A Qualitative Exploration of Men’s Transition to Fatherhood and Experiences of Early Parenting

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Thesis Abstract

A Qualitative Exploration of Men’s Transition to Fatherhood and Experiences of Early Parenting

Omar Kowlessar, University of Manchester, Doctor in Clinical Psychology, 2012

This thesis explores the experiences of men in the context of pregnancy and fatherhood using qualitative methodologies. It is presented as three papers, 1) a literature review; 2) an empirical study and 3) a personal and critical reflection of the processes involved in conducting the research.

The literature review contains a systematic review of qualitative studies pertaining to men’s experiences during their partners’ pregnancy. The findings of 13 studies were synthesised to develop a comprehensive understanding of the phenomenon and to offer new insights. Noblitt & Hare’s (1998) approach was used to construct five overarching themes which housed a total of 10 sub-themes. The synthesis is the first of its kind which solely focuses on men’s experiences of pregnancy; the inter-related themes represent a temporal trajectory, from early to late pregnancy, of the emotional, psychological and social changes that men may experience during their transitory journey. Similarities between the experiences of fathers and mothers are also highlighted, and are used to inform the clinical recommendations made for health visitors and midwives in providing antenatal services.

The empirical study is a qualitative investigation into the lived experiences of 10 first-time fathers during their first year; it is based on Interpretative Phenomenological Analysis (IPA; Smith, 1996). Through in-depth semi-structured interviews, six super-ordinate themes were identified which contained a total of 21 sub-ordinate themes which composed a detailed description and thorough understanding of the participants’ personal worlds. The findings support the existing literature as well as offer new insights; using contemporary Transition Theory (Draper, 2003) as a theoretical framework, the birth of a man’s baby does not mark the start of his transitional journey but a continuation of it, with many experiences carrying over from pregnancy into parenthood. Participants talk about the type of support they would have valued in the antenatal period. Recommendations are made as to how antenatal services can be adapted to meet the needs of expectant fathers and mothers. The findings are particularly relevant to clinicians who routinely work with expectant couples, as there are similarities as well as differences between the experiences and needs of fathers and mothers.

The third paper is a personal and critical reflection the processes involved in carrying out the research project. It contains critical discussions on the various aspects of the research including, rationale for chosen qualitative approaches, epistemological assumptions, recruitment issues, the interviews process, data analysis. Interwoven throughout this paper are personal reflections which draw parallels between the theoretical processes and practical skills used as a researcher conducting qualitative research and as a clinical psychologist. The paper highlights how the author has developed as both a researcher and clinician. When held in mind and used appropriately, the skill set of researcher and therapist can be used in synergy to complement one another.
Declaration

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Finally, but not least, I would like to thank all the dads who took part in the study, your openness, honesty and desire to help is what made this project possible in the first place. Your involvement has allowed me and everyone who reads thesis, a privileged insight into your personal world. Thank you.
A Meta-synthesis of First-time Fathers’ Experiences of Pregnancy

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Abstract

The transition to fatherhood is a challenging yet exciting journey for a man which begins during pregnancy. Expectant fathers may undergo many emotional, psychological and sometimes physiological changes as they adjust in preparation for their new life ahead. In this study, Noblit and Hare’s meta-synthesis approach was used to review and synthesise 13 qualitative articles relating to expectant fathers’ experiences of pregnancy, in an attempt to better understand their experiences, and recommend how professional support can be provided during what could be argued as the most significant phase in a man’s life cycle. The synthesis of the studies illustrate that, novice and experienced, expectant fathers experiences of pregnancy fall within 5 overarching themes, Emotional Responses to Pregnancy, Toll of Wellbeing, Psychological Dissonance, Accepting the Reality and Adjusting, and Development of Identity. Over-arching themes contained a further 10 subordinate themes. Possible clinical implications and limitations of the meta-synthesis approach are discussed.

Keywords

men; metasynthesis; pregnancy; qualitative; transition
Throughout the early nineteenth century academic and clinical interest in fatherhood has been on the periphery of parenting research, with the needs of mothers and mother-infant bonding taking centre stage (Lewis, 1995). Societal values, views and parent-related expectations have carved out traditional parenting roles for men and women when it comes to parenting behaviour (Henwood & Proctor, 2003).

Early father-focused research took on a pathologising attitude towards fatherhood (Lupton & Barclay, 1997); focusing on the psychological difficulties that men experienced and the maladaptive ways in which they responded (Clinton, 1987; Strickland, 1987; Ferketich & Mercer, 1989; Ballard, Davies, Cullen, Mohan & Dean, 1994). Consequently, fathers were seldom given the opportunity to give personal, qualitative accounts of their experience.

As time has progressed so too has society’s expectations and attitudes towards the role of fathers in parenting; men are now viewed as equally important in the child rearing process with more expectations placed upon them (Fenwick, Bayes & Johansson, 2011); especially considering that an increasing number of mothers have to go back to work after a period of maternity leave to help support the family. This cultural shift has given rise to a whole new wave of parenting research over the past twenty years or so which has either, solely focused on fathers as the subject of interest, or included them in what would have otherwise been mother-only-research years ago. Although still comparatively nebulous, the current research involving fathers has demonstrated the importance of father involvement in not only their children’s development and future psychosocial well being (Wilson & Prior, 2011), but also how their partner copes both during pregnancy, and in the immediate postnatal period (Burgees, 2011).

The interest in fatherhood research has started to spread globally and has captured the attention of researchers in Eastern cultures (Kao & Long, 2004); however, academic
discourse in this area has developed rapidly in Western society, predominately the United Kingdom (UK), North America and Australia since the 1950s (May & Perrin, 1985), with disciplines like psychology, psychiatry, and medicine, fuelling the interest in this field over the 1970s and 1980s. In the 21st century fatherhood research is common place, with charitable organisations, such as the Fatherhood Institute in the UK, helping to increase public awareness. Nowadays fatherhood features in health, family, and social policy contexts (Department of Health, 2009; Draper, 2002).

Despite a shift in how society views fathers, their role during pregnancy seems to be less well understood. They are viewed as someone who is essentially there to serve as a form of support for the mother (O’Leary & Thorwick, 2006). This systemic attitude has been proliferated by models of antenatal healthcare which primarily focus on the expectant-mother’s physical health needs, and marginalises or completely negates those of the expectant father (Waters, 1996/1997). Nevertheless expectant fathers are expected, by healthcare professionals and society as a whole, to play an active role throughout the pregnancy and the birth process. Although men can view this time in their lives as a positive one which helps them to make the transition to fatherhood (Johnson, 2002), men also report that becoming a father does not necessarily fulfil their expectations (Draper, 2003). This finding has been attributed to a poor understanding of expectant fathers’ needs by health professionals, a lack of communication of information, limited availability of male role models, and a poor acknowledgement of the importance of their role during the pregnancy period by health professionals (Nichols, 1993; Chandler & Field, 1997; Somers-Smith, 1999; Cooper, 2005).

In sociology, nursing, and psychology literature, pregnancy is described as an extension of an ongoing developmental continuum for both men and women, and represents a key transitional time in the life cycle (Imle, 1990). Recent research has focused on how this
time of transition is negotiated, and the factors which influence it (Chin, Hall & Daiches, 2011). It is widely accepted that the pregnancy phase in a man or woman’s life cycle can bring with it many challenges and stressors (Campbell & Field, 1989); with some researchers reporting that, for first-time fathers, the pregnancy phase can be more stressful than the postnatal period (Buist, Morse & Durkin, 2003; Condon, Boyce & Corkindale, 2004). In their meta-analysis, Paulson, Sharnail and Bazemore (2010) noted that rates of depression were 10% higher in first-time fathers compared to the general male population.

A large body of research documents the impact of the stresses associated during the pregnancy period on fathers’ mental health (Matthey, Barnett, Ungerer & Waters, 2000; Bartlett, 2004; Edhborg, Matthiesen, Lundh & Wildstrom, 2005; Hayman, 2004), which highlights that mothers are not exclusively vulnerable to mental health problems at this critical time, but fathers can experience similar problems, and are just as susceptible to the same adjustment difficulties, stresses, and maladaptive coping behaviours reported by mothers (May, 1982a). More recent evidence suggests that a father’s mental health and well-being have a direct bearing on their partner’s health in both the pre and postnatal period, especially if the woman is experiencing postnatal depression (Burgess, 2011).

Considering the importance of the pregnancy period, and the implications it can have on not only the man’s life and parental trajectory, but the woman’s also, relatively few studies have explored this phenomenon from the perspective of the expectant father (Fenwick, Bayes & Johansson, 2011; Wilkes, Mannix & Jackson, 2011; Kao & Long, 2004; Armstrong, 2001; Barclay, Donovan & Genovese, 1996; Donovan, 1995). Summative findings from such studies support the widely accepted belief that men can often feel unprepared, unsupported, and helpless during pregnancy (Bothamley, 1990) due to health services not making them feel valued and included during this critical time (Brennan,

Steen, Downe, Bamford and Edozien (2011) conducted a meta-synthesis of 23 studies published between 1999 and 2010. The studies included men’s experiences relating to three areas: pregnancy, child-birth, and maternity care. Fathers cited in their meta-synthesis a desire to be involved and supportive of their partners during pregnancy, but felt excluded and unsupported by maternity services. The notion of risk featured in the majority of participants’ narratives, where men showed concern for the welfare of their partners and unborn baby, especially if they had experienced previous trauma or loss. Many fathers also experienced fear and uncertainty when they first found out their partner was pregnant. Despite their insightful findings, Steen et al (2011) did not give enough consideration to how services could improve future antenatal experiences for expectant fathers. Furthermore, by synthesising and reducing data from three related, albeit diverse topics, participants’ experiences of pregnancy seemed to lack depth, and detail as only two themes (risk and uncertainty and exclusion) emerged in this area.

In their synthesis of six studies published between 2002 and 2008 focusing on men’s experiences from pregnancy to 14 months after the birth, Chin, Hall and Daiches (2011) identified three themes: emotional reactions, role, redefining self and relationship with partner. Men reported feeling distant and detached from the pregnancy process which was amplified by feeling overlooked in antenatal classes. However, because of the large time frame involved (pregnancy to 14 months post-birth), most of the synthesised data pertained to men’s experiences in the postnatal period, with little information based on the pregnancy period; the paucity of detail was precipitated by the small number of studies used in the synthesis, and overly concise and limited use of quotes from participants to exemplify the
themes. Both studies (Steen et al, 2011; Chin et al, 2011) provide limited insights into the psychological and social changes that expectant fathers experience during pregnancy.

Given the importance of the pregnancy period which has already been emphasised, the aim of this meta-synthesis was to address the limitations of the aforementioned studies (Steen et al, 2011; Chin et al, 2011), by exclusively focusing on expectant fathers’ experiences during the pregnancy period, including studies published prior to 1999, and paying careful attention to how the findings can be applied to clinical practice. It is intended the synthesis will provide a more detailed and comprehensive understanding of the emotional, psychological, and behavioural changes, that some men experience during their journey to fatherhood. The findings will also be compared and contrasted with the literature on expectant mothers, to see how similar and different the needs and experiences are between men and women; this will help inform the understanding and clinical practices of health professionals who routinely come into contact with expectant couples. A meta-synthesis methodology was chosen for its appropriateness concerning the aims of this study, which was not only interested in relaying expectant fathers’ experiences of pregnancy, but to also uncover, interpret, and reconceptualise the essential meanings of those experiences into a coherent and comprehensive understanding.

**Methodology**

**Systematic Literature Search**

*Search Strategy.* The following databases were searched: Web of Science, PsychINFO, MEDLINE, Ovid MEDLINE R, PubMed, Embase, Maternity & Infant Care, AMED (Allied & Complimentary Medicine) to yield English language studies which investigated expectant fathers’ experiences of pregnancy, using qualitative methodologies published in any year.
(Appendix 2). As the subject of men’s experiences of pregnancy, within fatherhood research, is a relatively new area, this strategy initially identified 608 studies.

**Inclusion and Exclusion Criteria.** Consistent with systematic review methodology, strict inclusion and exclusion criterion was applied to filter studies for relevance. All study titles were read, which resulted in 56 duplicate and 121 irrelevant studies being removed. The abstracts of the remaining 431 studies were read and measured against the criterion contained in Table 1; this resulted in 11 relevant studies being identified. Back-chaining of references identified another two appropriate studies. Google scholar, the Journal of Reproductive and Infant Psychology and Qualitative Health Research were searched for additional studies using simple broad-based search terms (Flemming & Briggs, 2007), but yielded no additional results.

INSERT TABLE 1 HERE (Page 48)

**Results of Search Strategy.** Thirteen qualitative studies exploring men’s experiences of pregnancy were identified at the end of the literature search process. See Appendix 3 for methodology, main findings, and participant characteristics of the 13 studies. The search result included five studies which were also included in Steen et al’s (2011) and Chin et al’s (2011) synthesis and eight studies which were not.

**Critical Appraisal Process**

The Critical Appraisal Skills Programme (CASP; 2002) was used in conjunction with guidelines endorsed by Walsh and Downe (2006). The CASP is a validated, structured, and subjective rating instrument which consists of 10 items concerned with rigour, credibility and
relevance. The CASP was applied to all 13 studies; each of the CASP items was scored as 0 or 1. Each study was then given a quality rating ranging from A to C based on the overall score (Appendix 4). Based on Walsh and Downe’s (2006) suggestions, category ‘A’ represented studies which were rated as high quality and low bias; these studies scored between 8 and 10 on the CASP. Category ‘B’ studies were rated as moderate quality and moderate bias and contained CASP scores of 5 to 7. Category ‘C’ studies contained CASP scores of 2 to 4 and represented low quality and high bias. In order for the meta-synthesis to be inclusive, studies were excluded on the basis of their CASP rating. The rating and categorisation process of all 13 studies was then re-rated by another independent researcher for reliability. There was a 69% agreement between ratings, with the differences between raters not affecting the overall categorisation for any of the studies.

**Characteristics and Quality of the Included Studies.** As all studies were rated as either category ‘A’ or category ‘B’; all 13 studies were included in the meta-synthesis. The CASP highlighted some variation between studies in terms of their methodological rigour, credibility, and relevance. Seven studies were scored as having high quality and low bias (Category A), and six studies were categorised as moderate quality and bias respectively (Category B), but were borderline to Category A. The 13 studies represented 281 men from diverse cultural backgrounds, including the United Kingdom (UK), United States of America (USA), Sweden, Australia and Taiwan. Participants’ socio-economic status ranged from lower to middle class, and they covered a broad age range (16 – 59 years old).

Despite all the studies using men as the primary informant, one study (May, 1982) reported that men participated in interviews in the presence of their respective partners. The authors did not stipulate what part, if any, the partners played in the study. However, it is possible that having them present during the interview may have influenced what the men
said about their experience, and how they said it, which may have impacted on how open and honest the men were.

Two studies (Amstrong, 2001; O’Leary & Thorwick, 2005) pertained to men’s experiences of pregnancy after having experienced a prior perinatal loss. Whilst it could be argued that their needs, expectations and anxieties during the pregnancy period are similar to expectant fathers who have not experienced any loss, it could also be assumed that the phenomenological content of their experiences would have been strongly influenced by their previous losses. However, exploration on the subject revealed that men’s experiences of pregnancy following prior perinatal loss is not a commonly researched area, and therefore including these in the synthesis added more depth and richness to the phenomenon of men’s experiences of pregnancy as a whole.

The majority of studies gave adequate details on participant demographics, and included a mixture of homogenous and multicultural men. They also reported how and where participants were recruited. However, one study (Fenwick, Bayes & Johansson, 2001) failed to report any demographic data, apart from the sample consisting of both novice and experienced fathers. Sample sizes differed greatly between studies, ranging from four (Armstrong, 2001) to 53 participants (Barclay et al, 1996). The authors of one study (May, 1982) used 20 participants for their study but also included interview data from another 80 participants of which no demographic and recruitment information was given.

Data collection methods also varied greatly, and consisted of semi-structured or in-depth interviews, focus groups, behavioural observations and structured diaries. The most common data capture method was semi-structured interviews, used in eight out of 13 studies. One study used a focus group and the remaining studies used unstructured interviews. The use of behavioural observations was used in one study, as well as semi-structured interviews (May, 1982), to capture objective data on men’s behaviours in child birth classes over a
period of two years. The author did not adequately outline how the behavioural data were analysed or at what time points the interviews were conducted. Fenwick et al (2011) asked participants to complete personal diaries in addition to participating in unstructured interviews; only six out of 12 participants completed the diaries. As they were mainly experienced fathers, this may have biased the overall findings. Additionally, participants were interviewed before and after the birth of their baby; as the topic under investigation remained the same at each time point (their experiences of pregnancy), it could be argued that the men’s accounts could have been influenced by their post-birth experiences, affecting the accuracy of their narratives.

Despite all the studies capturing the experiences of men, the variation of methods used may have affected the type and quality of data obtained. For instance, in-depth interviews, by design, are loosely structured, and a researcher may only explore one or two themes when using this method. In contrast semi-structured interviews usually have a presupposed framework of questions to be covered (Britten, 1995).

Furthermore, the length of interviews and amount of time participants were required to commit to the studies varied between studies. Data capture methods, regardless of type, ranged from 30 minutes to 190 minutes. Most participants were interviewed once but in one study (May, 1982), men were interviewed up to four times, with each interview taking two hours. In Donovan’s study (1995) participants had to attend four meetings which lasted two to three hours each. Although Kao and Long’s study (2004) had to be translated from Taiwanese into English, the methods the authors used for this process were clearly stated and appeared rigorous.

Due to the variability of methodological approaches used, the methods of data analysis varied too. The majority of studies had clear outlines of the frameworks which were used, these included: 1) Grounded theory; 2) Phenomenological approaches; 3) Ethnographic
approaches; 4) Content analysis; 5) Content text analysis (Burnard, 1991; 1996); 6) Thematic analysis based on Colaizzi’s (1978), and Giorgi’s (1997) method; and 8) Comparative content analysis (Glaser, 1978). Some studies demonstrated a weakness in the reporting of reflexivity processes as well as failing to outline if and how the credibility and trustworthiness of the data were achieved.

**Metasynthesis**

Noblit and Hare’s (1988) seven step approach to metasynthesis was chosen to guide the synthesis process (Appendix 5). According to Bondas and Hall (2007), it is the most widely used and developed method for synthesising qualitative data and has been used in a wide variety of health-related research areas (e.g., Beck, 2002). This approach utilises a systematic, transparent, and scientific theoretical framework from which the meta-synthesis is conducted. In contrast to an aggregative meta-analysis, this approach relies on interpretive processes (Walsh & Downe, 2005). Part of the preparatory stages of the synthesis process involved extracting key concepts and thematic data from all studies (Appendix 6).

**Findings**

Despite variations between studies, in terms of the methodological approaches and quality ratings, there were remarkable similarities between participant narratives, denoting a shared essence of the meaning of their experiences of pregnancy. The synthesis yielded five over-arching themes which, in total, contained ten sub-ordinate themes. Table 2 contains all the themes and shows the thematic structure of over-arching and sub-themes; it also illustrates which themes were shared, not present, or refutational between the 13 studies.

INSERT TABLE 2 HERE (Page 49)
Figure 1 is a diagrammatic formulation of the main themes and their relationship to each other; it represents the temporal journey that men go through during their partner’s pregnancy. It attempts to highlight the events, phases and difficulties that men experience rather than just a presentation of different aspects of their experiences.

INSERT FIGURE 1 HERE (Page 50)

Super-ordinate Theme 1: Emotional Responses to Pregnancy

The most vivid and commonly talked about experience by expectant fathers, across all the studies, was their diverse emotional experiences in the early stages of pregnancy, usually after pregnancy confirmation (Draper, 2002) and throughout the first trimester. This superordinate theme expressed the emotional reactions of expectant fathers and belied the processes underlying their state of mind. This comprised of two distinct sub-ordinate categories, each with their own emotional sequelae.

Sub-ordinate theme 1: mixed feelings to pregnancy confirmation. This theme describes the wealth of emotions that men experienced at the time of pregnancy confirmation. Participants in 12 out of 13 studies talked about experiencing what was felt to epitomise mixed feelings in response to finding out they were going to become fathers. Emotions spanned the entire spectrum of emotions from joy to disappointment: “from the beginning it was very unreal...I walked about, was happy, told everybody and became high” (Study 6). “Well if I’m honest with you I felt a little disappointment since I was hoping for a boy” (Study 9).

Men described experiencing a plethora of conflicting emotions at the same time: “Yeah well it was a delight and in a way horror as well” (Study 9). The conflict of emotions took some men by surprise as it contradicted what they expected to feel: “I felt rather guilty
about being shocked and maybe even worried and upset at finding out we were pregnant because that sort of seemed an unworthy thing to think” (Study 12).

**Sub-ordinate theme 2: anxiety and worry.** This theme captured the core emotional states and cognitive processes of expectant fathers after the initial announcement phase; it contained men’s anxieties about pregnancy-related changes, parenting issues, financial worries, social and relational changes. All expectant fathers, across all 13 studies, voiced some form of anxiety/worry as a consequence of the pregnancy; this was the single most powerfully shared experience which covered the following two areas:

1) **The health status of their partner and unborn baby.** “I suppose we’re really worried about the woman mainly. What she’s going through” (Study 3). “Every time I talk to her during the day at work, is the baby moving? I like to be reassured that, yeah, it’s still moving fine, it’s still kicking” (Study 8). Anxiety and worry about the pregnancy kindled a sense of closeness and protectiveness in some men towards their partners: “I tried to get Sarah out of the house a bit more but we keep out of smoky pubs because of her condition” (Study 9).

Health related anxieties and worries were elevated in expectant fathers who had experienced a prior perinatal loss:

“I don’t know what to do sometimes. I don’t tell her how I feel. Every morning at 4 AM I’m awake. I don’t tell her that I’ve been up at night worrying. Feel as though I can’t...I’m afraid that she’ll start thinking I don’t have faith in what’s going to happen” (Study 4).

Some men expressed anxiety about being present at the birth itself and having to see their partner in pain and not able to do anything about it, which belied a sense of uselessness:
“That’s one thing that I’m not looking forward to is being there, seeing her in so much pain and not being able to do anything about it” (Study 3).

2) The personal changes the pregnancy signifies for the man himself. Some expectant fathers expressed concerns about the overwhelming sense of responsibility they felt looming over them, and their ability to fulfil new roles and expectations: “Well I guess I was worried about becoming a dad...it’s a lot of responsibility ya’know what I’m sayin’” (Study 9). “The feeling of responsibility, you know...all of a sudden it’s there” (Study 3).

Many men felt insecure and even ambivalent about their new role as father-to-be, which conveyed a palpable sense of apprehension in their narratives: ‘I don’t know how to interact with my child when she’s born...I’ve never been a father, so I feel quite terrified’” (Study 7).

The thought of having to give up old aspects of their life proved to be quite anxiety provoking for some expectant fathers:

“Then I got a suffocating feeling about becoming a father. I got it continuously. I got a feeling that I would always have a bad conscience. If I’m doing something just for myself...This is a scary thought....I can’t live that way, I can’t give up my life” (Study 6)

Other men contemplated how their future plans, including careers, would inevitably have to change in response to their changing role:

“I wanted to get my auto electrician license and now to do that I have to take a drop in pay and now with a baby on the way I can’t afford to do that at the moment. So now I have to wait a couple more years, where we can financially do it, and do it then. So yes it has made it harder for that. I have had to stop my career” (Study 11)
**Super-ordinate Theme 2: The Toll of Pregnancy on Wellbeing**

The impact of the pregnancy on men’s wellbeing constituted two distinct sub-ordinate themes, Physical Changes and Mental Health Changes. It is widely accepted that men can experience psychological changes, affecting their mental health, in response to their partner’s pregnancy (Boyce, Condon, Barton & Corkindale, 2007). It has also been documented that some men experience psycho-physiological changes during pregnancy known as the Couvade syndrome (Clinton, 1987). Trethowan and Conlon (1965) defined it as a state of physical symptoms of psychogenic origin which occurred in the partners of pregnant women. Although not a universal finding across all 13 studies, physical and mental health changes were a significant aspect of some men’s narratives and constituted an important part of their experience of pregnancy, which is why they are presented separately here.

**Sub-ordinate theme 1: physical changes.** Participants in two studies made explicit reference to experiencing physical changes which they attributed to their partner’s pregnancy, and what they were going through: “My stomach pains were very much like a build up of a woman’s contractions as she’s giving birth, they start mild and then get stronger and stronger and stronger” (Study 9).

**Sub-ordinate theme 2: mental health changes.** Changes relating to men’s mental health coincided with, but were not exclusive to, changes to their physical health. Participants in four studies mentioned that their emotional/mood states were affected during the pregnancy. Some expectant fathers described feeling emotionally: “worn down” during the pregnancy, and acknowledged that this had an impact on their mood, so they used distraction and avoidance coping strategies: “I’m pretty much a workaholic. It’s what I do when I get depressed. I busy myself. That’s what gets me through it” (Study 8).
Despite acknowledging changes to their mental health status – becoming depressed, preoccupied with anxieties/worries – not all expectant fathers felt that they could not share their concerns with their partner, because they saw themselves as a provider of strength/support and not a receiver: ‘‘I don’t tell her how I feel. Every morning at 4 AM I’m awake. I don’t tell her that I’ve been up at night worrying. Feel as though I can’t. I try to support her...I try to comfort her’’ (Study 8).

Super-ordinate Theme 3: Psychological Distance

This theme marked the next phase of men’s journey through the pregnancy experience, following on from pregnancy confirmation. It related to how men felt, usually in the first trimester, about the pregnancy in that despite having confirmation of the pregnancy they felt, distant and removed from the pregnancy experience. Many men found it difficult to accept the reality of the pregnancy, because their partners’ were not yet showing obvious signs and they were not experiencing pregnancy related changes first hand (May, 1982). This theme was highly prevalent and shared among participants; eight participants spoke about feeling a palpable dissonance between knowing and believing in the pregnancy; this disparity often gave rise to the man feeling that the unborn baby was not real:

‘‘My wife often complains that I don’t care about our unborn girl...The reason is, I don’t know how to do that. It seems strange to me...I can’t see the baby so I can’t make-believe...when the baby arrives I’ll be able to hold her and play with her, but right now she’s not real...I can’t say she doesn’t really exist but she’s still not actually real’’ (Study 7)

Other men commented that because their experience of the pregnancy was grounded in their partner’s pregnant body, they felt separate and excluded from it: ‘‘I think you try to
be involved and you try to ascertain how the pregnancy feels from your partner, but you’re always going to be remote’’ (Study 5). This theme was refuted in one study (Brennan et al, 2007). Men who seemed to experience a lot of physical symptoms in response to their partner’s pregnancy did not communicate feeling emotionally distant, or separate from the pregnancy process.

Super-ordinate Theme 4: Accepting the Reality and Adjusting

This major theme captured expectant fathers’ experiences as they continued their journey through the first and second trimesters of pregnancy on their way to fatherhood. It encompassed four rich and diverse sub-ordinate themes, which marked a significant transitional shift for men, they moved from feeling emotionally distant to feeling involved in the pregnancy.

Expectant fathers started to accept the pregnancy as real because they started to see evidence of the pregnancy in their partners’ body, which was precipitated by expectant fathers attending ultra-sound scans, and getting involved in pregnancy-related activities like talking to and feeling the movements of their unborn baby. Consequently, expectant fathers were able to relate to their unborn baby and pregnancy experience in a different way; they started to show and develop emotional attachment bonds to their unborn baby.

Sub-ordinate theme 1: accepting the evidence. This theme marked a significant transitional phase for the majority of expectant fathers in their journey towards fatherhood. As the pregnancy progressed expectant fathers started to experience events which served to undermine the not real attitude/belief they previously held about the pregnancy, and it brought them to a place of acceptance. For some men it was when they first saw their unborn
baby during routine ultrasound scans. Acceptance of the pregnancy as real, and men’s involvement in the pregnancy signified an ending of the Moratorium phase (May, 1982):

“Made it real, when we found out that we were pregnant and when I went along to the ultrasound three months along...so okay wow, we both looked at each other...Yeah I guess when you can see sort of image on the screen’’ (Study 12)

Some expectant fathers commented that experiencing the reality of their baby using their partner’s pregnant body as an anchor for their experience, was much more powerful than experiencing the ‘‘physical evidence’’ (Study 5), through the medium of a non-human ultrasound machine: ‘‘I found the feeling of the baby moving to be much more exciting than the scan...because the scan was a machine’’ (Study 5).

Sub-ordinate theme 2: attachment. Very closely related to the theme of acceptance, this was strongly shared among participants in eight studies, and encompassed the emotional attachment bonds that expectant fathers started to develop towards their unborn baby, and also their partners: ‘‘My heart feels warm when I talk to him...I feel like it’s listening to me seriously and then he looks at me with a pair of curious eyes’’ (Study 7). In contrast some men continued to feel separate from their partners and unborn child as the pregnancy progressed; they did not report any relational changes with their partners, but this was not necessarily viewed as negative: ‘‘I can’t really say that much has changed in our relationship...generally it’s been pretty much the same as normal’’ (Study 1).

Sub-ordinate theme 3: adjustment. This theme related to the personal, lifestyle and relational changes that expectant fathers started to experience as a consequence of, or behaviourally instigate in preparation for, impending fatherhood. This is something that expectant fathers in
10 out of 13 studies reported. Adjustments that fathers started to make in this stage of pregnancy were influenced by the type of role model and father figure they wanted to become. This phase of the journey typified the mid-to-late stages of the second trimester of pregnancy.

Expectant fathers started to develop a deeper, more compassionate understanding of how the pregnancy affected their partners: “there were times when Eileen would start crying for no reason and need a big hug from me and the boys to cheer her up. I suppose that was her hormones though at the time” (Study 9). Some men thought about life after the pregnancy and how accommodating a baby into their lives would affect their relationship with their partner in the long term:

“it’s a re-focusing of the relationship to the new third party. It’s going to be twenty years or twenty-five years before your partner is an individual again...that’s what I see as something to be conscious of – to be careful that I don’t completely deny the other one [relationship with wife] whilst focusing on the child” (Study 3)

Men who initially noticed how their intimate relationship was negatively affected by early pregnancy, started to perceive things differently as the pregnancy evolved, and they became more in tune with their partners: “I think it feels, both sexually and even emotionally, like better than ever” (Study 6).

Some men commented on the lifestyle adjustments they started to make in response to impending fatherhood:

“I stopped drinking. I was really bad. I wouldn’t say I was an alcoholic but I couldn’t go a day without having at least one drink and now I am cold turkey. I cut down on smoking. I was used to smoking forty a day and now I am down to fifteen a day...I
look back on some of the things that I did...I just don’t want to be that person anymore” (Study 11)

The above quote illustrates the sense of responsibility that participants started to feel towards their unborn baby, and their desire to be good male role models. Some men lamented on the social adjustments they experienced; there was a sense that these were understandable but also undesirable consequences of transitioning to fatherhood: ‘‘I have noticed that my friends and I have drifted so incredibly far apart from one another...but they will come back when they are in the same situation hopefully” (Study 6).

As well as the emotional and psychological adjustments expectant fathers were going through, many fathers commented on how the practical preparations they participated in formed an integral part of the adjustment process:

“‘A few weeks ago, there was a sale of baby furniture and she wanted to buy some things. So we went. Then it really dawned on me that I was going to be father...we bought a crib and a stroller. I pictured myself, me, pushing a stroller down the street. I kept smiling all day’” (Study 5)

Sub-ordinate theme 4: support. A large part of the adjustment phase for expectant fathers was the theme of support; it was present in nine studies. Men in those studies unanimously saw their role as a provider of support to their partners, a finding consistent with the existing literature. However, in five out the nine studies men made explicit reference to feeling unsupported. Expectant fathers’ narratives of how they experienced support for themselves from family members, friends, and health professionals, played a major role in aiding their overall psychological adjustment to fatherhood. This theme captured those experiences and comments on the impact they had on men’s adjustment.
In two studies expectant fathers had experienced a perinatal loss and spoke strongly about the lack of available support groups, but at the same time exhibited ambivalence about if they would attend one or how effective they would be:

“...I don’t think anybody’s realised that there’s no support group just for fathers. There’re groups for mothers but I can’t see a bunch of 300 pound burly men sitting in a room bawling...it’s just not going to happen...we’ve got to be tough for the family, and be the strong person...I think it’s going to have to be just one on one, to really let them open up because, believe me, if there would be five other guys in here, I wouldn’t be here saying anything. I’d just be sitting back and listening” (Study 8)

Despite many men wanting to be involved during the pregnancy the majority of them commented on feeling unsupported, excluded and marginalised, particularly during antenatal classes:

“I don’t know, from a male perspective it is like you always feel it’s got nothing to do with you at all. You feel left out. You know you can’t carry the child or birth the child but you go in there and you just sit on the side and that’s it. They don’t really tell you what’s going on unless you ask. I don’t know, it’s just not really set up for a bloke at all. It was pretty much like I didn’t exist. It was insulting” (Study 8)

It is important to note that few participants did find antenatal classes a useful form of support, but these men were willing to engage, ask questions and share experiences: “The antenatal classes were good, because then I got to meet others in the same situation, that I could share questions and thoughts with” (Study 6). Participants in one study (Finnbogadottir, Svalenius & Persson, 2003) spoke about experiencing negative attitudes from health professionals which propagated their sense of alienation:
‘‘She said hello to my wife and turned her back on me so I had to push myself forward, in front of her, so I could shake hands with her as well. For the first five minutes she only looked at my wife and spoke to her alone’’ (Study 6)

**Super-ordinate Theme 5: Developing Identity as a Father**

This theme contains two sub-ordinate themes: Re-evaluating Values, and Reflections on own Fathering. It marks the final phase of expectant fathers’ transition through the pregnancy before the labour and child birth process. This theme predominantly characterises men’s experiences during the third trimester, and is the point in pregnancy where the man feels the most ready and prepared for fatherhood. This theme captures the essence of the types of fathers that men wanted to metamorphose into, and highlights the process by which they do this; it also overlaps with experiences highlighted in the previous super-ordinate theme, Accepting the Reality and Adjusting. Expectant fathers started to re-evaluate what was important to them, visualise doing things with their babies, and reflect on their own fathering experiences.

**Sub-ordinate theme 1: re-evaluating values.** This theme is closely related to and overlaps with the previous sub-ordinate theme Adjustment, in that positive lifestyle changes made by expectant fathers were underpinned by their changing value system, and their developing sense of fatherhood identity. Expectant fathers from seven studies made reference to how impending fatherhood had made them re-evaluate their values, outlook on life, and discover things about themselves:

‘‘As for me, my life’s changed a lot...this has changed my viewpoint on life enormously. I’ve learned something about self-containment, and I’ve made great progress here...It has changed the way I look at things, my attitudes and the way I
treat people. All this is totally different from the person I used to be’’ (Study 12). ‘‘A good parent I think is that somebody will do anything for their child, is always there for their child and as soon as something is wrong or the child needs to talk to somebody. Like for me to be a good father it would be the fact that he would come to me first. So that I could be the one that could share his problems with, he could about anything’’ (Study 11)

Sub-ordinate theme 2: reflections on own fathering. A pertinent theme relating to the preparatory stages of psychological adjustment; expectant fathers reflected on their own experiences of being parented by their fathers. Men in four studies made reference to doing this as a way of comparing those memories with expectations of themselves as fathers:

‘‘I always said that I would never do what my dad did...go out and work twenty hours a day just to support the family. I want to be actually able to be with my son. I didn’t want to do what my dad did even though I admire him for it. I think I couldn’t do it’’ (Study 11)

Participants engaged in a dialectical dance between reflecting on the past and thinking about the fathering roles they wanted to fulfil in the future:

‘‘I think of the child’s future most of the time. I wonder what I could do to add to her life. I’m talking about her education and material things...these are all the things I should plan beforehand. I’m actually my own mirror in the sense that we didn’t have a pleasant environment in our childhood, so we don’t want to impose such pressures on my kid just like the parents in the past’’ (Study 12)
It seemed that reflecting on their own fathering experiences was a normal reaction to impending fatherhood, and served to solidify the mental self-image of the types of fathers that men wanted to be. Participant narratives alluded to a need to avoid the mistakes that their own fathers had made also (Wilkes, Mannix & Jackson, 2011).

**Discussion**

This is the first review which exclusively focuses on men’s experiences of pregnancy; as well as supporting the findings by Chin et al (2011) and Steen et al (2011), this synthesis provides a fuller, more comprehensive understanding of men’s experiences during pregnancy by highlighting novel issues, not reported by the previous two reviews. Synthesising participant narratives from seven high and six moderate quality studies resulted in the construction of five over-arching themes and 10 sub-ordinate themes detailing the trajectory of men’s experiences during this significant life cycle phase. It has also provided a privileged insight into the personal worlds of expectant fathers from culturally diverse backgrounds, and highlights the salient issues which they encounter during their transition to fatherhood, which should increase health professionals’ knowledge and understanding in this area.

The majority of men commented that they experienced a range of diverse and often conflicting emotions shortly after pregnancy confirmation (Barclay et al, 1996; Draper, 2002; Finnbogadottir et al, 2003; Wilkes et al, 2011). During this time anxiety and worry are common psychological processes, with many men worrying about the health status of their partner and unborn baby (O’Leary & Thorwick, 2006), and how they will adapt to and fulfil the expectations and responsibilities of their new role (Kao & Long, 2007). Unsurprisingly, anxiety and worry were more of a prominent feature for those participants who had experienced a prior loss (Armstrong, 2001). It seems that experiencing mixed emotions during the early days of pregnancy form part of the normal experiential trajectory for
expectant fathers and is not unduly mediated by prior parenting experiences (Barclay et al, 1996). Similar findings have been found with women (Modh, Lundgren & Bergbom, 2011).

In the early stages of pregnancy, many men commented that they felt removed and distant from the pregnancy process (Fenwick et al, 2011; Donovan, 1995); they attributed this to a lack of first-hand experience of the pregnancy. Feelings of separation and psychological distance may have been compounded by the women not showing overt physical signs of the pregnancy at this stage. Some men who described that, despite knowing their partner was pregnant, the pregnancy did not seem “real”, and they found it difficult to ‘believe’. This psychological response could be explained by the Moratorium phase (May, 1982), which occurs in early pregnancy and is characterised by the expectant father appearing to be emotionally distant from their partner and the pregnancy. At this stage the pregnancy is not yet integrated into his life, these feelings tended to dissipate towards the latter stages of pregnancy. The psychological dissonance which typifies this phase in pregnancy could be viewed as an avoidant coping strategy which men use to manage the often conflicting emotions they experience during the early stages of pregnancy. This is a significant area where experiences of men and women tend to differ. As women are experiencing, first-hand, various hormonal, physical and emotional changes throughout the pregnancy, it can be suggested that they feel inexorably a part of pregnancy which facilitates them making the psychological adjustment (Darvill, Skirton & Farrand, 2010). Although, expectant mothers experiencing low mood during pregnancy can also harbour feelings of separation (Bondas & Eriksson, 2011), especially if they are having difficulty adjusting to physical bodily changes (Earle, 2003). Few men described experiencing physical pregnancy-related changes, conceptualised as Couvade syndrome (Brennen et al, 2007). It is remarkable to note that men who seemed to experience these changes did not report feeling emotionally distant from the pregnancy; it could be hypothesised that this was because they were given a first-hand
experiential insight into the pregnancy process. It could be hypothesised the development of physical changes in a man is an unconscious attempt to feel more involved and a part of the pregnancy process; however, further investigation into possible mediating factors is needed.

As the pregnancy progressed, men started to accept the pregnancy as “real”. Acceptance of the pregnancy seemed to be mediated by two factors, involvement and evidential proof. Proof took two forms; feeling the baby move during pregnancy and seeing the unborn baby in ultra-sound images; these moments served as key transitional events for some expectant-fathers. It seems that a man’s experience of pregnancy is anchored in their partner’s pregnant body (Heinowitz, 1997) and their willingness to become involved both emotionally and practically aids and expedites their psychological adjustment. Participant narratives support the widely held assumption that men, generally, want to be involved during the pregnancy process (Steen et al, 2011). Involvement in pregnancy-related activities represented key transitional milestones for many expectant fathers, where palpable attachment bonds were formed. Notwithstanding their desire to be involved, some expectant fathers’ narratives conveyed the impression that antenatal classes served to maintain feelings of distance and separation during pregnancy.

The theme of support and how it is perceived by expectant fathers contrasts with how expectant mothers generally perceive it (Schneider, 2002), but supports the argument that health professionals may not be aware of expectant fathers’ needs during pregnancy (Nichols, 1993; Chandler & Field, 1997; Somers-Smith, 1999; Cooper, 2005). This finding is surprising considering the socio-political shift regarding fathers’ role in modern family systems and the well established empirical evidence highlighting the benefits of their involvement in mother and child wellbeing (Lamb, 1986; Burgees, 2011). Men’s experiences of support during pregnancy juxtaposed with the expectations placed upon them by society, highlight a disparity between the evidence base and clinical practice in maternity services; it
seems the scientific evidence is not significantly impacting on how maternity services are delivered to take account of the role, expectations, and experiences of expectant fathers.

Expectant fathers’ experiences of antenatal support appear to capture the prevailing systemic attitude which influences how antenatal/maternity services are provided. This dominant attitude has highlighted what some authors have termed mother-centrism (Ball, 2009) in today’s parenting culture. This term alludes to the bias which exists in parenting programmes, support groups, and attitudes of health service providers, which are set up to meet the needs of women, marginalise those of men, and perpetuate men’s ambivalence about their role in raising children and acknowledging their own needs.

Towards the latter stages of pregnancy, expectant fathers started to undergo changes to their self concept, they started to think and feel differently about themselves and the world; women can also experience such changes to their self concept (Darvill, Skirton & Farrand, 2010). A lack of male roles, suggested by Barclay, Donovan and Genovese (1996), for men to emulate may be a reason why some men find difficulty in adjusting to the new role, responsibilities, and lifestyle that fatherhood brings. This may account for why expectant fathers in only four studies made reference to male role models in their lives.

Limitations of a Meta-synthesis Approach

Since the use of meta-synthesis in academic discourse there has been much debate over its appropriateness in synthesising research from different epistemological perspectives; Sandelowski, Docherty and Emden (1997) have stated that the original data can be altered beyond recognition when it is synthesised with data from different research traditions, which gives rise to the argument that for a meta-synthesis to remain true to the original data, the included studies need to share the same methodological approaches. Other criticisms levelled at the meta-synthesis approach include the lack of transparency employed in the stages of the
synthesis process (Bondas & Hall, 2007), and interpretations which are far removed from the participants’ lived experiences (Chin et al, 2011). In contrast, other researchers have suggested that the meta-synthesis approach helps to open up new avenues of meaning and understanding in familiar and unfamiliar areas (Walsh & Downe, 2005), demonstrated by its successful use in various areas which have used studies from differing epistemological backgrounds (Goodman, 2004; Beck, 2002; Chin, Hall & Daiches, 2011).

Relevant measures were taken to reduce the impact of the aforementioned limitations on the overall quality of this synthesis. In order to increase the credibility (Jensen & Allen, 1996) of the synthesis, the steps used in the process were outlined in a transparent manner and the inclusion of raw concept data strengthens this. All the studies used in the synthesis were rated using the CASP (2002) and rated to be of good quality. The use of triangulation using multiple studies (Pielstick, 1998), and highlighting shared and refuted themes between the studies strengthened the overall validity of the synthesis (Estabrooks & Field, 1994). Regardless of the ongoing debates surrounding the use of meta-synthesis approaches, there is definite evidence which suggests that the findings can add knowledge and understanding to the evidence base (Downe, 2008).

*Clinical Implications*

It is of vital importance for health professionals who work with couples in the antenatal period to acknowledge that men tend to view their role during pregnancy as providers, and not receivers of support (O’Leary et al, 2006). Although the men in the current synthesis acknowledged a lack of male-oriented support in the antenatal period, some also voiced a reluctance to seek help. It may be this lack of help-seeking behaviour by men which may convey the impression, to health professionals, that they are coping, when they may not be.
Considering that expectant fathers want to be involved, support their partner and may not actively seek help themselves, possibly due to male hegemony (Dolan & Coe, 2011), during pregnancy, it is important for health professionals to show an interest in expectant fathers by acknowledging the role they have to play in the pregnancy process, and by asking how they are coping as the pregnancy progresses, and the types of support they would find useful.

Expectant fathers (O’Leary et al, 2006) mentioned the value of one-to-one support; this suggests that men will not honestly open up in front of other men or indeed their partners. Dedicated one-to-one support interventions have obvious cost implications attached to them, but health professionals could, whenever appropriate, offer the expectant father some time to speak to them alone during their routine clinical practice, like home visits and check up appointments. The remit here would not be to offer counselling or psychological therapy but to listen to, validate, and normalise their experiences, and at times provide information and sign-post to other services when appropriate. It is important for health professionals to spend time assessing the mental health of fathers, as the presence of paternal depression is positively linked to maternal depression in the prenatal period (Wee, Skouteris, Pier, Richardson, Milgrom, 2011).

The needs of men and women during pregnancy are inter-related (O’Hara, 1985) and are not worlds apart. It is however, important to acknowledge differences; women require adequate information on child bearing (Read, Crockett & Mason, 2012), and may be more willing than men to share experiences with non-family members, especially in a group setting, but men will share experiences with other men who are in a similar situation to themselves (Rowe, Holton & Fisher, 2012). This opens up an interesting debate over how antenatal classes could be adapted, as many expectant fathers attend these; for instance, Deave and Johnson (2008) suggests that men find information presented in multi-media
formats (DVD) more accessible, and contact numbers of health professionals/services should be provided during antenatal classes. Expectant mothers can also often feel anxious, conflicted, dissatisfied, and the societal pressure to feel and behave in a certain way, during pregnancy (Earle, 2003; Clark, Skouteris, Wertheim, Paxton & Milgrom, 2009; Schneider, 2002). Similarly to men, women can also undergo changes to their self-concept which they can find difficult to adjust to, and can result in them feeling out of control (Darvill, Skirton & Farrand, 2010). If applied sensitively, the same set of clinical skills that health professionals use to support expectant mothers (e.g., empathy, active listening, problem solving, information giving) can be applied to support expectant fathers, and help them to feel more a part of and involved in the pregnancy process, as involvement seems to significantly influence overall psychological adjustment.

**Conclusion**

It is accepted that women, who are not adequately supported emotionally and practically during pregnancy, are at higher risk of developing complications during pregnancy, and psychological problems in the postnatal period (Boyce, 2003). As well as the cost in human suffering this has a significant financial cost to healthcare providers as well. It stands to reason that if expectant fathers are better supported themselves, they will be in a stronger position to give their partners the support they need, the best way for health professionals to achieve this is to first acknowledge that the needs of men and women are similar, and try and make expectant fathers feel valued by encouraging their involvement throughout pregnancy.
References


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Table 1. Inclusion and Exclusion Criteria

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<td>Sample/population</td>
<td>Men as primary informants including:</td>
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Key: *Yes* = theme present; *No* = refuted theme; ‘—’= theme not present
Figure 1. Diagrammatic formulation of expectant fathers’ experiences of pregnancy

- Early Pregnancy
  - Emotional Responses to Pregnancy
    - Mixed Feelings
    - Anxiety & Worry
  - Toll of Pregnancy on Wellbeing
    - Psychological Distance
      - Mental Health Changes
      - Physical Changes
  - Accepting the Reality and Adjusting
    - Attachment
    - Accepting the Evidence
    - Support
    - Adjustment
  - Developing Identity as a Father
    - Re-evaluating Values
    - Reflecting on Own Fathering Experiences

Key:
- Box 1: Over-arching Theme
- Box 2: Sub-ordinate Theme
First-time Fathers’ Experiences of Parenting during the First Year

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Bios

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Prepared according to submission guidelines set out in Qualitative Health Research (see Appendix 1)
Abstract

Despite increasing public awareness and socio-political changes affecting paternal parenting culture in the UK, fathers still seem to feel undervalued and unsupported when it comes to antenatal support. A phenomenological epistemology based on Smith’s Interpretive Phenomenological Approach (IPA) was used to explore ten first-time fathers’ experiences of parenting a baby under one. Six super-ordinate themes were created (A Logical Progression, Experiences of Pregnancy and Birth, Reacting to New Fatherhood in the Early Days, Re-defining Self as a Father, Working, Adjusting and Moving on and Living a More Meaningful Life) which encapsulated a further 21 sub-ordinate themes. These themes constitute an in depth understanding of participants’ experiences; understood in the theoretical framework of Transition Theory, and highlights the experiential similarities between first-time fathers and mothers in an attempt to bridge the gap between the needs of men and women. Possible limitations and recommendations for clinical practice are presented and discussed.

Keywords

fathers; parenting; phenomenology; qualitative
For a man, becoming a father is arguably the single most significant life event in his life cycle. It heralds a profound and immutable change to his identity and personal world and, according to Transition theory (Draper, 2003), the birth of his baby symbolises a continuation of his transitory journey, not the termination of it. Historically, academic and clinical discourse on the phenomenon of fatherhood has taken a back seat with the vast body of research concerning the needs of mothers (Lewis, 1995). Early father-focused research took on a pathologising attitude towards fatherhood (Lupton & Barclay, 1997) by focussing on maladaptive coping strategies associated with the psychological difficulties that men experienced (Clinton, 1987; Strickland, 1987; Ferketich & Mercer, 1989; Ballard, Davies, Cullen, Mohan & Dean, 1994). Consequently, the body of research was bereft of fathers’ personal, qualitative accounts of their experiences of parenthood.

Academic and clinical interest in fatherhood has gathered momentum; it now routinely features in health, family and social policy contexts (Draper, 2002), and government-led public health awareness programmes (Department of Health, 2009). In contrast, fathers have also been the topic of government disquiet, when their lack of involvement in the family system was blamed for the 2011 London riots (New National Priority, 2011). Recent evidence suggests that father involvement yields positive outcomes for not only their child’s development and future psycho-social well-being (Wilson & Prior, 2011) but also their partner’s mental health during both pregnancy and in the early postnatal period (Burges, 2011). Such revelations have added impetus to the developing literature in the area of fatherhood. However, many men still report that they feel isolated, unsupported, misunderstood and undervalued both during the antenatal and postnatal periods (Chin, Hall & Daiches, 2011; Deave & Johnson, 2008; Brennan, Marshall-Lucette, Ayers & Ahmed, 2007). These findings have been attributed to a lack of awareness and understanding, particularly from health professionals, of the needs and experiences of men (Cooper, 2005; Chandler &
Field, 1997; Somers-Smith, 1995; Nichols, 1993) which alludes to the importance of understanding the perspectives and experiences of men. A highly effective way to gain an understanding of fathers’ needs and experiences is through the conscious awareness, by attending to perceptions and meanings of individual experience (Husserl, 1962), using qualitative methodologies. Several researchers have attempted to capture, convey and champion the voice of fathers (Lemay, Cashman, Elfenbein & Felice, 2010; Mbekenga, Lugina & Olsson, 2011).

Chin, Daiches and Hall (2011) explored experiences of nine first-time fathers, between four and 11 weeks post birth. Their findings identified milestone events in the lives of the participants. The majority of men planned to have a baby and perceived fatherhood as the next stage in their relationship. Men experienced a range of emotional psychological responses during pregnancy from happiness to detachment. Men who attended the labour reported feeling a lack of utility and involvement in the process, which for some men increased feelings of physical detachment from their partner. Men also struggled with returning to work after having two weeks statutory paternity leave; their return to work was viewed as a physical barrier which prevented them from spending time and getting involved with their new family, which also created a sense of emotional detachment. However, the researchers did not ask participants about their experiences of antenatal or health professional support, an area of particular clinical relevance.

St John, Cameron and McVeigh (2005) used grounded theory to capture the experiences of 18 Australian fathers between six and 12 weeks after the birth of their baby. They highlighted that fathers had to carefully balance the demands of their new found parenting role with pre-existing ones; this involved balancing work and home activities, maintaining relationships and developing their self-concept as a father. In their study of 22 first-time Canadian fathers, Henderson and Brouse (1991) noted that men go through three
predictable stages during the transition of early fatherhood (three weeks postpartum): expectations, reality and transition to mastery. Expectations were heavily influenced by discussions with friends and family members as well as attending antenatal classes. Reality of the situation, once the baby was born was often different to what men were expecting. Transition to mastery referred to how men developed a sense of satisfaction and confidence by getting involved in baby-related activities. However, Henderson and Brouse’s (1991) proposed three stage model seems too simplistic and lacks a consideration of the participants’ social context. Interviews were also conducted in the presence of the participants’ respective partners; potentially impacting on how open and honest the men were willing to be.

Although the aforementioned studies (Chin et al, 2011; St John, 2005 and Henderson & Brouse, 1991) provide a valuable insight and contribution to the body of fatherhood research, the narrow temporal window which the researchers used to obtain the data provided a constricted view into the personal lives of the fathers. Consequently, the range and richness of the fathers’ narratives reflect that, because they would have only been able to reflect and comment about their parenting experiences looking back over a few weeks. Additionally, none of the aforementioned studies make links between the experiences of mothers and fathers which is clinically useful. Premberg, Hellstrom and Berg (2008) explored the experiences of ten Swedish fathers over a wider time frame (12 – 14 months postpartum); this duration enabled the findings to capture a good level of breath and depth, but these can only be understood in the socio-political context of the participants’ home country. Similarly, to Chin et al’s (2011) study, the aspect of professional support was not explored.

There seems to be a paucity of studies exploring the experiences of first-time fathers from the United Kingdom (UK). One Scottish study by Bradley, Boath and Mackenzie (2004) of 10 first-time fathers, explored their experiences of support. Men expressed negative experiences regarding antenatal classes which they perceived as patronising. However, a
The major limitation of this study is its brief description resulting in a lack of transparent methodology. The authors did not convey adequate information about the participants, when the interviews were conducted, or the social contexts of the participants. Another limitation was that participants were not asked about the type of support they would have valued in the antenatal and/or postnatal periods.

There is immense societal pressure on fathers to be good role models, supportive partners, and involved parents (Goodman, 2004); with the majority of men wanting to be involved and supportive, particularly in the antenatal period (Steen, Downe, Bamford & Edozien, 2011) and therefore attend antenatal classes. Despite this, it is widely accepted that men usually find such classes exclusively geared towards women and unhelpful (Kowlessar, Wittkowski & Fox, submitted); this wide-spread systemic issue supports the notion that health professionals do not adequately understand the needs and experiences of men. Therefore, it seems logical and clinically relevant for a study to explore and convey the experiences of men to health professionals who routinely work with expectant first-time fathers, so that services may be adapted and health professionals better equipped to support and value them. It has been suggested that if fathers continue to feel unsupported and undervalued, it may lead to reduced family involvement, psychological impairments, and a diminished ability to effectively parent (May & Perrin, 1985).

In order for health services to better cater to the needs of first-time fathers it is vital that health professionals have an appreciation of their personal world. By using the existing literature as a guide, the aim of the current study is to add to the knowledge base of fatherhood research, by exploring the lived experience of first-time fathers during their first year, including their experiences of support and making links to the literature on mothers' experiences. By capturing data over the first year, participants will have a larger retrospective
pool of experience to draw from, potentially adding further richness and variety to their narratives.

**Method**

*Theoretical Framework*

As I was interested in understanding the phenomenology of how first-time fathers made sense of their experience and what those experiences meant to them in their specific context, a version of phenomenology, namely Interpretative Phenomenological Analysis (IPA; Smith, 1996), was chosen as the methodological approach. Phenomenology is regarded as both a research method and a philosophical belief system (Fater & Mullaney 2000). IPA combines phenomenological with interpretative processes to help understand and uncover meaning of the phenomenon under scrutiny based in a social context (Larkin, Watts & Clifton, 2006). In attempting this, I was required to engage in the process of dual hermeneutics (Smith, Flower & Larkin, 2009), where I was trying to make sense of the participant who was trying to make sense of their world (Smith & Osborn, 2008).

*Participants and Recruitment*

Following ethical approval from the National Health Service (NHS; Ref: 11/H1003/2), 12 first-time fathers were approached and consented to participate in the study (Appendix 7), two fathers later withdrew their consent because they could not commit the time, this meant that 10 fathers completed the study. Participants were aged between 27 and 47 years old, were married, in full time employment and lived with their respective partners and babies. All men had attended antenatal classes and classed themselves as white, British. Babies were aged between 7 and 12 months old and all were the result of planned pregnancies.
A homogenous sample was obtained through the use of non-probability purposive sampling and snowballing techniques, in which individuals were selected on the basis of their relevance to the study (Bryman, 2004). Fathers who met the following criteria were included: (1) they were a first-time father; (2) baby was 12 months old or younger; (3) they were involved in the parenting of their baby and (4) they could understand and communicate proficiently in English. In order to facilitate recruitment, an advertisement (Appendix 8) was placed on an online internet parenting forum for fathers called dadtalk (www.dadtalk.co.uk) and on the Facebook page of a UK based charitable organisation called The Fatherhood Institute (www.fatherhoodinstitute.org) which helps to increase public awareness, disseminate research, and offer training to health professionals. Fathers were also recruited via other parenting research, and I made links with local antenatal and maternity services as well as healthcare professionals (i.e., midwives and health visitors) who routinely came into contact with first-time fathers, in an attempt to access relevant participants. I also handed out information sheets and spoke to interested fathers in government funded child and parent services (Sure Start Centres), and routine baby weighing clinics.

**Reflexive Bracketing**

A vital component of phenomenological research is reflexive bracketing. According to Ahern (1999), it can be defined as the active endeavour to not overly allow bias, assumption, subjective understanding, and preconceptions, to influence the interpretation of the data during the data collection and analysis processes. It also requires the researcher to see beyond their taken-for-granted understanding, and to restrict their previous knowledge, by becoming fully open to the phenomenon (Finlay, 2008). This process allows the researcher to look upon the phenomenon as it appears during investigation (Colaizzi, 1978). It is important to note that whilst reflexivity and bracketing are important processes, it is not possible to be one
hundred percent free of bias, and that having preconceptions paradoxically serves to alert the researcher to themes relating to the broader experience of interest (Heidegger, 1962). Ahern’s (1999) reflexive bracketing techniques were used throughout the study.

**Interviews**

The fact that I was male and a first-time father may have facilitated the interview process, because evidence suggests that men find it easier to talk other men about personal matters (Levine & DeSimone, 1991). This inter-personal dynamic may have meant that participants felt relaxed and safe talking to me, which may have encouraged them to be open and honest about their experiences. All 10 fathers completed one semi-structured interview which lasted 78 minutes on average. The interviews were audio-recorded and took place in participants’ homes. The interview schedule (Appendix 9) was devised according to guidelines relating to IPA research (Smith, Flower & Larkin, 2009) and was influenced by the existing literature and subjective interpretation of the phenomenon. The interview schedule was refined, with questions being removed and added, after the first two interviews. These interviews essentially served as pilots.

The conversation tended to be led by the father. I used various probes and prompts but all the interviews were started with the following open-ended question: ‘‘what is it like being a father?’’ The interviewer adopted a relaxed conversational style couched in an attitudinal framework of non-judgmental, genuine curiosity. The use of inter-subjective dialogue techniques, involving, clarifying, summarising, reflecting and focusing (Connor, Dexter & Walsh, 1984) were used in an attempt to uncover essential meanings and reach a fundamental understand of the participants’ personal world. Close attention was paid to participants’ use of verbal and non-verbal communication. I asked questions which attempted
to explore possible links between the spoken and unspoken in participants’ narratives (Merleau-Ponty & Lefort, 1968).

**The Analytic Process**

The analysis began during the data collection process, through engagement in active listening, clarification, reflection and intuiting (Chambers, 1998). Phenomenological analysis sets out “to preserve the uniqueness of each lived experience of the phenomenon while permitting an understanding of the meaning of the phenomenon itself” (Banonis, 1989; p. 37).

Analysis was conducted by hand, in an idiographic manner, and involved a cyclical, refining process. Hurrel (1962) likened it to peeling away layers of an onion until the true essence of the phenomenon is revealed. The following stages were used in the analysis: (1) Field notes: notes were made during the interviews, these consisted of observations of participants’ non-verbal communication, personal thoughts and ideas, which could not be captured during audio recording; these were used to aid, not replace, later interpretations. (2) Transcription: the audio recorded interviews were transcribed verbatim, this allowed close attention to be paid to participants’ use of language, tone, and flow of speech. (3) Familiarity: transcripts were read numerous times in order to become highly familiar with them; which also allowed me to acquire a felt sense of the content. (4) Coding: portions of participant transcripts were highlighted, one margin was used to record subjective aspects of interest, personal thoughts and ideas. The other margin was used to reconceptualise preliminary notes into abstract themes based on my interpretation of the meaning (Appendix 10). The use of field notes were vital in checking that themes conveyed the essential meaning of participants’ narratives, by cross-referencing participants’ verbal and non-verbal communication. In the event of the identification of a novel theme the preceding transcripts were re-examined in
light of this; this process was repeated until all possible key concepts/themes were identified from all 10 transcripts. (5) Indexing: emergent sub-ordinate themes were tabulated in a master table (Appendix 11). (6) Relational structuring: the relationship between themes was explored and connections were made based on interpretative processes involving the essential meanings of the themes. (7) Super-ordinate themes: sub-ordinate theme clusters were subsumed within a hierarchical structure of super-ordinate themes. Super-ordinate themes were conceptual umbrellas which encapsulated the essence of sub-ordinate themes. Sub-ordinate themes could be present in more than one cluster or super-ordinate theme, meaning that themes were not only distinct from each other but also overlapped. The formulation of super-ordinate and sub-ordinate themes produced a detailed description which captured the meaning of the phenomenon under investigation, as perceived by the participants and interpreted by myself, which maintained the integrity of both unique and shared experiences.

Ensuring Trustworthiness

In a manner consistent with an IPA approach, I sought to achieve internal coherence (Smith, 1996) of the findings by ensuring that my interpretations of participant narratives and resulting themes were adequately supported by evidence from participants’ discourse. Additionally, Elliot, Fischer and Rennie’s (1999) guidelines were used to ensure that the findings were dependable and credible representations of participants’ lived experiences (Appendix 12).

Participants were re-approached after the data analysis process to seek their evaluation regarding the findings. They were asked if they could identify and understand the interpretations made from their narratives, and were offered the opportunity to dispute and correct the findings. This method is commonly used by phenomenologists and qualitative researchers (Fater & Mullaney, 2000; Kao & Long, 2004; Parra-Cardona, Wampler & Sharp,
All 10 participants saw a strong semblance of their lived experience in the interpretations, and felt that the underlying meanings of their narratives were faithfully represented. This method of data validation ensured that the final analysis was a reliable and true reflection of the participants’ experiences. Themes were also checked by two academic research supervisors, and the use of triangulation further assisted in validating the findings.

**Findings**

The initial stages of analysis yielded a total of 389 raw themes from the 10 transcripts. The analysis yielded six super-ordinate themes which contained 21 sub-ordinate themes relating to the context of the lived experiences of the 10 first-time fathers experiences during the first year of parenthood. Table 1 contains an overview of the super-ordinate and sub-ordinate theme structure.

In this section I have interwoven participant narratives with existing theoretical perspectives and research findings, to create a dialogue between the data and theory (Geertz, 1973). Participant narratives are presented as quotations exactly as they were spoken, including repetitious crutch words (Blauner, 1987). Consistent with qualitative research, this approach affords the reader a vicarious experience of participants’ experiences, and simultaneously allows the researcher to remain true to the original data (Sandelowski, 1994). Within quotations, ellipses ‘‘...’’ indicate missing or edited quotations, and words of explanation are presented in brackets. The 10 participants are referred to as P1 to P10 respectively.

**INSERT TABLE 1 HERE (Page 99)**
Super-ordinate Theme 1: A Logical Progression

This theme related to how participants felt about their lives before becoming fathers. All 10 participants described that they were at the right stage in their lives, relationships and careers, to enter into parenthood. This theme also reflects the contextual factors which participants shared; all pregnancies were planned, which sets the tone of their narratives throughout the themes, and which also reflects the homogeneity of the participants in the study.

Sub-ordinate theme 1: right conditions. All participants repeated that they had cultivated the right conditions in their lives which were conducive to becoming parents and bringing up a child. The quote below concisely captures the essence of this theme:

“I remember before we had [son]...We were lucky, we both had good jobs, the house was sorted, we were married...we got to the point in our lives where we thought it was the right time and we had everything in place to bring up a child” (P9)

Participants in Deave and Johnson’s (2008) study also stated they viewed parenthood as a natural progression in their relationships, suggesting that, for many men and women the desire to enter into the parenthood lifecycle is mediated and nurtured by the right emotional and contextual conditions.

Super-ordinate Theme 2: Experiences during Pregnancy and Birth

Pregnancy is regarded as a key transitional moment for men in their journey into fatherhood (Fenwick, Bayes & Johnasson, 2011). This theme featured consistently in all participant narratives and contained four broad sub-ordinate themes relating to participants’ experiences during pregnancy, ranging from the emotional responses to pregnancy confirmation, to how they felt about support from health professionals, and during the birth. All participants
reported that their respective partners had relatively good pregnancies, with no major complications being reported which influenced participants’ narratives.

Sub-ordinate theme 1: diverse emotional responses to pregnancy confirmation. Several participants spoke about how they felt upon pregnancy confirmation. One participant vividly recalled the range of thoughts and emotions he experienced soon after he discovered his partner was pregnant, which seemed to belie feelings of responsibility and anxiety about the impending change this signified for him:

‘‘When I first found out [wife] was pregnant; I was frightened to death, really scared. I’m thinking, am I really ready for this? My whole life is going to be changed, am I really ready to become a father? I was questioning myself, I thought something was wrong with me, I should have been really elated but I wasn’t…I was worried about the pregnancy too, I was worried that [wife] and the baby would be okay’’ (P2)

Experiencing anxiety, worry, internal conflict, guilt, uncertainty, and mixed emotions appear to constitute the normal emotional and psychological repertoire for men during the early stages of pregnancy (Brennan, Marshall-Lucette, Ayers & Ahmed, 2007; Boyce, Condon, Barton & Corkindale, 2007; Barclay, Donovan & Genovese, 1996; Armstrong, 2001). Similar emotional responses have been described by mothers too (Modh, Lundgren & Bergbom, 2011), suggesting a shared parenting experience. In the above participant’s narrative, his worry was mediated by his wife’s advanced maternal age.

Sub-ordinate theme 2: connecting with the bump. One participant commented on how he started to emotionally connect to his wife’s pregnant body during pregnancy, which triggered a psychological connection to his unborn baby:
“The best time for me was when [wife] was pregnant, it was like the calm before the storm, it was really peaceful and because it was so peaceful I really connected with the bump. I was taking ten photos a day to make a photo album and it was then when I realised that I was developing a bond with [son’s name] through [wife’s name], it was incredible” (P7)

The above quote supports more recent evidence which suggests that men can develop emotional attachment bonds through the engagement of body-mediated moments (Draper, 2002) and that involvement during pregnancy in this manner aids the psychological transition to fatherhood (May, 1982).

Sub-ordinate theme 3: feelings of separation. This was a highly prevalent theme, which was prolific in how fathers felt about the pregnancy itself, support from health professionals and during the birth. One participant conveyed a felt sense of being separate from his wife’s pregnant body:

“‘Well before he was born I held [wife’s name] tummy, but with the best will in the world, it’s just a bump that moves, like something out of a Ridley Scott film [laughs] it’s weird and an extraordinary thing, no doubt about it, but I did find it different and I feel that it has to feel different with the mum as they are carrying the baby and feeling it move and grow inside, that must mean that the emotional attachment that must build must be extraordinary and I don’t think that any bloke could ever understand that.’” (P4)

This psychological response is consistent with how men think and feel during the Moratorium phase of pregnancy (May, 1982); which is characterised by them often feeling removed and emotionally distanced from the pregnancy experience because they do not have
first-hand experience of their partners’ pregnant body (Kao & Long, 2007; Finnbogadottir, Svalenius & Persson, 2003). Contrary to the experience of P7, described in the previous theme, there is evidence to suggest that this is the reason why men tend to develop attachment bonds to their baby once they are born (Jordan, 1990). The underlying mechanisms, which governed the opposing experiences of P4 and P7, could have been influenced by their level of motivation to be involved, attitudes concerning the sex roles of men and women during pregnancy which are influenced by contemporary male hegemony and cohort beliefs. In the case of P7 and P4 there was an age difference of 15 years between them, which may indicate the latter.

All participants had attended one or more antenatal class with their respective partner; feelings of separation seemed to underlie these experiences too. Participants felt the classes were primarily geared towards the birth and the mother: ‘‘We went to antenatal classes but looking back now I don’t feel that they were useful...there wasn’t really any discussion about dads’’ (P8). One participant felt unwelcome when he attended an antenatal class without their partner, reinforcing the preconception that such classes are mainly for expectant mothers: ‘‘I didn’t come across anything that I found was useful as an expectant dad...I even went to one on my own because [wife] couldn’t make it...people were surprised, couldn’t believe it, where’s your wife? [laughs]’’ (P7).

Participants had clear ideas about the type of support they would have valued as expectant fathers, which raises interesting questions about how services can be adapted to accommodate the needs of men when women are the main focus:

‘‘What would have been useful would be to talk to a dad basically, a couple of parents maybe six months in or maybe a year in who could sort of turn round to you and say, right this is what it’s actually like, this is what we found and what was useful to us’’ (P4). ‘‘It would be good if a group of dads who’ve got children could host a
meeting to share experiences all the way from the birth, like if there was someone whose partner had a C section, straight through to the weeks and months afterwards, they could tell people what they did and what helped them and just to generally share experiences and support each other in a informal way, not to give people resolutions but just to say this was how it was for them” (P7).

The overwhelmingly negative experiences of antenatal services voiced by men have also been highlighted by various other researchers (Bradley et al, 2004; Brennan et al, 2007; Barclay et al, 1996). It seems that the participants’ lived experiences support the argument that men’s needs are marginalised in existing models of antenatal care (Waters, 1996/1997). It also illustrates a disparity between the evidence-base, government policy (Department of Health, 2009), and clinical practice in maternity services; the scientific evidence is not significantly impacting on how maternity services are delivered, to take into account men’s needs and experiences. The sense of separation and detachment that many men already experience during pregnancy seems to be propagated by health services not making them feel valued and acknowledged in the antenatal period.

Birth experiences featured in three participant narratives. Although the participants who spoke about their childbirth experiences were involved in the process, they conveyed the impression that their role was more akin to an emotional observer; one participant described feeling useless and unsupported, but the essential underlying theme appeared to be feelings of separation:

“During the birth no one cares about you for obvious reasons but like you’re stood there in the same clothes, you need a bit of drink, some food and you’re exhausted but you can’t leave your wife screaming and your ability to help is diminishing by the minute” (P8)
In contrast, men in Premberg, Carlsson and Hellström’s (2011) study viewed the birth as a mutually shared process. This difference could be due to participants’ use of language and the felt sense of their narratives, which gave the impressions that despite them being in the same situation as their partners, the birth epitomised the disparity between the emotional and physical experiences of the man and woman. The separation that men experienced during the birth was more of a physical nature.

**Sub-ordinate theme 4: what’s my use?** As the majority of participants expressed a sense of separation, from either their wife’s pregnant body or as a result of antenatal classes, getting involved in the preparatory side of things helped to make them feel useful, more prepared, and more involved in the pregnancy process. Participants seemed to feel more comfortable in this practical, hands-on role. Few participants mentioned reading books, talking to people, using the internet as a way to help them feel more prepared for impending fatherhood:

‘‘There was the physical preparation side of things, like painting the nursery in obligatory neutral colours...it was like we needed to do that to almost feel like you were preparing yourself in some way you know?’’ (P3). The practical preparatory behaviour described by all 10 participants could be understood as the initial step necessary to aid the further psychological transition to fatherhood. This is supported by Brennan et al., (2007) who suggested that the practical preparation helped to form an integral part of the overall adjustment process during pregnancy. Men described engaging in preparatory activities with their partners, which suggests that this helped to facilitate expectant mothers’ transition also.

**Super-ordinate Theme 3: Reacting to New Fatherhood in the Early Days**

This super-ordinate theme contained post-birth experiences which most participants felt occurred within the first three and six months of fatherhood. Participants spoke about how
they, together with their partners, felt helpless as they tried to parent their baby, using trial and error techniques, and observed their partners’ interacting with their baby. This theme encapsulated diverse sub-ordinate themes which captured the essence of the emotional, behavioural, and psychological responses participants experienced during this critical time.

**Sub-ordinate Theme 1: helplessness.** The majority of participants (six) reported that learning how to parent their babies was akin to being on “a steep learning curve”. Participants conveyed the impression that despite being hands on and involved fathers their lack of prior knowledge and experience gave rise to feelings of helplessness: “You’re not overly sure what you’re supposed to be doing, and there are times when you have the emotion of complete helplessness, you don’t know what they want and there’s a feeling of helplessness” (P6). “The learning curve of it, you’re sort of blind going into it...we didn’t know anything” (P5). Similar feelings of helplessness have been highlighted by other researchers (Henderson et al., 1991) indicating that it is a normal part of the new fatherhood experience. Participants’ use of language conveyed the strong impression that their partners’ also felt helpless during this period.

**Sub-ordinate theme 2: trial and error parenting.** In response to the novel and challenging situations participants found themselves in, they used various techniques, with their partners, to parent during the early days. Some participants mentioned using check-list or trial and error parenting strategies as a way of looking after their baby:

“Initially it is all about trial and error, at least that’s how it was for us, purely trial and error...in the early days we were both sort of saying, what’s wrong with him? Is it his nappy? Is it food? Is it sleep? And you go through that sort of list until you find
something that makes him quiet and you go, well it was that then, and so you start to notice those signs a little more each time” (P4)

**Sub-ordinate theme 3: she leads, I follow.** An interesting observation was that the majority of participants seemed to learn how to perform baby-related tasks and interact with their baby by observing their partners: ‘‘I learned a lot from watching [wife] with him, you know how to hold him, change a nappy, bathe him.’’ (P2). Despite their partners also being first-time mothers, the fathers expressed that their spouses were more experienced and better equipped to deal with their baby. This could be due to the men feeling that the maternal bond between baby and mother, having had more time to develop than the paternal bond, was stronger, and somehow translated into the mother having an instinctual ability to know what to do and how to do it. One participant mentioned that he started to perceive his wife differently after she became a mother, he said that she developed a ‘‘mumness’’ about her which alludes to the notion of instinctual parenting. Another possible explanation could be due to the mothers spending more time with their babies over their maternity leave, and therefore being able to relate to and tune into their babies’ needs easier than the fathers. The explanation notwithstanding, this experience was viewed positively by fathers, and helped to expedite their assimilation of knowledge and experience. It is clear, however, that this theme was mediated by the mental health of the mother, as the one participant whose wife had experienced postnatal depression did not share this experience.

**Sub-ordinate theme 4: adjustment difficulties.** Although the vast majority of participant narratives contained positive images of fatherhood, woven in between them were difficulties relating to father-baby dyad, changes to sense of self, integrating baby into existing life structures, adjusting to a new lifestyle and managing roles. It was noted, that many fathers
used humour to convey difficult feelings and experiences, this could have belied their coping strategies and served to minimise the emotional impact of their difficulties when talking to me.

One participant frankly spoke about not enjoying spending time with his new born son, and finding it difficult to establish a paternal bond because he did not find his interactions with his baby intrinsically rewarding:

“Guys don’t have that strong maternal bond it’s more difficult, it’s quite tough in those early months, the first six months just crucified me because I didn’t like spending time with him, ten minutes felt like ten hours, if I had to look after him for an afternoon I felt like I was climbing mount Everest [laughs]...this thing [baby] has turned your life upside down and there’s no personality there...it sounds selfish but true” (P9)

Participants conveyed a sense of feeling unfulfilled when talking about the lack of feedback they received from their babies. A lack of reciprocation in the father-baby dyad seemed to be a major contributor to the difficulties most participants experienced in the early days, which seems to be how men gain a sense of parenting satisfaction: “You don’t get much feedback from them, they cry, poo and eat and cry and that’s about it” (P10). Another participant likened looking after a new born baby to “another form of unappreciated work” (P1).

Another participant spoke about experiencing a lack of control when he brought his son home. He found it difficult to accept that his home was no longer just his and his wife’s domain, and seeing his home environment untidy with his baby’s paraphernalia triggered feelings of anxiety, underpinned by feeling out of control:

“When we first got home, it was that transition where I still wanted my old life back, when (son) came here I couldn’t quite accept that his stuff was everywhere, his
sterilising kit was taking over the kitchen and I was trying to keep everything really
tidy around the house, his things were taking over. I was still trying to clean and tidy
things as well as doing all the other things that a baby involves; I got quite stressed a
little bit, I felt quite stressed knowing that I couldn’t keep up with the dishes and
hoover up, and I was thinking what’s this new thing taking over my life?” (P7)

For P7, keeping his house tidy was something he personally valued and felt in control of; the
birth of his son meant that he could not maintain the same level of control and found it
difficult to let go of his old ways of being, and essentially share his once private space. The
eventual acceptance and accommodation of his son into his physical environment symbolised
a key psychological event, where he had finally integrated his son into his existing life
structure.

Another participant spoke about how becoming a father had resulted in him having to
let go of external aspects of his life which he used to define his sense of identity. This proved
to be a significant adjustment difficulty for him, and gave rise to feelings of loss in his
narrative:

“I didn’t appreciate how much of an impact it would have on me as a person, like
I’ve lost part of my identity really, so I’ve found it hard that I’ve not been able to see
people, go out on my bike as much as I would like to...all the things which used to
define me as a person like a big circle of friends, seeing people, because me and
[wife] don’t really go out as much as we used to now...I think I’m still trying to really
find my feet as to who am I now...I’d say I’m still really floating around” (P9)

Finnbogadottir et al (2003) also found that expectant fathers were reticent when it came to
sacrificing personal interests in preparation for fatherhood. The above quotes tentatively
suggest that some men found it difficult to let go or change familiar lifestyle activities even when they were in the midst of transition. Similar findings have been noted concerning women’s transition to motherhood (Beck, 2002), suggesting that men and women may have more psychological responses in common, during the transition to parenthood, than previously thought.

*Sub-ordinate theme 5: feelings of separation.* As well as in the antenatal period, this trans-temporal theme was also present in the postnatal period for three participants; the feelings arose in three different contexts. One participant mentioned feeling a sense of separation when his wife was breastfeeding because he saw it exclusively as a mother-baby activity which he could not contribute to or share in. Another participant spoke about feeling left out in the first two weeks of his baby’s life because his wife and mother-in-law seemed to not involve him in many of the baby-related tasks. For one participant, whose wife was experiencing postnatal depression, he recalled the professional support that his wife received in the form of one to one therapy, and despite it having had some positive effect he was separate from the experience:

“‘The health visitor told us about it, at the start [wife’s] Edinburgh score was thirty out of thirty but when it was done again yesterday she scored two but whenever the woman [therapist] comes over I’ve had to leave the room to look after [daughter]… I think that it’s only for the mum but I feel that if someone’s coming round to help with parenting, the way families are now with fathers being more involved it makes sense that fathers should be involved, and if it’s aimed at helping (wife) I can’t see how it could do any harm because I could learn things too’’ (P10)"
The above quote captures the conflicting interrelationship between societal expectations of men as fathers, how men perceive their role in the family system, and how services are delivered. In this case the participant not only felt that he could have personally benefited from the intervention, but also have supported his wife with it too. Despite evidence which suggests that parenting interventions are more successful if they include both parents (Lundahl, Tollefson, Risser & Lovejoy (2008), parenting programmes are still being developed which do not routinely include fathers.

Sub-ordinate theme 6: the value of support. All participants, with one exception, mentioned the value of emotional and practical support they received as a couple in the early days, which came from friends and family. Some participants valued the practical support their family provided: “There’s been times when I’ve been doing work at home and I’ve needed to look after [son] and those times I’ve really relied on my parents to look after [son]” (P7). Having family to look after the baby not only meant that parents could have some much needed time away from parenting duties but also re-focus their attention on each other and their relationship:

“The help from the family meant that we could get that down time and relax; we made a conscious decision that once a month we would go out to the pub for a meal to spend some time with each other” (P6)

Other participants valued speaking to more experienced parents and seeking reassurance, which helped normalise their own experiences and created a sense of common parenthood: “We have a couple of friends up the road who have older children, they were popping in saying, try this, try that, and that just gave us support and some reassurance that we were doing things in the right way” (P2). Participants’ use of language suggested that support was
also highly valued by their partners, a finding supported by research involving mothers (Read, Crockett & Mason, 2012).

Sub-ordinate Theme 7: key moments. Despite one participant providing evidence in support of men being able to develop feelings of attachment with their unborn baby during pregnancy (Condon, 1985); for the majority of participants it was during the early days in which they started to develop feelings of love. This finding supports more widely accepted claims that men tend to form an emotional attachment to their baby once they are born (Jordan, 1990).

A prominent feature of participant narratives during the early days consisted of key moments that they shared with their baby:

“‘My experience of bonding with him was spending a lot of time with him, letting him sleep on me and get used to my shape and smell, because I did read somewhere that initially they can’t see very well so I always tried to hold him and he used to fall asleep on my chest’” (P4). “‘I remember when I took that picture and I picked him up and looked at him and, you know [laughs], that’s how I bonded with [son] when nobody else was around. From that moment I just knew I wanted to look after him and care for him’” (P7)

Other participants spoke about being able to do an activity with their baby which helped to establish an emotional bond:

“‘Like for me and (son) it’s the bathing and the final feed, I always do that alone. I think that there should be things that you do alone with your baby, whether that is a girl or a boy, something which give you that time together... it certainly helps the creating of the bond between the father and the baby... I think the fact that you can get
that bond is better for him, he knows who you are, what’s going to happen and can start to build that relationship’’ (P6)

Super-ordinate Theme 4: Re-defining Self as a Father

This theme captured personal thoughts, feelings and internal conflicts experienced by participants. Participant spoke about the type of father they wanted to be, the roles they wanted to fulfil, re-defining their identity, reflecting on their own fathering experiences, and trying to integrate the different aspects of fatherhood into their existing identities. Internal conflicts arose when role demands and participant values opposed each other, and took a participant further away from the type of father he wanted to be. The process of re-defining of self identity can start during pregnancy (Kowlessar, Wittkowski & Fox, submitted) but seemed to start soon after the birth for the participants in the current study, and was an ongoing process for all 10 participants.

Sub-ordinate theme 1: reflecting on own fathering experiences. This process of reflection is evidenced during pregnancy (Wilkes, Mannix & Jackson, 2011) and seems to form an integral part of how men incorporate aspects of male role models, usually their own fathers, into their new identity; women undergo a similar self-concept process (Darvill, Skirton & Farrand, 2010). According to Barclay et al (1996), a lack of male role models to emulate may add to the difficulty that some men face, when adjusting to the new role, responsibilities, and lifestyle of fatherhood. This observation may help to account for why only two participants spoke about this theme. Kowlessar, Wittkowski and Fox (submitted) highlighted that men can start this reflective process during the late stages of pregnancy.

One participant spoke about the type of relationship he wanted with his son: “I want to be somebody he [son] can have a laugh and a pint with...I never had that sort of
relationship with my dad and maybe that’s it’’ (P4). Another participant spoke about how the things his father used to say to him suddenly made sense when he entered fatherhood himself:

‘‘All the times where he [father] said, you’ll figure it out when you have a child yourself, then you suddenly realise what he meant and think you’re absolutely right’’ (P7).

Sub-ordinate theme 2: balancing roles. This theme overlapped with the theme of adjustment difficulties, but shared more with how participants perceived their identity as a father. The majority of participants spoke about the numerous roles they wanted to fulfil which made up their image of a father. These included wanting to be a good role model: ‘‘I want to be a positive influence in his life’’ (P4). Protector: ‘‘When she’s [daughter] a little upset she comes to me...maybe it’s an instinctual thing to get food from a mother and protection from a father’’ (P3). Teacher: ‘‘It’s made me want to learn more, to read more to study more because I know I’ve got to pass that on’’ (P2). Provider: ‘‘I’ve got to keep them [wife and daughter] living in the life they’re used to’’ (P5). Supportive Husband: ‘‘It’s important to make time for your wife, you’ve got to keep that side of things going also’’ (P9). ‘‘I saw it as my responsibility to support [wife] and make sure that everything was okay between her [wife] and [son] and to help out with things around the outside because obviously you can’t help out with the feeding’’ (P4).

Some participants spoke about how different roles had different time, energy, and personal value demands, which sometimes conflicted. A common conflict was striking a satisfactory balance between the demands of work and a desire to be involved at home:

‘‘Trying to keep everyone happy is not always easy. I would like to spend less time at work and more time with [daughter] but something’s got to give, I’ve got to keep them [family] living in the life they’re used to...I’m still doing too much work and not having enough time home life. It’s a fine line getting the balance right between
earning enough money and making sure I spend enough time with [daughter] and giving [wife] enough time and attention too” (P5).

In response to this conflict some participants changed jobs in order to redress the work–home balance. Despite feeling conflicted, one participant felt that he could not compromise how he worked because he viewed his overriding role was to provide financial security for his family. The ongoing work–home demands that fathers encounter and have to deal with have been well documented and continue to impact on men’s ability to engage with their family (St John et al., 2005).

Sub-ordinate Theme 3: keeping in touch. Many participants conveyed the importance of maintaining some aspects of their previous selves as an adaptive way to manage the stresses associated with parenting and maintain a sense of wellbeing. For one participant this involved maintaining his old social hobbies which helped to define his sense of identity:

“...It’s hard work both mentally and physically but it’s important to keep in touch with what I call, the Real World, like catching up with your mates, going for a round of golf, doing something which doesn’t involve being a dad, that sort of thing is critical” (P3)

Evidence suggests that men who incorporate their baby into their existing life structure whilst maintaining some aspect of their identity tend to adjust to fatherhood easier and with less difficulties than men whose identity is wholly defined by their father status (Premberg et al., 2008).
Super-ordinate Theme 5: Working Together, Adjusting and Moving On

This super-ordinate theme marked a pivotal adjustment phase in the lives of the fathers and mothers and typified experiences between the sixth and twelfth months. This theme encapsulated four sub-ordinate themes which represented how participants started to develop confidence in their parenting role by gaining experience, working collaboratively with their partners to support each other and establishing behavioural routines and the social changes they experienced as they developed as a family. The fact that all participants were actively involved in the parenting of their baby and lived with their respective partners, are important mediating contextual factors in this theme.

Sub-ordinate Theme 1: working together. This theme contained experiences of how participants worked in unison with their partners to support each other, engaging in co-parenting practices, sharing baby-related tasks, problem solving and establishing routines. This theme was a prominent feature of the majority of participant narratives which seemed to evolve as a consequence of the experiential learning process that looking after a baby entailed:

“Another thing we did was the both of us were getting up in the night to deal with her [daughter] and we soon realised that maybe I needed some more sleep so [wife] would get up and do all the night feeds one night and I would do all the night feeds the next night...we soon got her onto the bottle so I could help out with the dream feeds while [wife] slept and when she got up to do the next feed I would be able to go to sleep”

(P8)

Many participants emphasised the importance of establishing routines and the benefits it afforded not only the baby but themselves as parents:
“During that three month period it was, er, a bit of a slog, you were tired emotionally, physically tired because you didn’t have that release at the end of the night so we had to come up with a plan and stick to it. The first two nights were excruciating and he did cry and we had to stop each other going up to him but after that he started to sleep through and now he’s a fantastic sleeper, and once we got that routine done when we put him to sleep it was eight, half eight and you still had a bit of time to crack open a bottle of wine and watch a film and just spend some time relaxing...working in a partnership is key’’ (P4)

Sub-ordinate theme 2: gaining confidence and regaining control. Many participants spoke about how they started to feel more confident and competent as fathers as time progressed. The mediating variable in this participant’s case was experience and time; his desire to be an involved father will have been influential in him wanting to gain experience, competence and confidence:

“It was purely about experience and from that comes confidence...the more you do the more you learn and as time goes on you remember how you’ve dealt with things in the past...I wanted to make sure that I got stuck in...being off work for a month gave me the opportunity to get involved” (P4)

The above quote highlights the importance of fathers having the opportunity to get involved with their new family by having adequate time off work, something which fathers continue to struggle with in Western society (St John et al, 2005). Another aspect that contributed to participants’ overall feelings of competence was their ability to tune into and understand their babies’ cries which helped them feel more in control:
“Sometimes we had no idea what was wrong and what she wanted; she was definitely in charge in the early days but now we know what her cries mean even when she is in her cot, we now feel more in control” (P8)

**Sub-ordinate theme 3: tangible rewards.** Participants started to find their parenting role more enjoyable and rewarding which seemed to be related to their babies’ developmental progress:

“So I’ve been trying to teach [son] to throw the ball when I’m playing with him since he was about five months and all he was doing was looking at it and then eventually one day I threw the ball and he looked at it, picked it up and threw it back!...I think getting something back is a reward isn’t it? Naturally we like getting paid for our work, so it’s like putting the effort in and getting something out of it at the end, it’s the same with children, obviously you’ve got to recognise the developmental stage of the child” (P4)

This process marked a dramatic shift from how participants felt in the *adjustment difficulty* theme when talking about the lack of reciprocity in the father-baby dyad. The above quote supports the notion that fathers require tangible rewards from the interactions with their babies to foster feelings of enjoyment and satisfaction.

**Sub-ordinate theme 4: acceptance.** The theme of acceptance was mentioned by six participants and constituted a significant adjustment stage in fatherhood. In participants’ worlds, acceptance pertained to the realisation that fatherhood was essentially experienced in phases and that a willingness to experience the not-so-pleasurable phases was necessary in order to move onto the next phase which would present a different set of challenges and rewards:
“I’ve learned that everything you go through is a phase, whether it’s a good phase or a bad phase, I always told myself that I may not be enjoying things now but in a few months time he’ll be crawling and I’ll move into a more enjoyable phase maybe” (P9)

Sub-ordinate theme 5: social changes. All participants spoke about how either their social lives or relationships changed and developed as a consequence of becoming fathers. They started to invest time and energy into more meaningful and rewarding relationships whilst moving on from old ones. Social changes represented a major transition in participants’ lives and there is evidence which suggests that this transition can start during pregnancy (Finnbogadottir et al, 2003). Some participants commented on how their social circle started to evolve:

“‘We’re not bothered about people telling us, come out we’re going here and we’re going there. I’m set now, I’m quite happy to do things as a family now, er, that side of life I really don’t miss...we now have different friends that we socialise with, like-minded friends who also have children’” (P2)

Most participants spoke about how they felt emotionally closer to their partners, a finding which has been highlighted previously (Deave & Johnson, 2008).

Super-ordinate Theme 6: Living a More Meaningful Life

This theme captured experiences in which participants spoke about how becoming a father had helped them to re-evaluate personal values in response to feeling an inexorable sense of purpose and meaning to their lives (Premberg et al, 2008) and how fatherhood had changed some participants’ world view.
Sub-ordinate theme 1: re-evaluating what is important. Three participants explained that since their babies had come into their lives they had started to re-consider and re-prioritise the things they felt were important and what aspects of their lives they wanted to bring into focus. The central concept underlying participant narratives seemed to be re-evaluating the importance of social interactions, relationships and family. One participant vividly spoke about how becoming a father had made him re-focus on the value of relationships and connecting with other people:

‘‘You start to realise what things in life are actually quite meaningful...becoming a dad helped me to improve my relationship with my own dad...you realise how similar people really are to each other. The things that are really important in life are relationships with others, not the relationship with your TV or a book, for me personally having a child has enhanced that’’ (P7)

Sub-ordinate theme 2: a change of outlook. Five participants spoke about how fatherhood had given their lives more meaning and purpose as a result of altering their outlook on life. One participant spoke about how the arrival of his son had added meaning and purpose to the reason he worked hard and earned money:

‘‘It’s changed me outlook in a way, because at the end of the day there’s more to life than working and earning money, so there has to be a reason, there has to be a purpose otherwise there’s no point in doing it...there’s no point having money and everything else if you haven’t got anybody to share it with. You want to pass on what you’ve got, you want to share what you’ve got and sometimes you can lose your way and be so focused on earning money and a career that you don’t see what it’s all about’’ (P1)
It seemed that the attitudinal changes described by the participants involved in this study, captured by the above two sub-ordinate themes, occurred once they became fathers. There is, however, evidence which suggests that men can start to undergo similar changes during pregnancy (Kowlessar, Wittkowski & Fox, submitted). Consistent with Transition Theory (Draper, 2003), the processes involved in men’s transition to fatherhood appear to follow a more continuous, evolving trajectory which starts at pregnancy but does not end after the birth.

**Discussion**

Overall, six super-ordinate themes containing 21 sub-ordinate themes were constructed which provide a detailed description of the lived experiences of 10 British, first-time fathers during their first year as parents and attempts to understand the meaning of their experiences within their specific social contexts. All men in the study felt they were at the right stage in their life cycle to enter into fatherhood; they seemed to share similar values, in terms of being in a stable relationship, having a secure job and accommodation. As such, all pregnancies were planned and expected and there were no major birth complications. This shared social context sets the backdrop for the fathers’ experiences and it can be assumed that the tone of their narratives would have been different if the pregnancies were unplanned or if the fathers were teenagers; with financial, relationship and employment worries being prominent features of their narratives (Wilkes, Mannix & Jackson, 2012).

In line with the qualitative research paradigm, the findings of this study are not intended to be generalisable to all first-time fathers; however, considered in conjunction with previous research, I have tentatively suggested that a first-time father, who shares similar socio-demographic attributes to the participants in this study, may go through similar changes and experiences outlined in Table 1. The findings triangulate with and support the existing
literature as well as offer new insights into early fatherhood experiences. By capturing experiences during 12 months the breadth of emotional, psychological and social changes that the fathers experienced can be observed and appreciated, something that other studies involving UK participants (Chin et al, 2011; Bradley, et al, 2004; Henderson et al, 1991) have not been able to offer.

Novel findings include; fathers’ use of adaptive strategies, based on social learning (Bandura, 1977), to expedite their acquisition of knowledge and experience in the postnatal period; it can therefore be assumed the mother’s level of motivation, health status and engagement has a direct bearing on how the father develops a sense of mastery in the early postnatal period. The birth of a couple’s baby marks the continuation of their transition and not the start of it, with many feelings and experiences carrying over from the antenatal to postnatal periods. For instance men generally view themselves as support systems to their partners during pregnancy (Barclay et al, 1996) as well as in the postnatal period. It is well documented that men often experience feelings of separation during the pregnancy process, the findings from this study support this notion but also highlight that these feelings do not necessarily dissipate once they become fathers, to which three fathers’ narratives attested. The attitudinal and personal value changes that participants experienced in this study have also been noted in the antenatal period (Kowlessar, Wittkowski & Fox, submitted). The findings have also helped to bridge the gap between the needs and experiences of first-time fathers and mothers, by highlighting noticeable similarities throughout.

The new challenges that parenthood brings to both mothers and fathers is the integration of the multifaceted parenting identity into their existing self concept. Managing the competing demands of these roles proved to be a constant balancing act for some men in this study. Premberg et al (2008) highlighted that men found it important to be able to retain their own identities after becoming fathers, an endeavour shared by many participants in the
current study as a way of maintaining well-being and coping with the demands of parenting. However, not all men were able to reconcile aspects of their new multi-faceted identity as a father as well as retain their non-father identity, which presented a significant adjustment difficulty. All the men in this study took statutory paternity leave, with some taking additional holidays. Having adequate time off work proved to be a problem for some fathers, as it posed a barrier to their involvement in the early days. The recent proposal of the Children and Families Bill (The Queen’s Speech, 2012) will mean that mothers and fathers will be able to share their statutory leave and fathers will be able to have more time off work, meaning more time adjusting to their new role and more opportunities to be supportive and get involved in early stages of parenting. This proposal symbolises a dramatic socio-political shift towards a more equitable parenting culture in the UK.

The contemporary relevance of Transition Theory (Draper, 2003) provides a useful theoretical framework to understand first-time fathers’ experiences in both the antenatal and postnatal periods, as men pass through the stages of separation, transition and incorporation. Pregnancy confirmation marked the start of men’s separation from their familiar, usual social lives. Men described their social circles changing and old interpersonal relationships drifting away. The process of separating from a familiar life proved difficult for some men to adjust to and seemed to continue to be negotiated once their baby was born. Pregnancy experiences, inherent in the men’s narratives was the awareness of changing roles and status; for first-time expectant fathers the change was from non-father to father. Pregnancy not only affected how men thought and felt about themselves and their social contexts but how their social worlds related to them also. For many men these personal and social changes were experienced with anxiety and uncertainty (Kowlessar, Fox & Wittkowski, submitted).

During the transition phase, feelings of separation and marginalisation precipitated men’s inability to experience first-hand the changes their respective partners’ were going
through; men’s experiences were grounded in their partners’ pregnant body, which ironically served to maintain feelings of distance for some men. Feelings of separation were perpetuated by men feeling unsupported, unprepared and undervalued by the lack of antenatal support they received. The incorporation phase saw fathers’ adjustment to and acceptance of their new roles in the postnatal period which was characterised by incorporating their babies into their lives and sharing key moments with them.

Limitations

In phenomenological research it is vital to access the right people with appropriate life experience and knowledge of the phenomenon under scrutiny (Thomas, 2005). All the men involved in this study were white, middle class, in stable relationships, had attended antenatal classes with their partners, were present at the birth and viewed themselves as committed and involved fathers. These specific contextual factors shared among fathers, although vital in understanding their lived experiences could also be viewed as a limitation, as experiences of other fathers from different socio-economic backgrounds were not included. The fact that all pregnancies were planned may also account for the dominance of positive stories contained in participants’ narratives. My status as a first-time father may have created the impression that I was already coming from a position of understanding and knowing and therefore inadvertently conveyed the impression to participants that I intrinsically knew what they meant and they did not have to fully explain, describe or elaborate on their experiences.

Developing an awareness of this interpersonal dynamic meant the use of reflexivity and bracketing (Ahern, 1999) was essential to ensure that my preconceptions were kept to a minimum and did not overly bias the findings. This meant that I had to connect with participants as a fellow man and father whilst fostering a non-judgmental attitude at the same time. It is assumed that if a bracketing is employed in a qualitative study then the findings are
accurate accounts of the participants’ experiences free, as far as possible, from researcher bias and helped to strengthen the credibility of the findings (Ashworth, 1999).

**Implications for Clinical Practice**

The narratives of the participants involved in this study echo the already documented feelings that men have towards antenatal services, it is widely accepted that men often feel isolated, unsupported, and undervalued. Fathers felt that antenatal support was geared towards the mother, this has been termed “mother-centrism” (Ball, 2009) in parenting culture.

The participants involved in this study had clear ideas about the types of support they would have valued as expectant fathers. It seems that this is the optimum time to reach men because when the baby is born the opportunity to seek support outside of the family network is greatly reduced. Participants spoke about informal support systems that were for men and facilitated by experienced fathers, the aim of which would be to give expectant fathers the opportunity to ask questions and hear the experiences of others. The idea of father to father support has been shown to be effective (Neil-Urban & Jones, 2002).

When considering how existing antenatal services are delivered in the UK, the type of support participants were talking about could be offered in existing systems, without the need to reinvent the wheel. Implementing additional support systems by integrating them into existing structures is probably the most cost-effective option. The trialling of new parenting interventions such as Baby Triple P (Spry, Morawska & Sanders, 2008) in the UK is also relevant to health professionals as it is aimed at supporting couples in both the antenatal and postnatal periods. As all the participants attended antenatal classes it stands to reason that if one or two experienced fathers/health care professionals were present to help facilitate the session alongside the midwives then they could provide valuable support to the expectant fathers by providing some psycho-education, sharing experiences, answering questions and
handing out information leaflets. Having expectant mothers present may also prove to be beneficial because they may gain an insight into how their partners may feel during pregnancy, labour and in the early days of fatherhood, but this may inhibit some men from sharing their views.

Other ways health visitors and midwives can support men during their transition is by sign-posting them to appropriate online websites. There is compelling evidence which suggests that men/fathers prefer to seek information and support via the internet and the internet is a good medium with which to engage otherwise hard-to-reach individuals (Fletcher, Vimpani, Russell & Keatinge, 2008; Hudson, Campbell-Grossman, Fleck, Elek, Shipman, 2003; Fletcher & St George, 2011). Health visitors and midwives are in an ideal position to provide support to both men and women. It is also useful if health professionals bear in mind that the experiences and needs of first-time fathers and mothers are more similar than different, and the clinical skills used to address the difficulties encountered by mothers can be applied to support fathers also. Offering fathers the space to talk about how they are feeling is the first step to making them feel valued and included.

**Conclusions**

In contemporary western societies, it can be argued that women’s rite of passage to motherhood is defined largely by rituals involving medical science and as such the transitory pathway is more clearly structured (Davis-Floyd, 1987; Martin, 1987; Helman, 1994; Lupton, 1994). Men’s rite of passage is less clear; their feelings of uncertainty, separation and marginalisation, both before and after becoming a father are a reflection of this. The contemporary man’s passage to fatherhood (Heinowitz, 1977) involves him being removed from his usual public role to the more private and unfamiliar territory of the pregnant body, whilst his partner’s journey takes her from privately experiencing her pregnancy to the public
domain of the hospital (Draper, 2003). When passing through the phases of rites of passage a man or woman “emerges from the ritual to be reincorporated as a new persona” (Murphy, Scheer, Murphy & Mack, 1988, pg. 237). Rather than viewing men’s transition to fatherhood as a one-off-event, it should be viewed as a continuous process which does not end at the birth but continually evolves as the man negotiates the complex personal and social changes of fathering practice (Draper, 2003).

Research suggests that the way men manage the personal transitions from pregnancy, child birth and life as a father is crucial to ongoing adjustment, parental satisfaction and involvement (Husdon, Elek & Fleck, 2001; Pruett, 1998; White, Wilson, Elander & Persson, 1999). The findings of this study highlight many shared experiences among participants’ narratives as well as some striking differences; such as some men feeling a sense of connection to their partner’s pregnant body and some men feeling separate from it; further investigation into the factors which mediate such differences among homogenous participant samples is required.

References


### Table 1. Overview of Super-ordinate and Sub-ordinate Themes

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Making what cannot be counted count: Critical and personal reflections of doing qualitative research

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**Introduction**

The aim of this paper is to provide a critical and personal reflective account of carrying out two distinct, albeit related, pieces of qualitative research. This paper is split into two parts with critical appraisal and personal reflections interwoven throughout. The first part pertains to the intricacies of conducting a meta-synthesis study; the second part contains a critical appraisal of using a phenomenological approach (Interpretive Phenomenological Analysis; IPA).

**Part 1: a meta-synthesis of fathers’ experiences of pregnancy**

*Rational for Using a Meta-synthesis Approach*

The use of a meta-synthesis approach was very much guided by my research question (paper 1); I was interested in exploring men’s perspectives, in the context of pregnancy. Therefore, I felt that qualitative, rather than quantitative, studies would capture this type of experiential data, this was confirmed when I started to search the literature, as the majority of studies exploring this area used qualitative methods to capture data, including, focus groups, unstructured and semi-structured interviews. Pregnancy marks the start of a man and woman’s journey to parenthood and is viewed as a key transitional life cycle phase (Barclay, Donovan, Genovese, 1996; Draper, 2002). Despite several studies exploring this topic, a synthesis pertaining to men’s experiences of pregnancy alone had not been conducted; given the importance of this life cycle event, I felt that a synthesis of qualitative studies in this area would not only add to the theoretical body of knowledge, but would also yield useful clinical implications.

There has been much debate over the appropriateness of synthesising studies from different qualitative approaches (Beck, 2002). There are two schools of thought on the matter; some researchers believe that because different qualitative paradigms are underpinned
by different philosophical perspectives they should not be mixed together; whereas other researchers are more concerned with exploring the same substantive area (Schreiber, Crooks & Stern, 1997). I related to the latter perspective, as I felt that synthesising data from differing qualitative paradigms do help to uncover new understandings and insights. Noblitt and Hare’s (1988) methodology advocates synthesising data from different qualitative research (Chin, Hall & Daiches, 2011) and was one of the reasons I chose to use it.

**Walking a Fine Line: Reflecting on the Process**

As the meta-synthesis process involves interpreting and reconceptualising original data, there is a risk that the researcher will inadvertently irrevocably change its essence. Beck (2002) states that researchers ‘‘walk a fine line’’ (p. 214) during this process, in which they strike a balance between analysing the data and immersing themselves in the details so that the resulting synthesis is usable (Sandelowski, 1997). Having an awareness of this process and the possible difficulties from the start was vital in how I conducted and managed the various stages of the synthesis. The use of Noblit and Hare’s (1988) synthesis approach provided me with a rigorous and transparent methodology, which helped to ground my interpretations in the original data and ensure that hermeneutic intent was preserved (Walsh & Downe, 2005).

Given my current context as a trainee clinical psychologist, I found that the processes involved in this stage of the synthesis overlapped and shared similarities with those used in clinical practice. As a therapist, you are constantly trying to interpret and make sense of what the client is telling you so you can have a genuine appreciation of their personal world; the same applies with participant narratives in a meta-synthesis. In both therapy and in qualitative research, you are adding your own layers of subjectivism, based on personal and clinical experiences and knowledge, to the client’s experience, to come up with a shared, often reconceptualised, understanding.
The issue of quality assessment of qualitative research is an ongoing point of contention and among positivists and qualitative researchers alike, and has generated much debate over the years (Thorne, Jensen, Kearney, Noblit & Sandelowski, 2004). I decided to use the CASP (2002) because it is widely accepted, and used in qualitative research (Walsh & Downe, 2005). It has also been cited in National Health Service (NHS) Quality Improvement documentation (Ring, Ritchie, Mandava & Jepson, 2010) and in the Cochrane Handbook (Cochrane Collaboration, 2011) as a good appraisal tool. Using the CASP provided clear framework with which the basic scientific credentials of the chosen studies could be roughly measured against. The use of independent researchers was also used to safeguard against overt researcher bias. Another advantage of the CASP was its ease of use; it contained 10 easy to understand questions relating to rigour, relevance and credibility;

**Ensuring Trustworthiness and Credibility**

Consistent with guidelines set out by Elliot, Fischer and Rennie (1999); the following measures were taken throughout the study to ensure that the findings were credible and trustworthy:

1) Reconceptualised themes based on my interpretations were checked, revised and validated throughout the study by the supervisory research team. A measure also encouraged by Paterson, Thorne & Dewis (1998).

2) The use of a validated scientific meta-synthesis technique (Noblitt & Hare, 1998) ensured that the synthesis was conducted in a transparent and reliable manner.
3) The inclusion of raw thematic data from the studies used in the meta-synthesis allows the reader to judge for themselves how true the resulting synthesis is to the original data.

4) Findings were supported by substantive quotes from participants.

It is important to acknowledge that, time constraints notwithstanding, additional measures have been suggested to strengthen the trustworthiness of the findings. Thorne, Paterson, Acorn, Canam, Joachim & Jillings (2002) suggest returning to the original researchers and asking them if they feel that the integrity and essence of the original findings are still perceptible in the final synthesis, or if the data have been misconstrued or extrapolated beyond its limits. I did attempt to contact, by email, the first authors from two of the original studies (Kao & Long, 2007; Barclay, Donovan & Genovese, 1996) for some clarification about their studies, but they did not respond. Following the suggestion of Thorne et al (2002) was not attempted further as it proved to be a logistically complex and time consuming task. If I had more time to conduct this research again, this is something I would have pursued, as I have not come across any meta-synthesis studies which have employed this valuable technique.

Limitations of the Literature Review Process

I noticed problems when searching for relevant articles; despite using search terms which were appropriate to men’s experiences of pregnancy, I came across two studies (Deave & Johnson, 2008; Dolan & Coe, 2011) by hand searching the reference lists of identified journals. These studies predominantly contained men’s postnatal experiences but also contained elements relating to their experiences of pregnancy. This suggested that authors of qualitative research may not use adequate key words to indicate the various topics their
studies explore; this is particularly important for studies which examine distinct aspects (i.e., pregnancy, parenting, birth experiences) of a related phenomenon (i.e., transition).

**Conclusions**

This study is the first review to solely focus on synthesising studies which explore men’s experiences of pregnancy. The aim was to reconceptualise, aid understanding and offer new insight into a well researched area, something a systematic review of qualitative or quantitative studies would not have achieved. If given the opportunity to re-do this piece of research I would also like to synthesise fathers’ and mothers’ experiences of pregnancy to highlight and make sense of the similarities and differences.

**Part 2: first-time fathers’ experiences of parenting during the first year**

*IPA: Rationale for using a Phenomenological Approach*

I was aware, through searching the literature, that my exploratory research question was consistent with a phenomenological research tradition. As I was interested in understanding what men’s experiences were like during their first year of parenting and how they made sense of those experiences, generating theory or explanatory models was not consistent with a phenomenological approach, therefore I ruled out Grounded Theory approaches. I was aware of various forms of phenomenological methodologies (Colaizzi, 1978; Giorgi, 2000; Packer & Addison, 1989) but chose Smith’s (1996) Interpretive Phenomenological Analysis (IPA) for the following three reasons: 1) The *interpretive* aspect of the approach appealed to me because I wanted go beyond mere detailed description to uncover conceptual meanings; 2) there was a paucity of phenomenological research on this topic, suggesting scope for further advancement of knowledge in this area; and 3) I had previous experience of using the
approach (Kowlessar & Corbett, 2009), it also appealed to me on a personal and professional level; I was able to draw parallels between the processes involved in IPA and those which exist in clinical practice which I will discuss in more detail later.

_Limitations of using IPA_

Since Jonathan Smith’s 1996 seminal paper on IPA, which championed the importance of experiential as well as qualitative approaches in psychology, interest in IPA has continued to gain momentum, with much of the work being conducted in the United Kingdom (UK) and now features heavily in clinical, counselling, educational and health psychology (Smith, Flowers & Larkin, 2009). Popularity has also paved the way for academic criticism. A report by Madill, Gough, Lawton and Stratton (2005) highlighted that IPA was viewed as one of the least demanding qualitative methods in psychology among University research supervisors. This attitude has been fuelled by the common misconception that IPA is a _simply descriptive_ methodology (Larkin, Watts & Clifton, 2006). Having an awareness of this was important to me as I wanted my study to provide evidence to the contrary.

Another difficulty concerned access to participants’ subjective truth. I acknowledged that I could never obtain a first-person account of participants’ experiences, and that by engaging in a conversational process I was essentially co-creating the data with the participant. As such my understanding of their internal world and thought processes always remained second order (Smith et al, 2009), in that I only ever had access to their experiences through their own narratives. It was important that I was aware of this and embraced it as part of the approach. I responded to this by being mindful to not portray participants’ narratives as universal or generalised truths.
The Recruitment Process

Initially, my sole avenue for recruiting participants was via another, unrelated, study involving first-time mothers with a baby under one. Our intention was that once mothers agreed to participate in my colleague’s study they would be asked if their partners would be interested in taking part in my study focusing on fathers. This approach proved very difficult and essentially ineffective; it relied on the assumption that the mothers had partners to approach in the first place and also highlighted an ethical dilemma: mothers who did not want their partners to know that they were taking part in a study may be reluctant to approach them in the first place. As researcher conducting a piece of doctoral research, I felt removed from the recruitment process and found it frustrating having to rely on someone else to recruit to my study, which I considered to be my responsibility. After making an amendment to ethics, I was able to recruit participants myself, which lead me to feel more in control of the research.

Reflecting on the recruitment difficulties which affected the early stages of my research, although frustrating and stressful at the times, it has proved to be a useful experience. It has given me an appreciation of the types of difficulties that researchers have to manage when involved in large, complex studies. I have also gained experience of liaising and working with researchers from other fields of interest and will spend more time reflecting on the recruitment process and possible pitfalls when engaged in future research endeavours.

Sample

Although 10 participants seem like a small number, it is adequate for an IPA study. In fact, phenomenological studies tend to us less than 10 participants (Cashin, Small & Solberg (2008); Hseih, Kao & Gau, 2006; Leonard & Mayers, 2008; Abboud & Liamputtong, 2005; Jackson, Ternestedt & Schollin, 2003). The reason for this is the level of depth and detail the
approach requires and the vast amount of data generated from single participants (Smith, 1996). Phenomenological studies have been known to be conducted on sample sizes as low as four (Armstrong, 2001). Emphasis is on idiographic detail, understanding and meaning as opposed to explanatory theory and generalisability.

Data Collection

Semi-structured interviews were chosen as the method of data collection, as they are regarded as the ideal method to use in IPA (Smith & Osborn, 2008). They provide a flexible framework with which the researcher and participant can engage with. Focus groups were ruled out because they are not deemed appropriate to deal with sensitive and personal topics, which IPA studies aim at exploring (Smith 2004). Furthermore, researchers, who have used both interviews and focus groups have noticed confounds in the resulting data (Flowers, Duncan & Frankis, 2000; Flowers, Duncan, Knussen, 2003).

The Interview Schedule

An interview schedule was devised in a manner consistent with IPA (Smith et al, 2009). The process was iterative, with the schedule changing and evolving in response to feedback gained from the first two interviews. The phenomenon of parenting a baby during the first year was deconstructed into various topics; these topics were heavily influenced by two factors:

1) The separate but interrelated roles I brought to the research and the different values, motivations, experiences and interests engendered. I was mindful that my role as a father, trainee clinical psychologist and researcher would yield different perspectives and could ultimately bias the type of questions I would end up asking participants. From this early stage, I used my reflective journal and started to think about how aspects of my various roles
were potentially compatible and conflicting to my research. I decided that my influences as a researcher and trainee clinical psychologist would be useful in devising the interview schedule, especially considering the why I was conducting research at the time.

2) Exploring issues and topics in the existing literature helped to shape and formulate my interview questions, it also helped to ensure that the questions had a clinical focus. However, I was mindful that if my interview schedule was overly influenced in this way I would not be exploring participants’ lived experiences but exploring what I thought was important to them. In order to manage this, the interview schedule went through various stages. It was piloted with two participants; questions were added, changed and removed in response to this process as well as through discussions with the supervisory research team. Having the opportunity to pilot the schedule gave me an opportunity to practice my interview technique as researcher, which was useful. The final schedule contained questions which were highly relevant to the lives and social circumstances of the participants.

An alternative method would have been to refrain from using the literature in this way and simply gone into the research blind, this approach is adopted by some researchers. This would have reduced the influence of external bias but interview questions would be heavily influenced by researcher biases. The idea of refraining from immersing oneself in the existing literature before starting to interview participants, whilst on a clinical psychology doctorate programme is logistically, and practically impossible.

**Reflexive Bracketing**

The aim of reflexive bracketing is to demonstrate the study’s credibility (Ahern, 1999); it is assumed that if bracketing is employed in a qualitative study then the findings are accurate accounts of the participants’ experiences free, as far as possible, from researcher bias (Ashworth, 1999). Reflection and bracketing are two separate processes that need to be
mastered before reflexive bracketing can be used effectively. Reflexivity is the ability to be aware of personal feelings and preconceptions and to abstain from them (Dougals, 2004); once these issues have been identified they can be put aside or bracketed (Ahern, 1999). The processes of reflexivity and bracketing enabled me to tune into the potential preconceptions, assumptions and biases my different roles/positions exerted and through a process of awareness, limit their influence on the interviews and data analysis.

This first stage was preparation; this entailed a lot of self-reflection to identify potential biases. These included, my status as a first-time father, being a final year trainee clinical psychologist, the fact that I was conducting research for the purposes of obtaining a professional qualification, my age, personal values and my own experiences of being parented. Once identified the second stage involved analytical refection, I reflected on how the various prejudices and biases I ascribed to could overly influence how I not only conducted the interviews with the fathers but also how I analysed the data. Once I was mindful of my potential biases keeping them separate or bracketed was an ongoing process throughout the study.

**The Interview Process**

Being a researcher was my primary role during the interviews, and allowing myself to connect to participants as a fellow father helped with engagement and building rapport. To aid this process, I attempted to adopt a *phenomenological attitude* (Smith et al, 2009); which was characterised by displaying openness, active attention and restraining pre-understanding and a taken-for-granted attitude (Finlay, 2008).

In practice, the interview schedule was used only as a guide; interviews were conducted in a conversational style and participants were explicitly told that they could talk about anything which they felt pertained to their experience of being a father. I tended to use
prompts and probes more frequently than structured questions as I noticed that participants tended to naturally cover all of my topics and more throughout the conversation.

As the interviews progressed, I started to make links between the phenomenological attitude used in IPA and an attitudinal framework which underpins a therapeutic approach called Mindfulness. Mindfulness, a therapy I am highly familiar with, is underpinned by seven attitudinal perspectives, called the Seven Pillars of Mindfulness (Crane, 2009). I found that four the mindfulness pillars overlapped with a phenomenological attitude: 1) Non-judging; 2) Acceptance; 3) Non-striving and 4) Beginner’s mind. During the interviews, I was mindful to not occupy a position of knowing, despite being a father myself; I accepted that I did not understand what being a father was like for the participants and did not judge their experiences. There were times when I was striving to understand, as the process of double hermeneutics played out in interviews, but when I realised that I did not have to constantly analyse participant narratives in real-time, I was able to maintain a level of awareness and stay in the present moment with the participant. Occupying a beginner’s mind was the attitude which I found most enlightening and struggled with at the same time; being a father myself I was readily able to connect to participants’ narratives but sometimes realised that I may be occupying a position of assumed knowledge. Awareness of this prompted me to ask participants to clarify, elaborate and give examples. Giorgi and Giorgi’s (2003) interpretation of a phenomenological attitude accurately captures the essence of the Beginner’s Mind:

“‘When we encounter familiar objects we tend to see them through familiar eyes and thus often miss seeing novel features of familiar situations. Hence, by understanding that the given has to be seen merely as a presentational something rather than the familiar object that always is there, new dimensions of the total experience as likely to
appear. This is what is meant when phenomenologist’s say they want to experience things’’ (Giorgi & Giorgi, 2003, p. 249)

Participants generally remarked that they found the process very enjoyable and somewhat therapeutic, despite that not being my intention. Upon reflection, I think that participants enjoyed re-living their experiences through the telling of their stories to someone who was genuinely interested. They also had the opportunity to reflect on the more difficult aspects of parenting to a fellow father and man without being judged, this was something that fathers mentioned that had not done in any detail or depth since becoming fathers.

Prior to commencing the study, the fact that I was interviewing the fathers and also a father myself was initially viewed as advantageous; as the study progressed I was able to critically reflect upon this arrangement and started to view it as a double-edged sword with both advantages and disadvantages. In terms of the interpersonal dynamic, participants may have viewed me as someone who was sympathetic, understanding and sensitive to their needs which may have encouraged them to open up and talk more freely; and given my personal experience I may have been able to tune into their stories more easily and create a safe context in which they could share. At the same time, I was mindful of not conveying an impression that I already knew and understood fathers’ lived experiences.

The Process of Analysis

As well as being a powerful tool for bringing an individual’s voice to the forefront of academic and clinical discourse, IPA offers researchers a flexible route through the analysis process. A number of authors have outlined the analytic process (Flowers, Smith, Sheeran & Beail, 1997; Willig, 2001); they have demonstrated that there is a lot of variation in the process (Larkin et al, 2006). Larkin et al (2006) have suggested that IPA should be thought of
as a perspective rather than a set of methods; this is what I personally liked about the approach.

I chose to conduct the analysis by hand as I wanted to become highly familiar with the data; this approach also enabled me to fully immerse myself in the themes which proved instrumental in helping me to develop a felt sense of participants’ stories. If I were to do the study again however, I would consider learning about and using a qualitative software package like NVivo. I appreciate how such programs can help to organise data in an accessible manner. I used the research supervisory team to check my findings and discuss the processes and influences which underpinned my interpretations throughout the study. I re-approached participants so they could comment on and validate the final findings. These two measures helped to increase the credibility of the findings.

Similar to my experiences of conducting the meta-synthesis, I was again able to draw parallels between IPA’s processes and the clinical skills used in therapy. In a formulation therapy session, the therapist is engaging with the client’s narrative and trying to understand how they make sense of their world/difficulties; this hermeneutic process is also happening during the analytic process in IPA which starts during the interview. The therapist interprets the clients’ experiences based on his/her knowledge and clinical experience and together with the client comes up with a reconceptualised understanding of the problem. Data in IPA are also co-created and shared between researcher and participant and the researcher offers a reconceptualised understanding based on their interpretive processes. The understanding that IPA offers is very similar to a therapeutic formation; both offer a detailed description of the phenomenon and place the individual in a social context, but formulation goes one step further by offering relational links between processes and explanatory hypothesis.
Conclusions

I have learnt that the roles of researcher and therapist, although very different, can complement each other, especially when viewing research through the lens of IPA. I hope to use the skills and insights I have developed and acquired during this research and use them in clinical practice. Exploring the internal worlds of others has enabled me to reflect on my own internal world. I am confident that the approach chosen was appropriate for the research question. However, if I were given the opportunity to do this piece of research again, I would like to recruit a heterogeneous sample; men from different cultures, ethnicities and socio-economic status. This would yield much more diverse data, from which differences and similarities could be explored.
References


Appendix 1. Submission Guidelines for Qualitative Health Research (QHR)

The following information has been taken from QHR guidance documentation accessed from: www.sagepub.com/upm-data/42790_QHR_Manuscript_Guidelines_SEP_2011.pdf

General

- No word limit
- Double spaced text throughout (except tables and figures)
- Main text 12 font
- New Times Roman font style – main body of text, including footnotes
- Paragraphs to be indented by 1.3 cm
- **Level 1 Heading** – double spaced, flush left, 12 font, bold, Gill Sans style (main heading), in title case, paragraph starts below heading
- **Level 2 Heading** – double spaced, flush left, 12 font, italicised, Gill Sans style, used after Heading 1, in title case
- **Level 3 Heading** – used after heading 2, italicised in 12 font, Gill Sans, flush left in sentence case, ending with a period. Sentence continues on the same line as heading
- **Level 4 Heading** – used after heading 3, indented by 1.3 cm, italicised in 12 font, Gill Sans style, ending in a period. Sentence continues directly after heading and forms part of the paragraph
- Main body of text to be left justified
- All sections to be given headings apart from introduction
- Use first person, active voice
- References to be completed according to APA (6th edition) guidelines

Abstract

- One paragraph
- Less than 150 words
- Not to be separated into sections – method, results, etc.

Tables & Figures

- Gill Sans style for content and title
- Contents to be single spaced, font 8
- Column headings to be double spaced
- Tables: title to be in 12 font, bold, title case, Gill Sans style
- Figure titles to be in 12 font, sentence case
- Tables and Figures to be in portrait orientation
- Title and figures to be placed on separate page

Quotations

- To be placed in ‘‘quotation marks’’
- If more than 40 words to be placed in block quotes, indented 1.3 cm
- If less than 40 words to be placed within the main body
- Ellipses (...) represent edited quotes and not pauses
## Appendix 2. Search Parameters

<table>
<thead>
<tr>
<th>Database</th>
<th>Search Terms (Limits/ Year)</th>
<th>Hits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ovid</td>
<td>expectant, fathers or mens and experience* and pregnancy (in ab)</td>
<td>280</td>
</tr>
<tr>
<td>AMED – Allied &amp; Complimentary Medicine</td>
<td>Limited to language: <em>English Language</em> Dates: 1806 – 2011</td>
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<td>Embase</td>
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<tr>
<td>Maternity &amp; Infant Care</td>
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<td>PsycINFO</td>
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<tr>
<td>Ovid MEDLINE R</td>
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<tr>
<td>PUBMED</td>
<td>(&quot;fathers&quot;[MeSH Terms] OR &quot;fathers&quot;[All Fields]) AND experiences[All Fields] AND (&quot;pregnancy&quot;[MeSH Terms] OR &quot;pregnancy&quot;[All Fields]) Any date</td>
<td>120</td>
</tr>
<tr>
<td>ScienceDirect</td>
<td>ALL: expectant fathers experiences of pregnancy</td>
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</tr>
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<td></td>
<td>Limited to topics: pregnancy, father, public health, childbirth, pre natal, paternal behaviour, social support, health care, obstetrics</td>
<td></td>
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<tr>
<td></td>
<td>Limited to content type: Journal</td>
<td></td>
</tr>
<tr>
<td>Web of Knowledge:</td>
<td>Terms: expectant father* experience* of pregnancy* (topic) lemmatization ON Year: all</td>
<td>82</td>
</tr>
<tr>
<td>Web of Science</td>
<td>Language: English</td>
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<tr>
<td>Medline</td>
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</tbody>
</table>

**TOTAL: 608**

Journals searched: Journal of Qualitative Health Research

Journal of Reproductive and Infant Psychology

Qualitative Inquiry

Google & Google Scholar search engines used also to find individual papers

Search terms used: “men’s experiences of pregnancy”, “expectant fathers’ experiences of pregnancy”, men’s OR expectant fathers’ adjustment OR transition to parenthood AND pregnancy, Broad-based terms used: “qualitative”, “findings”, “interviews”
# Appendix 3. Study Characteristics

<table>
<thead>
<tr>
<th>Study</th>
<th>Author(s)</th>
<th>Participant Characteristics &amp; Sampling Methods</th>
<th>Data Collection</th>
<th>Methods</th>
<th>Analysis</th>
<th>CASP Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>May (1982)</td>
<td>American sample 20 expectant (first-time) fathers, who were living with their partners, whose partners were experiencing uncomplicated pregnancies were recruited via nurses &amp; childbirth educators. 13 white, 3 Filipino &amp; 1 black</td>
<td>11 men were interviewed 2-4 times, 9 were interviewed once. 2 hr in-depth interviews were used. Also included were brief interviews with 80 other expectant fathers (varying stages of pregnancy) and participant observation in antenatal classes.</td>
<td>Naturalistic methodology based on social constructions theory</td>
<td>Comparative content analysis for qualitative data (Glaser, 1978)</td>
<td>A (8)</td>
</tr>
<tr>
<td>2</td>
<td>Donovan (1995)</td>
<td>Australian sample 6 men whose partners were in the 2nd trimester recruited from one antenatal group</td>
<td>Participants attended 4 meetings (2 – 3 hours each) over a period of 8 weeks held in a medical practice setting. A fifth meeting was held for all the men 12 weeks after their babies were born at the men’s request.</td>
<td>Grounded Theory</td>
<td>Axial coding</td>
<td>A (8)</td>
</tr>
<tr>
<td>3</td>
<td>Barclay, Donovan &amp; Genovese (1996)</td>
<td>Australian sample 53 men were recruited via antenatal classes from 2 hospitals and 1 community centre. 52 men were novice expectant fathers. One man had a child from a previous marriage. Sample was homogenous</td>
<td>Recorded focus groups The focus group lasted 30 – 45 minutes and was led by a male midwife who was also a father and received training to facilitated focus groups. A full debrief was conducted at the end of each focus group.</td>
<td>Grounded Theory</td>
<td>Axial coding</td>
<td>A (8)</td>
</tr>
<tr>
<td>#</td>
<td>Author(s)</td>
<td>Sample</td>
<td>Interview</td>
<td>Analysis</td>
<td>Rigour</td>
<td>Method</td>
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<td></td>
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<td>One semi-structured interview 3-4 weeks after the first interview</td>
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<td>45 – 90 minutes</td>
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<td>4 expectant fathers whose partners were pregnant: x3 white, x1 black. All fathers had experienced a prior perinatal loss during the second trimester over a period of two years. None had fathered children since their loss.</td>
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<td></td>
<td></td>
<td>2 fathers were experienced parents and 2 were novice.</td>
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<td></td>
<td></td>
<td>Age range: 29 – 44 (M = 35.3, SD = 6.3)</td>
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<td>5</td>
<td>Draper (2002)</td>
<td>UK sample</td>
<td>Semi structured interviews were conducted twice during the pregnancy</td>
<td>Longitudinal ethnographic approach</td>
<td>Not made explicit</td>
<td>B (7)</td>
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<tr>
<td></td>
<td></td>
<td>n = 18 of novice and experienced fathers recruited from antenatal classes (NCT) in north of the UK during 1998</td>
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<tr>
<td></td>
<td></td>
<td>Snowball sampling was used</td>
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<tr>
<td></td>
<td></td>
<td>All men were white, middle-class, tertiary educated and in stable relationships</td>
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<td></td>
<td></td>
<td>Interviews length not specified</td>
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<td></td>
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<td>3 preliminary focus groups were conducted to inform the interview schedule</td>
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<td></td>
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<td>This paper is based on data from the 1st interview (during the 2nd trimester) RE: men’s experiences of pregnancy confirmation</td>
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<td></td>
<td></td>
<td>First time expectant fathers</td>
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<td>7 multicultural men who attended antenatal classes and were co-habiting with a health mother-to-be</td>
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<td>14 first time expectant fathers recruited purposively (25 – 43)</td>
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<td></td>
<td></td>
<td>All men came from professional backgrounds (managers, lawyer) all well educated</td>
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<td>All participants spoke Chinese, all data had to be translated to English and checked by English speaking people in the UK. Back translation was used in a methodological manner</td>
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<tr>
<td>8</td>
<td>O’Leary &amp; Thorwick (2006)</td>
<td>American sample</td>
<td>One 60 – 90 minute semi-structured interviews was conducted between 23 and 34 weeks gestation</td>
<td>Ethnographic descriptive phenomenology approach</td>
<td>Giorgi’s method of analysis (1997) was used</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>10 expectant fathers who had experienced a perinatal loss within that year.</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Age range: 28 – 59</td>
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<tr>
<td></td>
<td>5 fathers had one living child</td>
<td></td>
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<tr>
<td></td>
<td>1 father had two living children</td>
<td></td>
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<tr>
<td></td>
<td>Purposive and snowballing techniques were used to recruit expectant fathers from a convenience sample</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9</th>
<th>Brennan, Marshall-Lucette, Ayers &amp; Ahmed (2007)</th>
<th>UK sample</th>
<th>One 60 – 90 minute semi-structured interview was conducted with the men alone</th>
<th>Phenomenology</th>
<th>A (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Purposive sampling was used to recruit 14 expectant fathers</td>
<td></td>
<td></td>
<td>Thematic content analysis based on the work of Colazzi (1978) and Boyatzis (1998)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8 first-time and 6 experienced fathers</td>
<td></td>
<td>The male interviewer adopted and open-ended conversational style</td>
<td></td>
<td>Bracketing (Ashworth, 1999) was used</td>
</tr>
<tr>
<td></td>
<td>Participants were recruited from a hospital in London during routine antenatal scans and from a purpose built website</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Heterogeneous sample was achieved</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Men were screened using a questionnaire based on Couvade symptomatology. Men who scored &lt;4 were excluded</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10</th>
<th>Deave &amp; Johnson (2008)</th>
<th>UK sample</th>
<th>Semi-structured interviews (25 to 120 minutes)</th>
<th>Not stated</th>
<th>B (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>20 first-time fathers</td>
<td></td>
<td>Participants interviewed twice: during the last trimester and 3-4 months postnatal</td>
<td>Content analysis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>19 – 37 years old</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Majority of men were white, one Asian, one Brazilian from different socio-economic backgrounds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11</th>
<th>Wilkes, Mannix &amp; Jackson (2011)</th>
<th>7 Australian expectant fathers (aged 16 – 22) were recruited via an antenatal clinic in a major metropolitan hospital with high teenage pregnancy rates. All pregnancies were unplanned.</th>
<th>Semi-structured interviews</th>
<th>Narrative methodology</th>
<th>Not stated</th>
<th>B (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No demographic data stated</td>
<td></td>
<td>Participants were interviewed once and for about 1 hour</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Author (Year)</td>
<td>Sample</td>
<td>Methodology</td>
<td>Analysis</td>
<td>Result</td>
<td></td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td>12</td>
<td>Fenwick, Bayes &amp; Johansson (2011)</td>
<td>Australian sample</td>
<td>12 expectant fathers were recruited via convenience sampling from a hospital</td>
<td>32 (30 – 90 minutes) unstructured interviews were conducted across 3 time points (2nd and 3rd trimester)</td>
<td>Qualitative descriptive design using principles of Grounded Theory</td>
<td>B (7)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sample consisted of both novice (n= 5) and experienced fathers (n=7)</td>
<td>6 participants completed diaries (these were mainly experienced fathers)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No demographic data given</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dolan &amp; Coe (2011)</td>
<td>UK sample</td>
<td>In-depth interviews conducted on 2 occasions (4-8 weeks before birth and 4-8 weeks after the birth)</td>
<td>Not stated</td>
<td>B (5)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 white first-time fathers recruited from health service aged 28 – 33 years old</td>
<td>Length: 90 minutes on average</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
## Appendix 4. Quality Summary Ratings for the Studies Used in the Meta-synthesis

<table>
<thead>
<tr>
<th>CASP Criteria (10 Items)</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening Question: Is there a clear statement of aims?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Screening Question: Is qualitative methodology appropriate?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Appropriate research design</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
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<td>✓</td>
</tr>
<tr>
<td>Sampling</td>
<td>--</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<td>✓</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Data collection</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<td>✓</td>
<td>✓</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Reflexivity</td>
<td>✓</td>
<td>✓</td>
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<td>--</td>
<td>--</td>
<td>--</td>
<td>✓</td>
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<tr>
<td>Ethical issues</td>
<td>--</td>
<td>--</td>
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<td>--</td>
<td>--</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Data analysis</td>
<td>✓</td>
<td>✓</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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</tr>
<tr>
<td>Findings</td>
<td>✓</td>
<td>--</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Value of the research</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<td>✓</td>
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</table>

### Overall Quality Score out of 10 (Quality Rating)

<table>
<thead>
<tr>
<th>Study</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
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</thead>
<tbody>
<tr>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>7</td>
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<td>8</td>
<td>6</td>
<td>6</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>(A)</td>
<td>(A)</td>
<td>(A)</td>
<td>(B)</td>
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<td>(B)</td>
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</tbody>
</table>

### Independent Rating Score (Quality Rating)

<table>
<thead>
<tr>
<th>Study</th>
<th>1</th>
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<th>4</th>
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<tr>
<td>8</td>
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<td>5</td>
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<tr>
<td>(A)</td>
<td>(A)</td>
<td>(A)</td>
<td>(A)</td>
<td>(B)</td>
<td>(B)</td>
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<td>(A)</td>
<td>(A)</td>
<td>(A)</td>
<td>(B)</td>
<td>(B)</td>
<td>(B)</td>
<td>(B)</td>
</tr>
</tbody>
</table>

### Overall agreement on Scores: 69%

### Overall agreement on Quality Rating: 100%

### Table Key:

- ✓ = study fulfils CASP criteria
- -- = not present or flawed

### Scores:

- 8 – 10 = category A rating
- 5 – 7 = category B rating

| Agreement | Disagreement |
Appendix 5. Noblitt and Hare’s (1998) Seven Step Meta-synthesis Approach

1. **Deciding on a phenomenon**
   Consistent with recommendations by Atkins, Lewin, Smith, Engel, Fretheim and Volmink (2008), a research question compatible with a qualitative approach was selected: Father’s experiences of pregnancy.

2. **Deciding on what qualitative studies are relevant to the research question**
   Rigorous inclusion and exclusion criterion was created (Table 1); which only included peer-reviewed studies, as their quality had been already assessed. After the search process was completed, all studies were assessed for relevance according to this criterion.

3. **Becoming familiar with the studies**
   The studies which were going to be included in the synthesis were read several times. Detailed demographic, methodological and original key concept data were extracted and tabulated from all 13 studies (Appendix 6).

4. **Determining how the studies related to each other**
   The findings from the studies were carefully compared against each other to see if the data were directly comparable (reciprocal translation), in opposition (refutational) or represented a new line of enquiry. The themes were sufficiently similar to allow reciprocal translation, but attention was paid to studies which contained themes which stood out. Rather than subsume these themes they were identified and discussed.

5. **The process of translation**
   This stage involved a comparative scrutiny of themes and concepts between all the studies. I looked for similarities using hermeneutic intent (Jensen & Allen, 1996); and translated themes, using interpretative processes, from one study into the next and so on but was mindful to preserve the integrity and intricacies of the original data.

6. **Synthesising translations**
   Once the studies were translated into each other, the themes were clustered together according to their interpretative meaning and relationship to each other. Clustered themes were reconceptualised to formulate an over-arching umbrella theme which offered a new holistic interpretation (Sandelowski & Barroso, 2006).

7. **Expressing the synthesis**
   The resulting synthesis was expressed in written and diagrammatic form. The written form offered a comprehensive description and discussion of the themes. The diagrammatic formulation offered an insight into the temporal relationship between themes which constituted men’s experiences of pregnancy.
<table>
<thead>
<tr>
<th>Study</th>
<th>Author(s)</th>
<th>Key Concepts</th>
<th>Overarching Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>May (1982)</td>
<td>Joy, Excitement, Pain, Shock, Noticing the signs of pregnancy, Anxiety around pregnancy confirmation, Difficulty accepting the pregnancy - ambivalence, Feeling detached from pregnancy, Unwanted Vs Wanted pregnancies, Pregnancy effects on woman then man, Life for the man remains unchanged in the early stages of pregnancy, The man's awareness of the pregnancy starts to lag behind - the woman is more aware because she is going through it</td>
<td>The Announcement phase, Not much thinking about the pregnancy, Not much evidence of the pregnancy, Emotional distance, Not real, Expectations to feel something later - viewed as normal by men, Relationship stress increase, Relationship distance, Unable to provide the correct support to partner, Man not experiencing pregnancy like woman is, Working through ambivalence of pregnancy, Overwhelmed - too many things to think about, Negotiation of father involvement with partner, Realise the need to adapt, Sense of financial security, Stability in relationship, A sense of closure to the childless period in the relationship, Ending of the Moratorium phase, Pregnancy perceived as real/important, More in tune with partner, Visualising being a father, Redefine self and world in terms of future fatherhood, Involved in birth preparations, Preparing practically - buying things, Feel more fatherly, Mental image of child, Think about how they were fathered, Change to social circle - people who do not fit with future life fall away, Fear about birth and labour, Anxiety about impending fatherhood</td>
</tr>
<tr>
<td>2</td>
<td>Donovan (1995)</td>
<td>Criticizing, Mixed feelings, No affinity, Disinclined, Preoccupation, Getting old, Fearing, Hoping, Difficulties, No emotional tie</td>
<td>Ambivalence, Stereotyping, Anxiety, Not relating</td>
</tr>
</tbody>
</table>
Feels separate
It's hard to relate
Baby does not seem/feel real
Unknown territory
Getting old
Being unselfish
Learning
Isolating
Childhood
Youths
Parents
Other families
Loss (grieving)

Differing lifestyles
Traditional upbringing
Preparing for baby
Baby-boomer aspirations
Comparing
Prioritizing
Nothing changing
Changing not obvious
Cruising
Generalising
Deciding
Changing chores
Changing independence
Changing traditions
Changing emotions
Preoccupation
Changing
Losses
Disappointing
Missing the obvious
Keeping in touch
Filling the gaps

Controlling
Philosophising
Stereotyping
Focusing
Ambivalence
Rivalry
Physically changing
Distancing
Pressuring
Appreciating
Teaming up
Not teaming up
Cruising
Changing relationship
Relationship mismatching
Not considering/resisting
Overreacting
Discounting
Overwhelming
Breaching
Avoiding
Supporting
Preparing
Financial
Sharing loss
Sexual mismatching
Isolating
Responding
Fluctuating
Normal oscillating
Subconsciously guilty
Physically attracting

Who am I becoming!
Intergenerational experiences

Confusion
Age-stereotyping
Constantly changing
Resistance
Awareness

Discrepant needs
Alienation
Not in tune
Prioritising
Mood swings
Noticing

Regret
Confusion
Feeling responsible
Waiting
Difficulties

Barclay, Donovan & Genovese (1996)

Anxiety
Panic
Financial worry
Uncertainty
Fear

Powerless
Inundated
Time alone
Inability to empathise
Establishing roles
‘can’t understand’
Restricted
Loss

Reassuring
Questioning
Preparing
Learning
Choices
Chang
Resignation

Accepting
Opinions
Being advised
Seeking
Information
Taking on board
‘unacceptable’
Critical
Reluctance
Avoidance
Annoyance
Control
‘not my fault’
Disagreeing
Disapproving
Resentment
Complaining
Repulsion

‘settling down’
Working together
Getting stronger
Negotiating
Compromising
Turning in
Involvement
More emotional

4 Armstrong (2001)
Dealing with the grief
Spirituality – to make sense of what happened as a comfort
Support – only discussed things with partner
Influence of loss on outlook of life – not taking things for granted, putting things in perspective

Concern
Anxiety RE: pregnancy outcome
Worried for the health of partner/unborn baby
Heightened sense of risk
Realisation that something could go wrong
Need for increased vigilance
Keeping an emotional distance until baby is here
Reluctance about being hopeful
Post phoning excitement
Wanting to take more of an interest/active involvement in current pregnancy
Supporting their partners and also feeling reassured themselves
Denying that current pregnancy is a replacement for the previous loss
Milestones of pregnancy – reassuring and worrying for men
Cautious optimism

5 Draper (2002)

- Desire to be involved
- Body-mediated-moments
- Using the woman’s body as an anchor for experience
- Inability to engage with reality of pregnancy
- Sense of redundancy
- Feeling distant from pregnancy & baby
- Feeling removed from the pregnancy
- Shock
- Fear resentment
- Elation
- Finding out together
- Stereotypical views of men
- Pregnancy test kits (masculine-scientific discourse)
- Medical ways of knowing versus embodied experience

- The beginning (‘rooting’) of fatherhood


- Dazing
- Overwhelming
- Difficult to understand
- Powerlessness
- Anxiety for the future
- Anxiety for mother and child
- Strain
- Frustration
- Fear & Insecurity
- Feelings of loneliness
- Feeling not understood
- Feeling left out
- Disrespectful attitudes of others
- Feelings of violation
- Feeling disappointment
- Happiness for pregnancy
- Participation
- Proud
- Thankful
- Touched
- Missing the mutual leisure time
- Fellowship with other expectant fathers
- Raised social status
- Respect
- Missing bachelor life
- Confused
- Feeling guilty
- Couvades Syndrome (psycho-somatic phenomenon)

- Accomplishing an important goal in this life phase
- Transition from manhood to fatherhood
- Proving their ability as men by getting partner pregnant

- Feelings of unreality
- Feelings of Insufficiency & Inadequacy
- Feelings of Exclusion
- Feelings or Reality
- Feelings of Social Changes
- Feelings of Physical Changes
- Feelings of Responsibility
- Development
- Looking forward to being a dad
<table>
<thead>
<tr>
<th>Symbolizing eternal love</th>
<th>Ending their wives discomfort – IVF treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>New role &amp; responsibilities</td>
<td>A different mission and challenge in life – wanting to be a certain father and different husband</td>
</tr>
<tr>
<td>Feeling like observers/witnesses in the labour process</td>
<td>Feels of Uncertainty</td>
</tr>
<tr>
<td>Anxieties/worries – financial, sleep, interpersonal</td>
<td></td>
</tr>
<tr>
<td>Uncertain about fulfilling new role in life</td>
<td></td>
</tr>
<tr>
<td>Worries regarding the health status of wife and foetus</td>
<td></td>
</tr>
<tr>
<td>Not being able to live up to expectations that wives put on men emotionally</td>
<td></td>
</tr>
<tr>
<td>Difficulty in connecting/bonding with unborn baby</td>
<td></td>
</tr>
<tr>
<td>Finding new ways to relate to pregnant partner</td>
<td></td>
</tr>
<tr>
<td>Being an observer of the pregnancy but also striving to understand what their partner was going through</td>
<td></td>
</tr>
<tr>
<td>Searching for answers</td>
<td></td>
</tr>
<tr>
<td>Avoiding confrontations</td>
<td></td>
</tr>
<tr>
<td>Temporarily escaping from the situation</td>
<td></td>
</tr>
<tr>
<td>Trying to see things from different perspectives</td>
<td></td>
</tr>
<tr>
<td>Adjusting to changing emotional state of partner</td>
<td></td>
</tr>
<tr>
<td>Culturally wanting to present themselves and strong and supportive of partner</td>
<td></td>
</tr>
<tr>
<td>Putting their own emotional needs aside (Chinese culture)</td>
<td></td>
</tr>
<tr>
<td>Reflection on own childhood and fathering</td>
<td></td>
</tr>
<tr>
<td>Thinking about the fathers they wanted to be</td>
<td></td>
</tr>
<tr>
<td>Emulating other fathers they knew</td>
<td></td>
</tr>
<tr>
<td>Reading books on parenting</td>
<td></td>
</tr>
<tr>
<td>Feelings of doubt</td>
<td></td>
</tr>
<tr>
<td>Trying to connect to unborn baby</td>
<td></td>
</tr>
<tr>
<td>Being curious</td>
<td></td>
</tr>
<tr>
<td>Feeling the baby is not real</td>
<td></td>
</tr>
<tr>
<td>Making physical contact with baby via mother’s body</td>
<td></td>
</tr>
<tr>
<td>Imagining future scenarios</td>
<td></td>
</tr>
<tr>
<td>Planning for the baby’s future</td>
<td></td>
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<tr>
<td>Talking to unborn babies</td>
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<td>Culturally – men wanted a boy</td>
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<td>Pleasing the older generation</td>
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<td>Relieving their wives pressure</td>
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<td>Showing off</td>
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<td>Sons as a care takers</td>
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<td>Having fewer concerns in the future</td>
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<td>Confucian school of thought: males continue the family name through generations men and women are not equal</td>
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<td>Healthy foetus</td>
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<td>Temperament and personality</td>
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<td>Reflection on the meaning/wonder of life</td>
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<td>Strong movements which caused the mother pain made the man concerned</td>
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<td>Overwhelmed by the experience</td>
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<td>Changes in values/principles as pregnancy progressed</td>
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<td>Personal growth</td>
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<td>Self development</td>
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<td>Improving relationship with partner and own parents</td>
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<td>Pregnancy as a major life cycle event</td>
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<td>Used to be self-centred now becoming mature</td>
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<td>Changing social/family networks</td>
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<th>O’Leary &amp; Thorwick (2006)</th>
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<td>Feeling overlooked</td>
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<td>Not recognised</td>
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<td>Feeling left out by health professionals</td>
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<td>Not feeling encouraged to show emotions</td>
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<td>Having to stay strong and masculine</td>
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<td>Wanting to be seen as more than a support person for partner’s current pregnancy</td>
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<td>The unfairness of paternity leave/rights</td>
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Exhausted: physically and emotionally  
Cope by keep going – throwing self into work  
Emotional toll – depression  
Being preoccupied with status of foetus – not being able to concentrate, seeking reassurance from partner  
Hyper vigilant  
Anxious  
Tense  
Trying to be a solid wall for the family  
 Appearing strong but feeling vulnerable  
Trying to remain positive but feeling uncertain  
Keeping emotions to yourself – not wanting to burden your partner  
Societal barriers to support for men  
Keep things to themselves – own up bringing  
Worry about it at night  
Confiding in male friends  
Using partner for support but at the same time keeping their true feelings hidden  
Reluctance to attend support groups – need for privacy, can see potential benefits but would not attend themselves  
Men just don’t talk about it, men don’t want to listen to other men

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<td>Men’s physical and psychological symptoms relating to partner’s pregnancy</td>
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<td>Stomach cramps</td>
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<td>Shock</td>
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<td>Reluctance</td>
<td>Appetite disturbance – cravings</td>
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<td>Closeness to partner – emotional</td>
<td>Difficulty passing urine</td>
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<td>Intimacy</td>
<td>Back pain</td>
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<td>Protectiveness of partner – health precautions, environmental prohibitions (avoiding smoky pubs)</td>
<td>Tiredness</td>
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<td>Worries – health of mother and unborn child but also its impact on relationships and lifestyle</td>
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<td>Colds/coughs</td>
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<td>Apprehension &amp; uncertainty about fatherhood</td>
<td>Toothache/sore gums</td>
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<td>Emotional demands of pregnancy</td>
<td>Psychological – anxiety, mood disturbances</td>
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<td>Supporting the mother both emotional and practically</td>
<td>Pattern of symptoms – started in 1st trimester, disappeared in 2nd and reappeared in 3rd</td>
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<td>Understanding what partner was going through</td>
<td>Acquiring meaning using – cultural and religious beliefs</td>
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<td>Anger, irritability and resentment by men for the things they had to do for their partner</td>
<td>Putting things in context – ‘in sympathy’</td>
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<td>Mixed feelings about antenatal classes – feeling left out, isolated</td>
<td>Not feeling believed/validated by health professionals</td>
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<tr>
<td>Ultrasound appointments – sex confirmation, reality</td>
<td>Seeking answers from health professionals</td>
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<tr>
<td>Involvement in pregnancy – emotional/practical – feeling movements of baby</td>
<td>Nature, Management and Duration of Symptoms</td>
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Explanatory Attempts for Symptoms
10 Deave & Johnson (2008)

Exclusion
Disappointed
Lack of involvement
Lack of information
DVD
Need for information
Lack of support systems
Reflecting on own fathering

Feeling unprepared
Apprehension
Excited

Health care provision

11 Wilkes, Mannix & Jackson (2011)

Unprepared for impending fatherhood – reflecting on sex and reproductive education
Accepting of responsibility (emotionally)
Shock
Fear
Excitement

Impending responsibility (financially)
Anxiety
Financial stress – short and long term
Personal values – working coming between expectant father and time spent with partner
Age and social status (teenagers)
Uncertainty about being a dad and being able to work at the same time
Inadequate personal resources around budgeting
Relying on partner to manage finances
Not accepting of financial responsibility

Importance of a father figure in children’s lives
Stepping up to the role
Desire to be involved fathers despite relationship status
Self doubt
 Unsure about future stability of relationship
Reflecting on relationship with own fathers and upbringing
Desire to be better fathers than theirs
Considering work-life balance
Avoiding past mistakes
Desire to be ‘good fathers’: available, loving, responsible and reliable
Impending fatherhood kindling positive lifestyle changes – drinking less
Confidence fuelled by new self identity as a father-to-be

Feeling uncertain about the future
Thinking about how life will change
Social life changes
Trying to be more healthy – eating more healthy, quitting smoking
Acknowledging self sacrifice
Putting things on hold – job training, careers
Maintaining enjoyable, stress relieving activities

Future Plans

12 Fenwick, Bayes & Johansson (2011)

Excited
Unexpected
Overwhelming
Shocking
Upsetting
Daunting
Frightening
Displaced
Unhappy
Guilty for not feeling happy
Mixed feelings
Divine intervention
An unexpected gift

Career, house & travel plans disrupted
Concern about how it would affect relationship with partner
Concerns about financial security

Pregnancy News

Profound Change
Mixed feelings
Concerns about health of partner – current health conditions, previous miscarriages
Concerns about unborn foetus

Emotionally accepting pregnancy as it progressed
Coming to terms with things
Feeling displaced
Let's get on with it attitude
Experienced fathers adjusted more quickly than novice fathers
Adjustment times varied from man to man
Anxiety – related to previous pregnancies/health complications of partner
Seeing the baby during the ultrasound
Hearing baby’s heart beat
Feeling the baby move

Getting the baby room ready
Purchasing all necessary equipment
Fitting baby car seat
Ensuring partner’s bag was packed
Birth plan in place

Excited about meeting baby
Relief that wife will be over the labour
Mixed feelings
Remembering that freedom will be lost
Thinking about relationship changes with wife – the man will not be put first any more
Dreading the hard work of parenting
People telling you that life is going to change
Feeling left out
Feeling separate from partner’s experience of pregnancy
Feeling ignored
Being pushed aside
Experiences of maternity health care
Feeling frustrated

Adopting partner’s expectations in response to not having their own – not having a clue
Midwives
Antenatal classes
Television
Books
Internet
Friends/family

Having a healthy baby
Natural birth with no complications
Using previous experience of childbirth for experienced fathers – feeling more relaxed
Men wanting their partners to have some sort of pain relief
Feeling anxious/uncomfortable about seeing partner in pain again – experienced fathers
Men wanting to have female support for themselves during labour

Birth looming
The bags are packed – we're organised

Excited but...!

Antenatal visits: feeling sidelined

Men's childbirth expectations

13 Dolan & Coe (2011)

Happiness
Relief
Male pride
Responsibility
Thinking about the future
Desire to support partner
Want to be involved
Anxiety
Need for information
Worry about birth
Lack of support

Male hegemony
Appendix 7. Participant Information Sheet

School of Psychological Sciences
Division of Clinical Psychology
2nd Floor Zochonis Building
The University of Manchester
Brunswick Street, Manchester, M13 9PL
Tel: +44(0)161 306 0419

Version 5 – 14/07/2011

Title of project: First-time fathers experiences of parenting during the first year

Participant Information Sheet

We would like to invite you to take part in our research study. This study is being done as part of a PhD equivalent qualification from the University of Manchester and is being supervised by an experienced researcher and clinical psychologist. Before you decide we would like you to understand why the research is being done and what it would involve for you. One of our team will go through the information sheet with you and answer any questions you have. You are very welcome to talk to others about the study if you wish.

What is the study about?

The aim of this study is to explore the experiences of partners in parenting a new born baby. Traditionally parenting research has focussed on mothers and whilst this trend is starting to change, there is still comparatively little research on partners’ adjustment to parenthood.

Why have I been asked to take part?

I am interested in your experiences as a father/parent in parenting your baby and how you are finding the adjustment to parenthood.

What will happen if I do not take part?

Participation in this research is completely voluntary. You do not have to take part. If you wish to withdraw from the study at any point just tell the researcher that you do not wish to continue. We will destroy identifiable information but we will continue to use the data collected up to your withdrawal. Your decision to withdraw from the study will not have any implications on the care your partner and baby receives from the NHS.
If I decide to take part, what will I have to do?

If you choose to take part in this study, we will ask you to complete a consent form. You will be asked to participate in a 40 – 60 minutes audio-recorded interview with the researcher. The aim of the interview will be to capture your unique experiences of what it is like to be a father/parent.

We understand that becoming a parent can in itself be a stressful time for some people. For this reason, we would like to contact your GP, with your permission, to let them know that you will be taking part in this study. No other information about yourself will be given. Whilst we do not anticipate that taking part in this study will be distressing, if at any time during the study it becomes clear that you are finding things too difficult to manage, you will be advised to consult your GP for further advice and appropriate treatment, if required. In the unlikely event that this happens, you will be fully informed by the principal investigator before any action is taken.

How will the results be used?

We hope that the results of this study will help to increase our understanding on partners’ adjustment to parenthood.

What if there is a problem?

If you have a concern about any aspect of this study, you should ask to speak to the researchers who will do their best to answer your questions. If they are unable to resolve your concern or you wish to make a complaint regarding the study, please contact University Research Practice and Governance Co-ordinator on 0161 2757583 or 0161 2758093 or by email to research-governance@manchester.ac.uk.

What will happen to the information I supply?

The answers you give will be anonymous. However, in the event of risk of harm to yourself or someone else it will be necessary to breach confidentiality and inform your GP; you will always be informed first in these circumstances by the principal investigator. All data will be stored in a locked filing cabinet accessed only by the researcher and authorised persons to check that the study is being carried out correctly. All will have a duty of confidentiality to you as a participant. Your personal contact details will be stored separately from your other answers, also in locked storage.

The audio recorded interview tapes will also be securely stored in locked filing cabinets and will only be listened to by members of the research team. An external person will only listen to the audio tapes for analysis or transcription purposes. At the end of the study all the audio tapes will be destroyed.

What will happen when the study is complete?

It is anticipated that the study will be completed by September 2012. Once all the data has been collected and analysed, the results will be written up in a report which will be sent to academic journals to be published and the findings will be presented at conferences. A summary report of the
findings will also be written for the participants of the study. If you decide you would like a copy of this summary, you will receive it when the study has finished.

Who has reviewed the study?

All research in the NHS is looked at by an independent group of people called a Research Ethics Committee (REC), to protect your interests. This study has been reviewed by Northwest 6 Ethics Committee and was given a favourable opinion on 01/08/2011. The REC reference number is 11/H1003/2.

What do I do now?

Once you have had time to read this information, the researcher will ask you whether you wish to take part or not. If you have decided not to take part, then we would like to thank you for taking the time to read this information. If you have decided that you would like to take part, the researcher will give you an opportunity to ask any questions that you may have. You will be asked to sign a form confirming that you consent to take part in the study.

Thank you for taking the time to read this information sheet. Please contact us if you are interested in participating or would like further information.

Omar Kowlessar  
Trainee Clinical Psychologist  
(Principal Investigator)

Dr Anja Wittkowski  
Clinical Psychologist and  
Lecturer in Clinical Psychology

The University of Manchester  
Division of Clinical Psychology  
2nd Floor Zochonis Building  
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The University of Manchester  
Division of Clinical Psychology  
2nd Floor Zochonis Building  
Brunswick Street  
Manchester M13 9PL

Tel. 0161 306 0400  
Fax. 0161 306 0406
Appendix 7. Consent Form

School of Psychological Sciences
Division of Clinical Psychology
2nd Floor Zochonis Building
The University of Manchester
Brunswick Street, Manchester, M13 9PL
Tel: +44(0)161 306 0419

Consent form (Version 4) 24/06/2011
First-time fathers experiences of parenting during the first year

Please Initial Box

1. I confirm that I have read and understood the participant information sheet dated 14/07/2011 (version 5) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.

3. I give my permission for my data to be retained by the researcher and used confidentially in connection with the study if I withdraw.

4. I understand the reasons for disclosing my contact details and agree to this.

5. I would like to receive a summary of the findings from the study.

6. I agree to take part in an audio-recorded interview, which will be transcribed.

7. I agree that quotations of mine may be used in research publications as a result of this study but my name will not be used.

8. I understand that data collected during the study may be looked at by individuals from the University of Manchester, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.

9. I give permission for my GP to be informed of my involvement in this study.

10. I give permission to be contacted about future studies.

11. I agree to take part in the above study.

Name of Participant: __________________________ Date: __________ Signature: __________________________

Name of Person taking consent: __________________________ Date: __________ Signature: __________________________
Hello to all First-time Dads! My name is Omar and I am conducting an exploratory study into first time fathers' experiences of parenting a baby under one. The research is being sponsored by Manchester University as part of my Clinical Psychology training. The study has been ethically approved by the NHS.

Over the years parenting research has mainly focused on mothers as they have been viewed as the main care giver and fathers have been somewhat neglected. Although this trend is changing there is still limited research into men’s experiences during the first year of fatherhood.

I am looking for volunteers to participate in an audio recorded interview with myself which will last between 30 - 60 minutes. Interviews will take place at a time/place which is most convenient for you. The focus of the interview itself will be very much guided by your experiences, I am simply interested in listening to and trying to understand what it has been like for you, especially your experiences of any pre/post baby support you may have received. I have a personal interest in this area of research as I have recently become a father myself, it’s been about 11 months but it feels a lot longer! So chances are I will have an idea about what you have been and are still going through!

If you have any questions or want to know more about the study please do not hesitate to respond to this post and I can provide you with further information to help you make an informed decision. As a matter of course all personal information will be handled in accordance to the Data Protection Act.

Thanks for taking the time to read my post and take care.

Omar Kowlessar

Trainee Clinical Psychologist

Manchester University
Appendix 9. Interview Schedule

School of Psychological Sciences
Division of Clinical Psychology
2nd Floor Zochonis Building
The University of Manchester
Brunswick Street, Manchester, M13 9PL
Tel: +44(0)161 306 0419

Interview Schedule (Version 3) 21/07/2011
First-time fathers experiences of parenting during the first year

The following questions are to be used a guide only and are not to be necessarily asked in the order presented below. The flow and direction of the interview will be led by what the participant says in the interview and the researcher will choose the question/follow up they feel most appropriate to ask at the time.

1. **What is it like being a father? (Initial open-ended question)**
   - Possible prompts and follow up questions: can you give an example of what you mean? Can you elaborate? What effect did that have? What did that look like? What does a typical day look like for you? What were things like in the early days?

   What are the important things for you now as a dad? *(Dropped after interview #2)*

   What type of father do you want to be? *(Dropped after interview #2)*

2. **What does being a father mean to you? (added after interview #1)**
   - Possible prompts: where does that image come from? Can you give an example of what you mean? Can you elaborate please? What have been your influences? Planned? Why now?

3. **Did you have any initial expectations before becoming a father, if so what were they? (added after Interview #1)**
   - Possible prompts: how have you dealt with those expectations? Where did they come from? Planned pregnancy?
4. How have you found making the adjustment to fatherhood?

- Possible follow up questions: what type of emotions did you experience early on? How have you dealt with those emotions? How have you incorporated a baby into your life? How have you bonded with your baby? Key moments? Has anything helped you make the adjustment to fatherhood? Did you find anything unhelpful (antenatal & postnatal)? Any difficulties? When did you notice things change?

5. What, if any, types of support have you experienced?

- Possible prompts: have you had any support from health professionals before and/or after becoming a father? Have you had any support from family/friends? Did you find it useful? How? Why not? What did that look like: where, who, when? How has that helped? Would you have valued/liked any parenting support prior to becoming a father? What would that look like: who, where, when? What would make it difficult/easier for you to attend?

6. What impact, if any, has having a baby had on your relationship with your wife/partner?

Possible prompts: can you give me an example of that? Can you tell me more/elaborate? How did you (both) cope with that? How long did that last? Changes to social circle/friends

7. What personal changes have you experienced since becoming a father?

- Possible prompts: has it changed your value system? In what way? Can you give me an example of what you mean? What impact has that had on your life? How has your life changed since becoming a father?

8. How has becoming a father impacted on how you view your career?

Possible prompts: can you give me an example of that? Are you more/less happy at work now that you are a father (explore)? Does having a baby change how you view your work? What impact has that had? How have you coped? Are you able to keep your work and home life separate?

9. Knowing what you know now, what advice would you give to someone who has just become a father/parent? (added after interview #2)

- Possible prompts: what 3 top tips would you give to an expectant father?
**Appendix 10. Sample Coded Transcript**

| Wanting more out of life | R: I’d like to start by asking you, what is being a father like? P: err, there’s two sides to it really; I suppose there’s a real sense of being, I remember before we had (son) we got to the point thinking what’s it all for? We were lucky we both had good jobs, the house was sorted, we were going out for nice meals every weekend, but we thought that everything just became a bit superficial. (wife) wanted kids and we got to the point in our lives where we thought it was the right time and we had everything in place to bring up a child, we wanted something more meaningful I suppose. It’s been tough, but it’s also been great, it’s had a lot of negative and positive impacts on my life | Right conditions, right time, feeling ready |
| A joint decision? |  |
| Ready for parenthood |  |
| Mixed experiences |  |
| Different to expectations? Not enjoying it |  |
| Baby’s development |  |
| Mothers are natural? Not knowing how to be |  |
| Use of humour/language – defence? Minimising? |  |
| What to do with a baby? Doing things alone? |  |
| Societal expectations – wanting to live up to them |  |

R: okay

P: I found the first ten months or so really hard, but now I feel that two months ago I turned a corner, I started to see the light at the end of the tunnel, and I’ve really started to enjoy it now. So now it’s great, I love spending time with him, playing with him, because I get stuff back from him now, it’s so much more enjoyable; I mean with a baby it’s one sided, because guys don’t have that strong maternal bond it’s more difficult, it’s quite tough in those early months, the first six months just crucified me because I didn’t like spending time with him, ten minutes felt like ten hours, if I had to look after him for an afternoon felt like I was climbing mount Everest (laughs)

R: can you tell me a bit more about that

P: I think it was because he was at that stage where he didn’t do much and I didn’t know what to do with him, I must’ve taken him around the Tate gallery and the Imperial War Museum about ten times (laughing) I think there’s so much pressure put on parents in general er to er you know to be the perfect parent that you see on telly and it’s not like that, and I think you feel such
Support networks, honesty, having an outlet

Language, humour

Self-criticism, not living up to expectations?

Mediated by baby development

Baby as a person in his own right

Quite concrete, not satisfied with emotional bond

Managing roles and demands

Thinking of what having a baby would be life

Pressure to be a good dad, to feel a certain way. I think I was slightly fortunate to have close friends to talk to and have honest conversations with about being a dad because I think when you ask people about what it’s like being a parent the automatic thing to say is *it’s fantastic*, but in reality you want to say *it’s fucking shit and your life’s imploded* (laughing) err I found myself feeling quite guilty for feeling like that though and found that quite daunting, I felt like internally what’s wrong with me, am I a crap dad? And that’s quite hard

R: yeah; and when did that start to change?

P: I think it started to change when he started to crawl and when he physically started to grow and develop, like when I could start chucking him around and take him out in the garden. I’m quite an active person, I just want to take him out with a ball and take him to the playground. Err a lot of people said it’s a nightmare when they start walking but for me it’s been the complete opposite, it’s like it flicked a switch in me and I started to enjoy it a lot more; not just me he’s started to do so much more enriching things, like his personality has started to come through. Like when they are babies there isn’t any personality there really, this thing has turned your life upside down and there’s no personality there and you’re trying to be a good dad but not really enjoying it; it’s tough, it sounds self fish but true

R: um um, in what ways did (son) turn your life upside down?

P: I think before having him I think, I’ve got quite a stressful job and it goes through phases of immense pressure and then it eases off and that really worried me because I struggled with that before (son) came along and I’ve seen people in work who had children and struggled with that too. I think I mentally prepared myself for having a baby, like for the first six months there’s going to be sleepless nights, endless nappy changes, I’ll need to support (wife) a lot more and things like that and to be honest all that wasn’t as bad as I thought
Life before fatherhood

Sense of identity change

External sense of self

Social changes – moving away from old friends

Fatherhood duties like a burden? Comparing situation to other people

Doing more than fair share of things Career taking a back seat

Positives of situation Unhelpful comments from others

it would be; err so we’ve been lucky with that really but the thing I didn’t really prepare myself for was the fact that I’m quite an active person, I like mountain biking and don’t get me wrong I knew it would have an impact on that side of my life but I didn’t appreciate how much of an impact it would have on me as a person, like I’ve lost part of my identity really, so I’ve found it hard that I’ve not been able to see people, go out on my bike as much as I would like to, which is having an impact on my fitness which is like a catch twenty two. So all the things which used to define me as a person, like a big circle of friends, seeing people, because me and (wife) don’t really go out as much as we used to now and when I’m in a social situation I find myself not having anything to really talk about and stuff anymore, I find that quite difficult and I find that quite tough. So I think it really affected me in that way, I think I’m still trying to really find my feet as to who I am now, you know it’s a

R: are you closer to finding your feet?

P: errr, I’m not sure really, honestly I’d say that I’m still really floating around. Like my other friends who don’t have kids and you as a dad develop a different outlook and that puts a bit of distance between you. I have noticed that about fifty percent of my friends who have got children; that side of life is massively affected by how your wife handles having a child; erm I’ve got quite a close friend who’s life hasn’t really changed, he’s pretty much, he’s been very fortunate, his wife’s got such a large support network, less of the burden is on him as she gets a lot support from friends and family. I’m not in that situation, (wife) has got a lot of friends but they’re mostly guys, so there’s a bit of rift between us now, her family are still in (town) so we don’t see them very much. (wife) is also not very maternal, she’s very career driven, this has placed a lot more pressure on me to do absolutely everything; but actually I like the fact that it has brought me and (son) closer together. I’ve had to do more than say other dads have done; friends say why don’t you come out? You never come out, you need to get your wife in order; all those unhelpful things which actually make you
Having a baby which totally relies on you
Taking less risks, more aware of mortality, behaviour change
Closer to family, unexpected changes, connection to other
Wanting to do a good job as a father

feel worse and has made the first year quite tough

R: yeah, um. Right at the start you mentioned that you and (wife) felt ready to have a baby and that your life is more meaningful now. Can you tell me a bit more about what you meant by that?

P: well, I do feel that life is more meaningful now, you’ve got this young, human being to look after and I feel that I’ve got a lot more responsibility now which has good and bad things. It’s the small things now, like going downhill on my mountain bike, I’m more cautious, like if I break my neck now it’ll be a disaster but in the past that would never had bothered me. Another thing which has made it more meaningful is that, like other people who have a lot of disposable income and can do what they want before they have children, we also didn’t have much of reason to see my parents really before we had (son), but now we have (son) it’s really brought the family together, it’s enriched all our lives which has been really unexpected errm, we’re definitely a lot more closer. Life is also more meaningful because you want to invest everything into and you want to give him the best start in life and ultimately they will hold you accountable for the type of upbringing you’ve given them, it’s not like you’ve got them on finance for three years and then you can give them back (laughs) it’s a lifelong commitment
## Appendix 11. Master Table of Thematic Data

<table>
<thead>
<tr>
<th>Transcript/Participant</th>
<th>Key Messages</th>
<th>Re-conceptualised Sub-ordinate Themes</th>
<th>Cluster Headings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>Pride and pleasure</td>
<td>Positive emotional responses</td>
<td>Regret</td>
</tr>
<tr>
<td></td>
<td>Thinking about child growing up and self getting older</td>
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<tr>
<td></td>
<td>Changed outlook on life</td>
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<td></td>
<td>Self imposed roles and expectations</td>
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<td></td>
<td>Reflecting on how you were parented</td>
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<td></td>
<td><strong>Role as provider</strong></td>
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<td></td>
<td>Not being aware of sudden transition from non-parent to parent</td>
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<td></td>
<td>Your needs go on the “back burner”</td>
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<td></td>
<td>Having a child adds meaning &amp; purpose to life</td>
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<td></td>
<td>Doing things with and for baby</td>
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<td></td>
<td>Having had to look after an ill family member who is dependent</td>
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<td></td>
<td>Thinking about how much freedom you had before becoming a father</td>
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<td></td>
<td>Important to still have some time away from baby</td>
<td></td>
<td>Transition</td>
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<tr>
<td></td>
<td>Supporting each other in parenting and in having time away from baby</td>
<td></td>
<td>Working together</td>
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<td></td>
<td>Positive changes to relationship – made it “stronger”</td>
<td></td>
<td>Feeling excluded</td>
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<td></td>
<td>Parenting seen as a women’s role, not knowing what to do, not given opportunity to try</td>
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<td></td>
<td>Living with baby causing sleep deprivation, tiredness</td>
<td>Adjustment difficulties</td>
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<td></td>
<td>Living with mother-in-law</td>
<td>Feeling excluded</td>
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<td></td>
<td>Learning to adjust with less sleep</td>
<td>Learning to adjust</td>
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<td></td>
<td>Having support available – family friends</td>
<td>Learning to adjust</td>
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<td></td>
<td>“As time goes by” things improve</td>
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<td></td>
<td>Wanting more children in the future</td>
<td>Expanded vision</td>
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<td></td>
<td>Wanting to be an involved father</td>
<td>Involvement</td>
<td></td>
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<td></td>
<td>Better at striking a work-life balance</td>
<td>Being more assertive</td>
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<td></td>
<td>Worries about son being an only child – being spoilt</td>
<td>Worries</td>
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<td></td>
<td>Contemplates the consequences of having a child later in life</td>
<td>Regret</td>
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<td></td>
<td>Worries about being live when son is older</td>
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<td></td>
<td>Parenting feeling like a form of unappreciated work</td>
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<td></td>
<td>Not feeling son is ready to go to nursery</td>
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<td></td>
<td>Not understanding what baby cries mean</td>
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<td></td>
<td>Society’s expectations on how men and women should parent</td>
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<td></td>
<td>Learning to understand how the baby communicates</td>
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<td></td>
<td>Feeling on a “steep learning curve”</td>
<td></td>
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<tr>
<td></td>
<td>Feeling financially secure and being in a stable relationship before you have a baby</td>
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<td></td>
<td>Expectations of having a baby not as bad as the reality</td>
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<tr>
<td><strong>2</strong></td>
<td>Big difference in lifestyle</td>
<td>Big change</td>
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<tr>
<td></td>
<td>Being a father not as hard as expected</td>
<td>Reality is different to expectations</td>
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<td></td>
<td>Excited when thinking about the future</td>
<td>Imagining future experiences</td>
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<td></td>
<td>He’s a good boy, sleeps well, not a niggly child</td>
<td>Baby temperament</td>
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<td></td>
<td>Hearing “nightmare” stories about children from other people</td>
<td>Negative stories about parenting from others</td>
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<tr>
<td></td>
<td>feeling ready to become a dad</td>
<td>Becoming a dad – the next logical step</td>
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<td></td>
<td>Baby going to groups, mixing with other babies</td>
<td>Social development</td>
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<td></td>
<td>Not going out</td>
<td>Willing self sacrifice</td>
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<td></td>
<td>Not missing some aspects of old life</td>
<td>Moving on</td>
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<td></td>
<td>Integrating baby into existing life plans</td>
<td>Integrating baby into existing life</td>
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<td></td>
<td>Wanting to show baby the world</td>
<td>Wanting to give baby good experiences</td>
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<td></td>
<td>Reflecting about the freedom you had before baby came along</td>
<td>Old ways of being</td>
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<td></td>
<td>Going anywhere requires a car full of stuff</td>
<td>Need to be more organised</td>
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<td></td>
<td>Losing weight</td>
<td>Health changes</td>
<td></td>
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<td></td>
<td>Socialising with different, like minded people</td>
<td>Developing new social networks</td>
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<td>Event</td>
<td>Impact</td>
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<td>----------------------------------------------------------------------</td>
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<tr>
<td>Still seeing old friends</td>
<td>Maintaining contact with old life</td>
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<tr>
<td>Meeting other dads</td>
<td>Developing new social networks</td>
<td></td>
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<tr>
<td>“knocking about” with friends one year and all</td>
<td>Change in priorities</td>
<td></td>
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<tr>
<td>becoming parents the next year talking about “kid stuff”</td>
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<tr>
<td>Feeling healthier since becoming a dad, drinking less</td>
<td>Positive lifestyle changes</td>
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<tr>
<td>Doing things with baby</td>
<td>Spending quality 1:1 time</td>
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<tr>
<td>Taking baby to sport activities</td>
<td>Passing on interests</td>
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<tr>
<td>Making mistakes</td>
<td>On a steep learning curve</td>
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<tr>
<td>Learning from observing wife with baby</td>
<td>Social learning</td>
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<tr>
<td>Things becoming “better” once in a routine</td>
<td>Establishing routines</td>
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<tr>
<td>Developing confidence over time</td>
<td>Parenting competence</td>
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<tr>
<td>Life being turned upside down</td>
<td>Disequilibrium</td>
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<tr>
<td>Worried about health of baby and wife</td>
<td>Worry about the pregnancy</td>
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<tr>
<td>Worried about being an older dad</td>
<td>Life Before becoming a father</td>
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<tr>
<td>Enjoying things more once baby starts to crawl, walk, move around</td>
<td>Worry</td>
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<tr>
<td>Afraid of picking him up, hurting him</td>
<td>Tangible rewards</td>
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<tr>
<td>Feeling emotional when having to leave baby</td>
<td>Early Days</td>
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<tr>
<td>Baby recognising dad’s face and smiling</td>
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<tr>
<td>Worrying about finances</td>
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<tr>
<td>Feeling the need to protect baby</td>
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<tr>
<td>Noticing dangers in the environment</td>
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<td>Support from friends and family</td>
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<tr>
<td>Reading parenting books in preparation</td>
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<tr>
<td>Being reassured from experienced parents that you were the right thing</td>
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<tr>
<td>Doing what wife tells him to do</td>
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<tr>
<td>Feeling emotionally closer to wife</td>
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<tr>
<td>Having a lack of patience at times</td>
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<td>Changing jobs in response to becoming a dad</td>
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<td>Taking baby to baby-related activities</td>
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<tr>
<td>Observing baby learn and interact with other babies</td>
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<tr>
<td>Not bothered about meeting other dads</td>
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<tr>
<td>“taking instruction” from wife</td>
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<tr>
<td>Shifting through the vast amounts of parenting information and finding what works for you</td>
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<td>Having a father – son routine</td>
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<tr>
<td>“frightened to death”</td>
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<tr>
<td>Experiencing conflicting emotions</td>
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<td>Worry about ability to cope</td>
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<td>Sharing experiences</td>
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<tr>
<td>Being able to do what you want, when you want your whole life</td>
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<td>3</td>
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<tr>
<td>Not possible to emotionally prepare for baby</td>
<td>Emotionally unprepared</td>
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<tr>
<td>Reading books, talking to people, internet</td>
<td>Support</td>
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<tr>
<td>The experience of becoming a fathers was “mind blowing”</td>
<td>Reaction to daughter</td>
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<tr>
<td>Feels happier than he ever used to</td>
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<tr>
<td>The addition of baby gives a sense of solidarity to life and relationship</td>
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<tr>
<td>Smiles from daughter</td>
<td>Tangible rewards</td>
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<tr>
<td>Sense of pride</td>
<td>Pride</td>
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<tr>
<td>Useful when others reassure you are doing things correctly</td>
<td>Support from others</td>
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<tr>
<td>It is possible to practically prepare for the arrival of the baby – decorate room, buy things</td>
<td>Practical preparation</td>
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<tr>
<td>Did not spend much time thinking about baby before birth</td>
<td>Coping during pregnancy</td>
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<td>Post-birth is when it kicked in</td>
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<tr>
<td>Thinking about your responsibilities as a father</td>
<td>Taking stock</td>
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<tr>
<td>Noticing that baby comes to me for protection</td>
<td>Sense of responsibility</td>
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<tr>
<td>Wanting to prevent her from hurting herself</td>
<td>Role as protector</td>
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<tr>
<td>Speaking to friends who are experienced parents</td>
<td>Support</td>
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<tr>
<td>Learning on the job</td>
<td>On a “steep learning curve”</td>
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<tr>
<td>Lack of understanding, control when baby was crying and he didn’t know why</td>
<td>Sense of helplessness</td>
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<tr>
<td>Realising that baby’s do just cry sometimes</td>
<td>Early Days</td>
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<tr>
<td>Learning to change a nappy from observing wife do it</td>
<td>Acceptance</td>
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<tr>
<td>Worrying too much and not enjoying things as much</td>
<td>Social learning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regret</td>
<td>Early Days</td>
<td></td>
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as I should have
Seeking support from other parents who know what you’re going through
Having some time away from baby to pursue personal interests
Support from mother-in-law
Finding too much information which conflicts on the internet
Wife was breast feeding I was doing the practical things and supporting her
Practice and time increases confidence
Wanted to do baby related tasks
Getting it wrong
Panicking and not able to be a relaxed father
Not know why baby was crying
Doing practical things like changing a nappy which visibly improved things for the baby
Difficulty understanding baby cries
Using a check list
Societal attitudes towards fathers
Sharing baby related tasks
Noticing patterns in baby’s behaviour
Career progression – to provide
Not spending as much time on own hobbies
Taking baby to visit horses
Meeting other first-time dads
Noticed other dads share experiences among each other more than non-fathers
Making a choice to spend time with family rather than doing own hobbies
Choosing to have a baby and therefore accepting everything that goes with it
Feeling closer to wife
Learned from past experiences

Feeling that nothing can prepare you for what having a baby is like emotionally
Trying to get a taste of what being a parent is like by speaking to people, reading books
Having some expectations – lack of sleep
Feeling that you cannot “turn off” being a parent
Thinking about the type of father you want to be, thinking about own fathering experiences
Noticing that health professional support is all about the birth
Parent craft classes could offer more – experiences of parents
Having practical support from friends, things you should have
Hearing other parents parenting experiences
Being reassured that other parents are going through similar experiences when you have no frame of reference
Not knowing what you’re doing in the early days and simply reacting to the baby
Gaining confidence and experience over time
Using trial and error to look after baby
Noticing that you seemed more prepared and better able to cope with parenthood
Having time off in the early days to get involved
Sharing parenting duties
Thinking about how single parents cope and having a new found respect for them
Taking things in turn while the other rests
Feeling helpless when wife is breast feeding
Showing off son in public
Not being able to stop baby crying
When both of you are up in the night dealing with the baby and you are both tired the next day
Feeling ready to have a baby
Having a solid relationship, job, house before having

Father-to-father support
“keeping in touch”
Support
Frustration
Feeling redundant
Increased parenting competence
Motivated to be involved
Making mistakes
Anxiety
Helplessness
Tangible rewards
Difficulty understanding baby communication
Trial and error parenting
Wider systems
Trying to understand baby behaviour
Role: provider
Willing self sacrifice
Integrating baby into life
Developing new social circles
Common fatherhood
Choice not sacrifice
What we signed up for
Feel emotionally closer to wife
Increased parental competence
Emotionally unprepared
Preparation
Expectations
Dad mode
Willing self sacrifice
Developing fatherhood identity
Life after the birth (mother-centrism)
Support: what’s useful for expectant fathers
Support: practical
Normalising
Reassurance
Reacting
Increased parental competence
Trial and error parenting
Frustration
Involvement
Division of labour / Co-parenting (AKA “tag team parenting”) Single parents
Support: each other
Helplessness
Pride
Worry
Stress
The right time
Ready but not prepared
Solid foundations
a baby
Passing on values to child and wanting to be positive influence
Wanting son to "be a nice kid"
Trying to form attachments with baby during pregnancy
Having moments to form attachment bonds with baby
Feeling separate from experience during pregnancy
Worrying about the birth
Noticing changes in wife – a "mumness"
Wife seeming to be more in tune with baby = comparison = frustration
Role was to support the mother-infant attachment in early days
Helping with things "around the outside"
Feeling that baby wants mother more than father in the early days
Not getting much back from baby in the early days
Trying to make sense of baby behaviour
Playing with baby
Starting to get "recognition" from baby
Following wife's lead
Feeling more responsible
More aware of being able to provide for family
Learning to be a lot more patient
Comparing self to partner
Lowering high self-imposed expectations as time goes by
Realising over time that a lot of your worries were unfounded and that things start to make sense
Worrying all the time
More aware of environmental dangers
Talking to each other about concerns
Remembering how you dealt with things in the past
Emotional support (reassurance) from family and friends
Having less time together, intimate time, feeling closer together
Coming up with routine during the first 3 months
Making time at the end of the day for each other
Not happy with work-life balance, wanting to change it
Having internal conflicts

5
Feeling nervous, uncertain, proud
Changing life around completely
Finding out about the pregnancy
After the excitement comes the anxiety
Thinking about the added responsibilities
Starting to read about parenting, thinking about looking after a baby
On a learning curve
Negative experiences of antenatal classes
All the professional support focused on the birth
The things health professionals should have told us
Searching for answers on the internet
Learning from experience
Moving from one parenting stage onto the next
Becoming a lot more calmer
Wife being a calming influence
Observing how wife responds to baby
Sharing experiences with other parents
Accepting that each baby is different and develops at different rates
Wanting to do everything right and be the best
Role as provider
Rough and tumble
Difficulty getting work – life balance
Wanting to spend more time with at home but needing to work to earn money
Keeping everyone happy – spending time with wife
Spending time with daughter
Sharing parenting experiences with other parents

Being a role model
Outcome of parenting
Pregnancy: Body mediated moments
Attachment
Pregnancy: Emotional separation
Pregnancy: Worry
Wife changing to Mum
Role: support mother-infant attachment
Role: providing practical support to wife
Feeling excluded
Lack of reciprocation
Trying to make sense of baby behaviour
Role: rough and tumble
Tangible rewards
Following wife's lead
Feelings of responsibility
Role: provider
Personal changes
Frustration
Acceptance
Realisations
Personal changes: worry
Support: each other
Learning from experience
Support: family & friends
Relationship changes
Establishing routines
Making time for each other
Work: Work-life balance
Work: conflict
Emotional responses
Adjusting
Pregnancy confirmation
Anxiety
Feelings of responsibility
Feeling overwhelmed
On a steep learning curve
Negative experiences of health professional support
All about the birth
What would have been useful
Finding our way
Learning from experience
Ongoing challenges / dad mode
Personal changes
Supporting each other
Social learning
Normalising
Acceptance
"Comparing notes"
Thinking about what valuable support for fathers would look like

- Support for fathers
- Wife passing on useful bits of information from other mums
- Social changes, people, places
- Would rather spend money on daughter than football
- Feeling ready to have children but knowing that 5 – 10 years ago was not the right time
- Prior experiences of being with children
- Thinking about what is important now
- Observing how other fathers parent and not wanting to be like them
- Difficulties in the early days, lack of sleep, not knowing, worry
- Sharing baby tasks, taking things in turn, supporting each other
- Feeling the love and the bond for baby
- Seeing baby grow and develop
- Smiles, hugs, recognition
- Wanting to have another baby
- Noticing that you’re worrying too much
- Realisations about baby behaviour – crying, teething

- Smiles, chuckles, the rewards you receive as parents from your baby
- Preparing for the arrival, buying things, decorating rooms
- Dividing baby tasks, sharing tasks, supporting each other
- Doing what works for you in the early days, when you don’t know what to do, dealing with conflicting bits of information and advice
- Importance of establishing a routine for baby and parents
- Feeding the baby when they want to be fed
- Receiving conflicting advice from health professionals
- Having little expectations of parenthood
- Reading, researching, talking to people
- Constantly thinking about things in a constantly changing situation
- Wife passing on info
- Taking lead from wife – getting things organised
- Feeling that nothing prepared you emotionally
- Busying self with practical tasks and not giving self space to think about baby or parenthood
- The birth
- Unhelpful support from health professionals – packing bags
- Useful support from health professionals
- Antenatal classes being geared towards mothers, birth
- What valuable support for expectant fathers would look like
- Valuable practical support from family
- Spending time together as a couple, away from baby
- Snappy, irritable / doing things as a family / changes to social circle, relationship changes
- Changed priorities in life, baby comes first, our needs come second
- Trying to maintain a satisfactory work life balance
- Role as provider
- Work providing a temporary escape from parenting
- Working all day and coming home and continuing to work by looking after baby
- Spending time alone with baby
- Feeling helpless, proud, happy, responsible
- Thinking about the baby’s temperament

Support for fathers
- Wife as information medium
- Social changes
- Willing self-sacrifice
- Right time
- Expectations / Preparation
- Change of priorities
- Fatherhood identity
- Difficulties adjusting
- Working together as a unit
- Attachment
- Child development
- Tangible rewards
- Wanting to re-live experiences
- Worry
- Acceptance
- Practical preparations
- Working together as a unit
- Finding our own way
- Establishing routines
- Tuning into the baby’s needs
- Support: Conflicting advice from health professionals
- Entering the unknown / learning on the job
- Support: trying to prepare
- Parent mode
- Wife as information medium
- Taking lead from wife
- Emotionally unprepared
- “autopilot mode”
- Helplessness, concern for wife & child, anxiety/worry
- Support: unhelpful support from health professionals
- Support: useful from health professionals
- Mothercentrism
- Valuable support for expectant fathers
- Support from family
- Making time for each other / having time off
- Social changes
- Change to outlook
- Work: work – life balance
- Work: conflict
- Role: provider
- Work
- “Another form of work” (P.1)
- Attachment
- Psychological responses to early parenthood
- Child temperament
Learning by getting involved and "stuck in" which increases experience and parental competence
Feeling to make the transition to parenthood once the baby is born
Having to make continuous/never ending adjustments to baby who is changing all the time/not being able to turn it off
Positive comments from others
Choosing to have a baby and therefore all the stuff that goes with it
Having a loving home before a child is brought into it
Feeling that life has more meaning, purpose and feeling fulfilled

“Learning on the job” (P.3)
Making the transition to parent
Parent mode
Support: Reassurance
What we signed up for
Solid foundations
Living a more meaningful life

7
Wanting to maintain aspects of your old life once you become a father, leaving old non-parent friends behind,
Feeling that nothing can prepare you for it
Learning to accommodate baby into your existing life
Finding life more meaningful as a dad
Reflecting on how life used to be before parenthood
Fatherhood being the trigger for some positive changes:

self discovery
improved relationships (with own parents/wife)
career changes
social circle changes – expansion
re evaluating personal values
changed outlook to life
becoming more mature
lifestyle changes – driving safer
wanting to connect with people
Reflecting on own fathering experiences
Sharing experiences with other parents: normalising, being reassured
Thinking about the meaning of life, purpose, mortality, common humanity
More aware of dangers/risk
Role as teacher, role model, provider, security
Thinking about how life will be in the future
Having time away from baby
Speaking to people, asking advice, asking questions before becoming a father
Sharing baby tasks
Connecting with the bump
emotional responses – disbelief
Feeling that "things were meant to be"
Having key moments alone with son in the early days
Memorable experiences with son
Son having to have an epidural soon after being born
Getting something back
Speaking to other fathers
Never ending transitions which are always changing
Striking a work – life balance
Relying on family for practical support
Appreciation for single parents
Lack of support for expectant fathers in the antenatal period
Support I would have valued
Difficulty integrating baby into existing life, "baby stuff taking over the house"
Coming to accept that you need to share space with baby
Not thinking about life as a father
Essential foundations needed before a baby is born
Early experiences of babies
Having time off

Letting go / Moving on / Entering a new life cycle
Ready but unprepared
Integration
Living a more meaningful life
Old ways of being
Fatherhood prompting personal change

8
Getting feedback from daughter – smiles, recognition, laughing
All consuming nature of parenthood in the early days
Difficulties in pregnancy
Becoming a dad changes the things which are important, exciting, meaningful to you
Feeling ready to have a baby

Tangible rewards
"all consuming"
Pregnancy
Change in priorities
Right time
| Getting the practical things ready in preparation | Practical preparation |
| Worries about what fatherhood would be like | Worry |
| Feeling overwhelmed even before the birth into the early days | Emotional reactions – overwhelmed |
| Becoming physically unwell and being hospitalised, lack of sleep, poor appetite | Toll on wellbeing |
| Relying on family support | Support from family |
| Having time together as a couple again | Making time for each other |
| Having time away from baby | "re-charging your batteries" |
| Having a new found respect for wife | Social changes: Relationship with wife |
| Check list parenting style | Check list |
| Feeling that baby was in charge | Emotional reactions: Feeling out of control |
| Importance of routine | Establishing a routine |
| Taking things in turn, negotiating who does what | Working together |
| Feeling more in tune with baby, learning from past experience | On a steep learning curve |
| Having time alone with baby for father-only activities | Responding rather than reacting |
| Noticing that baby seeks out mother more | Attachment |
| Trying to make sense of baby behaviour | Rejection |
| Noticing that wife is more in tune with baby, mother’s instinct, intuition, knows what different cries mean | Trying to make sense of baby behaviour |
| Working part-time | Mumness |
| Not finding antenatal classes useful, feeling excluded, feeling that they were dishonest, mothercentrism | Antenatal support from professionals / mothercentrism |
| Talking about what kind of support expectant fathers would benefit from | Supporting expectant fathers |
| Feeling useless during the birth, ignored by pros | Birth experiences |
| Feeling that women have more time to transition to parents as they go through pregnancy which the man is not a part of | Feeling excluded from pregnancy |
| Trying out things, doing what works for us | Finding our way |
| Thinking about life as a single parent | Single parents |
| Difficulty making adjustments in work as a father, taking on too much | Work |
| Integrating baby into our life | Integrating baby |
| Friends not understanding what fatherhood is like | Social changes: Moving on |
| Feeling ready to have a baby – good job, stable relationship, life experience, wanting life to have more meaning | Solid foundations |
| Getting positive feedback from baby as they get older – smiles, crawling | Tangible rewards |
| Not enjoying life as a father in the early days, not knowing what to do with baby | Not enjoying new fatherhood |
| Feeling pressure from society about parenting, societal expectations | Wider systems |
| Having honest conversations about fatherhood with friends | Support |
| Feeling guilty for not enjoying things, feeling trapped | Emotional responses |
| Worry about work | Worry |
| Having an expectation of what life will be like once baby is born – sleepless nights. Not as bad as expected | Expectations |
| Missing aspects of old life – loss | Old ways of being |
| Loss of identity since becoming a father, having to redefine self as a father | Development of fatherhood identity |
| Comparing self to other dads | Isolated |
| Having to do more because wife is career driven | Shouldering more parental responsibility |
| Spending lots of time with son | Attachment |
| Life being more meaningful now | Living a more meaningful life |
| Becoming more risk averse in career and when mountain biking | Fatherhood bringing about personal change |
| Viewing fatherhood as ongoing transitional phases, when one ends the other begins | Phases of fatherhood |
| Managing conflicting demands | Conflicting work - home demands |
| Wife dictating what you do | Following wife’s lead |
| Wife controlling your life | Lack of control |
| Having more disagreements with wife about managing own time, feeling closer to family | Social changes |
| Wanting son to be more affectionate than he was taught to be | Passing on values |
Not wanting to completely let go of old life
Negotiating with wife about pursuing separate interests
Antenatal support – geared towards the birth, how man can support mother
Having father’s perspectives in antenatal classes, leaflets, books

Adjustment
Having time off
Mothercentrism
Supporting expectant fathers

10 Too much information available
Feeling that nothing can really prepare you for having a baby
Sense of increased responsibility (doing more than wife)
Re-prioritising what’s important after becoming a father
Not being bothered by having to make sacrifices
Having some time to yourself
Changes to relationship with wife felt like getting a divorce (negative)

Feelings of responsibility
Re-focussing
(willing) self-sacrifice
Time off
Relationship changes

Wife experiencing MH difficulties (depression)
Others placing expectations on you as a father
Using the internet to find support, solutions to parenting problems

PND
Expectations (others)
Searching for answers

Having a ‘fine’ pregnancy
Being ‘palmed off’ by health professionals during pregnancy and tag mix up after birth
Feeling confusion, anger, isolation and unsupported
Feeling an instant bond with baby
Not getting much feedback from baby in the early days
As baby grows and develops you start to get feedback and rewards
Feeling lucky regarding baby’s temperament
Wife participating in Baby TP programme and finding it useful
Feeling excluded from Baby TP programme

Pregnancy experiences
Negative experiences of health professionals & services
Living with PND
Attachment
Unrequited love

Temperament
Baby TP
Feelings of exclusion
I lead and wife follows
Preparing practically
Entering the unknown

Living a more meaningful life
Barriers to support
Mental health difficulties

My baby

Tangible rewards
My baby
Support from health professionals
Support from health professionals
Finding a way

Wife feeling jealous of the relationship you have with baby, having more patience with baby
Doing the practical prep before baby arrives
Feeling emotionally unprepared

Wanting more out of life
Men find it difficult to open up about difficulties with their partners to other men
Experiencing depression

Preparation
Emotional responses to fatherhood
Personal changes
Family changes

Family changes
Searching for answers
Family changes

My baby

389 Raw Themes
Appendix 12: Publication Guidelines for Qualitative Research

Reproduced from Elliot, Fischer & Rennie (1999)

1. **Owning one’s perspective**
   Authors specify their theoretical orientations and personal anticipations, both as known in advance as they became apparent during the research. In developing and communicating their understanding of the phenomenon under scrutiny, authors attempt to recognize their values, interests and assumptions and the role these play. The disclosure of values and assumptions helps readers to interpret the data and consider alternatives.

2. **Situating the sample**
   Authors describe the research participants and their life circumstances to aid the reader in judging the range of people and situations to which the findings might be relevant.

3. **Grounding in examples**
   Authors provide examples of the data to illustrate both the analytic procedures used in the study and the understanding developed in light of them. Examples allow readers to conceptualise possible alternative meanings and understandings.

4. **Providing credibility checks**
   Several methods for checking the credibility could be used. These include, a) checking the understandings with the original informants; b) using multiple qualitative analysts to verify findings and procedures and to review data for discrepancies, overstatements or errors.

5. **Coherence**
   The understanding is represented in a way that achieves coherence and integration while preserving nuances in the data. The understanding fit together to form a data-based story/narrative, map, framework or underlying structure for the phenomenon or domain.

6. **Accomplishing general versus specific research tasks**
   Where a general understanding of a phenomenon is intended, it is based on an appropriate range of instances, informants or situations. Limitations of extending the findings to the contexts and informants are specified. Where understanding a specific instance or case is the goal, it has been studied and described systematically and comprehensively enough to provide the reader a basis for attaining that understanding. Such case studies also address limitations of extending findings to other instances.

7. **Resonating with readers**
   The manuscript stimulates resonance in readers, meaning that the material is presented in such a way that readers, taking all other guidelines into account, judge it to have represented accurately the subject matter or to have clarified or expanded their appreciation of it.