancy on social media, preferring instead to restrict it only to close others in their social network, once they felt ready. Keeping the pregnancy private seems to have been motivated by a fear that something might go wrong with the pregnancy. In some way, the secrecy of the pregnancy seems to have offered Steven and his wife a sense of control over this fear. Dealing with the pregnancy, and any potential complications, on their own, for them, was preferable to having everyone know about, or potentially becoming involved in, their affairs.

Although Matteo, whose wife was 20 weeks pregnant at the time of his interview, sounded relaxed and confident about the next chapter in his life, he seemed to have a somewhat gloomy outlook about the first year of parenthood, saying:

Yeah I think the first six months would just be a, uhh, I don't want to say a chore but it, like it, it will be more maintaining and just uhh changing diapers, seeing what's wrong and like all that. Like there won't be a lot of inter activity (Matteo, p.10, l.424-427).

And

Uhh but so the first six months, maybe a year, is not ideal

(Matteo, p.10, l.445).

Whilst Matteo stopped short of making his feelings in relation to his pessimistic outlook explicit in the interview, it seems conceivable that he would have been experiencing less than positive emotions as a result of it. Although he seems to want to avoid using the word “chore”, he nevertheless portrays the role of a new parent as necessary yet tedious. Matteo seems to hold the belief that infants, during the first year of life, have limited interaction with their caregivers, and as such there is little reward to be derived from spending time with them. This suggests that Matteo experienced ambivalence during the second trimester.

The second trimester, although carrying a much reduced risk of pregnancy loss in comparison to the first trimester, continued to evoke fear and anxiety in the participants. At the same time, the tangible evidence of the baby during this period, seems to have intensified participants’ positive emotions, such as joy and excitement, in relation to the pregnancy.

#### **3.2.2.4 Third Trimester**

Although the participants whose partners had reached the third trimester of the pregnancy, had felt, on the whole, more connected to the pregnancy during this period, bringing with it strong feelings of joy and excitement, they also felt fearful and anxious about the looming birth of their baby. The third trimester therefore, like the previous two trimesters, continued to evoke a mixed bag of emotions for participants.

Hugo, who’s baby’s due date was in less than three weeks, said:

I definitely do get anxious sometimes, it’s almost like it, well I don’t feel umm it’s almost like I haven’t engaged with the reality of it, of what is coming, in a way that Amy is forced to every day (Hugo, p.3, l.136-138).

And



But umm the, the thing that I'm most worried about, and I'm being very honest here, is like I engage in escapism a bit as well in that I don't think about it. It's not that, like I don't consciously not think about it, but like I will go all day at work without thinking once about the baby or Amy umm (Hugo, p.4, l.169-172).

Hugo acknowledges how anxious he has felt during the pregnancy and continues to feel during the third trimester. Fuelling this anxiety is his recognition that he has not always engaged with the reality of what is coming which perhaps left Hugo feeling unprepared for fatherhood. His wife, in contrast, was physically carrying their baby, which had 'forced' her, on a daily basis, to engage with the reality of the pregnancy. As a result, she was more prepared for motherhood than he was for fatherhood. Not only was Hugo not privy to the physical experience of pregnancy, but he was mentally avoiding the pregnancy. He was able to distract himself from thinking about his pregnant wife and/or his baby, especially in contexts like work where his wife was not present. Although Hugo states that he did not always deliberately avoid the pregnancy, his use of the word "escapism" reflects how the pregnancy has been something that he had wanted to get away from. By escaping reality, he was able to soothe, distract and transport himself away from the difficult thoughts and feelings that the pregnancy elicited in him.

Dylan described the conflicting feelings he experienced during the third trimester.

And every time we go in for a midwife appointment now it's like, is this going to be the time that there is something wrong? But, touch wood, everything has been really good and they seem very happy with umm, with how she is doing and all that stuff umm but yeah we are very, very excited and I think because of the difficulties leading up to this stage, that, that means that we are kind of, there is, mixed in with the

trepidation of what's to come, there is a massive sense of relief (Dylan, p.4, l.145-151).

The midwife appointments in the third trimester, like the antenatal scans in the first and second trimesters, continued to arouse anxiety in Dylan. This anxiety stemmed from a fear that something will go wrong in the pregnancy and Dylan's use of "touch wood" indicates how this fear was ever-present, throughout the pregnancy. Whilst the antenatal appointments confirmed that the pregnancy was progressing as expected, which brought about an enormous sense of relief for Dylan given how difficult their journey to pregnancy has been, Dylan remained scared that his hope for the future (to be a father) will somehow be prevented from coming true. In addition to his fear that he will be prevented from being a father, Dylan also experienced fear in relation to what fatherhood will be like. At the same time, he was "very, very excited" to become a father, which reflects the strong feelings of exhilaration that Dylan experienced during the final trimester of his partner's pregnancy. It is thus clear that, Dylan continued to experience strong, opposing emotions, even near the end of the pregnancy.

For Virgil, conflict with his family had tainted his experience of the pregnancy in the third trimester.

I would say I haven't felt supported, because you know the main thing I will remember is the argument we had (laughs). Fine yeah we had of course exchanged views and they have been asking about her health and they are there when it comes to support, but I don't know, yeah I had this bitter experience that is still there a little (Virgil, p.10, l.432-436).

Virgil claims that the conflict that he had with his family during the pregnancy had constituted a source of stress for him and ultimately overshadowed his positive experiences in the pregnancy. Virgil explained earlier in the interview that his family had assumed that they would be present in the delivery room during the birth of his baby. As a result, Virgil had to tell them that they do not have the authority to

make that decision, which resulted in an argument. Although the conflict had been resolved now, his family's behaviour, which to Virgil reflected their sense of entitlement, meant that Virgil experienced them as intrusive and selfish. As a result, he felt unsupported by them. Virgil alludes to experiencing resentment towards his family during the final trimester of the pregnancy, which would have included feelings of anger in addition to feelings of loneliness.

Although the participants whose wives were currently in the final trimester of the pregnancy, experienced happiness and increasing excitement about the imminent arrival of their baby, all of them experienced unpleasant emotions too. They all felt apprehensive about the looming birth of their baby, including how their lives will be changed as a result of it. When contextualising a participant's anxiety, it was clear that it was shaped by a variety of factors. Nonetheless, instead of dissipating over time, participants continued to experience strong, conflicting feelings in the third trimester.

### **3.2.3 Superordinate Theme 3: A Long and Lonely Road**

The third superordinate theme, 'A Long and Lonely Road', depicts the arduous experiences of the participants during the pregnancy. Its first subordinate theme, 'A Drawn-out Process' reveals how lengthy the pregnancy felt to participants, leaving many of them feeling frustrated and impatient as they just wanted to meet their baby. For some the pregnancy felt even more drawn out, since the process of trying to conceive had itself been time-consuming. For example, after being diagnosed with infertility, Dylan and his wife had to embark on the laborious and lengthy process of IVF and Jordan, whose wife had suffered a miscarriage in her previous and relatively recent pregnancy, had to contend with heartbreak before feeling ready to try again. For others still, conception did not happen instantly when they had decided that they wanted to try for a baby. The second subordinate theme, 'Pregnancy is Isolating', reflects how lonely many of the participants felt during the pregnancy, with a lack of support from those around them.

#### **3.2.3.1 A Drawn-out Process**

Four out of the seven participants described how long the pregnancy

felt to them and alluded to or described their impatience for it to come to an end.

Jordan described how he felt stuck in the same position during the pregnancy, despite the passage of time.

Yeah but in general I think it, you know it is just something you have to deal with like yeah day by day, umm, just waiting. I find in general just the whole pregnancy thing is, is just that it takes so long (Jordan, p.2, l.55-57).

Jordan alludes to how powerless he felt at times during the pregnancy; he had to deal with each day as and when it came, having no control over the situation whatsoever. Committed to a goal that was in sight but out of reach, Jordan was “just waiting”. Jordan experiencing the pregnancy as “so long”, perhaps reflects his frustration and impatience, especially because his baby’s due date was still seven weeks away at this point.

Jordan called pregnancy “a waiting game”, explaining:

It’s a waiting game because you are constantly thinking about (sighs) you know are you ready, but also like who is this person going to be, what are they going to be like. How am I going to be? And I think just all of those thoughts just make it seem like such a long period of time (Jordan, p.2, l.59-62).

In this passage, Jordan alludes to how it is not just the physical process of pregnancy that is governed by time. Reality moving slowly affected his mind too, leaving him to “constantly” envision what the future will be like with a child and how he will adapt to his new role and responsibilities as a father. In some ways, it was as if he was unable to keep his attention in the present moment and his mind’s preoccupation with thoughts about the future was anxiety-provoking and exhausting. Jordan emitting a long, deep audible breath before listing some of the thoughts his mind was grappling with, further reflects how tiring it was for him.

For Steven, who's wife was in her seventh month of the pregnancy, it was difficult to recall the moment he had learnt of his wife's pregnancy since it had felt like a lot of time has passed since then.

Uhh, it feels like a long time ago now even though it is not. It's just because, you know you, you are doing it month by month uhh... (Steven, p.2, l.73-74).

Steven alludes to how far away the pregnancy confirmation seems to him in the present moment despite his knowledge that it only happened relatively recently. He offers an explanation for this ambiguity by saying that progress in the pregnancy happens in a gradual and steady way, "month by month". This confirms Steven's perception of time moving slowly during the pregnancy. It seems plausible to infer that there would have been times during the pregnancy that Steven did not see the progress he might have wanted to see, resulting in feelings of frustration, uncertainty and impatience. By starting and ending his sentence hesitantly, Steven might be, in some way, echoing how time is elongated during pregnancy.

Hugo described the psychological, emotional and physical toll that the pregnancy took on him, acknowledging his dislike for the pregnancy period.

And you know pregnancy is a lot harder, and quite frankly more boring, than I thought it would be. It is just a slog as far as I can see (Hugo, p.10, l.460-461).

Hugo acknowledges that he had anticipated the pregnancy to be easier and more exciting than it was in reality. By using the word "boring", Hugo reveals how slowly and uneventfully the pregnancy has been progressing. For Hugo the pregnancy was nothing but a "slog", reflecting how difficult and tiring it had been for him. In another part of the interview, Hugo explained that he had had to make many sacrifices during the pregnancy, which included cancelling a holiday and giving up some hobbies. In addition to these sacrifices, there

were now restrictions on what his wife could, or wanted to, do. Instead of spending their time leisurely, Hugo felt that his wife piled him with tasks and chores so as to prepare the house for their baby's arrival.

Pregnancy, which typically lasts 40 weeks and which includes several milestones, was therefore experienced as a lengthy process by most of the participants. It seems that they perceived time as moving slowly during the pregnancy. The pregnancy feeling like a drawn-out process, in turn, had evoked a range of negative emotions, including uncertainty, anxiety, frustration and impatience, in the participants.

### **3.2.3.2 Pregnancy is Isolating**

The majority of participants alluded to feeling lonely and isolated during the pregnancy, which, for some, included the period during which they were trying to become pregnant. Moreover, whilst every participant cited his wife as his main source of support during the pregnancy, many of the participants admitted that they had withheld their own fears and anxieties from her at times so as to be compassionate towards her and shield her from any further stress.

Kevin described how he and his wife had decided to move to a bigger property, located within a family-friendly neighbourhood, after they had learned that they will become parents.

Yeah, yeah and it's a, it's weird the, for me I think, because I've definitely seen less of my friends since coming over here, so we've got more space but I am further from central London now so I don't go to as many things (Kevin, p.8, l.346-348).

Although Kevin really likes their new house, particularly its spacious open plan arrangement which opened up onto a garden, it seems to have come with a cost to his social life. Having seen less of his friends and going to fewer events, compared to before the relocation, it is conceivable that Kevin felt increasingly lonely and isolated. This interpretation is supported by the rest of his interview, during which he reflects on his contempt for their new neighbourhood, which was filled with young parents conforming to certain parenting practices that did

not appeal to him. This included using the same strollers and baby carriers, meeting at the same café and the same park and going to the same baby classes that were on offer in the area.

Kevin also talked about keeping his emotions to himself, wanting to show compassion for his wife and not burden her any further.

I think you definitely wouldn't want to talk about things you are worried about because umm it's umm the woman is obviously doing something, a lot more of the difficult work that, uhh, you wouldn't feel (Kevin, p.2, l.85-87).

Kevin reflects on his perception that expectant fathers keep their worries to themselves so as not to add to the load that the pregnant woman is already carrying. Given that the woman is experiencing all the physical demands of pregnancy, together with the psychological and emotional impact that that has, men, according to Kevin, judge their own experience during pregnancy to be less challenging than a woman's. In some way, it seems that Kevin perceived his own difficulties as less valid compared to those of his wife. As a result, he did not share his fears and anxieties with his wife, which perhaps left him feeling lonely and unsupported at times.

Dylan's infertility constraining him and his wife to IVF was a tormenting experience for Dylan and left him feeling isolated.

Our friends are like really fantastic people, but there is an empathy which I think you only really get if you've been through, well I imagine you only get then through the uhh the process, or maybe it's difficult if you don't want children yourself to relate to someone who feels that they might not be able to have children at all (Dylan, p.2, l.88-92).

Dylan suggests that he felt unsupported by his friends, despite them being "fantastic people", and struggled to relate to them, because they could not grasp the enormity of what he was going through. As such, he felt unable to share, and therefore had no outlet for, the difficulties he was experiencing. It is plausible that Dylan's sense of belonging

was threatened and that he felt lonely and his interview reflected the fact that the pregnancy confirmation did not necessarily put an end to these feelings.

For Hugo the pregnancy had made him feel trapped and isolated. Not only did he have to give up some of his hobbies already, but he was also spending his free time preparing for his baby's arrival, which, in combination, diminished the enjoyment he could get from life. He said:

Like umm I just can't do that anymore and it is, yeah it is a bit uhh it makes you feel a little, like I feel sort of trapped (Hugo, p.14, l.617-618).

And

You just sort of feel increasingly cornered into a smaller uhh life or something (Hugo, p.14, l.626-627).

Hugo asserts that is unable to do the things he used to enjoy previously, which, amongst other things, included going "to beat some bells with a bamboo stick at the weekends like I use to do" (Hugo, p.14, l.614). With this Hugo is referring to the lack of autonomy, even spontaneity, that he had been experiencing in his life since the pregnancy confirmation. No longer able to engage in simple, pleasurable activities in the outdoors, Hugo felt like he was losing the small joys in his life.

For Virgil and his wife, their pregnancy, particularly because of early complications, affected their job postings abroad and meant that they had had to move back to London, at least until the birth of their baby.

Uhh but we are not totally happy with what we have at the moment with uhh sort of the type of jobs we have, like what we do on a daily basis. It is more routine, it is more desk based than it used to be (Virgil, p.4, l.142-144).



Both Virgil and his wife derived less satisfaction from their new jobs in London, which involved regular hours and which was done mainly by sitting behind a desk. This was in contrast to the jobs they held before the pregnancy was confirmed, which involved working out in the field and controlling their own schedules. It seems that Virgil felt somewhat constrained by this new way of working, which must have been frustrating. Moreover, after years of being based in the same country abroad, the couple now found themselves in London, a city they knew but had not lived in for many years now. Living in completely different surroundings, away from their established social network in the country they had lived in up to now, Virgil's words evoke a sense of isolation.

Hugo explained how he struggled to connect to both the reality of the pregnancy and to his baby growing inside his wife's belly, which resulted in him trying to escape reality.

Well it is a bit more difficult for me to get my head around the whole thing I suppose. It's a bit more difficult for me to feel bonded to the baby. Amy has the baby inside but I, so I umm so I don't feel bonded with her yet. I just feel a little kick every now and then in Amy's tummy but so I don't feel her squirming or moving around in there, so it's different. That's why, I am just like, I am just really impatient for her to come out now so I can actually meet her and umm yeah, relate to her you know. Whereas Amy already seems to, like I feel that she is much better prepared than me. Not only is she carrying the baby around everywhere, but she is also reading a lot of books about it all the time whereas I am not reading any of these pregnancy books and stuff so, it's just like, I have almost like, it's like a bit of escapism, like putting it off or something (Hugo, p.1, l.30-42).

In this passage Hugo admits that it is "a bit more difficult" for him, compared to his wife, Amy, to understand or come to terms with the pregnancy. The ability to detect all foetal movements is not only making the pregnancy more prominent for Amy, but it is also

facilitating her attachment to their unborn baby. Whilst Hugo is able to feel foetal kicks occasionally, Amy is privy to even the slightest of foetal movements. As a result, Amy is constantly connected to the reality of the pregnancy, which encourages her to prepare for the baby's arrival. Hugo, on the other hand, remains disconnected from the pregnancy, resulting in him trying to escape it. Instead of preparing for the baby's arrival, Hugo is trying to evade the negative emotions that the pregnancy is stirring in him, which in turn, prevents him from preparing for life with a baby and leaves him feeling bad about himself. Although the content here is very much related to the subordinate theme 'Real vs Unreal', it also captures how Hugo had been sequestering himself during the pregnancy. He admitted to "deliberately pottering about in the garden" (p.4, l.175) so as to avoid his wife, and the to-do list she was "seriously pounding" (p.8, l.329) him with. At the same time, this to-do list meant that Hugo could not see his friends as often as he used to before. In fact, he had to cancel a trekking holiday with his best friend, which he had been looking forward to for some time, as a result of the pregnancy. As such, Hugo is reflecting on what a challenging, isolating experience the pregnancy has been for him.

For many of the participants, pregnancy brought challenges and limitations to how they could spend their time, which, in turn, gave rise to difficult emotions. Unfortunately, the participants did not always feel able to share their difficult experiences and/or emotional reactions with others. Although every participant declared his wife as his main source of support, it seems that many, out of compassion for her, hid their own fears and anxieties from her during the pregnancy. It is therefore conceivable that participants, at times, felt lonely and isolated during the pregnancy.

#### **3.2.4 Superordinate Theme 4: Anticipating Fatherhood**

The fourth and final superordinate theme 'Anticipating Fatherhood' exhibits how each participant contemplated and tried to prepare for life beyond birth, during their partner's pregnancy. It comprises four subordinate themes. The first subordinate theme, 'A Changing Identity', reflects the new perspectives,

priorities and responsibilities that the pregnancy has brought about for participants. The second subordinate theme 'Involved Fatherhood' details how the participants aspired to be actively and equally involved (compared to their partner) in the parenting responsibilities when their baby was born. 'Planning and Preparation', the third subordinate theme, identifies the arrangements participants were making, had made or were planning to make as they try and prepare themselves for new fatherhood. The fourth and final subordinate theme, 'Expecting Change and Sacrifice', describes the changes that participants anticipated to their lives upon the birth of their baby, which, for every single participant, included sacrifice(s).

#### **3.2.4.1 A Changing Identity**

Many of the participants described having a changed mindset as a result of the pregnancy. Not only did they have new priorities and responsibilities, but they also had new intentions, which resulted in them making certain behavioural and lifestyle changes. The participants' identities thus seem to have evolved during their partner's pregnancy. Whilst the majority of participants alluded to feeling a sense of accomplishment and experiencing personal growth as a result of it, a couple of participants felt weighed down by their new responsibilities.

Steven felt that his mindset had changed as a result of the pregnancy and that he had become more mature since learning that he was going to be a father.

I guess I kind of changed my mind set a little bit, I have kind of matured and become a bit more umm I guess a bit more proactive in what I do and how I manage my time and what I do and what my wife, rather than kind of being told to do things, I kind of automatically do it (Steven p.14, l.611-614).

Although Steven's use of the terms "I guess", "kind of" and "a little bit" reflects his uncertainty as to the exact degree that he has changed, he nevertheless feels that he has changed since learning that he is about to become a father. Not only has Steven's time management

improved, but he has also come to behave in a more responsible and conscientious manner, selectively and spontaneously completing tasks rather than waiting to be instructed to do so by his wife. By using the words “mature” and “proactive”, both of which carry positive connotations, Steven suggests that he embraces his new way of being.

Matteo described how his outlook had become more future-oriented as a result of his wife’s pregnancy, shaping both his decisions and his behaviour. He said:

And then you start thinking more, and also with all the political things happening in the UK, you start thinking more about the future and what changes you can make. You start considering more the environment, you start you know trying to say “ok, things have to change, because I’m thinking more about the future”. I’m thinking not about myself, I’m thinking about someone who wants to grow up in the next ten, twenty, thirty years and what will it mean for them (Matteo, p.10-11, l.464-470).

And

So yeah there are definitely changes in behaviour and changes in how we want to lead our life (Matteo, p.11, l.473-474).

Matteo reflects on how the pregnancy had resulted in him thinking about the future a lot more, something that was further amplified by Britain’s decision to leave the European Union. This, in turn, had resulted in Matteo contemplating and evaluating his decisions so as to secure a better future for his child. With an enhanced consideration for environmental protection, Matteo was no longer merely interested in how the world in its current state was impacting on his life. Instead, his decision-making had evolved to include looking at a bigger picture, that is, the world that his daughter will grow up in, and live in, in the decades ahead. According to Matteo, his new perspective or outlook had changed his intentions and his behaviour for the better. Matteo

also acknowledged that “I’ve become much more emotional I find” (p.10, l.543); adverts about children in war torn countries now made him emotional whereas it did not have this impact on him before the pregnancy.

Virgil also talked of a different mindset and changed priorities.

And yeah personally, I think it comes with a different perspective in my personal life and maybe what I see as important so far umm whether it’s umm yeah personal interests, politics. Yeah and after she is born it might change again and be different again (Virgil, p.11, l.486-489).

Virgil alludes to how his personal outlook on life, including what he views as important both personally and politically, had shifted during the pregnancy. By alluding to further change that might come once his daughter is born, Virgil recognises his identity will continue to evolve, even after the pregnancy. Not only is he changing now, in response to imminent fatherhood, but he will probably change even more, or once again, when he is actually a father.

Dylan welcomed the changes to his lifestyle that the pregnancy had brought about as it gave him a sense of fulfillment.

And I am much happier for having done so. The life I have now, obviously you know because Lucy is pregnant, it means that we are, like it’s not really on the table to go and get drunk, but just drinking less and uhh you, you find more time to do things which are actually more... I guess it’s part of growing older, you get less interested in just getting drunk with your friends and more interested in doing stuff with your friends. So it took some adjusting to, but now I think that, and I can probably speak for Lucy here as well, I think that we are both much happier with the life that we live and it feels like quite a rich umm interesting life (Dylan, p.7, l.293-301).

Dylan reflects on how much more content he is with his life during the pregnancy compared to previously. The restrictions that pregnancy makes on a pregnant woman means that it is no longer an option for Dylan and his wife to socialise by intoxicating themselves with alcohol. Perhaps Dylan had previously thought that a (largely) sober lifestyle was no fun, however his experience during the pregnancy is proving otherwise. Indeed, by saying “it took some adjusting to”, Dylan acknowledges that he did not embrace his new lifestyle immediately, reflecting perhaps how enjoyable the consumption of alcohol in social settings was to him previously. Not getting drunk, however, means that Dylan and his wife are now spending time with their friends in more interesting and meaningful ways than before. As a result, they feel happier and more fulfilled.

Hugo was less enthusiastic about the changes to his life as a result of the pregnancy. According to him, the pregnancy had interfered with the way he used to, and preferred to, spend his time. His new responsibilities came at the cost of his autonomy, which left him feeling trapped and frustrated.

Like nine months ago, if I wanted to I could have divorced Amy and gone off somewhere abroad, I don't know, could have joined the army or something, you know I could have done anything. And now that is all just like gone. Now I have some serious responsibilities coming (Hugo, p. 10, l.424-427).

In this passage, Hugo laments his loss of freedom. His use of “something” and “anything” captures the unspecified, even unlimited, possibilities that had been open to Hugo previously, before his wife's pregnancy. Since the pregnancy confirmation, however, Hugo no longer had the option to choose an alternative way of spending his time. Not only did Hugo already feel weighed down by his new responsibilities, which included a long to-do list his wife had given him to prepare for the baby's arrival, but he also recognised that these responsibilities were about to increase exponentially following the birth of his child. Rather than experiencing a sense of accomplishment and fulfilment, Hugo felt constricted.

Whilst all the participants spoke of their new responsibilities and changed priorities, they varied in the extent to which they embraced it. As a result, some participants had made lots of behavioural changes in their lives whereas others perhaps not so much. Their evolving identity, for most participants at least, had resulted in a sense of growth and feelings of fulfilment during the pregnancy.

#### **3.2.4.2 Involved Fatherhood**

In considering the kind of father that he aspired to be, every single participant communicated an ideal of being an involved father. In elaborating on this ideal, almost all of the participants evoked memories or anecdotes of their own fathers' involvement when they were born and/or were growing up, revealing how fathers from previous generations were, and were expected to be, less involved in their children's lives compared to fathers today. Rather than holding a secondary role as parent, the participants seemed eager to play a role of equal importance to their partner in raising their child.

Steven recognised that the family dynamics in his household during childhood have endowed him with certain beliefs or expectations for parenthood that now seemed out of touch.

And my mother worked but my dad was the main breadwinner. And so I kind of grew up with that ideology that that is my job. I need to go and be the hunter-gatherer (laughs), but I think my wife is very career focused and we are going to have to do it differently so we have to have a balance (Steven, p.8, l.371-374).

Although Steven's mother had a job during his childhood, his father was considered to be the breadwinner. This suggests that his mother juggled the childcare responsibilities with her work responsibilities, whilst his father was solely focussed on his work outside the home. Consequently, Steven grew up with the belief that a father's job is to provide, through his income, everything his family might need in terms

of food and resources. Perhaps Steven's use of the term "hunter-gatherer", followed by him laughing, reflects how outdated his earlier impression now seems to him. Steven goes on to say that his wife's ambitions means that he will have a different role compared to that of his father. Perhaps his mother didn't have or at least never disclosed her ambitions, or Steven's father never respected these ambitions, but Steven seems intent on establishing an equal distribution of responsibilities between him and his wife. Not only does this reflect Steven's intention to prioritise both his and his wife's career and work responsibilities but it also suggests that he wants to be equally involved with the childcare responsibilities.

Hugo recognised that the times he was living in necessitated him to be a different kind of father than his own father had been when Hugo was growing up.

You know, I will have to be a different kind of father than what my dad was because uhh the workplace is very different, like because my wife would not be able to stay at home and just bring up kids and nor would she want to and nor would I want her to (Hugo, p.12, l.511-514).

Hugo states that places of employment have changed dramatically over time; today more women, and thus mothers, have careers than ever before. Since his wife has work obligations, she will not assume sole responsibility for raising their child, like perhaps his mother did. As a result, Hugo will be a different father compared to his own father. By saying "nor would I want her to", Hugo is providing his support for his wife's career, thereby embracing a work-life balance for him and his wife. This suggests, and is confirmed by the rest of his interview, that Hugo intends on being an involved, hands-on father.

Kevin recalled a conversation he had with his father, wherein his father disclosed that he had not been present in the delivery room when Kevin was born.



He wasn't present at my birth. He was having curry with his mates and it was not considered a weird thing and he said "you know, then I phoned up the hospital and they said you were born and I went to the hospital". And I was like "god if I did that now! That is not even an, I mean you know, that's not even an option, that's ridiculous! And why would you not want to be there either? (Kevin, p. 17, l.787-792).

When Kevin was born, his father was not present in the delivery room. Instead, he was socialising and having a meal with his friends. Kevin recognises his father's absence at his birth was not unusual at the time, and reflects how in previous generations expectant fathers were, unlike today, not routinely involved in the delivery and birth of their baby. Kevin's astonishment that it could ever have been customary for fathers to skip the birth of their baby, and his recognition that he would be denounced by others if he skipped his own baby's birth, reflects his desire to be present at, and thus involved in, his own baby's birth. By using a rhetorical question, Kevin is emphasising his desire to be present at his baby's birth whilst perhaps also expressing his annoyance that his father was so uninvolved when Kevin entered into the world. This further reflects the value Kevin attaches to father involvement. Near the end of his interview, Kevin also expressed his disappointment at his father's lack of involvement, since his father had very little, if any, advice to offer him during the pregnancy.

Virgil conceded that his experiences with his own father had influenced the kind of father that he wanted to be for his daughter.

And to a certain extent that was how my father used to be with me but at the same time I don't want to be too strict with her and say like no you are not going to have any toys, you know, because I think I am trying to go that way and it, what my experience with my family pushed me to think I should be more strict, should be more responsibility and should be doing more stuff with her (Virgil p.13, l.582-587).

Prior to this passage Virgil had been telling me about his disapproval of parents who overindulge their children and reflected his desire to avoid this behaviour when he was to become a father. Here Virgil goes on to admit that his parents, particularly his father, had raised Virgil with overindulgence. He seems to evaluate the way he had been parented negatively, particularly since it “pushed” him to be a different type of parent. Virgil did not want to be like his own father was with him; overgenerous and lackadaisical. Yet, he also did not want to be the exact opposite of his father, since this would make him an ungenerous or unpleasant father. Virgil stating that he “should” both have “more responsibility” and be “doing more” with his child reflects that he is not only intent on being an involved father but sees it as an obligation to be so. Additionally, it portrays that the father he wanted to be was a direct response to his own fathering/parenting experiences during childhood.

Jordan spoke of how he and his friends all regarded a father’s role to be of equal importance to the mother.

Like my friends who have either had kids or are having kids, would see a big role for the father, like very active in terms of doing chores, caring for the baby, like changing the nappies, like it is all basically considered very equal (Jordan, p.8, l.356-358).

Jordan asserts that his friends, whether they are parents already or about to become parents, all expect the father to share the parenting responsibilities, in an equal manner, with the mother. This includes doing household chores and looking after and caring for the baby. Jordan’s use of “very active” suggests that, for him and his circle of friends, a father’s involvement in a child’s life is characterised by continuous effort and action. He goes on to say:

And if in any way it was thought to be, especially by the men, thought to be different than that then there would be quite a strong I think social pressure to be like yeah that’s really kind of outdated (Jordan, p.8, l.361-363).

Jordan refers to a “social pressure” on a man, particularly from other men, to be an involved father. According to Jordan, if a father was to deviate, “in any way” from this involved fathering ideal, then his peers would speak up to convey to him that his fathering practice(s) is out-of-date. Jordan is thus noting the direct influence that others have on the kind of father a man is, specifically because they can encourage men to conform to the prevailing attitudes and values of the time in relation to the father role.

Whilst Matteo wanted to be an involved and supportive father, he struggled to envision it.

Yeah I want to be involved, yeah I want to support, but you know these are all very abstract concepts so far for me. It’s like if someone asks me what will your phone or technology look like in the next twenty years. I don’t know (Matteo, p.11, l.500-503).

Although Matteo aspired to be an involved and supportive father, he recognises that his intentions during the pregnancy might not translate into the reality, that his, his future behaviour as a father. For Matteo, fatherhood represented an unforeseeable future, which created uncertainty and self-doubt. Perhaps Matteo is also hinting at the fact that a man does not father in a social vacuum. As such, various factors, besides individual agency, will have an impact on who he will be as a father.

The participants all seemed to attach a great deal of importance to being an involved father. The participants were determined to play a superior, more involved role in their child’s life compared to fathers from previous generations, including their own fathers. In fact, the participants wanted to play a role of equal importance to their partner in raising their child. At the same time, the participants’ attitudes towards fatherhood reflected how fatherhood ideals have changed over time and how fathers are, to some extent, products of their social contexts. This suggests that a man’s identity as a father is not just a

reflection of who he is or wants to be, but also a response to how he is seen or viewed by others/society. Given that all the participants' partners wanted to return to work following their maternity leave, the participants appreciated the need to find a work-life balance for both mother and father and anticipated an even distribution of the work load that comes with raising a child.

#### **3.2.4.3 Planning and Preparation**

All the participants were planning and preparing for life beyond birth, albeit to varying degrees. This included preparing the house for the baby's arrival, scheduling paternity leave and reviewing childcare options for when their partners returned to work. All the participants' partners wanted to return to work somewhere between three and 12 months following birth. Most of the participants mentioned engaging in, or planning to engage in, antenatal classes with their partner as a means to prepare themselves for parenthood.

Yeah, so she is a bit worried about the career break, and the impact that it might have on her career. Umm but that is going to be managed as best as possible by me working from home, taking extended leave from work and umm also there is some quite good initiatives that we, that uhh work do so we, they have a fellowship that you can get which is almost guaranteed (Steven, p.4, l.157-161).

Steven acknowledges his wife's concern that her maternity leave of six months will have a detrimental impact on her career and lists the actions he intends to take as a way to mitigate it. With "as best as possible", Steven reflects his commitment to give his best effort to support his wife's career. He mentions, and had explained earlier in the interview, that he is planning on taking some of his accrued annual leave immediately after his paternity leave so as to extend the amount of time he can be present at home, and thus support his wife, during the new born period. He is also thinking about flexible work arrangements for the future, which would mean that one or two days a week he could work from home, allowing his wife to return to her

office. Additionally, he is considering applying for a fellowship at work, which would entail receiving funding, separate from his usual income, to pursue research interests, which, for Steven, would help him to undo the negative impact that the baby's arrival is going to have on his own career. It is thus clear that whilst Steven is attending to his wife's concern, thereby planning actions so as to minimise the negative impact a baby will have on her career, he is also worrying about how these actions might obstruct his own career development. Thus, he seems to have formulated a plan, and is making preparations during the pregnancy, to attain a work-family balance that would be conducive to both him and his wife's career development.

For some participants, the pregnancy seemed to involve meticulous planning:

So, so now it is kind of, we have a deadline, that has to be finished by the end of November because the baby is coming end of February and we need to do all, we need to do the nursery after that, we have to, like we have a big schedule. So now it's becoming more real and also organising when the parents will come, during the birth, after the birth, and before, who is going to come before or after (Matteo, p.2, l.58-63).

Matteo mentions that the builders, who are currently busy renovating their house have been given a deadline of the end of November for the completion of the building works. For Matteo, three months does not seem like enough time, or at least will require a tight schedule, to get the nursery ready. This perhaps suggests that Matteo and his wife have big plans for the baby's room. "We need to" and "we have to" reflects the importance Matteo attaches to establishing, and sticking to, a particular timeline. His use of "during", "before" and "after" further indicates his preference for having things in a particular order.

Virgil, on the other hand, took a more relaxed approach and did not feel compelled to plan ahead. However, this does not mean that he always felt relaxed. Indeed, there were moments during the

pregnancy, particularly when Virgil had started to attend antenatal classes through which he was exposed to the plans and preparations of other expectant parents, that he experienced worry and self-doubt.

But yeah as I said other people react differently, they might have everything ready and but you know we are, I think both of us we are more step by step. Step by step we get everything ready and I realise yeah we need that, you know, we are not huge planners. So now we are having the conversation about the bag you need to carry to the hospital, and you don't know what to put in it. Some people would know probably from the second month (Virgil, p.15, I.659-665).

Virgil accepts that expectant couples, due to individual differences, vary in the extent to which they prepare themselves and their surroundings for life with a baby. Describing him and his wife as “not huge planners”, Virgil explains that instead of having a grand plan or following a schedule, they prefer to get ready one step at a time. Virgil states that it is only now, at 28 weeks and thus the beginning of the third trimester, that him and his wife had turned their attention to the hospital bag that they need to prepare and take along with them when it is time for the birth of their baby. Yet, Virgil and his wife remain unsure about what the contents of this bag should be. Virgil contrasts him and his wife's approach to other expectant couples, who might have a clear inventory of what will go in their hospital bag by the second month of the pregnancy. Comparing himself to others, particularly in relation to preparedness, seems bound to make Virgil feel anxious, particularly in relation to how ready he is for fatherhood. This interpretation is further supported by his overall interview, in which he details how comparison with others, across various domains of his life, tend to increase his anxiety.

Although those participants who had been attending antenatal classes with their partners reported finding the experience useful, they varied in the extent to which they benefited from it. Dylan valued the antenatal classes he has been attending, specifically because it made him feel useful:

I have actually really liked it because it is, it's umm, it's been, it's given me quite an active role for me to play in, to make her feel comfortable and calmer about what, about giving birth (Dylan, p.8, l.352-354).

Dylan alludes to how the antenatal classes have helped to prepare both him and his wife for the birth of their baby. For Dylan, the antenatal classes gave him an active role, not just at the birth itself but also in the time leading up to it. By using the positive present perfect "it's given me" Dylan is reflecting on the enduring value of the antenatal classes, which is continuing to shape his role now, during the pregnancy. Nevertheless, "quite", together with Dylan mentioning his wife, possibly reflects his inability to fully transcend his supportive role.

Hugo, on the other hand, had found the information he had received in the antenatal classes useful, but lamented how it mainly addressed the expectant mother, thereby neglecting the expectant father.

Again it is very like, it is so focused on the mother and I obviously understand why it should be like that but like, well it is hard to explain. I don't want to, I shouldn't complain really because if they did like a fathers course then I probably wouldn't, no actually I probably would have. Yeah I would have. If there was one on just like, you know but there isn't one, there is just one for the mums and we can go along if we want. And so I have gone along and I found the breastfeeding course really interesting, like I didn't know any of that stuff (Hugo, p.5, l.199-206).

Careful not to prioritise his needs above that of his wife, Hugo acknowledges his appreciation for why the needs of the pregnant woman must remain at the heart of maternal services. At the same time, however, Hugo alludes to how his own needs during the pregnancy have not been treated with importance given the absence of antenatal classes tailored to expectant fathers. Although Hugo initially questions whether he would have engaged with such a class, thinking and talking about it seems to strengthen his certitude that he

would have. Hugo explains that he enjoyed the breastfeeding course he attended with his wife since he learned a lot of new information. This information therefore helped Hugo to prepare for the potentiality in which his wife breastfeeds their new born baby.

All the participants were therefore planning ahead and making preparations for the arrival of their baby during the pregnancy. However, individual and contextual factors influenced the extent to which they could plan or prepare for life beyond birth. Whilst planning ahead came naturally to some, it was not the case for others and for many of the participants, there were constraints on the preparations that they could make. At the same time, all the participants reflected a sense that new fatherhood/parenthood will bring such enormous change, making it difficult to foresee the future and thus prepare for it. As a result, they all felt somewhat unprepared for new fatherhood.

#### **3.2.4.4 Expecting Change and Sacrifice**

All the participants expected disruption to their normal way of life upon the birth of their baby. As a result, the pregnancy included the anticipation of various and profound changes across the personal, professional and social domains of their lives. Whilst the participants welcomed some of these changes, they all worried about the sacrifices that new fatherhood would entail.

During the pregnancy, Kevin struggled to come to terms with the changes that new fatherhood will bring to his life.

(Big sigh and silence). I think one of the problems, not, one of the problems is that I'm, I'm older, I am like 39, so I got very used to having things my own way (Kevin, p.5, 1.226-228).

Kevin exhales loudly and pauses for seven seconds before articulating his response, which reflects his apprehension about the changes that he anticipates to his life following the birth of his daughter. It might also be reflecting Kevin's apprehension about expressing any negative sentiment about becoming a father,



especially since what he is saying could be interpreted as selfish (i.e. not being able to have things his own way) by his listener. By repeating the phrase “one of the problems”, Kevin reiterates that he is experiencing several, rather than one, challenges, in his attempt to accept the change(s) that lies ahead. He goes on to say that his age, the fact that he is 39 years old, means that he is used to being in charge of his life and his affairs. This indicates that new fatherhood, for Kevin, involves relinquishing control, and thus entails a loss of freedom. Kevin worries about what this loss of freedom would mean for his individuality:

But I don't, I don't want to, sort of don't want to fall into, you know round here there is a real you know mums and dads of our age and they got the same buggies and they got the same sort of strollers and they go to the same little parks. And then there is the same postnatal class and there is the same little meet-up at lunch time at this cool little café and I just don't want to be doing all the same things that everyone else is doing (Kevin, p.7, l. 284-289).

By repeating “I don't” three times, Kevin emphasises his desire to avoid conforming to the parenting choices and practices that are prevalent in his neighbourhood. Although he stops short of completing the phrase “fall into the trap”, Kevin nevertheless seems ambushed by the sea of sameness that he is observing amongst the parents that live in his local area. Perhaps his language, specifically him using the word “same” six times, echoes this. Kevin seems to want to hold on to his individuality and uniqueness rather than follow the crowd yet when he is to become a father, he will inevitably be one of the crowd, that is, one of the many fathers that live in his neighbourhood. In another part of his interview he discussed moving from this neighbourhood in a couple of years' time, despite only moving there during the pregnancy, so as to get away from this homogeneity of parents in the area. This alludes to a tension, another kind of push and pull, that Kevin was experiencing during the pregnancy; on the one hand, he sought a life in the suburbs as it provided a good, spacious environment in which to

raise his daughter, but on the other hand, he wanted to get away from it, as suburban life seemed to pose a risk to his individuality.

Hugo too was apprehensive about his loss of freedom:

You can't just go out, or leave and do something. There is a baby to take care of, it's scary (Hugo, p.1, l.92-93).

Hugo accentuates the restrictions that new fatherhood will bring to his life and the pressure that that creates for him. The baby's needs will triumph all, which means that Hugo will be unable to spend his time in the way that he might want to. He admits to finding the loss of freedom beyond birth daunting and it relates to the feelings of frustration and entrapment he has been experiencing during the pregnancy, which had been mentioned previously during the analysis.

Whilst Matteo accepted that new fatherhood will entail sacrifices in relation to his personal pursuits and hobbies, he seemed eager to strike a balance, between him and his wife, in terms of the sacrifices that needed to be made beyond birth.

But it can't be that only your personal things go, some of our together time will have to go and it will morph into the together time, taking care of the baby (Matteo, p.7, l.309-311).

Matteo recognises that the baby's arrival will reduce the time he has for personal pursuits, which means that he will have to sacrifice some of the activities he currently engages in during his alone time. However, with the conjunction "but" Matteo point out that the baby's arrival can't only be to the detriment of his alone time; the time that he and his wife currently spend together as a couple will have to be reduced too. Thus, although Matteo appreciates that the baby's needs will require him and his wife to spend their time differently, he wants the sacrifices that will be required of them to be distributed evenly.

For Virgil, the fact that his wife physically carried the baby throughout the pregnancy, meant that he felt pressured to be more involved with the workload that comes with caring for a new born baby.

You feel like you are not, yeah you're not doing, anyway you are the lucky one you know (laughs), so you should do more (Virgil, p.7, l.319-320).

Virgil alludes to how unproductive or uninvolved he has felt during the pregnancy, and will continue to feel during the delivery of his baby, since his wife is enduring all the physical experiences, and its associated emotional or psychological effects, entailed by it. By talking in the second-person, Virgil is possibly reflecting how alienating this has been for him. Nevertheless, he appreciates that he is in a more fortunate position compared to his wife, with his laughter perhaps reflecting his relief about his circumstances. At the same time, however, it seems that Virgil feels compelled to take on a bigger workload compared to his wife once his baby is born, almost as a way to redress the balance between him and his wife.

All the participants therefore anticipated dramatic changes to their lives once their baby was born. As a result, they were thinking ahead about how they would manage some of these changes and perhaps minimise the sacrifice that new fatherhood will inevitably require of them. The pending changes to their lives, including the personal sacrifices that they expected, unsurprisingly and understandably, provoked anxiety in the participants.

### **3.2.5 Summary of Findings**

As a way to summarise the findings from the analytic process and draw the superordinate themes together, I will end this chapter by presenting the reader with an analogy. This analogy aims to capture the texture and/or features of the participants' experience of the transition to first-time fatherhood during their partner's pregnancy.

The participants' experiences of pregnancy seem analogous to those of an inexperienced boater that is stranded on a boat at sea. Just as the boater is eager to steer his boat towards the safety of the port to reach land, so the participants were eager for their baby to arrive into the world so that their journey as a father could begin. Not only will the birth of their baby draw the pregnancy to a close, bringing respite from some of the uncertainty, fear and anxiety that it has evoked, but it will also cement a man's identity and role as a father. The physical presence of his baby will finally give him the active, involved role he so craved throughout pregnancy. Moreover, the embodied aspects of new fatherhood – holding, caressing, speaking to and caring for his baby – will allow each participant to establish or develop the bond with his child whilst also being seen and heard, and thus recognised, by others in his role as father. The birth of his child, for most participants, therefore symbolised a steadier footing for himself compared to that which he had during the pregnancy.

As the boater is trying to reach shore, his boat is constantly moving as a result of waves and currents in the water: up and down, side to side and, back and forth. Similarly, various forces pushed and pulled the participants in different directions during the pregnancy. Fluctuating emotions, not perceiving the pregnancy as real, oscillating between an active, involved role on the one hand and a passive, uninvolved, role on the other, and experiencing a wavering degree of readiness constantly influenced, and shifted, how participants were experiencing the pregnancy. Instead of being a calm and steady process, the pregnancy presented a rather turbulent period in each participant's life. Given that they had not navigated a pregnancy before, just like an inexperienced boater had not made a voyage at sea before, the journey was, at times, unsettling and unnerving. Nevertheless, their new journey also entailed new experiences and the discovery of hidden wonders (i.e. seeing and feeling foetal movements and hearing their baby's heartbeat), resulting in excitement and exhilaration. During the pregnancy, the participants gained new knowledge and skills and for most, it had generated a sense of mastery.

Just like waves and currents in the water affect both the steadiness of the boat and the speed at which it can travel, various factors during the pregnancy influenced how participants experienced the progression of the

pregnancy. For most, the pregnancy felt like a lengthy process which progressed very slowly at times. This added to their feelings of frustration and loneliness; not wanting to be stranded at sea, participants dedicated much effort to steer their boats towards the shore. However, just like boaters have to contend with both calm and rough water on their journey towards land, so the participants navigated smooth and stormy periods during the pregnancy. Like calm waters in the sea can make a boater feel at ease, the smooth progression of the pregnancy, facilitated by the antenatal screening appointments detecting no anomalies, made participants feel less anxious. Yet, like boaters sometimes have to navigate their boat through rough waters, which can be intimidating and exhausting, participants also endured many challenges during the pregnancy.

An inexperienced boater will not only feel unprepared whilst navigating stormy seas, but he might also lack knowledge about what is needed to properly equip his boat before setting off on his voyage. Similarly, participants did not feel adequately prepared for either the pregnancy or fatherhood, particularly when confronted with challenges, and they perceived a lack of resources and support available to them during the pregnancy. Nevertheless, the participants engaged in various activities and/or behaviours to prepare themselves for the journey ahead. This included attending antenatal classes, thinking about, or making, childcare arrangements, getting the house ready for their baby's arrival and readying themselves for both change and sacrifice when they become fathers.

## **CHAPTER FOUR: DISCUSSION**

Through the research question “how do men experience the transition to first-time fatherhood during their partner’s pregnancy?”, I aimed to understand a group of men’s individual experiences, which included their emerging paternal identities, during their partner’s pregnancy. This chapter will consider the findings of the analysis in light of the existing literature and theory. Next, it will offer a critical appraisal of the research before considering its potential contributions to the field of Counselling Psychology both in terms of research and practice. Finally, I will highlight areas for future research and offer some concluding notes and reflections.

### **4.1 Significant Findings and Contributions**

In this section, the project’s findings will be located within the existing literature. First, I will discuss how the analysis and its findings add to the current literature on expectant fathers’ experiences during the prenatal period. Next, I will explore the findings in relation to the two theories – identity theory and transition theory - outlined in chapter one to demonstrate its utility as a framework for understanding men’s experiences during their partner’s pregnancy in their transition to first-time fatherhood.

#### **4.1.1 Expectant Fathers, The Prenatal Period and the Literature**

In the introduction it was revealed that men’s transition to first-time fatherhood is a complex, unstructured and challenging process (Daiches et al., 2011; Doucet, 2009; Draper, 2002, 2003; Genesoni & Talandini, 2009, Miller, 2011) and that men frequently express ambivalent feelings during their partner’s pregnancy (Donovan, 1995; Draper, 2003; Finnbogadottir et al., 2003). The findings of the current study highlight the emotional and psychological impact of the prenatal period on men in their transition to first-time fatherhood.

In their review of men’s psychological transition to fatherhood, Genesoni and Talandini (2009) highlight the prenatal period as being the most stressful time for men undergoing the transition to fatherhood. The authors speculate that the reason for this might be that men must undergo psychological reorganisation during this period. The findings of the present study lend support to this claim by illuminating the psychological impact that the pregnancy had on the participants. Not only did the pregnancy trigger a

reappraisal of their lifestyle, resulting in new intentions and subsequent behavioural changes, which is consistent with the findings from Condon et al. (2004), but it also caused the participants' identities to evolve. As a result of the pregnancy confirmation, and in response to impending fatherhood, the participants had new perspectives, values, priorities and responsibilities. This finding complements, and adds to, some of the findings of Kowlessar et al. (2015). Whilst in their meta-synthesis, expectant fathers had only started to re-evaluate what was important to them and began to reflect on their own fathering experiences and visualise themselves in the father role during the third trimester, all the participants in the present study seems to have done so from the moment, or shortly after, the pregnancy was confirmed. Even those participants whose partner was still in the second trimester of her pregnancy, described how their mind-sets and lifestyles had changed as a result of the pregnancy, suggesting that these psychological and behavioural changes are not necessarily confined to the final trimester of pregnancy. Yet, although all the participants described change, the scale of this change varied considerably across the men according to their personal circumstances. However, and in line with the findings from Gage & Kirk (2002), due to more tangible evidence of the pregnancy, the reality of fatherhood increased as the pregnancy progressed. Not only did the participants' psychological involvement increase with the progression of the pregnancy but it also amplified their sense of responsibility.

Although the majority of participants embraced their new identity and alluded to having experienced personal growth as a result of it, which is consistent with the findings produced by Kao and Long (2004), every participant had entered into a world of uncertainty during the pregnancy, which is in line with much of the research on expectant fathers' experiences during the prenatal period (Barclay et al., 1996; Brennan et al., 2007; Donovan, 1995; Draper, 2002, 2003; Genesoni & Talandini, 2009; Kao & Long, 2004; Kowlessar et al., 2015). All the participants anticipated various and profound changes to their personal and professional lives beyond the birth of their baby and worried about their ability to cope with the demands of fatherhood. They were all planning ahead and preparing, to varying degrees, so as to manage, or minimise, the disruption that fatherhood will cause in their lives, which corresponds to the findings from other studies that have shown that men choose to be actively involved in preparing for fatherhood (Ferketich &

Mercer, 1995; Gage & Kirk, 2002). At the same time, the participants all reflected on how difficult it was to prepare for such an unimaginable future, which added to their feelings of uncertainty, fear and anxiety.

Unfortunately, and similar to the findings from Deave and Johnson (2008), the participants often did not feel adequately supported during the pregnancy, referring to a lack of information and resources available to them. Whilst all the participants cited their pregnant partner as their main, sometimes only, source of support, many felt that they wanted to protect her from any additional stress and so withheld their own emotions or needs from her. Nonetheless, every participant observed that the pregnancy had strengthened his relationship with his partner, despite their different roles during it. This is in contrast to the findings from Donovan's (1995) study, which revealed that expectant fathers experienced disequilibrium in the relationship with their partner during the pregnancy. Rather than shielding their partners from additional stress, the men in Donovan's study perceived their partners as having been overly preoccupied with their own needs (and that of the baby growing inside of her) thereby neglecting his. Although the participants in the current study certainly experienced feelings of detachment from their pregnant partner, it was attributed to them not having the embodied experience of pregnancy, rather than their partners' inattention to them. Of course the possibility exists that the participants were reluctant to criticise their partners in front of me, a female researcher, roughly similar in age to their partners. Nevertheless, the participants often felt that their needs were neglected during the pregnancy (by their social network and service provisions rather than their partner), which is in line with other research that suggest that expectant fathers experience a lack of inclusion, involvement and information during the pregnancy (Gage & Kirk, 2002, Condon et al., 2004; Nagamori, Horiuchi & Ito, 2005, Fletcher & St George, 2011). As a result, they often feel more detached from the pregnancy than they expected or wanted to be (Deave & Johnson, 2008; Fenwick et al., 2012), resulting in ambiguity and ambivalence.

Whilst most of the studies on expectant fathers have pointed to the ambivalence that men experience during their transition to first-time fatherhood (Draper, 2003, Chandler & Field, 1997; Gage & Kirk, 2002; Genesoni & Talandini, 2009; Jordan, 1990), the present study illuminates and



extracts the distinguishing features of men's conflicting mental and/or emotional states during the prenatal period.

The first conflicting experience centres on participants' past expectations not matching up to the reality of the pregnancy, which took them by surprise and elicited challenges that they did not foresee or expect to encounter. This included experiencing conflicting emotions at the pregnancy confirmation, a finding that has been corroborated by previous research (Brennan et al., 2007; Fenwick et al., 2012; Kowlessar et al., 2015). Kowlessar et al. (2015) argue that men enter into the unfamiliar terrain of pregnancy with certain expectations of how they should think and feel and whilst these expectations are self-imposed, or imposed by societal attitudes, it results in internal conflict when men's expectations of how they should think or feel are at odds with their actual experience. The second conflicting experience relates to participants' grapple with reality during the pregnancy, with the pregnancy often, especially in its early stages, having an unreal quality to it. The pregnancy not feeling real seems to be a common and powerful experience amongst expectant fathers during the prenatal period (Brennan et al., 2007; Donovan, 1995; Draper, 2002; Finnbogadottir et al. 2003; Gage & Kirk, 2002; Genesoni & Talandini, 2009; Jordan, 1990; Kao & Long, 2004). Seeing their partner's baby bump, and feeling and/or observing foetal movement, allowed participants to feel more connected to the reality of the pregnancy and thus their role as father, which, in turn, induced a range of powerful emotions ranging from fear to euphoria. Visible vs Invisible, the third conflicting experience, alludes to how the participants often felt invisible to others during the pregnancy as most, or all, of the attention was on their expectant partner. As such, they felt as if their experiences, including their health and wellbeing, was overlooked during the pregnancy, which seems to be a common theme amongst expectant fathers (Burgess & Goldman, 2018; May & Fletcher, 2013; St George & Fletcher, 2011). In fact, Widarsson et al. (2015) report that expectant mothers also bemoan a lack of inclusion for fathers-to-be and want healthcare services to be more father-inclusive. Interconnected with this subordinate theme was a participant's struggle to ascertain a steady role for himself in the pregnancy. Not having a steady role during the pregnancy, at times, amplified his feelings of powerlessness. This echoes the narratives of the fathers included in Miller's (2011) study, whose accounts revealed an active involvement during their partner's pregnancy but with limitations on

how involved they could be, resulting in feelings of frustration. The fourth and final conflicting experience relates to the participants experiencing a fluctuating degree of readiness for fatherhood throughout the pregnancy. As a result, they experienced uncertainty and worried about how their lives will be impacted following the birth of their baby. The findings from this study therefore not only highlight the pervasiveness of ambivalence during the prenatal period, but it identifies the different pull and push forces that underlie this ambivalence.

#### **4.1.2 Identity Theory**

The overt inception of a new social identity status, such as becoming a father, makes the prenatal period an ideal interval at which to examine the development of such a status, before it can be moulded by experience in the fathering role (Habib & Lancaster, 2006). McCall and Simmons (1979) hold that the concept of identity content is distinct from the idea of external roles; the former is a mental elaboration of the individual's vision of a particular status (i.e. being a father) whereas the latter relates to the enactment of behaviour in the fathering role. Given that a man is yet to become a father during pregnancy, he is restricted in the extent to which he can engage in fathering role behaviour. As such, his behaviour is largely in the form of mental activity (Habib & Lancaster, 2006). Unfortunately, we know remarkably little about the identity dynamics that men experience during the prenatal period. As such, it is important to focus on how these men see themselves as expectant fathers during the prenatal period, particularly amidst shifting ideals of fatherhood and masculinity. Identity theory provides a useful lens through which to do so.

The content of the father status is influenced by a variety of factors such as the individual's stage of life, their culture, social circumstances, the historical period and the particular interpersonal context in which fathering takes place (Burgess, 1997; Lamb, 1997, 2000; Marsiglio & Cohan, 2000).

Representations in literature and the media however give the impression that there is a common content of father status (Lupton & Barclay, 1997): the involved, hands-on father. The idea is that men enact this father status content to various degrees, that is, from the greatly involved primary caregiver to the entirely absent father. These representations, amongst other influences, are active in the construction of what it means, or should mean, to

be a father in modern Britain. This is not a straightforward construction however, because this 'new' notion of involvement sits alongside other more 'traditional' ideals of father as a provider and protector (Sunderland, 2006). Parenting magazines, which are overwhelmingly written for mothers (Greve-Spees & Zimmerman, 2003), tend to depict fathers as socially incompetent and in need of a woman to guide them towards civilized, relational awareness (Duran & Prusank, 1997), a common theme that is further embedded in gendered parenting discourses (Schmitz, 2016). Indeed, expectant and new fathers often feel that healthcare professionals regard them as incompetent caregivers and that their concerns and emotional needs are not being heard (Kowlessar et al., 2015; de Montigny & Lacharite', 2004). Thus, although there seems to have been a cultural shift in the expectations around fathering (Lupton & Barclay, 1997), the media continues to portray fathers as secondary parents compared with mothers (Sunderland, 2000; Sunderland, 2006; Wall & Arnold, 2007) and representations of fathers often revolve around traditional stereotypes, whereby a man's role or identity as a father is primarily tied to his breadwinning status (Ranson, 2001). These portrayals of fatherhood not only entail an inherent judgment about what is acceptable or appropriate fathering, but it also strongly reinforces norms of stereotypical masculinity (Schmitz, 2016).

Similar to findings yielded by Habib and Lancaster (2006), the participants in the present study viewed their father status content in a multidimensional way. That is, they did not identify exclusively with a specific content but rather embraced a variety of contents. However, as mentioned in the introduction, Habib and Lancaster (2006) had asked men about the extent to which they identified with seven preconceived father status content categories, which restricted the answers that the participants could give. The authors conceded that neither the reliability and validity of vignette measure as a status content measure has been formally demonstrated. In light of this, asking fathers directly about the kind of father they anticipate to be seems to be a valid way in which to investigate father status content. The findings from the current study extend Habib and Lancaster's (2006) findings by highlighting how the participants embraced emotional availability, and being attuned to the emotional needs of their child, in their future role as a father. Similar to the expectant fathers in Miller's (2011) study, participants all envisioned being involved and 'being there' as a father. Indeed, all the participants spoke of wanting to provide both emotional and financial security for their child whilst being a trusted confidant, who listens, encourages and supports their child

with all their needs. Their father status contents also included being an educator, an advocate, a role model, managing the logistics of a household with two working parents, encouraging curiosity and creativity and exposing their child(ren) to new and diverse experiences, which seems to resonate with more contemporary ideas of 'caring masculinities' (Johansson & Klinth, 2008).

Each participant's father status content reflected an ideal to be actively involved in his child's upbringing and a desire and intention to play a role of equal importance, compared to the child's mother, in their child's life. At some level, just by envisioning being an involved father, the participants are seen to be conforming to the ideals of 'good' fatherhood that is discernable in the discourse of fatherhood in contemporary Western societies (Miller, 2011). Indeed, during his interview, Jordan talked explicitly about the social pressure on men, particularly from other men, to adopt an involved fathering ideal and the opprobrium an individual would face if he was to deviate from this ideal.

The way in which participants spoke of their experiences revealed that they had a significant investment in their changing identity. It was also evident that the kind of father a participant wanted to be was, to some extent, shaped by their parenting experiences with their own parents, especially their fathers. All the participants strived for a more involved role in their child's life compared to the role their own father had in theirs, particularly during their childhood, and talked of wanting a partnership in parenting. This was in contrast to the dynamics that existed in their households when they were growing up, since their mother was predominantly, sometimes exclusively, responsible for childrearing. Just like the participants in Kowlessar et al. (2014), the participants in the present study engaged in a dialectical dance between reflecting on their past experiences of being fathered and envisioning the fathering roles they wanted to comply with in the future.

It is clear that during the pregnancy the participants were actively engaged in a process of change. In response to impending fatherhood, the participants had new perspectives, values, priorities and responsibilities. Indeed, impending fatherhood has acted as catalyst that has activated a deep sense of responsibility and duty and through which they began to relocate their understanding of themselves as fathers. Many of the participants considered how his emerging fathering identity will impact on his other identities,

particularly his professional identity, and envisioned the practicalities of managing the multiple role demands of his different identities (father, husband, professional, son, friend etc.). Some of the participants already seemed to be integrating their emerging fathering identity with his established professional identity. For example, Dylan, Jordan and Adam all spoke of how they were trying to wrap up work projects before the birth of their baby and how they were planning to combine paternity leave with annual leave to maximise the amount of time they could spend with their partner and their baby following birth. They were also considering changing their work hours, and signing up to certain work initiatives that would allow them increased flexibility to balance the demands of new fatherhood. Similar to the expectant fathers in Miller's (2011) study, many of the participants' talked of finding a balance between fathering and work, an undertaking they all recognised their own father's generations were unable or unwilling to do.

By drawing on identity theory, the study highlights how the participants' internalised meanings and expectations of fatherhood can be represented as multiple images, which included how they envisioned themselves to be as a father but also how they wanted to be viewed by others in their role as father. The findings therefore offer a nuanced consideration of the emergence of paternal identity during the prenatal period. It points to the dynamic nature of identity, as a context dependent and multifaceted self-representation (Stets & Burke, 2003). The findings also reflect that the prenatal period shaped the participants' sense of who they are and/or who they wanted to be as a father. Becoming a father had given all the participants a sense of achievement and impacted the existential dimensions of his life, which included finding new meaning and new purpose.

#### **4.1.3 Transition Theory**

Transition theory provides a valuable framework through which to understand men's experiences during their transition to first-time fatherhood (Draper, 2003). It highlights the ambiguous nature of men's transition to fatherhood and reflects how men's experience of the pregnancy is anchored in their partner's pregnant body (Draper, 2003). Whilst Draper (2003) uses the entire tripartite structure of transition theory – separation, the limen or threshold, and incorporation – to understand men's transition to fatherhood, which includes pregnancy, labor and birth, and the postnatal period, the concept of

liminality can help explicate the transitional experiences of men during the prenatal period.

Research reveal that because men do not experience or display any of the biological changes associated with pregnancy, which not only guides a woman through her transition to motherhood, but also influences the reactions she obtains from others, they often feel detached from, and undervalued during, their partner's pregnancy (Draper, 2003; Miller, 2011). Consequently, men's trajectories towards fatherhood are more unstructured and ambiguous compared to those of women in their transition to motherhood (Miller, 2011). Case studies of women's experiences during pregnancy illustrate how certain rituals, such as attending antenatal scans and appointments and having baby showers, are integral to their successful passage through the liminal phase (Cete-Arsenault, Brody & Dombeck, 2009). These rituals also constitute actions of personal investment in role change, reaffirm the reality of the pregnancy and demonstrate the possibility of the individual's society and family recognising and accepting who they are becoming (Cete-Arsenault et al., 2009).

Viewing pregnancy through the lens of liminality, with its inherent rituals, provides a rich framework for understanding men's experiences during the prenatal period; not only can it shed light on the normative and non-normative experiences of expectant fathers, but it also factors in the wider social context of participants. In Western culture, pregnancy is often viewed through a medical lens (Davis-Floyd, 1992), with medical professionals focussing primarily on the biological and physiological aspects of a pregnancy. Viewing pregnancy as simply a physiological state is insufficient to understand an expectant parent's experience of pregnancy. A broader view of pregnancy, which comprehends it as a major life event that entail significant physical, psychological and social adaptations, is therefore required.

The work of van Gennep (1909/1960) and Turner (1969), which had been discussed in the introduction, recognises the context and ceremonies that surround pregnancy, which assist expectant parents through the pregnancy process. According to them, pregnancy is a temporary condition that generates significant changes in the expectant parent's personal and societal status. When viewed as a rite of passage, pregnancy is understood as a transitional state (the liminal phase) between two worlds; an expectant

father's life before the pregnancy confirmation in which he is a non-parent and his life when the pregnancy concludes with the birth of his child, officially rendering him a father. The pregnancy thus moves an expectant father from his former situational position towards, but not yet in, a new status as father (van Gennep, 1908/1960). This means that he is no longer who he was and not yet who he will be.

The participants' accounts of pregnancy seem to exhibit the classical characteristics of the liminal phase of rites of passage, which entails feelings of marginalisation and vulnerability (Draper, 2003). The participants revealed how they had lacked knowledge about the process of pregnancy, including fertility and conception, which left them feeling ill-equipped in their navigation of it. Since they did not have access to the embodied experience of pregnancy, they often struggled to engage with the reality of the pregnancy and experienced a sense of inadequacy and feelings of isolation, which, similar to findings from other studies, was heightened by healthcare professionals overlooking their experience (deMontigny & Lacharite', 2004; Steen, Downe, Bamford, & Edozien, 2012). The participants' narratives of pregnancy reflected their frustration at not having a visible role during the pregnancy. Whilst their partner's growing stomach alerted others to her expectant mother status, bestowing her with curiosity and care from others, the participants often went unrecognised in their new status as expectant father. Not experiencing any of the biological changes associated with the pregnancy, often left the participants feeling detached and disconnected from it. Nevertheless, there were several rituals that they engaged in so as to make them feel more connected to and involved in the pregnancy.

The participants' accounts reflected the ritual practices that aided their transition towards fatherhood during the limen period. These included attending the ultrasound scans with their partner, which Draper (2002) highlighted as constituting a supportive experience for expectant fathers, and observing or feeling the foetal movements of their baby inside their partner's belly. The participants' physical acts of preparation, which included decorating the house, preparing the nursery room, evaluating and visiting potential nursery providers and buying baby gear and equipment, brought about a sense of involvement for the participants. These acts of physical preparation perhaps denote attempts to find more recognisably masculine,

and thus familiar, ways into the female realm of caring and domestic responsibilities (Miller, 2011).

Other strategies that participants appeared to rely on to aid their transition to fatherhood during the prenatal period included searching for information or answers in books, magazines or articles on the internet. Whilst many seemed to have an insatiable curiosity about everything related to their baby, others, like Hugo and Virgil, found the amount of information overwhelming. Hugo admitted that he had often engaged in escapism as a means to temporarily avoid the pregnancy. Many participants spoke of regularly making close contact with the baby, by placing their hand on their partner's belly to feel foetal movements, and in some cases, talking to the baby growing inside. Many of the participants also visualised future scenarios with their baby, such as taking the baby to the beach or having their first Christmas with the baby, stating that these imaginary activities helped to reaffirm the reality of the pregnancy and elicited feelings of joy and excitement and even helped to alleviate some of their fears and anxieties.

Although this analysis only utilised one of the concepts – the limen - from Gennep's tripartite structure of transition theory, it nevertheless reveals itself as a useful lens through which to understand the transition to fatherhood during the prenatal period. It highlights the middle period of their transition to fatherhood, which includes psychological reorganisation and adaption so as to incorporate the new circumstances into the expectant father's inner and outer world, as the most difficult period of a man's transition to fatherhood (Draper, 2003). The prenatal period constituted a time of increased uncertainty in the participants' lives and it was a period during which they had experienced intense and rapid changes in their emotional states.

Unfortunately, healthcare professionals, by focussing only on the pregnant woman and not acknowledging a participant's role as father, exacerbated this liminal state. Two of the participants, Dylan and Hugo, mentioned that they sought, and would have benefited from, an antenatal class(es) tailored specifically for fathers. As Steen et al. (2011) argue, men's experiences of maternity services are often as 'non-patient' and 'non-visitor', which, consequently situates them in an interstitial and undefined space, both emotionally and physically, leaving them feeling marginalised and vulnerable.



Using the lens of liminality from transition theory, the study support's Draper's assertion that men's transition to fatherhood during pregnancy is a journey through no man's land (Draper, 2003). Unlike a woman's journey to motherhood, men's path to fatherhood is not clearly marked by body changes, medical observation, or social recognition of the pregnancy (St George & Fletcher, 2011). As such, the participants experienced the transition to fatherhood as a long, difficult, isolating and ambiguous process.

## **4.2. Critical Discussion**

This section will offer a critical discussion of the study by highlighting its limitations and its strengths. Next, I will discuss methodological reflexivity and epistemological reflexivity before concluding this section with an evaluation of the research.

### **4.2.1. Limitations**

Unfortunately, and similar to most studies that investigate the transition to fatherhood, the sample of participants were predominantly white, middle class and tertiary educated. In fact, these demographics are overrepresented in research in general (Arnett, 2008). As a result, the men who were included in the study are therefore unrepresentative of expectant fathers in general and limit the transferability of the findings to men from other ethnicities. Although the participants in the study were selected in the order in which they replied to my advertisement about the study so as to remove concerns about researcher bias, I nevertheless appreciate the need for researchers to include participants in research who reflect the diversity of fathers that live in London.

Using a small sample size enabled a better commitment to the idiographic element of IPA, which allowed for convergence and divergence between the accounts of different participants (Smith et al., 2009). However, Collins and Nicolson (2002) argue that the process of searching for similarities and differences between accounts has the potential to omit 'a potentially richer seam of data, that of a contextualised, unfolding and sequential account within a single interview' (p. 627). This was a tension that I struggled with during the analytic process, often feeling that I was excluding some depth for breadth thereby potentially losing the sequential nature of an individual experience (Brocki & Wearden, 2006). Furthermore, whilst the sample was homogenous in terms of expectant fathers that live in London and whose

partner had reached the end of the first trimester of pregnancy, it was heterogeneous in terms of age and country of origin, which ran the risk of complicating the data. Becoming a father in your late twenties might result in different experiences than becoming a father in your late thirties. Similarly, growing up in different cultures might result in different expectations and experiences of becoming a father for the first time. Nevertheless, despite these differences between participants, they shared many common experiences during their partners' respective pregnancy, with only minor variations.

Whilst IPA, with its hermeneutic and idiographic underpinnings, takes contextual factors into consideration to understand the cultural position of an individual's experience (Smith et al., 2009), it only offers an understanding of an individual's lived experience. As such, it is unable to explain why this experience emerged and how past events, sociocultural factors and processes have contributed to it (Willig, 2013). Furthermore, culture is internalised and communicated through language (Ji, Zhang, & Nisbett, 2004) and although all the interviewees had a good grasp of the English language and were able to articulate and communicate their perceptions, feelings and thoughts in words, for two of the participants it was not their native language. As such, the experiences of Virgil and Matteo, who are Italian and Greek respectively, may therefore have been presented differently in English compared to their native language. Since the interview required them to recollect and interpret their experiences in English, it could have had an impact on the way they represented their experiences (Marian & Neisser, 2000), which might have failed to capture the richness and depth of their experiences and sense-making. Nonetheless, the material that emerged from the interviews with Virgil and Matteo was still found to be significantly rich.

#### **4.2.2. Strengths**

Despite these limitations, the findings of the current study are to a large extent consistent with the existing research on expectant fathers' experiences during the prenatal period and it also adds to the literature by revealing that for the participants in this study, their paternal identities had developed quite early on during the pregnancy rather than only emerging in the latter stages of their partner's pregnancy. The study is original because very few studies have focussed on men's experiences during their partner's pregnancy, let

alone their emerging paternal identity during this period. As will be expanded on in due course, the findings can be used as insights for further research and practical applicability.

The phenomenological underpinnings of IPA have been criticised for not being consistent with the focus on cognition in IPA (Langdrigde, 2007; Willig, 2001). According to Langdridge (2007), cognition is not properly a part of phenomenology, which is more concerned with the pre-reflective characteristics of experience such as feelings and moods on the edge of consciousness. However, Smith et al. (2009) argue that experience contains both pre-reflective and reflective activity, both of which are subjects of attention in phenomenology. These authors argue that IPA's focus on sense-making and meaning-making implies a reflective process that is compatible with cognitive psychology. Therefore, while research may strive to discover perceptions which have previously not received conscious attention by participants, it will also, as part of the effort to understand a participant's being-in-the-world, focus on those embodied cognitions with which an individual approaches a phenomenon. During the interviews (and the analytic process) I gave careful attention to any type of embodied expressions, feelings and non-verbal communication from the participants so as to focus on both reflective and pre-reflective experiences, which, I believe, have contributed to the richness of the analysis chapter.

Due to its in-depth focus on the meaning of individual lived experiences, the qualitative nature of this research is a strength in itself and it adds to the understanding of expectant fathers' experiences during the prenatal period in their transition to fatherhood. Similar to previous research (Daiches et al., 2011; Doucet, 2009; Draper, 2002, 2003; Genesoni & Talandini 2009; Miller, 2011) the present study illuminates how complicated and ambiguous the transition to first-time fatherhood can be. The qualitative nature of the present study addressed the gaps left in previous generalised quantitative results by giving voice to the participants' experiences, allowing further insights to emerge. Not only does it highlight the emotional and psychological impact that the prenatal period had on men's transition towards first-time fatherhood but it also illuminates the conflicting experiences that underlie the ambivalence that previous research suggest is characteristic of this period (Donovan, 1995; Draper, 2003; Finnbogadottir et al., 2003). Using IPA

enabled an exploration of participants' experiences and processes in relation to the phenomenon of interest whilst emphasising their individual experience (Hoyt & Bhati, 2007). Also, by using bracketing, I ensured that my own preconceptions were kept to a minimum. As such, the findings are accurate accounts of the participants' lived experiences.

#### **4.2.3. Methodological Reflexivity**

Throughout the research process, the present study followed the four broad principles set out by Yardley (2000; 2008) to establish the quality of the research findings. These principles are: sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance. Since these principles have been discussed in the Methodology chapter (see Section 2.7), I will use this section to consider a number of additional criteria.

Qualitative researchers bring their own biases to the analysis of data (Willig, 2013). As such, I recognised that my own life-world, that is, the way that I directly experience the world in the subjectivity of everyday life, would influence the interpretative process (Smith et al., 2009), thereby impacting the validity and reliability of the findings (Golsworthy & Coyle, 2001). Although I had made a concerted effort to identify and bracket my own preconceptions and existing knowledge about expectant fathers during the research process, by writing in my research journal and through discussions with my research supervisor and personal therapist, I concede that it might have contributed to a bias both during data collection and the analytic process. Yet, throughout the analytic process, which entailed the hermeneutic circle that is characteristic of IPA research, I ensured that my interpretations were derived from the participants' subjective accounts of experience. There were a few occasions where perhaps my interpretations strayed from the data but my supervisor was able to point these out to me, allowing me to make revisions and ultimately ensure that all the findings were grounded in the data. Moreover, the extracts of quotations presented in the analysis chapter allows the reader to evaluate for themselves whether the interpretations and conclusions of the analysis are in line with the data (Smith et al., 2009).

Through analysing the interviews of the participants, I became accustomed to the hermeneutic circle that is involved in IPA research (Smith et al., 2009). Although this type of research is deeply rewarding and enjoyable, its non-

linear and repetitious nature, also makes it a laborious and, at times, frustrating experience. As I aimed to make sense of a participant's sense-making, I became involved in a back and forth process with the data, where I was asking questions to uncover meaning, which then resulted in more questioning and the emergence of further meaning. The analytic process required me to remain open to different possibilities and to shift my ways of thinking about the data and the meaning it holds. I particularly struggled with grouping emergent themes together to arrive at super and subordinate themes, worrying that I am not clustering the data in the 'right' way. Indeed, despite believing I had completed the analysis, my grouping of themes continued to develop as I was writing up the analysis chapter, since the writing process itself alerted me to new relationships among certain themes. For example, although the content of "Visible vs Invisible" was originally included in a separate superordinate theme, the writing up phase allowed me to see how it actually fitted together with, and amplified the meaning of the "Pushed and Pulled in Different Directions" superordinate theme. By working with the data in a dynamic way, I was able to consider the whole in relation to its parts whilst also considering the parts in relation to the whole, which allowed for yet more meaning to surface. Throughout the process I remained mindful of needing to find the right balance between remaining grounded in the data yet moving beyond a mere description of the data. At times, the complexity and circularity of the process swallowed me up in it and at these moments it felt important to take a break from the analytic process. This not only allowed me to focus on the material when I felt refreshed but it also enabled me to consider and/or compare potential meanings of specific quotes or segments in a way that felt manageable. By stepping away from the data, I was able to isolate and reflect on a part of the whole, which allowed me to return to the whole when I have made sense of the part, yet another instance of the hermeneutic circle.

Qualitative research has been criticised as lacking scientific rigour (Silverman, 2013), with theorists arguing that it lacks objectivity, generalisability and reproducibility (Evans, 2017; Krahn & Putnam, 2003). Indeed, the concepts of reliability and validity are conceptualised differently in qualitative research. The absence of specific, fixed protocols has been interpreted as though there are no rules in qualitative research and that 'anything goes' (Sarma, 2015, p.182). However, those defending qualitative

research argue that any research, even quantitative research, entails researcher bias and that it is therefore impossible to be fully objective in any kind of research (Flick, 2009). As such, it is better to acknowledge and embrace the role of the researcher throughout the research process so as to be transparent about this (Sarma, 2015). Moreover, Denzin (2009) assert that criteria of generalisability, objectivity, and internal validity are used to evaluate quantitative research, which is incompatible with qualitative research, meaning that it will inevitably fall short of these quality criteria. Indeed, the positivist epistemologies of quantitative research assume objective, unprejudiced measurements of variables to produce one 'truth' opposed to qualitative methods that embrace a range of epistemologies that embrace the existence of multiple realities.

#### **4.2.4. Personal and Epistemological Reflexivity**

Being a trainee counselling psychologist has inevitably affected some of the choices in regards to the research study. For example, my choice of IPA is one that sits well with the ethos of Counselling Psychology, particularly its focus on the experiences of clients/participants. Moreover, my role as a trainee counselling psychologist in clinical practice has helped me to develop my ability to critically reflect on my position in the therapeutic relationships with my clients, which I ultimately drew on during this research project to determine how I can use myself as an intrinsic part of the interpretative process of IPA. To this end, I found Finlay's (2005) phenomenological concept of 'reflexive embodied empathy', which involves engaging, reflexively, with the embodied intersubjective relationship that I (the researcher) have with participants, particularly useful.

Finlay proposes a three-layered understanding of reflexive embodied empathy; these layers involve different yet coexisting dimensions of embodied inter-subjectivity. This concept is based on the work of Merleau-Ponty (1962) who held that the body is the means by which we experience and subsequently make sense of the world within and around us. The first layer, 'connecting-of' (the other's embodiment to our own), demonstrates how researchers can tune into another person's bodily way of being by attending to, and using, their own embodied reaction. The second layer, 'acting-into' (the other's bodily experience), focuses on the relational dynamics based on empathic responses between the researcher and their participant. The third

and final layer, 'merging-with' (the other's bodily experience), entails a 'reciprocal insertion and intertwining' of others in oneself and of one in them (Merleau-Ponty, 1968, p. 138, seen in Finlay, 2005). That is, it involves the process of successfully gaining insight into the other whilst, simultaneously, attending to one's own awareness. Self-understanding and other-understanding thus combine in mutual transformation (Finlay, 2005).

In each interview, my intention was to understand the participant's experience of his transition to fatherhood during his partner's pregnancy. Holding a genuine sense of curiosity, whilst bracketing my own assumptions and previous understandings, allowed me to remain open to a participant's experience. Maintaining my position as researcher, I focussed on the participant's experience and gradually started to feel my way into it. My empathic way of being ultimately encouraged the creation of rapport with my participants, with several of them acknowledging that my empathy towards them during the interview had been a positive and beneficial experience for them. I recognised that rather than being removed from a participant's unfolding story, I was actively involved in it and to some extent, co-producing it. I was not merely interested in the descriptive facts of their experiences but also in the feelings, beliefs and values that it reflected and that it had elicited in me. Their partner's pregnancy being ongoing, rather than some distant event in the past, meant that they were experiencing a variety of emotions in the room with me, which included joy, excitement, fear and uncertainty, and that I myself experienced along with them. Indeed, at times I became so immersed in their experiences that I had, temporarily at least, forgotten my own. Many of the participants noted how some of the information that they were sharing with me, they had not shared with anyone before. This was a powerful and moving experience for me. Not only did it give me an unexpected sense of achievement but it was deeply touching for me that they were sharing their vulnerabilities so openly with me. The intellectual and emotional impressions that I gained from my participants' experiences have added to the texture and richness of the research.

I recognise how my personal experiences both before and during the research have influenced not only my interest in the research topic but also the research process. My experience of pregnancy, including pregnancy loss, had illuminated how my husband, who attended every single appointment

and procedure with me, was roundly ignored by healthcare professionals within maternity services. Whilst dealing with our emotional distress, I became angry about this lack of acknowledgement and empathy towards him. After my miscarriages, even family members only seemed interested in my health and wellbeing, with few asking about his own experiences. Feeling helpless yet wanting to do something about it, I decided to research the experiences of expectant fathers during their partner's pregnancy. Nevertheless, heeding the warning from Hurd and McIntyer (1996) about the 'seduction of sameness', which can block critical reflection and analysis, I recognised the need to remain open to the participants' experiences during the interview.

During the analytic process I also struggled with my own tension in relation to the research topic. Aware that my husband was admired and drew adulation from others when he was out and about in public with our two children, and annoyed that I myself did not garner the same amount of positive attention or feedback when carrying out my mothering duties in the public sphere, I sometimes regretted my topic of research and wished that I had focused on motherhood instead. Not being publicly celebrated like my husband for carrying out the same parenting duties sometimes felt like a loss. Although I continue to be passionate about the topic and the findings the analysis produced, it feels important to reflect on this tension here, because it reflects how the mothering role and fathering role are perceived differently in society and how that can influence the experiences of parents.

As mentioned in the methodology chapter, my epistemological stance corresponds to a middle ground position that corresponds to critical realism; whilst it retains the ontological realism that there is a real world that exist independent of individuals' constructions and perceptions of it, it embraces epistemological relativism, which comprehends the experiential world as a construction of an individual's perspective of that world (Maxwell, 2012). As a result, I appreciate that the interview data can reveal several realities of the participants' experiences of the transition to first-time fatherhood during the prenatal period. Relatedly, I concede that in another context, or with another researcher, that the interview data might have illuminated other realities. Thus, the findings that I have presented here is one of many possibilities in approaching the data elicited by the participants' interviews.



I also recognise that I, like the participants in the study, was in the liminal phase of my own transition during the research process; not being who I was before commencing on the counselling psychology doctorate but also not yet who I will be as a qualified counselling psychologist. As a result, I experienced some of the uncertainty and ambiguity that have been discussed throughout the study. At times, I felt invisible to others too. For example, doing the work of a counselling psychologist, but not being paid for it or being invited to meetings and conferences like the qualified psychologists in the service were, left me feeling excluded. Also, friends and family not being able to fully comprehend all the different components involved in the doctorate, which is further exacerbated by my strict maintenance of client confidentiality, an essential part of the role for any counselling psychologist, sometimes left me feeling that my experiences of my training were not properly understood. In many ways this research has helped me with these difficult feelings because it has demonstrated how transitional periods are inherently ambiguous yet, almost always, results in personal growth. Indeed, I can see that I have learnt and grown so much when looking back at the person I used to be, before starting the doctorate programme at City University.

#### **4.3.5. Research Evaluation**

By following all four of the principles set out by Yardley (2000; 2007), I have established the quality of the current study. However, and as mentioned previously, I recognise that the findings produced by the analytic process are not the only credible accounts that could have emerged from participants' interviews (Smith et al., 2009). I concede that other researchers might make different interpretations and draw different conclusions from the same data. Similarly, another researcher might have gathered different data from the interview itself, by asking different question or pursuing other strands of meaning that emerged during it. Therefore, this research project only claims to describe the experiences of the seven expectant fathers included in the study. Nevertheless, since the experiences of expectant fathers are an under-researched topic of investigation, these findings are both novel and important. The relevance of this research to counselling psychology will be considered next.

#### **4.4 Relevance to Counselling Psychology and Implications for Practice**

This research project sheds light on a population that is under-researched and who may be reluctant to express their support needs or to seek help. Not only do expectant (and new) fathers feel excluded by maternity services, but they also seem to question their entitlement to support, noting that services are overstretched and 'should' focus on mothers (Darwin et al., 2017). Moreover, out of compassion for their pregnant partners, who are often their main source of support (NSPCC, 2014), expectant fathers don't share many of their difficult experiences during the pregnancy with her, or indeed, anyone. Several participants noted how valuable and important the research interview was for them as it allowed them to reflect on and give voice to their experiences during their partner's pregnancy, which, at two (sometimes three) trimesters into the pregnancy, not a single person had asked them about.

Many maternity services seem to simply ignore the presence of the expectant father, taking his presence in the room, and indeed his role as father, for granted. Relatedly, there is a paucity of tailored support available to expectant fathers. The participants seemed to be left to navigate the prenatal period on their own, which left them feeling disempowered and increased the likelihood of them internalising their difficult emotions. Not only does this entail negative outcomes for these men themselves, but research suggest that ongoing mental distress in relation to the fathering role will ultimately interfere with a man's ability to maintain supportive relationships with their partner and can make him less likely to engage with the roles and responsibilities of fatherhood, which has implications for his child's development (Fletcher, 2011; Vreeswijk, Maas, Rijk & Van Bakel, 2013). The way in which antenatal services are delivered, and the attitudes of health professionals, therefore need to change.

Burgess and Goldman (2018) made a series of recommendations to ensure expectant fathers feel welcome and included during pregnancy so that they are valued not just in terms of the supportive role they play to their pregnant partners but also as independent parents with a unique connection to their baby. This includes, but is not limited to, maternity services formally enrolling expectant fathers, with their pregnant partner's consent, in maternity services and officially inviting them (and not just the pregnant woman as is currently the case) to antenatal appointments, which would establish a pathway to welcome, inform and support these men. Burgess and Goldman (2018) assert that maternity services in the UK must be formulated so that the obstetrics focus remains on the pregnant woman yet actively encourage fathers to become an integral part of antenatal care. The authors highlight how fathers are increasingly being written out of everyday language, with official NHS resources

adopting the vague and generic phrase such as “birthing partner” instead of “father”. Although the intention of this is to avoid causing offence, it denies the reality of an expectant father’s presence during the pregnancy process, which is, according to Burgess and Goldman (2018), only in 5% of cases not the biological father.

Even though the present study confirms that uncertainty and anxiety are a normal part of the experiential journey of expectant fathers in their transition to fatherhood, it is important to recognise that the inherent ambivalence of this phase can leave men feeling overwhelmed. Whilst research has highlighted the prevalence of depressive symptoms in men during the prenatal period (Boyce et al., 2007; Buist et al., 2003; Condon et al., 2004), it is not common practice for healthcare professionals to assess the psychological wellbeing of expectant or new fathers during the pre-or-postnatal period (Vreeswijk, et al., 2013). Not only is early intervention for mental health difficulties advocated to avoid the worsening of symptoms, but the provision of social and emotional support is a fundamental aspect of addressing mental health problems (Campion, 2019). As such, healthcare professionals need to assess the health and wellbeing of both expectant parents during the pregnancy.

The prenatal period seems to constitute a period of vulnerability, where an expectant father is left to make sense of who he is, without any support. Raising awareness of expectant fathers’ desire and intent to be involved during the prenatal period, can create opportunities to provide more tailored education and social support to this group of men (Fletcher, May, St. George, Stoker & Oshan, 2014) which can ultimately improve outcomes for the family as a whole (Alio, Lewis, Scarborough, Harris & Fiscella, 2013). This might include counselling psychologists producing an information resource, in the form of a booklet or perhaps an electronic PDF file, which expectant fathers can get access to at the beginning of their journey towards fatherhood. Furthermore, counselling psychologists understand the importance of letting clients talk freely and openly about their experiences in a safe space and more needs to be done to give expectant fathers the opportunity to talk about their experiences, and their changing sense of self, during the transition to fatherhood. This could be done by signposting to counselling services in maternity waiting rooms or GP offices. Not only will counselling provide an outlet for them but it can also help them to cope with the uncertainty and fear that seems inherent to the transition to first-time fatherhood. It seems that expectant fathers need to do so separately from their partner however because her presence might increase his reluctance to share openly and freely, out of his need to want to protect her from any additional stress.

Individual sessions, or even group sessions with expectant fathers, might therefore be more appropriate.

Additionally, psychologists also have to give consideration to wider societal issues which includes a recognition that cultural conceptions that link parenting with motherhood can further limit the social and institutional support available to fathers (Schmitz, 2016). For example, many of the participants, similar to findings from Darwin et al. (2017), valued paid paternity leave but lamented how short it was. One participant, Jordan, also talked about his desire to be a stay-at-home father but how the practicalities of the UK government's shared parental leave policy meant that couples were not incentivised to take up this option. He explained that it was not in the best interest of his family to share the parental leave because the family's financial income will be higher if his wife takes her full maternity leave rather than them sharing parental leave.

It is clear that the transition to fatherhood constitutes a critical period in a man's life, with a smoother transition to fatherhood having positive correlations with improved outcomes for the father, mother and the child (Burgess & Goldman, 2018; Cabrera et al., 2018; Flach et al., 2011; Fletcher, 2011; Ramchandani et al., 2008; Van Batenburg-Eddes et al., 2013). Up to now however, very little attention has been paid to men's transition to fatherhood during the prenatal period. It is hoped that the findings and discussion of this study will allow psychologists, and other healthcare professionals, to be more aware of, and sensitive to, the plight of expectant fathers and perhaps inspire further research in this area.

## **4.5 Areas for Future Research**

It seems that by overlooking the role of an expectant father during the perinatal period, public services are not taking fatherhood seriously. Whilst the research indicates that fathers are largely present during the pregnancy, often accompanying their pregnant partner to both antenatal appointments and antenatal classes, many of them feel that their presence and role as father is not acknowledged. The findings of the current study add support to calls for tailored and targeted resources to be developed for expectant fathers. Moreover, due to a gap in the literature on the experiences of expectant fathers during the prenatal period, this study constitutes a preliminary starting point for further research.

As noted earlier, much of the research has been conducted on white, middle class fathers. As such, there is a need for researchers to focus on the experiences of expectant fathers from different ethnicities and those from working class backgrounds. It seems that fathers from a working class background are more likely to experience job instability and workplace inflexibility (Nomaguchi & Johnson, 2016), which might add to the demands that are made of them during the transition to fatherhood, particularly during the prenatal period. Moreover, although working class fathers are less likely to emphasise gender equality compared to their middle class counterparts, there is evidence to suggest that they are more likely to be involved in the daily lives of their children (Shows & Gerstel, 2009). This is due, in part, to them having a partner that has an inflexible work schedule and the couple's inability to afford non-parental childcare (Shows & Gerstel, 2009). This group of fathers therefore face unique demands during fatherhood and arguably during the transition to fatherhood, which will have repercussions for their health and wellbeing.

Parenting research initially focused on white, middle-class mothers and fathers and whilst interest and research on fatherhood has spread worldwide, the coverage within and between societies varies widely. This uneven coverage makes cross-cultural comparisons difficult yet when these comparisons are possible they often challenge popular stereotypes in Western culture about fathers from a variety of ethnicities. It is therefore important for researchers to explore the experiences of expectant fathers in different cultures and societies. It would also be valuable to explore the experiences of expectant fathers who choose not to cohabit with their pregnant partner, recognising that a man might embrace his role as a new or expectant father without necessarily wanting to be in a relationship, or reside with, the mother of his child. Such research can facilitate more complex and nuanced understandings of men's experiences in their transition to first-time fatherhood.

In order to promote the health and wellbeing of expectant fathers during their transition to first-time fatherhood, research need to establish the kind of support that fathers would find helpful and/or acceptable. Whilst a couple of the participants in the study suggested that they would have appreciated antenatal classes that are tailored specifically to expectant fathers, further research can establish a variety of sources through which expectant fathers might be supported. This includes how and when it is delivered and by whom. Additionally, future research should investigate how men would perceive the introduction of routine antenatal mental health assessments on expectant fathers as well as their receptiveness to healthcare settings promoting and

improving access to counselling services for expectant fathers during the prenatal period.

Although this study focused on expectant fathers, I acknowledge the increasing diversity of family life. As such, it is important for researchers to explore the experiences of same-sex partners, or partners who are not the biological father of the unborn baby, during the prenatal period. These foci can generate awareness and debate about the new trends of expectations and experiences of expectant and new parents, which, in turn, can help to identify the support resources that these individuals might need during this period.

## **4.6 Conclusion**

Fatherhood is in a constant state of flux. Whilst the ideal of involved father is increasingly promoted in society, it is done against a societal backdrop which is slow to change its inherent conceptions of fatherhood (Machin, 2015). As such, there is a disparity between what fathers expect the transition to fatherhood to be compared to what it turns out to be in reality. A lack of acknowledgement, inclusion and support from healthcare professionals, particularly within maternity pathways, are at odds with expectant fathers' desire and intention to be involved in all aspects of fatherhood, including pregnancy.

This study utilised IPA to provide an in-depth exploration of the lived experiences of seven expectant fathers during the prenatal period. Its findings suggest that counselling psychologists can play an important role in supporting expectant fathers during this complex and challenging time in their lives. This includes helping expectant fathers to manage their expectations of the pregnancy in particular and fatherhood in general whilst normalising the ambivalence and intensity of emotions that this group of men seem to experience during the prenatal period. By providing an outlet for expectant fathers, counselling psychologists can not only help men to acknowledge the ambivalence that they experience during this time, but also enable them to express their emotions instead of internalising them. Healthcare professionals (and society in general) need to acknowledge an expectant father not just in terms of the significant role he plays in supporting his partner throughout the pregnancy but also as an independent parent with a unique connection to his baby. Throughout the research process, my passion for this topic has only grown and I am fully committed to share the findings of the research through seeking publications in academic journals.



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# APPENDICES

## Appendix A: Interview Schedule

### 1. Finding out about partner's pregnancy

- Tell me about your experience when you first learned you are about to become a father?
- What thoughts and feelings did you experience?
- How did you respond to these thoughts and feelings?
- Have your initial thoughts and feelings changed or evolved since you first heard the news that you are going to be a father?
- How prepared do you feel to become a father?

### 2. Support during partner's pregnancy

- How supported have you felt during the pregnancy?
- Tell me about the emotional support you have received during your partner's pregnancy.

### 3. Relationship with your partner

- How would you describe your relationship with your partner?
- How has your relationship been affected by learning that you are pregnant and will become parents soon?

### 4. The meaning of fatherhood

- What does it mean to you to be a father?
- Have you always wanted to be a father? Can you tell me a bit more...
- What kind of father do you want to be?
- How important is fatherhood to your sense of who you are?
- How do you think society views a father?
- What challenges do you think modern fathers face?
- What advantages do you think modern fathers have over those from previous generations?

5. Physical, psychological and emotional **changes** involved in impending fatherhood

- What changes, positive and negative, to your life do you envision once you become a father.
- How might becoming a father affect your relationships, events, hobbies, activities and work life?
- Have you experienced any changed during the pregnancy? (Prompts: physically, emotionally, psychologically, behaviourally)
- What are the new responsibilities that fatherhood will bring for you?
- How do you feel about that?
- How do you think you might juggle your different roles and responsibilities?

***After the Interview:***

- |  |
|--|
| <ul style="list-style-type: none"><li>- What was the interview experience like for you? How did you find it?</li><li>- Is there anything else that you would like to add that we haven't covered during our interview?</li><li>- Was there anything about the discussion we had that you found helpful or unhelpful, or particularly distressing talking about?</li><li>- Do you have any questions?</li></ul> |
|--|

## Appendix B: Research Flyer



### Department of Psychology City, University of London

**Congratulations! You are going to be a father soon.**

**Would you like to share your experience of impending fatherhood with me?**

We are looking for volunteers to take part in a study of  
*Men's experience of their transition to fatherhood during their partner's pregnancy.*

As a participant in this study, you would be asked to participate in a one-to-one interview session of approximately 60 minutes. For more information about this study, or to volunteer for this study, please contact:

*Lee-Anne Meleagrou-Hitchens, Trainee Counselling Psychologist,*

*Department of Psychology*

*at*

*0790 301 5753*

*Email: [Lee-Anne.Meleagrou-Hitchens@city.ac.uk](mailto:Lee-Anne.Meleagrou-Hitchens@city.ac.uk)*

This study has been reviewed by, and received ethics clearance through the Psychology Committee, City, University of London. Ref ETH1819-0059.

If you would like to complain about any aspect of the study, please contact the Secretary to the Senate Research Ethics Committee on 020 7040 3040 or via email: [Anna.Ramberg.1@city.ac.uk](mailto:Anna.Ramberg.1@city.ac.uk)

*City, University of London is the data controller for the personal data collected for this research project. If you have any data protection concerns about this research project, please contact City's Information Compliance Team at [dataprotection@city.ac.uk](mailto:dataprotection@city.ac.uk)*

## **Appendix C: Participant Information Sheet**



**Title of study:** Men's experience of their transition to fatherhood during their partner's pregnancy.

**Name of principal investigator:** Lee-Anne Meleagrou-Hitchens and Professor Carla Willig

We would like to invite you to take part in a research study. Before you decide whether you would like to take part it is important that you understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information.

### **What is the purpose of the study?**

The aim of the research project is to investigate men's experiences of their transition to first-time fatherhood during their partner's pregnancy. This is the time when a man is on his way to become but has not yet become a father. Given that there has been very little research on a father's transition to first-time fatherhood during the prenatal period, this research study wants to fill a discernable gap in the counselling psychology literature.

### **Why have I been invited?**

You have been invited to take part in this research study as your partner is currently in her second or third trimester of pregnancy and you will soon become a father for the first time. All participants included in the study will be male, aged 18 and above, who are presently residing with their pregnant partner in London.

### **Do I have to take part?**

Your participation in this research study is voluntary and you can choose not to participate in part or all of the project. You are able to withdraw from the study at any time during the project without being penalised or disadvantaged in any way. It is up to you to decide whether or not to take part. If you do decide to take part, you will be asked to sign a consent form. If you decide to take part, you are still free to withdraw at any time and without giving a reason. Once the researcher has anonymised the data and commenced with the analysis phase of the project, you will no longer be able to withdraw your data.

### **What will happen if I take part?**

Your participation in this research study will last for approximately 60 minutes and will involve an in depth, one-on-one interview with the researcher. During this interview we will discuss your experiences since learning that you are about to become a father for the first time.

The interview will be audio-recorded so that the researcher can produce a concise transcription of it once the interview has been completed. A selection of short extracts from the transcript of your interview will be used in the final report of the research study so as to convey your perceptions or experiences. Your confidentiality will be respected and protected at all times and the researcher will use pseudonyms in the write up of the study and in any subsequent journal publication.

### **What do I have to do?**

The research will require you to attend an interview of approximately 60-minutes long during which you will give an open and honest account of your experiences since learning you are about to become a father for the first time. Once the interview has been completed you will be given the opportunity to ask any questions you may have.

### **What are the possible disadvantages and risks of taking part?**

Your role as a participant will not involve any greater physical or psychological risk to yourself than that present in your everyday life.

### **What are the possible benefits of taking part?**

Your participation in the study will allow you to share your experiences of impending fatherhood with the researcher, allowing you to reflect on fatherhood and what it means to you to be a father. Your participation will also contribute to new knowledge, which would help counselling psychologists understand men's experiences of impending fatherhood during their partner's pregnancy.

### **What will happen when the research study stops?**

All data will be destroyed when the research study stops.

### **Will my taking part in the study be kept confidential?**

All personal information will remain confidential throughout the duration of the study. Only the researcher will have access to your data, both before and after the de-identification of the data. Your data will be used solely for the purpose of this study and once the study is completed, the data will be destroyed.

All research material and audio recordings will be stored safely and securely; data will be kept in a locked filing cabinet that only the researcher has access to and audio recordings will be transferred to a secure and encrypted computer and then deleted from the recording device in a prompt manner. The researcher will use

pseudonyms so that no participant will be identifiable in the final project. Data identifiers will be stored in a separate locked filing cabinet from the rest of the research material.

### **What should I do if I want to take part?**

Should you decide to participate in the study you will be asked to attend an interview with the researcher and at the time of the interview you will be required to sign an informed consent form.

### **What will happen to results of the research study?**

The researcher will use the findings generated by this research study for her dissertation as part of her doctorate degree in Counselling Psychology at City University of London. No personal identifiable data will be used in the write-up of this research, or in any subsequent journal publication. After the research study has been completed and appraised, I would be happy to send you a copy of it should you request one.

### **What will happen if I do not want to carry on with the study?**

You are able to withdraw from the study at any time during the project before the analysis phase has commenced, without being penalised or disadvantaged in any way.

### **Who has reviewed the study?**

This study has been approved by City, University of London Psychology Research Ethics Committee, Ref ETH1819-0059.

### **Further information and contact details**

Researcher: Lee-Anne Meleagrou-Hitchens  
Telephone: 0790 301 5753  
E-mail: Lee-Anne.Meleagrou-Hitchens@city.ac.uk

Supervisor: Prof Carla Willig  
E-mail: c.willig@city.ac.uk

City, University of London is the data controller for the personal data collected for this research project. Your personal data will be processed for the purposes outlined in this notice. The legal basis for processing your personal data will be that this research is a task in the public interest, that is City, University of London considers the lawful basis for processing personal data to fall under Article 6(1)(e) of GDPR (public task) as the processing of research participant data is necessary for learning and teaching purposes and all research with human participants by staff and students has to be scrutinised and approved by one of City's Research Ethics Committees.

For more information, please visit [www.city.ac.uk/about/city-information/legal](http://www.city.ac.uk/about/city-information/legal)

### **What if I have concerns about how my personal data will be used after I have participated in the research?**

In the first instance you should raise any concerns with the research team, but if you are dissatisfied with the response, you may contact the Information Compliance Team at [dataprotection@city.ac.uk](mailto:dataprotection@city.ac.uk) or phone 0207 040 4000, who will liaise with City's Data Protection Officer Dr William Jordan to answer your query.

If you are dissatisfied with City's response you may also complain to the Information Commissioner's Office at [www.ico.org.uk](http://www.ico.org.uk)

### **What if there is a problem?**

if you have any problems, concerns or questions about this study, you should ask to speak to a member of the research team. If you remain unhappy and wish to complain formally, you can do this through City's complaints procedure. To complain about the study, you need to phone 020 7040 3040. You can then ask to speak to the Secretary to Senate Research Ethics Committee and inform them that the name of the project is: Men's experience of their transition to fatherhood during their partner's pregnancy.

You could also write to the Secretary at:

Anna Ramberg  
Research Integrity Manager  
Research & Enterprise  
City, University of London  
Northampton Square  
London  
EC1V 0HB  
Email: [Anna.Ramberg.1@city.ac.uk](mailto:Anna.Ramberg.1@city.ac.uk)

City holds insurance policies which apply to this study. If you feel you have been harmed or injured by taking part in this study you may be eligible to claim compensation. This does not affect your legal rights to seek compensation. If you are harmed due to someone's negligence, then you may have grounds for legal action.

**Thank you for taking the time to read this information sheet.**

30/09/2018

Version



## Appendix D: Telephone Screening

The telephone screening will be the first point of contact between the researcher and each potential participant. The following points will be covered:

- Introductions. The researcher will introduce herself to the participant and ask the potential participant who they are and how they heard about the study.
- Orientation to the research project. The researcher will orient the potential participant to the aims, nature and importance of the study and what their participation in the study would involve (i.e. a 90-minute one-on-one interview with the researcher, which will be audio-recorded).
- Inclusion/Exclusion criteria. In order for the researcher to determine each potential participant's eligibility to take part in the study, she will now proceed to ask them a series of questions:
  1. What is your age?
  2. Do you have any children?
  3. Is your partner currently pregnant? If so, how far along is she?
  4. Where do you live?
  5. Do you and your partner live together?
  6. How would you describe your current mental health?

*If an individual appears to be experiencing a mental health crisis or seems to be struggling with their mental health at this point in time, the researcher will use her counselling skills to ask follow up questions and to provide support and guidance to assist them in accessing mental health services for assessment and/or treatment.*

- Based on the provided information to the above questions the researcher will either invite the potential participant for a one-on-one interview at a later date or inform the participant that they do not meet eligibility to continue with the study but thank them for their time and interest nonetheless.

- If a potential participant is deemed eligible to take part in the study, the researcher will proceed by discussing their rights throughout the study which will include confidentiality and the researcher's use of pseudonyms to ensure their anonymity.
- Next, the researcher will ask them to agree to a suitable date, time and place for the one-on-one interview. The researcher will aim to get a telephone number for each participant so that she is able to contact them with confirmation details of when and where the interview will be and also in the event that anything changes and she needs to notify the participant.

At the end of the telephone screening, the researcher will ensure that she answers any questions the participant may have. She will thank each participant for their time and express her appreciation for their participation in the research study.

## Appendix E: Informed Consent



**Title of Study: Men's experience of their transition to fatherhood during their partner's pregnancy.**

Please initial box

1	I confirm that I have had the project explained to me, and I have read the participant information sheet, which I may keep for my records.	
	I understand this will involve that I:	
	<ul style="list-style-type: none"> <li>• be interviewed by the researcher</li> </ul>	
	<ul style="list-style-type: none"> <li>• allow the interview to be audiotaped</li> </ul>	
2	<p>This information will be held by City as data controller and processed for the following purpose(s):</p> <p>Public Task: The legal basis for processing your personal data will be that this research is a task in the public interest, that is City, University of London considers the lawful basis for processing personal data to fall under Article 6(1)(e) of GDPR (public task) as the processing of research participant data is necessary for learning and teaching purposes and all research with human participants by staff and students has to be scrutinised and approved by one of City's Research Ethics Committees.</p>	
3	<p>I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published. The identifiable data will not be shared with any other organisation.</p>	
4	<p>I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw from the project at any point before the analysis stage has commenced without being penalised or disadvantaged in any way.</p>	

5	I agree to City recording and processing this information about me. I understand that this information will be used only for the purpose(s) set out in this statement and my consent is conditional on City complying with its duties and obligations under the General Data Protection Regulation (GDPR).	
6	I agree to the arrangements for data storage, archiving, sharing.	
7	I agree to the use of anonymised quotes in publication.	
8	I agree to take part in the above study.	

\_\_\_\_\_  
Name of Participant                      Signature                      Date

\_\_\_\_\_  
Lee-Anne M. Hitchens                      Signature                      Date

When completed, 1 copy for participant; 1 copy for researcher file.

## **Appendix F: Post Interview Participant Information Sheet**



### **Men's experience of their transition to fatherhood during their partner's pregnancy**

#### **DEBRIEF INFORMATION**

Thank you for taking part in this study and sharing your experiences with me. Now that we have completed the interview, I would like to tell you a bit more about the study.

Research suggests that the prenatal period is the most stressful phase for men in their transition to first-time fatherhood. The aim of this particular study is to understand men's subjective experience of first-time fatherhood during the prenatal period. Through this research the researcher aims to answer the question "how do men experience their transition to first-time fatherhood during their partner's pregnancy?". Given that there has been very little research on a father's transition to first-time fatherhood during the prenatal period, this research study wants to fill a discernable gap in the counselling psychology literature. The researcher intends to raise awareness about men's experiences during their partner's pregnancy so that this group of men can receive more support from both clinical services and their wider social network during this unique and demanding time in their lives.

At the end of your interview I asked you to reflect on your experience of being interviewed and enquired whether the interview raised any distressing issues for you. If you are experiencing distress, either at this point in time or at some point in the future, please have a look at the list of organisations provided below. These organisations offer professional services that enable you to talk confidentially about any personal issues you may have, which will ultimately provide you with emotional support and/or alleviate any emotional distress you may be experiencing.

We hope you found the study interesting. If you have any other questions concerning the study, please do not hesitate to contact me:

Lee-Anne Meleagrou-Hitchens  
0790 301 5753

[Lee-Anne.Meleagrou-Hitchens@city.ac.uk](mailto:Lee-Anne.Meleagrou-Hitchens@city.ac.uk)

Alternatively, you can contact the research supervisor of this study:

Prof Carla Willig, Professor of Psychology, The Department of Psychology at City University of London  
[C.Willig@city.ac.uk](mailto:C.Willig@city.ac.uk)

If you are unhappy about any aspect of this study or would like to complain about the study, you need to phone 020 7040 3040. You can then ask to speak to the Secretary to Senate Research Ethics Committee and inform them that the name of the project is: Men's experience of their transition to fatherhood during their partner's pregnancy.

You could also write to the Secretary at:

Anna Ramberg  
Research Integrity Manager  
Research & Enterprise  
City, University of London  
Northampton Square  
London  
EC1V 0HB  
Email: [Anna.Ramberg.1@city.ac.uk](mailto:Anna.Ramberg.1@city.ac.uk)

Ethics approval code ETH1819-0059

## **COUNSELLING AND PSYCHOTHERAPY SERVICES IN LONDON**

### *General Mental Health Services*

- Your **GP** should be your first point of contact in accessing help.
- **NHS 111** is the free number to call when you have an urgent healthcare need. Call this number if you feel that you are too unwell to wait until your GP practice reopens.

Telephone: 111

Website: [www.111.nhs.uk](http://www.111.nhs.uk)

- You could also contact the British Psychological Society (BPS) or the British Association for Counselling and Psychotherapy (BACP) for support in choosing an accredited psychologist or psychotherapist in a specialised area of mental health.

### **BPS**

Telephone: 0116 254 9568

Website: [www.bps.org.uk/public/find-psychologist](http://www.bps.org.uk/public/find-psychologist)

### **BACP**

Telephone: 0145 588 3300

Website: [www.bacp.co.uk/about-therapy/how-to-find-a-therapist/](http://www.bacp.co.uk/about-therapy/how-to-find-a-therapist/)

- **Mind**, The Mental Health Charity, provide information and support on mental health and their website includes useful guides to support services.

Telephone: 0207 259 8100

Website: [www.mind.org.uk/information-support/](http://www.mind.org.uk/information-support/)

### *Mental Health Services for Men*

- **Campaign Against Living Miserably (CALM)**, a charitable organisation, offers support to men in the UK, of any age, who are feeling down or are experiencing a crisis. There is a helpline in addition to their website, which also has a web chat option.

Telephone: 0808 802 5858

Website: [www.thecalmzone.net/help/get-help/](http://www.thecalmzone.net/help/get-help/)

- **Men's Minds Matter**, a not for profit organization, provide a comprehensive list of resources and self-help material for men. It also run monthly meet-up groups where men can come together and connect with each other.

Telephone: 0774 529 4928

Website: [www.mensmindsmatter.org/resources.html](http://www.mensmindsmatter.org/resources.html)

- **Men's Advice Line**, provide confidential advice and support for men experiencing domestic violence and abuse.

Telephone: 0808 801 0327

Website: <http://www.mensadviceline.org.uk/>

### *Couples and Family Therapy*

- **Tavistock Relationships**, provides relationship support and counselling to couples and parents and also offers online therapy.

Telephone: 0207 380 8288

Website: [www.tavistockrelationships.org/relationship-help](http://www.tavistockrelationships.org/relationship-help)

- **Relate**, offers relationship counselling and help with family life and parenting.

Telephone: 0300 003 2324

Website: [www.relate.org.uk/london-north-west-and-hertfordshire/](http://www.relate.org.uk/london-north-west-and-hertfordshire/)

## Appendix G: Post Interview Reflexivity

Totally not my first research interview & although it went well it was quite challenging. Dylan was very open with me about his difficult experiences which included infertility having to do IVF & worrying about the prospect of a second child straight away about the safety of this one.

It's quite strange how I didn't anticipate a participant to attend the interview having struggled with fertility. On some level, my own position seems to reflect the messages conveyed to us by society or Dylan himself alluded to during the interview. Reproductive health seems to be centred on women & thus fertility/infertility issues are confined to us. I felt incredibly set when Dylan spoke of how ill prepared he had been about infertility & that it is as much a male issue as a female issue.

Dylan also spoke of his difficult relationship with his parents,

particularly his father. He shared some disturbing anecdotes of his childhood. During this I felt quite anxious, worrying he was going off track. I am pleased I didn't interrupt here since the dialogue returned to his experience of pregnancy, yet allowed me to gain an even deeper sense of what this period had been like for him.

Points to develop for next interview

- find ways of staying with/ exploring the changes most perhaps I didn't delve deep enough into the lifestyle changes Dylan mentioned & could have elicited more information here.

- ✓ stay with participant when he discusses pre-pregnancy experiences rather than worrying/ being distracted about going off topic



# Appendix H: Sample of Analysis

perceived self as divorced	421	Int:	um, your life is really like, it is not, it is probably two halves, like the one is your own person and the other is like when you have all this like,
Free VI trial don	422	Int:	have dependents um,
	423	Int:	um, yeah,
	424	Int:	um, just the fact of that like, freedom is the wrong word, I don't know,
	425	Int:	um, just the fact of that like, freedom is the wrong word, I don't know,
	426	Int:	um, just the fact of that like, freedom is the wrong word, I don't know,
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	466	Int:	um, just the fact of that like, freedom is the wrong word, I don't know,

457 Par.: Julia gets like a lot of ticks and stuff, and don't get me wrong, it was  
 458 corrected to  
 459 baby then him.  
 470  
 471  
 472 Par.: wife feels baby  
 473 we're, but he  
 474 only is consistently  
 475  
 476  
 477 Par.: importance for  
 478 baby to be born  
 479  
 480 Par.: yearning for  
 481 physical connection  
 482 to baby  
 483  
 484 Par.: father bond  
 485 father was in  
 486 with physical  
 487 fatherhood  
 488  
 489 Par.: that's more involved  
 490 in domestic life  
 491  
 492 Par.: to do  
 493 to give domestic  
 494 responsibility  
 495  
 496 Par.: - birth of child  
 497 will be double  
 498  
 499 Par.: burden  
 500  
 501 Par.: with others  
 502  
 503 Par.: with others  
 504  
 505 Par.: Father today  
 506 is required to be  
 507 more emotionally  
 508 involved in their  
 509  
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Par.: Julia gets like a lot of ticks and stuff, and don't get me wrong, it was wonderful the first time, and stuff and I feel the baby move but with the doesn't tick a lot and like I guarantee she is little girl to be honest, like every time Julia is like "come over, she is kicking" she just stops kicking (laughs).  
 Par.: You know, I have felt her, but I only feel her kicks maybe around once a week or so, maybe even every week and a half.  
 Par.: So I, I have felt that that has been a bit difficult but when that's why I just want to get my hands on her, I just want her to be born.  
 Par.: Right, yeah, so you can just really start the journey of fatherhood.  
 Par.: Yeah, exactly.  
 Par.: Oh, and when you think of today's fathers, do you think there are any differences between them and fathers in the past?  
 Par.: Uh, well I think you, your, well the genders are generally less defined than when they used to be so expect to be getting in with a lot more house stuff than perhaps my dad, it is difficult because my dad would stress when I was a baby, well no, he was when I was a baby, I guess but with you know even back then, like the 60's, it was like this, I guess to most, mum takes care of the children at home.  
 Par.: So that's just not going to work for us (laughs). Uh, I don't think Julia would allow that sort of thing.  
 Par.: (Laughs).  
 Par.: So I expect, on a practical level I expect to be getting in a lot more than dad ever used to have to do, you know, but at the same time having to work.  
 Par.: Mum.  
 Par.: More than Julia will have to in the first few months.  
 Par.: Mum.  
 Par.: So I feel like there is a bit of a double burden (laughs) of uh, at the same time Julia will be nursing so I am not saying that my uh, that my burden is bigger than hers, it is just that when there is definitely a burden that didn't use to be there in the past.  
 Par.: Mum, right.  
 Par.: And, I think that you are like sort of expected to be a lot more with I don't know just more in touch with your emotions (laughs) and stuff like that, which I think many men are not necessarily great at (laughs) but I think your child's particular uh needs, emotional needs are maybe, being more aware of that kind of thing, yeah.  
 Par.: Oh, so maybe being more emotionally attuned to your child than maybe fathers were before?  
 Par.: Yeah, I think so, but I suppose that that is true of moms as well, because that is just a general move in society, I don't think there is

Julia experiences the ticks "movement"; he doesn't experience the physical aspect of pregnancy, both physical demands but also the speed movement when baby moves around.  
 "It was normal first time" - when he felt - but baby doesn't really tick when he wants to feel her movement -> frustrating  
 - he only experiences her movement when need a help.  
 "I just want to get my hands on her" -> impatient, trying to experience holding baby when need, like you want, like you want, like you want.  
 - father less defined  
 - no more rigid gender role  
 - more involved, compared to when he was father  
 - his dad went to work, even when he was a father, he was not really involved in caring for the kids.  
 - he will be more involved at home, get all most (more than will need to).  
 - feels like a "double burden"  
 - work, not out home  
 - typical of heavy care  
 - careful not to "step out" in relation to wife  
 - get recognize his responsibilities will be more.  
 - father today expected to be emotionally intelligent, more sensitive, more attentive } to child's emotional needs.  
 - Recognizes this expectation of more today too  
 - general shift in society emphasizing its importance

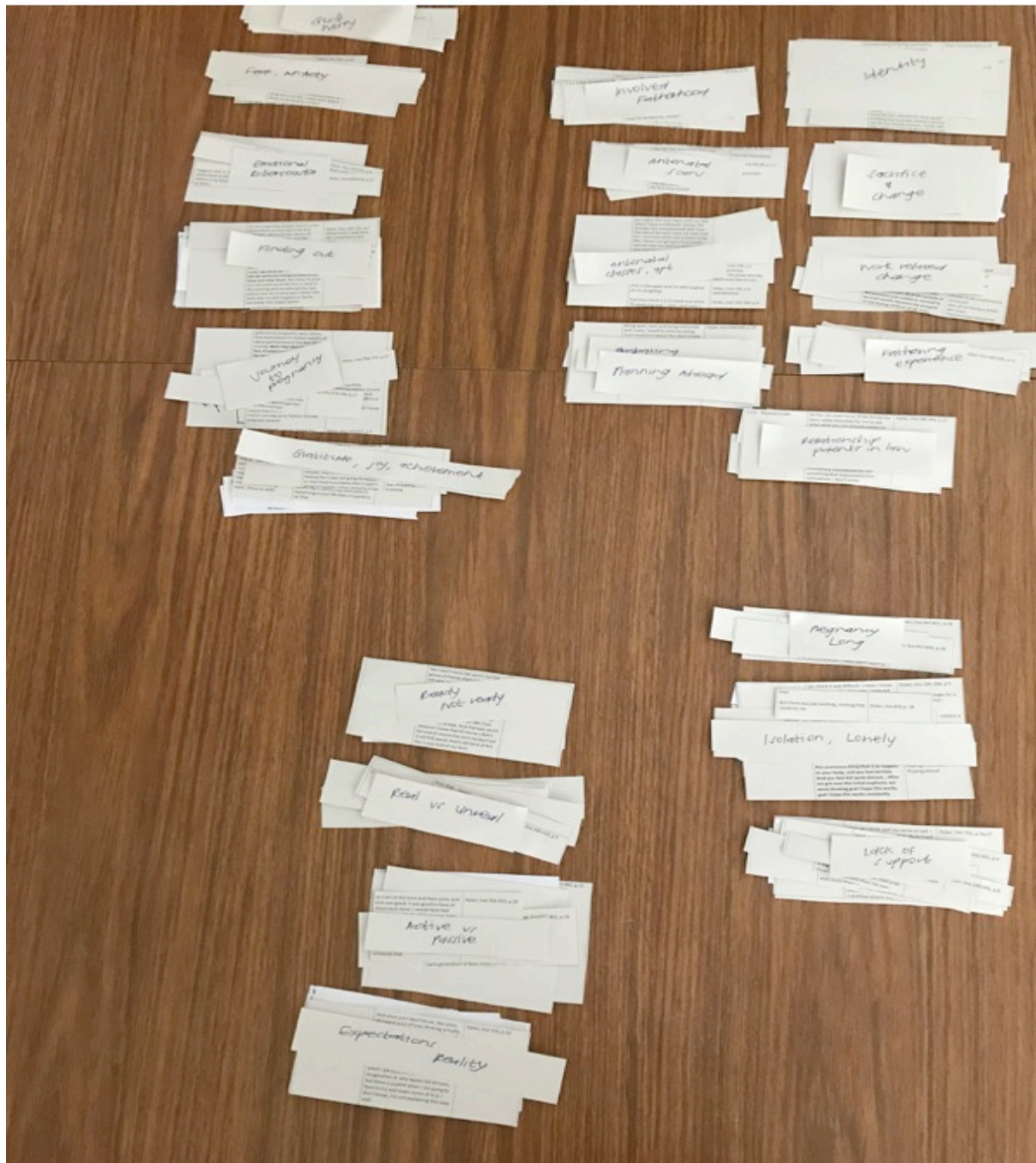
## Appendix I: Developing Themes

Developing Themes		
Emergent theme	Participant, Page, Line	Quotes
Pregnancy doesn't feel real	<p>Dylan, p.1, l.30-31</p> <p>Dylan, p.1, l.23-27</p> <p>Dylan, p.3, l.134-135</p>	<p>Because at the beginning it is abstract, umm, and then in the second trimester it is less abstract but still, umm, like, quite, it it, you can like see a baby moving around in there umm and then the third trimester is a, is a whole different thing.</p> <p>I guess it definitely feels real now and on the, like not on the horizon anymore, but an impending thing.</p> <p>But yeah it [having a positive pregnancy test] was unbelievable and then it continued to be unbelievable.</p>
<p>Trying to support</p> <p>A theme of <i>trying</i> to support (not clear whether it can always be achieved)</p> <p>A theme of comparing experience in relation to wife – his experience secondary to hers.</p>	<p>Dylan, p. 5, l. 211-215.</p> <p>Dylan, p.5, l.196-206.</p>	<p>Uhh I just tried to do everything I could to make her life easier so like umm I really like cooking so I have been... I don't know, just trying to make her life easier and buy her stuff. And uhh, actually you can't, so I have been trying to get her a lot of massages recently but I remember, in the first trimester there is so much stuff you can't do.</p> <p>So I think it was difficult, I mean I know it was more difficult for her. Umm not more difficult for her than it was for me, because obviously I know it was more difficult for her. But more difficult for her because I think she felt had she not had to have done IVF, because the, that bit of feeling terrible is usually not also matched with feeling like she... I mean she looked great but</p>

		<p>she felt like she looked terrible. I think I can, how I have just spoken of the fear of what's to come, I'm not the one to give birth and I think of course when you are staring down the barrel of essentially this enormous thing that is to happen to your body, and you feel terrible... And you feel still quite distant... After we got over the initial euphoria, we were thinking 'God I hope this works, God I hope this works' constantly.</p>
<p>Emotions during pregnancy</p> <p>Fear Excitement Mixed Feelings (Trepidation and Relief)</p>	<p>Dylan, p.4, l.145-151</p> <p>Dylan, p.15, l.660-670</p>	<p>And every time we go in for a midwife appointment now it's like, is this going to be the time that there is something wrong? But, touch wood, everything has been really good and they seem very happy with umm, with how she is doing and all that stuff umm but yeah we are very very excited and I think because of the difficulties leading up to this stage, that, that means that we are kind of, there is, mixed in with the trepidation of what's to come, there is a massive sense of relief.</p> <p>So I think maybe because I had this whole male infertility thing umm, that it made me think a lot more about, like I have never been one that's felt like a guy, like a lad, you know what I mean? I don't know, like I don't really like sports but the group of friends that I am in is, we are not very, we are very much a mixed group of friends and all that stuff and I guess we are all quite resistant to the idea of umm there being like a fixed idea of what it is to be a, a guy. But then it was quite weird for</p>



## Appendix J: Spatial Representation of Themes



## Appendix K: Ethics Approval

**City, University of London**

Dear Lee-Anne

**Reference: ETH1819-0059**

**Project title: Men's perceptions of their paternal identities during the prenatal period in their transition to first-time fatherhood: An Interpretative Phenomenological Analysis**

**Start date: 1 Jan 2019**

**End date: 30 Sep 2020**

I am writing to you to confirm that the research proposal detailed above has been granted formal approval from the Psychology committee: low risk. The Committee's response is based on the protocol described in the application form and supporting documentation. Approval has been given for the submitted application only and the research must be conducted accordingly. You are now free to start recruitment.

Please ensure that you are familiar with [City's Framework for Good Practice in Research](#) and any appropriate Departmental/School guidelines, as well as applicable external relevant policies.

Please note the following:

### **Project amendments/extension**

You will need to submit an amendment or request an extension if you wish to make any of the following changes to your research project:

- Change or add a new category of participants;
- Change or add researchers involved in the project, including PI and supervisor;
- Change to the sponsorship/collaboration;
- Add a new or change a territory for international projects;
- Change the procedures undertaken by participants, including any change relating to the safety or physical or mental integrity of research participants, or to the risk/benefit assessment for the project or collecting additional types of data from research participants;
- Change the design and/or methodology of the study, including changing or adding a new research method and/or research instrument;

- Change project documentation such as protocol, participant information sheets, consent forms, questionnaires, letters of invitation, information sheets for relatives or carers;
- Change to the insurance or indemnity arrangements for the project;
- Change the end date of the project.

### **Adverse events or untoward incidents**

You will need to submit an Adverse Events or Untoward Incidents report in the event of any of the following:

- a) Adverse events
- b) Breaches of confidentiality
- c) Safeguarding issues relating to children or vulnerable adults
- d) Incidents that affect the personal safety of a participant or researcher

Issues a) and b) should be reported as soon as possible and no later than five days after the event. Issues c) and d) should be reported immediately. Where appropriate, the researcher should also report adverse events to other relevant institutions, such as the police or social services.

Should you have any further queries relating to this matter, please do not hesitate to contact me. On behalf of the Psychology committee: low risk, I do hope that the project meets with success.

Should you have any further queries relating to this matter please do not hesitate to contact me.

Kind regards

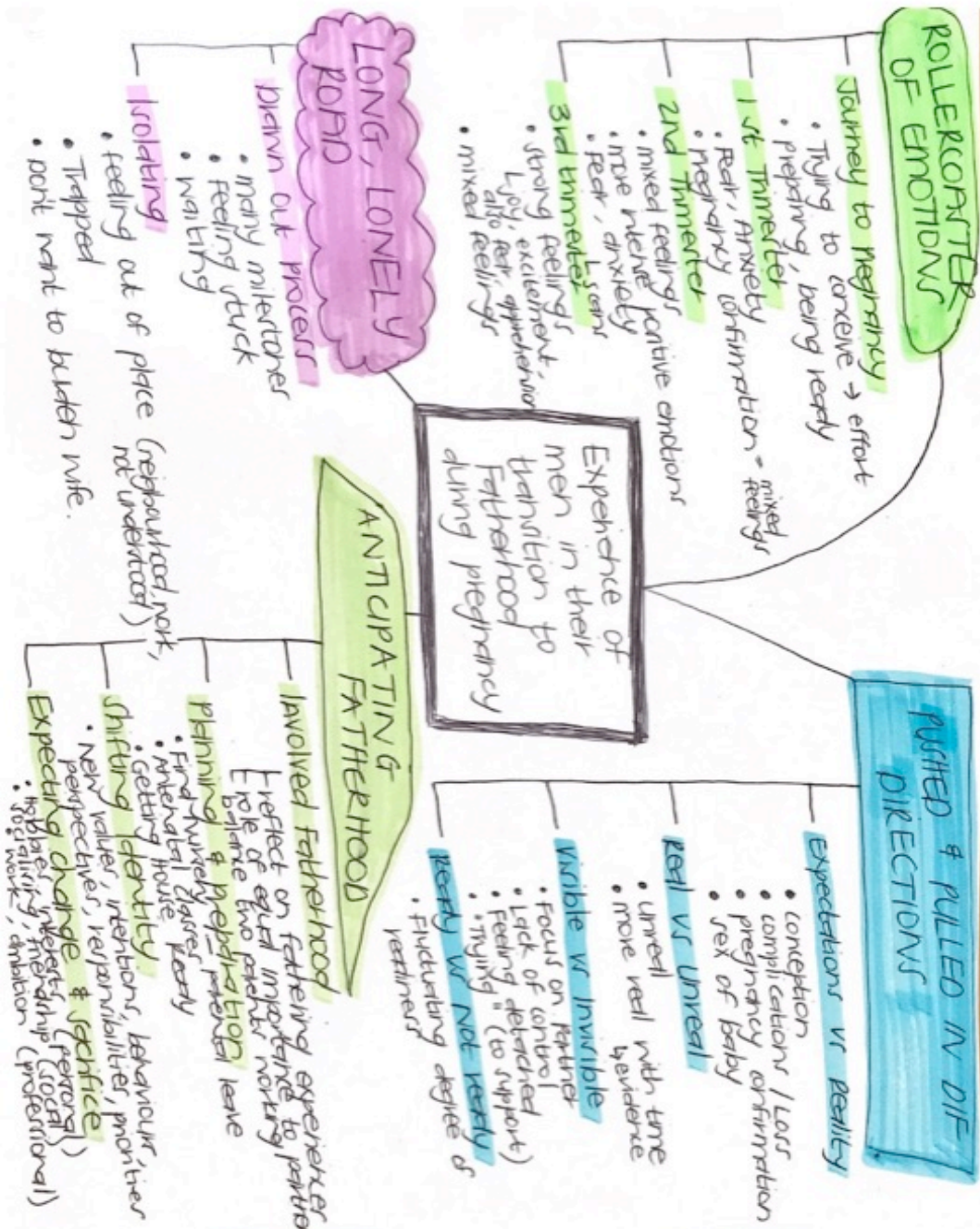
Fran Smith

Psychology committee: low risk

City, University of London

**Ethics ETH1819-0059: Lee-Anne Meleagrou Hitchens (Low risk)**

## Appendix L: Diagram of Superordinate and Subordinate Themes





## **SECTION B: COMBINED CASE STUDY/PROCESS REPORT**

“A different state”: a client’s movement  
towards relational depth

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## **SECTION C: A PUBLISHABLE ARTICLE**

Men's Experience of their Transition to First-time Fatherhood  
during their Partner's Pregnancy: An Interpretative  
Phenomenological Analysis

# **Men's Experience of their Transition to First-time Fatherhood during their Partner's Pregnancy: An Interpretative Phenomenological Analysis**

## **ABSTRACT**

This was a qualitative study employing Interpretative Phenomenological Analysis (IPA) to capture the lived experiences and sense-making of seven male participants (aged 29-41), whose partner was in their second or third trimester of pregnancy. Data was collected through semi-structured interviews and four superordinate themes emerged during the analysis: (1) Pushed and Pulled in Different Directions, (2) A Rollercoaster of Emotions, (3) A Long and Lonely Road and (4) Anticipating Fatherhood. The prenatal period seemed to constitute a turbulent time in the participants' lives and involved them experiencing intense, conflicting emotions and psychological states amidst a shifting sense of self, with few support resources available to them. Implications for counselling psychologists are discussed, with suggestions for future research made.

***Keywords: transition to fatherhood, expectant fathers, pregnancy, prenatal period.***



## FOREWORD

The *Journal of Men's Studies* was selected for several reasons. Firstly, the article explores a topic that forefronts the experiences of men during pregnancy. Since the pregnant woman is typically the focus in pregnancy, and much of pregnancy-related research, it is both interesting and important to explore the experiences of expectant fathers. Secondly, this journal is interested in research that raises awareness about the varied influences of class, culture, race, and sexual orientation in defining men's experiences, which this research speaks to, since it appreciates and values the plurality of men's personal and social experiences in their journey to fatherhood. Finally, as this journal has a global audience and high impact factor, it is hoped that it will raise awareness of this phenomenon among practitioner psychologists and other mental health professionals, which can ultimately help to improve the support resources that expectant fathers have access to during the prenatal period.

This article is composed and formatted in line with the journal's requirements and guidelines. A copy of the submission criteria can be found in Appendix M.

## INTRODUCTION

Social and cultural changes transform the way in which fatherhood is viewed, which, in turn, affects men's expectations and experiences of becoming fathers for the first time (Henwood & Procter, 2003). Due to a number of changing social practices, which includes more women and mothers taking up employment outside the home (White, 1994; Elliot, 1996; Aldous, Mulligan & Bjarnason, 1998; Glass, 1998), the concept of fatherhood has evolved. Once viewed exclusively in terms of breadwinner and disciplinarian, today the new model of fatherhood includes qualities such as: presence, involvement, putting children's needs first, approachability, nurturing and caring (Henwood & Procter, 2003). Indeed, today the role of father is considered as equally important to a mother's role in terms of parenting, placing more expectations on fathers than ever before (Fenwick, Bayes & Johansson, 2012).

Although research on fatherhood has increased exponentially since the seminal work of Michael Lamb (1976), which marked a growing awareness of the role of the father in child development, less attention has been paid to the transition to fatherhood, particularly during pregnancy. Therefore, we know relatively little about the needs and experiences of men during their partner's pregnancy, including the nature of support that they might require

during this period (Machin, 2015).

## **The Transition to Fatherhood and a Gap in the Literature**

The transition to fatherhood begins with the confirmation of pregnancy and extends to the first few months, or up to a year, after childbirth (Strauss & Goldberg, 1999). The term 'transition' represent the staged physical, psychological and spiritual journey in which an individual moves from their ordinary circumstances through a transitional phase of psychological reorganisation to integrate the new or change event into their life (Kralik, Vinsentin & Van Loon, 2006).

Whilst research suggests that men's transition to new fatherhood is a complex and ambiguous process (Daiches, Hall & Chin 2011; Doucet 2009; Draper 2002, 2003; Genesoni & Talandini 2009, Miller, 2011), the health of the mother and baby is the focal point of healthcare provision from the moment the pregnancy is confirmed (Fletcher et al. 2006). Experiencing and displaying all the physical changes of the pregnancy, not only guides a woman in her transition to motherhood but it also influences the reactions she obtains from others. Expectant fathers, due to a lack of visible bodily changes, have more unstructured journeys to parenthood than woman, resulting in feelings of detachment and marginalisation (Draper, 2003; Miller, 2011). They also frequently express ambivalent feelings during this phase (Donovan, 1995; Draper, 2003; Finnbogadottir, Svalenius & Persson, 2003).

A meta-analysis of 43 quantitative studies, reveals that depression is more prevalent among first-time fathers than the general male population (Paulson & Bazemore, 2010), with depressive symptoms being the most common during the prenatal phase (Boyce, Condon, Barton & Corkindale, 2007; Buist, Morse & Durking, 2003; Condon, Boyce & Corkindale, 2004). This suggests that men experience the prenatal phase as the most demanding phase in their transition to first-time fatherhood.

In their literature review on the psychological experience of becoming a first-time father in Western countries, Genesoni and Talandini (2009), corroborated these findings. The authors highlighted three main areas of difficulty for men during the pregnancy: (1) a lack of tangible evidence for the pregnancy/baby elicits feelings of unreality, (2) diverging expectations and different needs from those of their pregnant partner gives rise to disequilibrium in the relationship and (3) difficulty in the formation of a paternal identity, which requires a core identity shift from the role of partner to that of parent. The authors hypothesised that men undergo psychological reorganisation during the pregnancy whilst trying to adhere to a father image that is based on close involvement with childcare and family life, which

Henwood and Proctor (2003) argued is an image that modern fathers have not inherited a role model for. Despite the review's insightful findings, only half of the studies included in it had actually focussed on expectant fathers' experiences during the prenatal period and only a handful of these focussed exclusively on the pregnancy period. Therefore, it can be argued that the review lacks depth and only provides limited insight into expectant fathers' experiences during pregnancy. Although longitudinal studies on the transition to fatherhood are invaluable, offering rich accounts of expectant fathers' experiences across its different phases, there is a danger that researchers will be more focussed on changes over time and overlook the subjective experience of change at a specific point in time. As such, it is also imperative to examine individuals' experiences at a particular point in time (e.g. during the pregnancy), because it is at points of transition that an individual's views, values and ways of being in the world are challenged, which requires them to actively deal with the ensuing changes.

## **The Transition to Fatherhood during Pregnancy**

A meta-synthesis of 13 qualitative studies that focussed exclusively on men's experiences during the prenatal period (Kowlessar et al., 2015), captured the emotional, psychological and physiological experiences of expectant fathers during this time. Five over-arching themes were extracted from the data: (1) Reacting to early pregnancy; (2) On the outside looking in; (3) The pregnant male; (4) The journey of acceptance; and (5) Redefining self as father. This meta-synthesis illuminates how, particularly during early pregnancy, expectant fathers experienced conflicting emotions and felt removed and distant from the pregnancy process. It also describes the physical and/or physiological changes that some expectant fathers had experienced during pregnancy (e.g. stomach pains and mood swings). Finally, it suggests that a man's willingness to be involved with the pregnancy aided and expedited his psychological adjustment, which ultimately allowed him to move away from his life as a non-parent and redefine himself as a father. However, Sandelowski, Docherty and Emden (1997) argue that synthesising data from research studies that uses different methodologies and thus have distinct epistemological positions, as is the case in this particular meta-synthesis, alters the data beyond recognition. According to them, for a meta-synthesis to remain true to the original data, it has to include only those studies that share the same methodological approaches.

Findings from the individual studies that have been included in this meta-synthesis, indicate that men experience many emotional, psychological and physiological changes as they anticipated new fatherhood (Barclay, Donovan & Genovese, 1996; Brennan, Marshall-Lucette, Ayers & Ahmed, 2007; Donovan, 1995; Draper, 2003; Fenwick et al., 2011;

Finnbogadottir et al., 2003; Kao & Long, 2004; May, 1982). It seems that during the prenatal phase men experienced powerful and conflicting emotions, felt isolated and undervalued, came to embrace new values and attitudes and had more expectations, roles and responsibilities placed upon them than ever before (Donovan, 1995; Deave & Johnson, 2008; Draper, 2003; Kao & Long, 2004). Unfortunately, despite the various challenging demands along the way, expectant fathers receive little guidance and few models of support during their transition to first-time fatherhood (Deave & Johnson, 2008).

Burgess and Goldman (2018) point out that despite the guidelines and recommendations of professional bodies and voluntary sector organisations, not a single maternity service in the UK routinely collects or analyses information on fathers' psychological or physical health, asks questions about health-related behaviours or seeks to engage them in health-promoting behaviours during the prenatal period. In fact, no recent or current commission framework in England, Wales or Northern Ireland requires maternity services to engage with anyone else other than the pregnant woman (Burgess & Goldman, 2018). Scotland's 2011 Framework for Maternity Care requires maternity services to recognize the father's role and include him, yet there is no evidence on whether this requirement is being monitored or enforced (Burgess & Goldman, 2018).

An online survey entitled 'How was it for you?' (Fatherhood Institute & Fathers Network Scotland, 2018) that was aimed at fathers whose babies had been born in the NHS in the previous five years, revealed that almost all of the 1873 respondents had attended the antenatal appointments with their pregnant partner during the pregnancy. However, a large number of them had felt ignored by healthcare professionals. Indeed, over 80% of respondents reported that they had not been asked any questions about their mental health, physical health or health-related behaviours, such as diet and exercise patterns, during the pregnancy.

Overall, it seems that more current research is needed on how men experience their transition to first-time fatherhood during the prenatal period. Whilst quantitative surveys are able to elicit detailed information from expectant fathers in relation to their experience of the prenatal period, they are not able to provide a detailed picture of individual experience. With the shifting context of fatherhood, it is important to focus on how expectant fathers reflexively make sense of this critical transitional phase in their lives. Ideographic and qualitative studies, particularly interpretative phenomenological analysis (IPA), are able to provide a much more detailed picture of individual experience of transition (Smith, 1995).

# METHOD

## Participants

Seven expectant first-time fathers were recruited through three recruitment strategies: (1) snowballing; (2) the distribution of advertisement leaflets at two South London hospitals and; (3) posting the advertisement online on Gumtree. Every participant in the study was married and lived with their pregnant partner in London. Their partner was somewhere between 20 and 37 weeks along in the pregnancy. The sample was heterogeneous in terms of age (29-41) and country of origin (Greece, Italy, UK, US), which ran the risk of complicating the data. Yet, no proper justification exists to privilege a certain group of expectant fathers, in terms of age or country of origin. Also, I did not want to prevent any expectant father the opportunity to come forward and share his experience with me. All the participants were white, middle class and tertiary educated and is therefore not representative of all expectant fathers. Pseudonyms were used throughout to protect the participants' confidentiality. A summary of this information is presented in Table 1 below.


**Table 1.** Participants' demographic and background details

## Procedure

Ethical approval was obtained from the Department of Psychology Ethics Committee at City University of London (ethics approval code: ETH1819-0059). The research was conducted in line with BPS and HCPC codes of ethics. Once participants expressed their interest in the study, they were sent a participant information sheet and they were encouraged to ask any questions they might have before considering whether they wanted to participate in the study. Data was collected through face-to-face semi-structured interviews, which were audio-recorded. Whilst an interview schedule guided the process, the open questions included in it were asked in a flexible manner so as to allow the participant to take the lead. Interviews lasted between 43 and 76 minutes. Throughout the research process, the study adhered to Yardley's (2000) criteria to ensure the quality of qualitative research.

## Data Analysis

In IPA, interpretation is described as involving a 'double hermeneutic', with the researcher aiming to make sense of the participant's sense making (Smith & Osborn, 2003, p. 53). The aim of this analysis was to move from the particular of one participant's experience to a shared experience between all seven participants included in the study.

Every transcript was transcribed verbatim, and included verbal and non-verbal cues, which was subsequently analysed line-by-line. Data analysis relied on Smith et al.'s (2009) heuristic framework to process the data:

- Step one – The researcher read and re-read the transcript of individual interviews.
- Step two – The researcher made exploratory comments, which included her initial impressions and ideas of a participant's account, in the right hand margin of the transcript.
- Step three – The researcher developed emergent themes, which captured the essence of her exploratory notes, in the left hand margin of the transcript.
- Step four – The researcher searched for connections and patterns across these emergent themes.
- Step five – The researcher applied the above four stages thoroughly and systematically to each participant's transcript.

- Step six – The researcher explored the commonalities and differences across the seven cases while preserving the idiographic aspect of each participant's experience.

The identified superordinate themes and their corresponding subordinate themes were analysed further with the researcher's interpretations based on supportive quotes from the accounts of the participants (Smith et al., 2009).

## **FINDINGS**

Following the IPA analytic process, the following superordinate themes emerged: Pushed and Pulled in Different Directions, A Rollercoaster of Emotions, A Long and Lonely Road and Anticipating Fatherhood.

### **Pushed and Pulled in Different Directions**

This superordinate theme depicts how each participant was constantly pushed and pulled in different directions during the pregnancy. Each of the seven participants seemed to have endured different, conflicting subjective experiences throughout their partner's pregnancy. This included: their expectations for pregnancy not marrying up with the reality, the pregnancy sometimes feeling real but other times not, feeling actively involved in the pregnancy and therefore visible at times yet powerless and ineffective and thus invisible at other times and, wavering in the extent to which they felt ready to be a father throughout the pregnancy. The ebb and flow of a participant's subjective experience had the potential effect of either pushing the participant away from the pregnancy, as they felt detached or disconnected from it, or pulling the participant closer to the pregnancy since it made them feel connected to their emerging role as father.

Many of the participants described their experience of the pregnancy, including how it came about, to have been different to that which they had previously anticipated. As such, the pregnancy included challenges that they did not foresee or expect to encounter.

Dylan, for example, said:

We did IVF so it was, it's been slightly different to how maybe I thought I'd experience it when I was younger (Dylan, p.1, l.8-9).

Dylan's use of temporal referents in this sentence, initially using "was", the continuous past tense, then switching to "it's been", the present perfect continuous tense, reflects the enduring impact of his past experience of in-vitro fertilisation (IVF). The fact that he and his

partner conceived by IVF thus continues to have an impact on him now, during his partner's pregnancy.

Six out of the seven participants described how the pregnancy did not feel real to them at times, suggesting how difficult it was to connect to the reality of the pregnancy. Since there was very little concrete evidence of a baby, particularly early on during the pregnancy, these participants struggled to connect to the baby that was growing inside his wife's belly. Matteo, who's wife was 20 weeks pregnant at the time, explained that the pregnancy started to feel more real over time, particularly as more concrete evidence for it emerged. He said:

Now there is evidence in terms of the belly being there and now she can actually feel the baby there, I can't feel it yet from the outside. So now it is becoming a lot more real, now that we are doing actually, we are also, we are doing our kitchen and and extending the house (Matteo, p.2, l.53-56).

Although Matteo mentioned that he was not yet able to feel the baby moving inside his wife's belly, it seems that the visible expansion of his wife's growing stomach together with *her* ability to feel the baby move inside of her, constituted physical evidence of the pregnancy for him. As a result, it "now" felt "more real" for him, reflecting how perhaps before it did not feel real, at least not as real as it feels now. For Matteo, the progress that was being made on their house extension project, as they were getting ready to welcome their baby, served as further concrete evidence that he will soon become a father. By repeating the phrase "we are doing" and by using the word "actually", Matteo is alluding to how him and his wife have now become actively involved in the pregnancy, which is making it feel more real.

All of the participants alluded to feeling invisible at times during the pregnancy. Not only was their wife carrying the baby, and thus experiencing all the physical symptoms and signs associated with pregnancy, but she also garnered a lot, if not all, of the attention when others eventually learned of the pregnancy. As a result, the participants often felt overlooked and ignored by the people that they felt close to in their lives. Although all of the participants strived to be actively involved in the pregnancy, the majority of them frequently felt powerless and ineffective. This reflects their unsteady role or position during the pregnancy; oscillating between feeling actively involved on the one hand and powerless and ineffective on the other.

Kevin reflected on the isolation he experienced during the pregnancy because of the invisibility of his experience. He said:



It can be, it can be a bit of a lonely, I don't know, I, I sort of feel like it can be a slightly lonely thing sometimes, because umm women get to walk around with their badges on and everyone knows what's gonna, or you can see it. So people are talking to them about it in public, I am sure this is not news to you, but umm talk, coming up to you in public, women's walking group up the road that Delia bumped into and then chatted about it and then uhh got, we, I don't know, I mean I don't have quite so many people who I can talk to (Kevin, p.1, l.38-45).

Kevin admits that the pregnancy has been a lonely experience for him at times. His assertion that "women get to walk around with their badges on", carries both a literal and figurative sense. In the literal sense, pregnant women are eligible to get a badge from Transport for London (TFL), which allows them to be more visible on public transport. Figuratively, women's bodies undergo visible physical changes, alerting others to her pregnancy and thus her experience of impending motherhood. As a result, women have conversations with strangers about their pregnancy in public. Kevin distinguishes his wife's increasing visibility throughout the pregnancy with his own lack of visibility, which restricted the extent to which he could share his experience with others.

All of the participants reflected on their readiness, or preparedness, to become a father. Whilst six out of the seven participants had planned their pregnancies, reflecting their commitment to embark on this new phase in their lives, all of them reported experiencing a fluctuating degree of readiness for fatherhood during the pregnancy.

I definitely have moments of realisation that includes excitement and joy and that this is going to happen, we are going to have a little family but also fear and anxiety about it umm you know, not feeling ready to be a father (Hugo, p.3, l.138-141).

Hugo mentions that he experienced "moments of realisation", which captures the flickering doubts he experienced throughout the pregnancy. Whilst him and his wife had felt ready to have a family, and were happy and excited about the prospect of being parents, Hugo also experienced fear and anxiety in relation to it. His readiness to be a father therefore appears to have wavered throughout the pregnancy.

## **A Rollercoaster of Emotions**

The second superordinate theme illuminates the rollercoaster of emotions that participants experienced during their partner's pregnancy. Although emotions are referenced across all

the superordinate and subordinate themes, its pervasiveness across the transcript was precisely the reason it felt important to depict it as a standalone theme. Its four subordinate themes are organised in a chronological sequence. 'The Journey to Pregnancy' represents the period before pregnancy confirmation. The vast majority of couples planned their pregnancies and were thus trying to conceive but this journey was more straightforward and easy for some compared to others. Although the journey to pregnancy technically denotes experiences before the pregnancy came about, I have included it due to its inseparability from the participants' experience of the actual pregnancy. The other three subordinate themes were labelled 'First Trimester', 'Second Trimester' and 'Third Trimester' because the way in which all the participants had conceptualised the pregnancy corresponded to medical discourse; there are three, roughly equal, phases, each with its own significant developmental milestones. Since these theme labels are derived from participants' actual experience, which happens to correspond to expert discourse, it is consistent with the ethos of IPA. Each trimester seemed to have evoked mixed and ambivalent emotions in the participants.

For Jordan, having experienced pregnancy loss prior to this pregnancy, meant that he experienced conflicting emotions during the first trimester.

So I suppose in the first you know, uhh, 12 weeks for sure, there was like a kind of wanting to be excited but not wanting to be too excited based on what had happened before (Jordan, p.1, l.29-31).

Although Jordan felt excited that him and his wife had conceived again, he was worried about becoming emotionally invested in the pregnancy, lest the same thing (miscarriage) happened again. For Jordan there was therefore a conflict between wanting to revel in the excitement that pregnancy brings and wanting to protect himself from further heartbreak, reflecting how difficult, emotionally, the first trimester was for him.

Kevin explained that as the pregnancy progressed into its second trimester, it evoked mixed feelings for him.

And then it's, and then, and then, I guess gradually there is the excitement because you start thinking "oh, I wonder what this person is going to be like" and what will, you know how exciting that will be and how much fun that will be and then also "oh god, this is a real big change isn't it, in our lives (Kevin, p.4, l.181-184).

Kevin's repetitive use of "and then" emphasises the fact that his feelings in relation to the pregnancy did not arise instantaneously. Rather, it emerged and intensified over time, as the pregnancy developed. As explored previously, the pregnancy started to feel more real to Kevin as it progressed, particularly once it had reached the end of the first trimester and he started to share the news of the pregnancy with others. Consequently, Kevin began to consider what his daughter's personality might be like and he started to envisage the fun and enjoyment that she will bring to his life, which gave rise to excitement. At the same time, however, he was scared about how radically his life would be transformed by fatherhood. Indeed, during the interview Kevin disclosed that he had started to experience stomach aches during the second trimester, which he had not sought medical attention for but which he had linked to his increased anxiety about the change that lay ahead.

Dylan described the conflicting feelings he experienced during the third trimester.

And every time we go in for a midwife appointment now it's like, is this going to be the time that there is something wrong? But, touch wood, everything has been really good and they seem very happy with umm, with how she is doing and all that stuff umm but yeah we are very, very excited and I think because of the difficulties leading up to this stage, that, that means that we are kind of, there is, mixed in with the trepidation of what's to come, there is a massive sense of relief (Dylan, p.4, l.145-151).

The midwife appointments in the third trimester, like the antenatal scans in the first and second trimesters, continued to arouse anxiety in Dylan. This anxiety stemmed from a fear that something will go wrong in the pregnancy and Dylan's use of "touch wood" indicates how this fear was ever-present, throughout the pregnancy. Whilst the antenatal appointments confirmed that the pregnancy was progressing as expected, which brought about an enormous sense of relief for Dylan given how difficult their journey to pregnancy has been, Dylan remained scared that his hope for the future (to be a father) will somehow be prevented from coming true. In addition to his fear that he will be prevented from being a father, Dylan also experienced fear in relation to what fatherhood will be like. At the same time, he was "very, very excited" to become a father, which reflects the strong feelings of exhilaration that Dylan experienced during the final trimester of his partner's pregnancy. It is thus clear that, Dylan continued to experience strong, opposing emotions, even near the end of the pregnancy.

## A Long and Lonely Road

The third superordinate theme 'A Long and Lonely Road' depicts the arduous experiences of the participants during their partner's pregnancy. Not only did many of the participants perceive the pregnancy as a lengthy process, which left them frustrated and impatient as they just wanted to meet their baby, but they also felt isolated during it, with a lack of support from those around them.

Jordan described how he felt stuck in the same position during the pregnancy, despite the passage of time.

Yeah but in general I think it, you know it is just something you have to deal with like yeah day by day, umm, just waiting. I find in general just the whole pregnancy thing is, is just that it takes so long (Jordan, p.2, l.55-57).

Jordan alludes to how powerless he felt at times during the pregnancy; he had to deal with each day as and when it came, having no control over the situation whatsoever. Committed to a goal that was in sight but out of reach, Jordan was "just waiting". Jordan experiencing the pregnancy as "so long", perhaps reflects his frustration and impatience, especially because his baby's due date was still seven weeks away at this point.

For Steven, who's wife was in her seventh month of the pregnancy, it was difficult to recall the moment he had learnt of his wife's pregnancy since it had felt like a lot of time has passed since then.

Uhh, it feels like a long time ago now even though it is not. It's just because, you know you, you are doing it month by month uhh... (Steven, p.2, l.73-74).

Steven alludes to how far away the pregnancy confirmation seems to him in the present moment despite his knowledge that it only happened relatively recently. He offers an explanation for this ambiguity by saying that progress in the pregnancy happens in a gradual and steady way, "month by month". This confirms Steven's perception of time moving slowly during the pregnancy. It seems plausible to infer that there would have been times during the pregnancy that Steven did not see the progress he might have wanted to see, resulting in feelings of frustration, uncertainty and impatience. By starting and ending his sentence hesitantly, Steven might be, in some way, echoing how time is elongated during pregnancy.

For Hugo the pregnancy had made him feel trapped and isolated. Not only did he have to give up some of his hobbies already, but he was also spending his free time preparing for his baby's arrival, which, in combination, diminished the enjoyment he could get from life. He said:

Like umm I just can't do that anymore and it is, yeah it is a bit uhh it makes you feel a little, like I feel sort of trapped (Hugo, p.14, l.617-618).

And

You just sort of feel increasingly cornered into a smaller uhh life or something (Hugo, p.14, l.626-627).

Hugo asserts that is unable to do the things he used to enjoy previously, which, amongst other things, included going "to beat some bells with a bamboo stick at the weekends like I use to do" (Hugo, p.14, l.614). With this Hugo is referring to the lack of autonomy, even spontaneity, that he had been experiencing in his life since the pregnancy confirmation. No longer able to engage in simple, pleasurable activities in the outdoors, Hugo felt like he was losing the small joys in his life.

## **Anticipating Fatherhood**

The fourth and final superordinate theme 'Anticipating Fatherhood' centres on the participants awaiting the birth of their baby, and thus fatherhood. It reflects how the participants' identities had evolved since learning that they are to become fathers and documents how they were actively preparing, albeit to varying degrees, for life with a baby. Every participant expected his life to change in a fundamental way following the birth of his baby and reflected on his fears and expectations for new fatherhood. The participants all aspired to be actively and equally involved, compared to their partner, in the parenting responsibilities once their baby was born.

Steven felt that his mindset had changed as a result of the pregnancy and that he had become more mature since learning that he was going to be a father.

I guess I kind of changed my mind set a little bit, I have kind of matured and become a bit more umm I guess a bit more proactive in what I do and how I manage my time and what I do and what my wife, rather than kind of being told to do things, I kind of automatically do it (Steven p.14, l.611-614).

Although Steven's use of the terms "I guess", "kind of" and "a little bit" reflects his uncertainty as to the exact degree that he has changed, he nevertheless feels that he has changed since learning that he is about to become a father. Not only has Steven's time management improved, but he has also come to behave in a more responsible and conscientious manner, selectively and spontaneously completing tasks rather than waiting to be instructed to do so by his wife. By using the words "mature" and "proactive", both of which carry positive connotations, Steven suggests that he embraces his new way of being.

For some participants, the pregnancy seemed to involve meticulous planning. For example, Matteo said:

So, so now it is kind of, we have a deadline, that has to be finished by the end of November because the baby is coming end of February and we need to do all, we need to do the nursery after that, we have to, like we have a big schedule. So now it's becoming more real and also organising when the parents will come, during the birth, after the birth, and before, who is going to come before or after (Matteo, p.2, l.58-63).

Matteo mentions that the builders, who are currently busy renovating their house have been given a deadline of the end of November for the completion of the building works. For Matteo, three months does not seem like enough time, or at least will require a tight schedule, to get the nursery ready. This perhaps suggests that Matteo and his wife have big plans for the baby's room. "We need to" and "we have to" reflects the importance Matteo attaches to establishing, and sticking to, a particular timeline. His use of "during", "before" and "after" further indicates his preference for having things in a particular order.

Virgil, on the other hand, took a more relaxed approach and did not feel compelled to plan ahead. However, this does not mean that he always felt relaxed. Indeed, there were moments during the pregnancy, particularly when Virgil had started to attend antenatal classes through which he was exposed to the plans and preparations of other expectant parents, that he experienced worry and self-doubt.

But yeah as I said other people react differently, they might have everything ready and but you know we are, I think both of us we are more step by step. Step by step we get everything ready and I realise yeah we need that, you know, we are not huge planners. So now we are having the conversation about the bag you need to carry to

the hospital, and you don't know what to put in it. Some people would know probably from the second month (Virgil, p.15, l.659-665).

Virgil accepts that expectant couples, due to individual differences, vary in the extent to which they prepare themselves and their surroundings for life with a baby. Describing him and his wife as "not huge planners", Virgil explains that instead of having a grand plan or following a schedule, they prefer to get ready one step at a time. Virgil states that it is only now, at 28 weeks and thus the beginning of the third trimester, that him and his wife had turned their attention to the hospital bag that they need to prepare and take along with them when it is time for the birth of their baby. Yet, Virgil and his wife remain unsure about what the contents of this bag should be. Virgil contrasts him and his wife's approach to other expectant couples, who might have a clear inventory of what will go in their hospital bag by the second month of the pregnancy.

Many of the participants worried about the loss of freedom that fatherhood will bring. Hugo, for example said:

You can't just go out, or leave and do something. There is a baby to take care of, it's scary (Hugo, p.1, l.92-93).

Hugo accentuates the restrictions that new fatherhood will bring to his life and the pressure that that creates for him. The baby's needs will triumph all, which means that Hugo will be unable to spend his time in the way that he might want to. He admits to finding the loss of freedom beyond birth daunting and it relates to the feelings of frustration and entrapment he has been experiencing during the pregnancy, which had been mentioned previously during the analysis.

Jordan spoke of how he and his friends all regarded a father's role to be of equal importance to the mother.

Like my friends who have either had kids or are having kids, would see a big role for the father, like very active in terms of doing chores, caring for the baby, like changing the nappies, like it is all basically considered very equal (Jordan, p.8, l.356-358).

Jordan asserts that his friends, whether they are parents already or about to become parents, all expect the father to share the parenting responsibilities, in an equal manner, with the mother. This includes doing household chores and looking after and caring for the baby.

Jordan's use of "very active" suggests that, for him and his circle of friends, a father's involvement in a child's life is characterised by continuous effort and action. He goes on to say:

And if in any way it was thought to be, especially by the men, thought to be different than that then there would be quite a strong I think social pressure to be like yeah that's really kind of outdated (Jordan, p.8, l.361-363).

Jordan refers to a "social pressure" on a man, particularly from other men, to be an involved father. According to Jordan, if a father was to deviate, "in any way" from this involved fathering ideal, then his peers would speak up to convey to him that his fathering practice(s) is out-of-date. Jordan is thus noting the direct influence that others have on the kind of father a man is, specifically because they can encourage men to conform to the prevailing attitudes and values of the time in relation to the father role.

## **DISCUSSION**

In the introduction it was revealed that men's transition to first-time fatherhood is a complex, unstructured and challenging process (Daiches et al., 2011; Doucet, 2009; Draper, 2002, 2003; Genesoni & Talandini, 2009, Miller, 2011) and that men frequently express ambivalent feelings during their partner's pregnancy (Donovan, 1995; Draper, 2003; Finnbogadottir et al., 2003). The findings of the current study highlight the emotional and psychological impact of the prenatal period on men in their transition to first-time fatherhood.

In their review of men's psychological transition to fatherhood, Genesoni and Talandini (2009) highlight the prenatal period as being the most stressful time for men undergoing the transition to fatherhood. The authors speculate that the reason for this might be that men must undergo psychological reorganisation during this period. The findings of the present study lend support to this claim by illuminating the psychological impact that the pregnancy had on the participants. Not only did the pregnancy trigger a reappraisal of their lifestyle, resulting in new intentions and subsequent behavioural changes, which is consistent with the findings from Condon et al. (2004), but it also caused the participants' self-identities to evolve. As a result of the pregnancy confirmation, and in response to impending fatherhood, the participants had new perspectives, values, priorities and responsibilities. This finding complements, and adds to, some of the findings of Kowlessar et al. (2015). Whilst in their meta-synthesis, expectant fathers had only started to re-evaluate what was important to them and began to reflect on their own fathering experiences and visualise themselves in



the father role during the third trimester, all the participants in the present study seems to have done so from the moment, or shortly after, the pregnancy was confirmed. Even those participants whose partner was still in the second trimester of her pregnancy, described how their mind-sets and lifestyles had changed as a result of the pregnancy, suggesting that these psychological and behavioural changes are not necessarily confined to the final trimester of pregnancy. Yet, although all the participants described change, the scale of this change varied considerably across the men according to their personal circumstances. However, and in line with the findings from Gage & Kirk (2002), due to more tangible evidence of the pregnancy, the reality of fatherhood increased as the pregnancy progressed. Not only did the participants' psychological involvement increase with the progression of the pregnancy but it also amplified their sense of responsibility.

Although the majority of participants embraced their new identity and alluded to having experienced personal growth as a result of it, which is consistent with the findings produced by Kao and Long (2004), every participant had entered into a world of uncertainty during the pregnancy, which is in line with much of the research on expectant fathers' experiences during the prenatal period (Barclay et al., 2006; Brennan et al., 2007; Donovan, 1995; Draper, 2002, 2003; Genesoni & Talandini, 2009; Kao & Long, 2004; Kowlessar et al., 2015). All the participants anticipated various and profound changes to their personal and professional lives beyond the birth of their baby and worried about their ability to cope with the demands of fatherhood. They were all planning ahead and preparing, to varying degrees, so as to manage, or minimise, the disruption that fatherhood will cause in their lives, which corresponds to the findings from other studies that have shown that men choose to be actively involved in preparing for fatherhood (Ferketich & Mercer, 1995; Gage & Kirk, 2002). At the same time, the participants all reflected on how difficult it was to prepare for such an unimaginable future, which added to their feelings of uncertainty, fear and anxiety. Similar to the findings from Deave and Johnson (2008), the participants often did not feel adequately supported during the pregnancy, referring to a lack of information and resources available to them. As a result, they often feel more detached from the pregnancy than they expected or wanted to be (Deave & Johnson, 2008; Fenwick et al., 2012), resulting in ambiguity and ambivalence. Whilst most of the studies on expectant fathers have pointed to the ambivalence that men experience during their transition to first-time fatherhood (Draper, 2003, Chandler & Field, 1997; Gage & Kirk, 2002; Genesoni & Talandini, 2009; Jordan, 1990), the present study illuminates and extracts the different pull and push forces that underlie this ambivalence.

## **IMPLICATIONS FOR PRACTICE**

This research project sheds light on a population that is under-researched and who may be reluctant to express their support needs or to seek help. Not only do expectant (and new) fathers feel excluded by maternity services, but they also seem to question their entitlement to support, noting that services are overstretched and 'should' focus on mothers (Darwin et al., 2017). Moreover, out of compassion for their pregnant partners, who are often their main source of support (National Society for Prevention of Child Cruelty, 2014), expectant fathers don't share many of their difficult experiences during the pregnancy with her, or indeed, anyone. Several participants noted how valuable and important the research interview was for them as it allowed them to reflect on and give voice to their experiences during their partner's pregnancy, which, at two (sometimes three) trimesters into the pregnancy, not a single person had asked them about.

During the prenatal period, an expectant father is left to make sense of who he is, without any support. Raising awareness of expectant fathers' desire and intent to be involved during the prenatal period, can create opportunities to provide more tailored education and social support to this group of men (Fletcher, May, St. George, Stoker & Oshan, 2014) which can ultimately improve outcomes for the family as a whole (Alio, Lewis, Scarborough, Harris & Fiscella, 2013). This might include counselling psychologists producing an information resource, in the form of a booklet or perhaps an electronic PDF file, which expectant fathers can get access to at the beginning of their journey towards fatherhood. Furthermore, counselling psychologists understand the importance of letting clients talk freely and openly about their experiences in a safe space and more needs to be done to give expectant fathers the opportunity to talk about their experiences, and their changing sense of self, during the transition to fatherhood. This could be done by signposting to counselling services in maternity waiting rooms or GP offices. Not only will counselling provide an outlet for them but it can also help them to cope with the uncertainty and fear that seems inherent to the transition to first-time fatherhood. It seems that expectant fathers need to do so separately from their partner however because her presence might increase his reluctance to share openly and freely, out of his need to want to protect her from any additional stress. Individual sessions, or even group sessions with expectant fathers, might therefore be more appropriate.

## **LIMITATIONS AND IDEAS FOR FUTURE RESEARCH**

In light of the significant gap of literature on the experiences of expectant fathers during the prenatal period, this study could be perceived as a preliminary starting point for further

research. Unfortunately, and similar to most studies that investigate the transition to fatherhood, the sample of participants were predominantly white, middle class and tertiary educated. In fact, these demographics are overrepresented in research in general (Arnett, 2008). As a result, the men who were included in the study are therefore unrepresentative of expectant fathers in general and limit the transferability of the findings to men from other social backgrounds. Future studies might conduct similar research on expectant fathers from other ethnicities and/or those from working class backgrounds as they may face distinct challenges during the prenatal period in their transition to first-time fatherhood.

In order to promote the health and wellbeing of expectant fathers during their transition to first-time fatherhood, research need to establish the kind of support that fathers would find helpful and/or acceptable. Whilst a couple of the participants in the study suggested that they would have appreciated antenatal classes that are tailored specifically to expectant fathers, further research can establish a variety of sources through which expectant fathers might be supported. This includes how and when it is delivered and by whom. Additionally, future research should investigate how men would perceive the introduction of routine antenatal mental health assessments on expectant fathers as well as their receptiveness to healthcare settings promoting and improving access to counselling services for expectant fathers during the prenatal period.

## **CONCLUSION**

Fatherhood is in a constant state of flux. Whilst the ideal of involved father is increasingly promoted in society, it is done against a societal backdrop which is slow to change its inherent conceptions of fatherhood (Machin, 2015). As such, there is a disparity between what fathers expect the transition to fatherhood to be compared to what it turns out to be in reality. A lack of acknowledgement, inclusion and support from healthcare professionals, particularly within maternity pathways, are at odds with expectant fathers' desire and intention to be involved in all aspects of fatherhood, including pregnancy. This study utilised IPA to provide an in-depth exploration of the lived experiences of seven expectant fathers during the prenatal period. Its findings suggest that counselling psychologists can play an important role in supporting expectant fathers during this complex and challenging time in their lives.

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## Appendix M

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Chua, P., & Fujino, D. C. (1999). Negotiating new Asian-American masculinities: Attitudes and gender expectations. *The Journal of Men's Studies*, 7, 391-413.

Article in an Internet-only journal:

Gordon, R. (2004, June 15). The men among us. Library Journal.com. Retrieved October 15, 2006, from <http://www.libraryjournal.com/article/CA423789.html>

#### Book:

Lee, T. (2007). A new path at midlife: Transformative relationship & story for men. Harriman, TN: Men's Studies Press.

#### Chapter in a book:

Pleck, J. H. (1995). The gender role strain paradigm: An update. In R. F. Levant & W. S. Pollack (Eds.), A new psychology of men (pp. 11-32). New York: Basic Books.

#### Dissertation:

Davis, F. (1987). Antecedents and consequents of gender role conflict: An empirical test of sex role strain analysis (Doctoral dissertation, Ohio State University, 1987). Dissertation Abstracts International, 48(11), 3443.

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