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FATHERS IN THE MAKING

Men, Bodies and Babies

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DEDICATION

I dedicate this thesis to the memory of Robert, a much loved father.

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INTRODUCTION

In contrast to women's experiences of motherhood, there has been relatively little research investigating men becoming fathers (Henderson and Brouse 1991, Kaila-Behm and Vehvilainen-Julkunen 2000). Much of this research has explored men's negative responses (Lupton and Barclay 1997) to pregnancy, birth and early fatherhood, for example men's altered functioning, whether physiological (Strickland 1987, Ferketich and Mercer 1989, Clinton 1987, Hyssala et al 1992, Mason and Elwood 1995), psychological (Clinton 1987, Benvenuti et al 1989, Klein 1991, Mercer et al 1993) or psychiatric (Ballard et al 1994, Areias et al 1996, Ballard and Davies 1996, Leathers et al 1997). A minority of the research has investigated the lived experiences of the transition to fatherhood, as told by the men themselves but even less has used longitudinal methods to examine the process of transition (Lemmer 1987). Consequently relatively little is known of the insider's experience, how men define and perceive themselves as fathers (White 1994) and how changing cultural perspectives contribute to the contemporary experience of fathering. The research described in this thesis makes a contribution to this body of knowledge.

Working according to ethnographic principles, eighteen men[1] were interviewed twice during their partner's pregnancy and once after the birth. Drawing upon the data from these longitudinal semi-structured interviews, the thesis presents 'real-life' accounts, grounded in the everyday experience (Watson 2000) of men actively negotiating the transition to fatherhood. In attempting to understand how these transitions are made and marked their experiences are analysed within the broad framework of transition theory, first articulated by Van Gennep ([1909] 1960).

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[1] Please see p87 and Appendix 1 for details of the nature of this particular sample

The contemporary[2] image of the new involved father, represented in both popular and expert discourses, constitutes a standard or bench mark which can influence men's expectations and desires of fatherhood. These images of the new father have evolved from the new man discourse (Barclay and Lupton 1999) which in turn has proceeded from a developing understanding of diversity within twenty first century masculinity (Morgan 1992, White 1994). This contemporary image was relevant for the men in the study but for many their transitions into fatherhood were characterised by differences between their antenatal expectations of fatherhood, framed by sources such as peers and popular culture and the postnatal realities, grounded in their experience.

The thesis argues therefore, that despite apparent changes in these contemporary images of fatherhood, traditional social structures and in particular dominant forms of masculinity, remain remarkably resilient. This sets up a range of contradictory and sometimes competing expectations and demands for men, as the features of traditional masculinity such as 'strong', 'hard', and 'provider' challenge those of the new contemporary father such as 'gentle', 'soft' and 'involved nurturer'.

In making their transitions to fatherhood, expectant and new fathers can therefore encounter challenges between the ideology and practice of fatherhood. The tensions between the ideal and the real, or the culture and the conduct (LaRossa 1988), expose fatherhood as a site of competing or troubled (Williams 1998) masculinities. The thesis examines the consequences of these competing discourses for personal and social constructions of fatherhood.

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[2] Ambiguity concerning the meaning of the term 'modern', due in large part to its association with postmodernism, has problematised its usage in recent times. Throughout the thesis therefore I use the term 'contemporary' in preference to 'modern'.

In contrast to the 'exotic' data of classic ethnographies, the ethnography presented here is characterised by its familiarity and ordinariness in the eyes of the contemporary Western reader. The purpose and challenge of such ethnography is to make strange the familiar in order to 'question taken-for-granted assumptions and beliefs' (Hunt and Symonds 1995:1). The thesis accomplishes this by adopting a structure which from the outset integrates theoretical and empirical discussion, thereby presenting analysis of the data in the context of broad theoretical frameworks whilst simultaneously staying close to the data (Geertz 1973). Incorporating early discussion of the data in this way, shows how the men's voices influenced the analytical approach[3].

The thesis is arranged in six parts. Part one, consisting of two chapters, first examines the theoretical framework of ritual transition theory identifying its potential at a range of levels and second, maps the significant social, cultural and political changes contributing to contemporary understandings of fatherhood. Part two, consisting of one chapter, explains further the rationale for the research and examines the methodological decisions taken over the course of the research. The three chapters in Part three draw upon data from the antenatal interviews and examine men's experiences of pregnancy. Drawing upon 'the body' literature in general and pregnant embodiment in particular, this section examines the implications of men's indirect embodied experience of pregnancy and describes the activities in which men engaged to bring them closer to the pregnant female body.

Part four consists of two chapters which draw upon men's accounts in the antenatal interviews and discusses their expectations and desires for labour and delivery. These expectations are contrasted with data from the postnatal interviews where men described

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[3] For details of data presentation see pages 104 and 108.

the realities of their labour experience. The two chapters of part five examine the expectations, realities and constraints of involved fathering. The conclusion draws together the contemporary nature of the rite of passage into fatherhood made by the men in the study.

CHAPTER 1

Fatherhood as transition: the contemporary relevance of transition theory

Introduction

Drawing upon ethnographic interviews, this thesis presents an analysis of the insider's experience of becoming a father, an everyday, taken-for-granted event. Hunt and Symonds (1995:1) argue that the purpose of ethnography is to 'show a familiar world from a different angle' so that taken-for-granted assumptions and beliefs can be questioned. The thesis makes strange the familiar by questioning some of these taken-for-granted assumptions about men's passage to contemporary fatherhood. It does so by critically engaging with the data (Coffey 1999). This is achieved by analysing their accounts in the context of a range of theoretical frameworks, thereby creating a dialogue between theory and data. This reciprocal relationship between theory and data is woven into both the *process* of the research and the *outcome* presented here.

The dialogue began early in the study when material from the pilot focus groups (discussed in chapter 3) directed me to transition theory[1]. This chapter introduces the overarching framework of transition or ritual theory, to which I continuously refer throughout the thesis. I examine how the theory, associated first with Van Gennep ([1909] 1960), has been developed and refined, itself going through a process of

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[1] A significant proportion of the research exploring men's experiences of fatherhood has done so within a framework of transition, a transition that is often characterised as a stressful and problematic event (see for example Roopnarine and Miller (1985), Clinton (1987), Lemmer (1987), Bedford and Johnson (1988), Lewis (1990), Henderson and Brouse (1991), Taylor (1992), Watson et al (1995) and Diemer (1997). In contrast to these authors whose usage of transition has been in a non-ritual sense of the word, I use transition in the ritual sense, explained later in the chapter.

transformation. Drawing upon accounts of men in the study, I discuss its relevance at a range of levels in understanding contemporary experiences of fatherhood.

Development of the theory of Rites of Passage

Van Gennep

Working in France in the late nineteenth and early twentieth centuries, Van Gennep made a significant contribution to ethnography and anthropology. He was interested in the patterns or schema underlying everyday behaviour within societies and how this behaviour enabled the society to accommodate change and conflict and yet 'maintain a social coherence' (Froggatt 1997:126). His intellectual approach then was functionalist, with society consisting of fixed entities within which individuals existed and operated, and whose behaviour in turn reinforced the integrity and solidarity of societal structure (Billington et al 1998).

Within this structure Van Gennep understood life as a continuous cycle of death and rebirth, what he called the law of regeneration, and from his observations of traditional societies he proposed that individuals within a society move between fixed positions or events such as birth, childhood, marriage and death. Central to his analysis was not necessarily the nature of the position or status held by the person but the process(es) involved in acquiring the new status, that is the passage or movement between positions:

> For life of an individual in any society is a series of passages from one age to another and from one occupation to another. Wherever there are fine distinctions among age or occupational groups, progression from one group to the next is accompanied by special acts. For every one of these events there are ceremonies whose essential purpose is to enable the individual to pass from one defined position to another which is equally well defined.
>
> (Van Gennep [1909] 1960:3)

In observing movement across these positions he suggested that a common pattern was discernible, which recurred irrespective of the event:

> Their positions may vary, depending on whether the occasion is birth or death, initiation or marriage, but the differences lie only in matters of detail. The underlying arrangement is always the same. Beneath a multiplicity of forms, either consciously expressed or merely implied, a typical pattern always recurs: *the pattern of the rites of passage.*
>
> (Van Gennep [1909] 1960:191 - emphasis in the original)

He described this pattern in terms of three phases: separation, transition or limen, and incorporation. He called this schema '*rites de passage*'. *Passage* is perhaps more accurately translated as transition and *schema* as pattern, so the three phases constitute the pattern of rites of transition.

Separation was characterised by removal of the individual from his or her 'normal' social life. This detachment was marked by certain customs and taboos. The transition phase was a stage between social statuses, where the individual no longer belonged to the previous status but had not yet completed the passage to the next. This transitional or liminal phase, in which the individual occupies a non-status, a kind of no-man's land, was regarded by Van Gennep as potentially threatening and harmful. Ritual within the liminal phase was concerned with preventing or containing danger, pollution and harm. Rituals associated with the individual assuming the new status marked the phase of incorporation. Through the phases of rites of passage therefore, the individual enters as one kind of person and 'emerges from the ritual to be reincorporated as a new persona' (Murphy et al 1988:237).

Van Gennep suggested that the individuals making the transition were 'sacred' or set apart from the 'profane' or everyday position they previously held. For example in some

cultures a pregnant woman was regarded as sacred and then once the child was born she remained sacred with respect to some things and not to others. This movement between the sacred and profane, what he called 'pivoting of the sacred', was produced through the enactment of ritual.

So movement between statuses was accomplished and marked by rites of either separation, transition or initiation which either symbolically or practically signified the change in status (Froggatt 1997). Some of these rites were more elaborated depending on the nature of the passage. For example, he argued rites of separation were prominent at funeral ceremonies, incorporation at marriage ceremonies and transition rites in pregnancy. The rites associated with these passages were concerned with reducing their potential harmful effects.

Van Gennep provides examples of rites associated with transitions across the life course such as those associated with pregnancy, birth, adolescence, marriage, old age and death. He describes pregnancy as a transitional period characterised by rites of separation and birth as a period of reintegration or incorporation. Separation rites during pregnancy could include food and pollution taboos and purification rites. Taboos of impurity associated with the mother were thought transmissible to the child so rites of incorporation after the birth often involved purification, such as washing of the head, and served to establish her new position and reintegrate the woman into groups to which she previously belonged.

Victor Turner

In *The Forest of Symbols* (1966), *The Ritual Process* (1969) and *Dramas, Fields and Metaphors* (1974) Turner developed Van Gennep's theory of rites de passage. Of the

stages of separation and incorporation he said 'they speak for themselves; they detach ritual subjects from their old places in society and return them, inwardly transformed and outwardly changed, to new places' (Turner 1977:36). He was more interested in the liminal phase and the marginal or even invisible status of the ritual subject within this phase. The ambiguous nature of this altered status presented a potential threat to social stability:

> In the period of transition between these identities the individual is considered to be in an interval of 'social timelessness', in a vulnerable, 'abnormal' position, dangerous both to themselves and to others: for this reason, special 'rituals of social transition' are invoked which mark the event, and protect both individual and society by various ritual taboos and observances.
>
> (Helman 1994:213)

During this middle liminal phase, Turner described ritual subjects as initiands, who are set apart 'divested of the outward attributes of structural position, set aside from the main arenas of social life in a seclusion lodge or camp, and reduced to an equality with his fellow initiands regardless of their pre-ritual status' (1974:232). These initiands form a 'community of passengers' where they experience what he calls communitas, the spirit of comradeship and fellowship amongst those undergoing the transition. Initiands who, for whatever reason, did not incorporate into the new status, remained permanently in the liminal phase and he called these liminoids.

A further contribution of Turner is his concept of the 'polarisation of meaning'. Ritual symbols can hold a number of different meanings at the same time but these meanings tend to cluster around two opposite poles (Helman 1994). At one pole, ritual gives meaning to biological aspects and at the other ritual is concerned with social aspects. Polarisation of meaning can be particularly observed in rituals associated with life course transitions. For example, menarche is a significant event in a woman's life course

(Britton 1996), often associated with ritual which embraces both biological and social poles of meaning. In other words, the rituals associated with menarche not only mark the physiological onset of menstruation but also the social event of a girl's new status as a young woman. In this context, ritual acts as a bridge (Helman 1994) integrating the complex relationship between biological growth and social transition (Billington et al 1998).

In addition to his elaboration of the liminal phase and his notion of the polarisation of meaning, Turner made further contributions to understandings of the role of ritual. He argued that ritual was both expressive and creative. The expressive function of ritual conveys and communicates in symbolic form the values of the culture which is dependent upon shared understandings of the meaning of the symbols. In its creative function ritual actually produces cultural values, so creating or recreating cultural reality. So rather than Van Gennep's functionalist interpretation of ritual as maintaining the equilibrium within society, Turner introduced a more flexible approach, the idea that ritual not only conveyed but created meaning and served both individual and cultural purposes.

The contemporary relevance of ritual transition

Other key anthropologists have drawn upon the theory of rites of passage, in order to understand the rituals observed in traditional societies during transitions across the life course (see for example Hertz [1907] 1960, Douglas 1973, Geertz 1973, de Coppet 1992, Rosaldo 1993). In contrast to the abundance of ritual practices in traditional societies, it has been suggested that within complex largely secular Western societies ritual has disappeared, resulting in what Grimes (1995) calls a ritual impoverishment.

For example, Kimball (1960) in his introduction to the English translation of Van Gennep, suggests that our post-modern Western culture with its emphasis on individualism has forgotten the corporate or collective contribution of ritual. He argues that rather than being a public manifestation, ritual has become too individualistic, with many individuals accomplishing transitions alone with private symbols and that consequently ritual is often 'found in the privacy of the psychoanalysts couch' (Kimball 1960:xvii).

I want to argue however, like Cheal (1988), that rather than a loss of ritual, contemporary society has exchanged one set of rituals for another. If culture is 'the fabric of meaning' (Geertz 1973:145) and ritual forms part of that fabric, then any search for meanings embedded within the culture, will involve analysis of ritual (Davis-Floyd 1990a), whatever form this ritual may take. Rather than regarding Western society as ritually impoverished I suggest that the nature of ritual is altering and becoming more diverse so that there are 'now a range of options an individual may select, and not an unquestioned requirement' (Billington et al 1998:83).

In the context of arguing for a more flexible approach to the study of ritual in both contemporary and traditional societies, Rosaldo (1993) is critical of the recipe-book approach to describing ritual which he argues tends to 'tidy things up as much as possible by wiping away the tears and ignoring the tantrums' (15). He argues that anthropological accounts of ritual misrepresent it as a 'fixed program, or a book of etiquette', rather than an 'open-ended human process' (12)

I argue therefore for a more flexible interpretation of ritual transition within contemporary Western society, which reflects the complexities and flux of cultural

practices, where the boundaries between ritual and non-ritual are perhaps less distinct (Tambiah 1979). Such an approach allows the use of concepts of ritual transition to understand how individuals negotiate life and encourages the rediscovery and cultivation of ritual meaning in everyday life, what Grimes (1995) calls incubating and cultivating ritual. Serematakis (1991:47) argues that ritual should be resituated 'within the flux and contingency of everyday events'. Of importance here is the issue of agency, the way in which social actors or agents both experience and shape social life (Billington et al 1998). Little is known of how social agents experience, negotiate and then in turn shape rituals of transition. This thesis sets out to address this gap.

This incubation of ritual, or ritualisation (Seremetakis 1991), is visible in the work of a number of contemporary researchers. Drawing upon the ritual of transition, for example: Froggatt (1997) explored how hospices for the terminally ill manage transitions between life and death; Murphy et al (1988) examined the liminal experiences of physically disabled people; Littlewood (1993) discussed contemporary death related rituals; Hockey (1990) explored the experience of death in both hospice and residential care; Helman (1994) discussed the ritual nature of the medical encounter; and Bydlowski (1991) and Davis Floyd (1987, 1990a, 1990b) examined the changing nature of pregnancy and childbirth rituals.

Drawing on the theory in this way not only allows the anthropologist to make sense of the complexity of observed ritual practices but also leads to refinements of the theory (Glaser and Strauss 1971). Through these applications, ritual transition theory has been adapted and refined so that despite its early twentieth century origins, it remains a useful framework within which to explore life course transitions within twenty first century Western society. These include the transition to fatherhood, which is the focus of this

thesis. Froggatt (1997) writes in the context of death ritual in a hospice setting, but the parallels with a transition at the opposite end of the life course are apparent:

> With careful application, the rites of passage framework can be helpful in providing different insights into the complex social transition from life to death for an individual and significant others. It provides an inherently dynamic and processual structure to explore life-cycle transition and the institutions which mange them in contemporary society.
>
> (Froggatt 1997:126)

In the following section I introduce the key concepts I have elaborated to discuss men's transition to fatherhood and relate these to the data in my study. I thus set the context for a discussion which asks whether men's contemporary experience of pregnancy and labour can be seen as a rite of passage to fatherhood. This issue permeates the thesis as a whole.

Transition

In contrast to anthropological accounts which have merely described the components of rituals associated with rites of passage, the study presented here describes the *experience* of those individuals taking part in the passage, as told by them. So rather than just an account of ritual as observed from the outside, men's experiences of pregnancy, labour and early fatherhood are described 'from the native's point of view' (Geertz 1977:480). These insider accounts spoke vividly of feelings of marginalisation and vulnerability, experiences which reflect the second of Van Gennep's three phases – transition.

As well as drawing upon transition theory to analyse how individual men crossed the boundary into father*hood*, I wish also to emphasise the continuous nature of transition, to explore how men made their transitions into father*ing* (Roopnarine and Miller 1985). In this respect, as well as being 'a "space" in its own right' (Froggatt 1997:125), it is also a

process, a becoming, a mode of being. Glaser and Strauss (1971), who made a major contribution to transition theory in their book *Status Passage*, write that 'the passagee is in constant movement over time, not just "in" a status' (47). Similarly, Turner (1977) characterises transition as 'a pilgrim's road which may cease to be a mere transition and become a set way of life' (37).

This continuing process of transition not only emphasises its processual nature but also introduces the notion that transition is accomplished in relation to other ritual subjects who are themselves in transition (Billington et al 1998). It is therefore possible to observe a whole matrix or network of transitions taking place simultaneously. For example, a man's transition toward fatherhood is accomplished in relation to his partner's transition to motherhood, his parents' transition to grandparenthood, the couple's transition into a family and existing children's transition to brother or sister. Transition theory therefore gives shape not only to individual but collective passages, a theme to which I shall return.

The baby, of course, is also part of this matrix of transition. Gynaecological texts make metaphorical use of the term 'passenger' to describe the movement of the child through the 'boundary' of the cervix, into the 'passage' of the vagina. One interviewee, Ken, already had a child from a previous relationship, but was now expecting his first child within his present relationship. He saw himself and his partner not only as a couple waiting for the baby, but also the baby itself was waiting its 'time':

> And we read all the books and there's one that takes you week by week and says the baby's losing…the baby's developing and things like that. And now all it really says is, all that's happening is that the baby's waiting until the time, and we're in the same boat.
>
> (Ken 1:8)

In Ken's view, all three 'passagees' were positioned as liminal beings. Not only were they as individuals and as a couple in a kind of limbo, betwixt and between statuses, but the baby was also. His metaphor of the 'same boat' captures the essence of Turner's (1974) concept of communitas, that they are all in this together.

Liminality

Ken's description of 'waiting until the time' describes his sense of being in a kind of no-man's land, which is characteristic of the limen or transition phase. As we have seen, during this liminal phase the individual is between social statuses, neither one thing or the other, betwixt and between. Of importance to understandings of liminality is the work of Mary Douglas ([1966] 1984). Douglas suggests that during this liminal or marginal period, because the novice has no place or status in society, he or she is temporarily an outcast. She argues that the individual between statuses is ambiguous, of double meaning, or anomalous, a mis-fit, and it is this ambiguity during transition that has the potential for danger:

> Danger lies in transitional states, simply because transition is neither one state nor the next, it is undefinable. The person who must pass from one to another is himself in danger and emanates danger to others. The danger is controlled by ritual, which precisely separates him from his old status, segregates him for a time and then publicly declares his entry to his new status. Not only is transition itself dangerous, but also the rituals of segregation are the most dangerous phase of the rites.
>
> (Douglas [1966] 1984:97)

Within this liminal place the novice is exposed to a kind of anti-structure, where the normal boundaries and rules governing socially acceptable behaviour are altered or inverted. Froggatt (1997:125) describes it thus: 'The importance of the liminal state lies in its inversion of ritual behaviour, so that the normal "rules" that govern conduct do not

apply at this time'. And yet this behaviour is of crucial importance as it gives shape to the novice's journey through the liminal phase. During this time of anti-structure, individuals are exposed to key dimensions of the status towards which they are moving, albeit in inverted forms.

Drawing upon the accounts of the men in the study, I argue that men's experiences during pregnancy and birth bear the classical characteristics of the liminal phase of rites of passage. From the point of the announcement of the pregnancy, men in the study began a transition toward fatherhood in which they were betwixt and between social statuses. Many of the men felt vulnerable and excluded during this period, feelings which were experienced in a heightened sense during labour. Below I sketch out examples of their marginal experiences as a precursor to more detailed analysis later in the thesis.

Pregnancy

Of their experiences of the pregnancy, many men spoke of their lack of knowledge about the process, their feelings of isolation, their inability to engage in the reality of the pregnancy and their sense of redundancy. Women's passage to motherhood, framed predominantly by medical science, is a more clearly structured transition. The visual outward signs of the pregnancy marked her changing status. The men had no such status. Matthew was a novice father and, using the language of rites of passage, he expressed how he felt in a state of limbo:

> And you really think 'Well nothing's happening now' and you're in a bit of a limbo I suppose.
>
> (Matthew 1:2)

This limbo was emphasised by their inability to directly experience the physiological aspects of the pregnancy and men frequently told me of their frustrations at not being able to directly feel what their partners were feeling. Although there are exceptions, for example adoption and the new reproductive technologies, for a woman, her transition to motherhood is usually accompanied by biological changes in and on her own body. Such changes do not accompany a man's transition to fatherhood. As Lupton and Barclay (1997:32) argue:

> The experiences of having breasts and of pregnancy, childbirth and breast feeding, and even perhaps the assumption or knowledge of their potentiality, are ways of being for women that simply are not accessible to men.

Men's inaccessibility to direct embodied experience of pregnancy means that their biological encounters are therefore by proxy, as they rely upon the 'second hand' accounts of their partners. The men in the study engaged in a range of activities during this period which helped shape their rite of passage into fatherhood. I discuss this in more detail in part 3 of the thesis.

Labour and birth

Labour was a particularly ambiguous time for men. Although invited into the labour room, most felt out of place, powerless, unsure of what to do and therefore very vulnerable. Labour was a micro or mini transition, the period during which the man literally became a father, his closeness to a biological transition being intensified within a broader macro social transition. In analysing this micro transition around birth, Seel (1987) draws upon the rites of passage framework to describe the institutional management of labour within the West. He argues that the journey to the hospital, marks the couple's movement from their ordinary (profane) world to the new (sacred)

world of the hospital. Once within the hospital he suggests that clothing marks the woman's status as a patient. Labour is the liminal phase of the rite of passage and he argues it is particularly marginal for men. This analysis introduces discussion of the manner in which institutions manage transitions. Just as the hospice creates a place and time in which transitions from life to death occur (Froggatt 1997), so in this context it is possible to see how the hospital creates space for the management of birth transitions. I return to this discussion in more detail in part 4.

Tim, a care worker, was an experienced father, anticipating the birth of his third child. He likened his experience of the pregnancy and the culmination of birth to hitch-hiking. Within the framework of rites of passage, the hitch-hiker occupies a similar ambiguous status; s/he is a passenger on route, his/her previous location is left behind but s/he has not yet arrived at his/her destination. The arrival of the lift upon which s/he depends is, like the arrival of the baby, unpredictable and out of his/her control:

> When Rosie was born I just felt shock. I went into a shock. It's a bit like hitch hiking, you know. If you're hitch hiking and you're kind of beside a road and you don't get a lift for hours, then a car stops and you're amazed. And it's a bit like that with a baby. It's like you're pregnant and you forget (*laughing*) and you're pregnant and you're waiting and waiting and waiting and then the minute has actually dawned and you think 'Oh that's a surprise!' You know it's actually happened. With Rosie she had the cord around her neck and she just pinged out (*making pinging sound*), she just pinged out so fast and she was so long and blue and....that's it I just went into a minor state of shock, with it. Totally spaced out.
>
> (Tim 1:12)

Post delivery

Immediately after delivery when their partners and new babies were still in hospital, many of the men experienced a kind of dislocation between two worlds; the new or sacred world which now included the new baby and the old or profane world which did

not. The incorporation into his new role as a father had begun but was not complete. For some men this dislocation between worlds began immediately after the birth when they had to make the choice between accompanying their partners onto the post-natal ward or going with their new baby to the special care baby unit. For some men this was a big choice. Julian was a novice father expecting twins:

> Yeh, yeh. You're kind of like, you know, stuck between. Stay with the babies or stay with your wife.
>
> (Julian FG3:26)

A further concern for Julian was that his babies would get mixed up with other babies. He was a biologist and his twins were in the special care baby unit. Using the scientific language with which he was familiar, he humorously described his worries about the babies:

> Eventually when you go up to see the babies, it's like this laboratory and there's like thirty babies in glass tanks and it's like…. 'Are you sure?' Have we been given someone else's? They don't look the same, they're supposed to be twins (*laughter*), I want two the same! (*more laughter*).
>
> (Julian FG3:27)

Leaving the hospital and coming home to an empty house, also underscored the sense of dislocation between the two worlds. Both the men and the women were out of place: the women in an institutional setting and the men in an altered profane space. Barry was a novice father in the second focus group. He vividly described how he experienced this strange disorientating spatially-grounded liminality, and the behaviour in which he engaged to shape it:

> When I first came home the first night, I remember being really emotional. I wanted to start crying. It was a funny feeling, you know. For some reason, I couldn't find the light switches in the house. I was moving around like this (*gesturing finding his way around in the dark*). I couldn't sleep and laid awake all night. I slept less when they weren't there than when they were. The second night I had a load of whiskey. That was the best thing.
>
> (Barry: FG2:8)

Seel (1987) describes his personal accounts of leaving the hospital after the birth of his children and his sense of being in between two worlds:

> Filled with the knowledge of your fertile life-creating power, you discover in fact that you are impotent. Despite this power you cannot touch the world in any way. And so you wander aimlessly through those night streets until you arrive at home, or at some other destination which ought to have meaning. But the real meaning is locked away in a bed in a ward in a building where you are not welcome. It isn't that reality is hard to come back to, rather that reality refuses to allow you in.
>
> (Seel 1987:82)

In a book of poems exploring aspects of masculinity, Robert Crawford also identifies this temporal and spatial fracturing between the sacred and profane worlds:

CARDIGANS

While you're lying in the post-natal ward
I go into Dundee to Arnott's sale

To buy you cardigans. Fingering the rails
Gets mixed up with the touch and smell of milk

White as the pad of cricketers
In Lochee Park, your afterbirth Spicy Tomato

In that Pizza Hut with a plaque built where the house
Of the Wedderburns once stood, the great town clerks

I think of them in the queue for the 95
Through Tayport to St Andrews, past cock pheasants

Strutting by rapeseed, rabbits crouched on a football pitch.
I remember softest cotton on your skin

And me this morning buying women's clothing
In Dundee, the city where our son's just born.

(Crawford 1996:61)

There is a sense then within these accounts of men occupying a space in between two worlds, a kind of dislocation in normal space and time. Tim straddled this period by staying the night in the hospital with his partner and new baby:

> I mean when Rosie was born I was quite lucky because it was a small cottage hospital and the ward was almost like deserted. And although she was born like at 2 'o' clock in the morning, they let me stay. So I actually stayed all night.
>
> (Tim 2:9)

Bill was an experienced father expecting the birth of his third child. For him this sense of fractured time was both reduced and yet simultaneously heightened by having a domino delivery. When his wife went into labour, they went to a cottage hospital with the midwife, where they had the baby and then returned home later that night, almost in time for 'last orders'. His account illustrates the fracturing of sacred (special) and profane (ordinary) time and space:

> I mean it was erm, it was, I remember the midwife was really disarming, really good when she said, she came downstairs and we were sort of ready to go off (*to the cottage hospital*) and Janet's parents had arrived (*to look after the other children*) and she said to er my father-in-law, she said 'Probably back for last orders' and we, we nearly were.
>
> (Bill 3:6)

The birth was four hours from door to door:

> Having photographs at half past twelve, it was bizarre, just giving birth and back and back into our normal lives.
>
> (Bill 3:6)

Malcolm was an experienced father, with an older family from his first marriage, now becoming a father again in later life. He vividly described the disorienting sense of being out of time and place when he left both his wife and his baby. Photographs immediately after the birth (rather like their ultrasonographic antenatal counterparts) marked his transition, providing a lasting visual reminder of the elusive moment.

Malcolm's feelings were compounded by not being able to see the photographs he thought he had taken. The liminal phase of his transition was a space where thoughts about the future mingled with thoughts about the present and his experience from the past:

> I left the baby somewhere and Lucy somewhere else and came home. I cried then. I cried and one of the reasons I cried because she wanted some photographs and I found I had no film in the camera!....But it was very emotional, a very emotional time. There was this child that we had seen and gone somewhere and your wife was somewhere else asleep and you were in this house on your own, that was never going to be the same anymore, and sort of all these thoughts, responsibilities, and changes in your life.
>
> (Malcolm FG3:26)

For some men their repositioning back into the real (ordinary) world began only when their partners and their babies came home. The 'home-coming' then was the beginning of their incorporation into fatherhood. Rick, a novice father, described how this home coming marked his new status and signalled the start of the 'job':

> No, coming home felt right. It's us now, it's our job, you know, ours, let's get on with it. It was, no, it was really good. I'm a dad now (*laughter*).
>
> (Rick 3:10)

The home coming ended the mini-transition of labour and birth and marked men's transition to the status of *fatherhood.* It also heralded men's entry into a broader transition, the practice of *fathering* (Roopnarine and Miller 1985). Antenatally most men approached the labour as a major milestone, the culmination of the work of pregnancy. Novice fathers had no perception of life beyond this threshold and it was only when they had entered this new phase that the work of fathering began and they learned on the job. The work the men did, both during labour and during their early days as new fathers is discussed in parts 4 and 5 of the thesis.

Contemporary man's pregnancy ritual

Women's transition to motherhood in contemporary Western societies is now framed largely by medical science (Davis-Floyd 1987, Martin 1987, Helman 1994, Lupton 1994). Medical management begins on confirmation of the pregnancy, although with the developments of new reproductive technologies it is on occasion evident pre-conceptually. Marked by the milestones of serum screening tests, ultrasound scanning, antenatal examinations, antenatal education and hospital birth, the medical management of pregnancy and labour has become the framework of women's transition to motherhood. In parallel, social processes also structure this transition. Women embrace pre-conceptual health promotion (Lupton 1995), avoid alcohol and risky foods, wear clothes which either reveal or conceal their pregnant state and rehearse their imminent change of status with other women also making the transition to motherhood. Policy is a further dimension structuring women's transition. Maternity allowance and leave from paid employment legitimate women's absence from paid employment and mark their social transition to the different status of motherhood.

These cultural practices – medical, social and policy – provide a clear structure through which women's new identities as mothers are produced. In contrast I suggest that men's transition to fatherhood is not so clearly structured. I argue that the feelings of marginality and vulnerability, referred to earlier, are symptoms of the relatively new phenomenon in the West of men's involvement in pregnancy and birth, and are themselves direct consequences of the ambiguous nature of this not-yet-clearly-understood role. Luke, a novice father in one of the focus groups, clearly acknowledged how he had little concept of what fatherhood was going to be like. Using the language

of rites of passage, he described his agency within this transition, how once past the threshold of birth he wanted to give some shape to this rather elusive process:

> I was quite looking forward to it. It was part of an adventure and you are constantly, you cross the threshold, you get past the 'big event', the birth and all the business that goes with it and....like I said, I had no concept of what it was going to be like but you know, although I didn't have any concept of what it was going to be like, perhaps I could help it into something I quite fancy. Help it into shape, sort of thing.
>
> (Luke FG2:13)

In contrast to the rather ambiguous character of this relatively new role (whose nature I explore throughout this thesis), men's pregnancy and birth roles in other cultures are often clearly prescribed. Although most cultures exclude fathers from the actual birth they nevertheless prescribe a clear and important role for men (May and Perrin 1985) which is integral to the birth process (Heggenhougan 1980). Priya (1992) for example, describes the ritual practices of expectant fathers in a number of traditional societies. The Cherokee father does not become involved in grave digging or funerary ritual in case his child is stillborn. The Malay father who goes out at night returns home via a different route in order to 'trick spirits who might harm his wife and baby' (Priya 1992:45). In some societies, for example the Trobriands, sexual intercourse is considered to be an important source of nutrition for the baby, whilst in others it is thought dangerous and harmful. Jordan (1980) describes how men in the Yucatan are expected to be present at the birth, so that he can see 'how a woman suffers' (24). So strong was this rule that during the course of her fieldwork Jordan heard of cases of stillbirth being blamed on a man's absence.

Couvade

Men's involvement in pregnancy and birth rituals has often been discussed in terms of the concept of couvade. Derived from the French word *couver*, meaning to brew or hatch, couvade refers 'to the male experience of pregnancy' (Mason and Elwood (1995:137). Although little understood, distinctions can be made between forms of couvade (see for example Heinowitz 1977, Summersgill 1993, Mason and Elwood 1995).

Reported in many pre-industrial cultures, *ritual couvade* is a 'phenomenon whereby the expectant father experiences somatic symptoms during the pregnancy for which there is no recognised physiological basis' (Klein 1991:57), which compensates for men's bodily exclusion from pregnancy. Summersgill (1993) argues that in these cultures explicit couvade rituals mark out men's role and position. Mason and Elwood (1995) propose that early theories about ritual couvade suggested it operated as a socially prescribed set of behaviours aimed at maintaining social cohesion, through for example the public demonstration of men's 'claim to biological fatherhood', the protection of the woman during labour, the warding off of evil spirits or as an attempt to prepare men for new fatherhood. Such behaviour ranged from ante and post natal food taboos through to male imitation of labour pain.

The *couvade syndrome* is a more general term used to describe the full range of cross cultural behavioural changes observed in expectant men (Mason and Elwood 1995) including the pregnancy, labour and postnatal roles of contemporary fathers (Strickland 1987, Ferketich and Mercer 1989, Summersgill 1993, Mason and Elwood 1995). Some writers have utilised couvade syndrome not only to describe men's physiological changes or symptoms during pregnancy such as weight gain and sleep disturbances

(Chalmers and Meyer 1996) but also to discuss roles during labour (for example Meerabeau 1987). Summersgill (1993:103) argues that:

> In the West very few couvade rituals have been available to help structure fathers' status and role. Consequently, lacking a clearly defined purpose, many fathers were often left stranded on the very periphery of the birth process.

So despite the changing nature of men's involvement in pregnancy, birth and early fatherhood (discussed in the next chapter), Summersgill (1993) argues that men remain on the periphery of this process. In contrast to the woman whose biological transition is fore-grounded within her social transition, the man is not able to directly experience the biological aspects and consequently his transition to fatherhood is rather more elusive. Faced with exclusions of this kind, the men in my study, like others over the last twenty years, engaged in a range of behaviours which could be regarded as the 'contemporary man's pregnancy ritual' (Heinowitz 1977:29). The purpose of this ritual, just like its 'traditional' counterpart, is to enable or give shape to their transition to fatherhood, the status brought about by the *act* of biological birth and to fathering, the continual practice of *being* a father.

To underline these different biological and social dimensions, I briefly draw upon Hertz's ([1907] 1960) description of funeral ritual amongst the Dayak in Borneo. For the Dayak the dead person underwent two burials. The first burial, during which the body was placed high up in a tree, was associated with the departure of the soul from the body. When the flesh had decayed the second burial was possible and the dead person was transformed from wandering soul to ancestor (Billington et al 1998).

These two deaths, one biological and one social, have parallels with a biological and a social transition to fatherhood. For some men in the study both transitions were

simultaneous, as they immediately incorporated biological and social elements of their new father status. For others, the social transition, that is their own acknowledgement of their incorporation into their new status, was separated from the timing of the biological transition and in some cases did not happen within the time frame of the study. In this context it is possible to see then a layering of a number of possible transitions. Not only is there a transition phase between the announcement of the pregnancy and the birth but also a transition phase, in some instances, between biological and social fatherhood. The ritual of seeing the biological birth may in some way facilitate the onset of the social transition, in much the same way as seeing the dead body can facilitate acceptance of the status of 'bereaved' or 'widowed'. Further more seeing the baby *before* biological birth (discussed in detail in chapter 6), may also enhance men's transition to social fatherhood. Ultrasound scans may therefore serve to enhance the social identity of the baby long before biological birth just as social death can on occasion precede biological death (Mulkay 1993).

As the new technological model of birth (Davis-Floyd 1987) with its ritual symbols of science and technology, relocates women's traditional private birth experience in the public domain of the hospital, so the new contemporary man's pregnancy ritual locates men in an unfamiliar private space of bodies and birth. This ritual space of pregnancy and birth, despite its technological management, is one in which the private pregnant body is fore-grounded. I suggest that the nature of this private, predominantly 'body' domain is alien to men, and whilst he is encouraged to be part of the pregnancy and birth experience this alienation serves ironically to marginalise him even more. He is welcomed into the previously secret space of pregnancy and birth and yet simultaneously

occupies a sort of non-role, what Kirkham (1987) calls a 'strangely empty role'. Shapiro (1987) calls this simultaneous welcoming and distancing the cultural double bind:

> Men are encouraged to participate fully in the pregnancy and birth of their children but are simultaneously given to understand, in a multitude of ways, that they are outsiders. Most of all, it is made clear that while their presence is requested, their feelings are not, if those feelings might upset their wives. Anxiety, anger, sadness and fear are unwelcome.
>
> (Shapiro 1987:38)

For the men in my study this cultural double bind was experienced to varying degrees. Some of the men felt wholly involved in all aspects of the pregnancy, labour and delivery, whilst others felt outsiders. This outsiderhood (Turner 1966) was underscored by their vicarious knowing (Sandelowski and Black 1994) during the pregnancy and their feelings of uselessness and vulnerability during the labour. Novice fathers were more likely than experienced fathers to feel like outsiders. The degree to which men felt welcomed into the process by the midwives and obstetricians influenced their overall feelings of involvement. Some of the men felt excluded by the midwives whilst others were welcomed and encouraged to be part of the pregnancy and labour and delivery.

I argue therefore that analysis of these insider experiences indicates that the nature of men's rite of passage into fatherhood is underdeveloped, fragmented and incomplete. However the men in the study attempted to resist their marginalisation by forging or developing their own rites of passage. I analyse the characteristics of this rite of passage throughout the thesis.

The Individual/Cultural Dialectic

I have so far elaborated a number of dimensions within ritual transition theory which demonstrate that, despite its early twentieth century roots, it remains a relevant

framework within which to examine contemporary culture. A further aspect to emphasise is the way in which use of this theory contributes to our understandings of ritual at both an individual and collective level.

I have argued that the meaning embedded within ritual is not only of significance for the individual but for the society as a whole. Billington et al (1998:83) argue that 'rituals associated with lifecourse transitions not only serve to produce new individuals, but also through their symbols regenerate the belief system of the social group as a whole'. Similarly de Coppet (1992) argues that rituals do not merely express abstract ideas but they 'have effects on the world, and are work that is carried out – that they are indeed performances' (14).

The private experience or performance of ritual therefore contributes to collective meanings of cultural practice. There is therefore a reciprocal making and marking of rituals at both individual and cultural levels in what I have called the individual/cultural dialectic. Harris (1987:22) illustrates the relationship between individual biography and society.

> But if the persons whose *biographies* we are considering are members of the society whose *history* we are also considering, then a). societal events will *constitute* biographical events in the lives of at least some members b). the events in the lives of members will *be constituents* of at least some societal events; and yet other societal events c). will *condition* biographical events.

Similarly, men's engagement in contemporary pregnancy and childbirth rituals not only make their own individual transitions toward fatherhood but contribute to the legitimisation, maintenance and development of the ritual itself. However, it is significant to note that individuals engaged in the work of their own transitions may be unable to see the contribution their work is making to the wider picture; they are in the

'arena' or 'the heat of the battle' (Turner 1974:241). Fathers busy making their individual transitions may be blind to the effects their individual work is having on the collective picture.

I argue that men's individual journeys to fatherhood shape the structure of men's collective experience, as the individual shapes the collective and the collective shapes the individual. This dialectic is at the heart of transitions toward fatherhood. It is not only individual men that are busy negotiating their own individual transitions, but in the twenty first century we see a larger scale macro transition in the meaning of fatherhood. These shifting understandings of contemporary fatherhood are influenced by the complex interplay between popular and expert discourses (most recently highlighted by Tony Blair's new baby) and changing masculinities, which I examine in the next chapter. Perhaps when both individual and collective understandings are in a state of flux, fatherhood can be understood as a particularly ambiguous and therefore potentially dangerous status. This danger threatens both individual and cultural perspectives of fatherhood. Indeed some have argued that the changing status of fatherhood threatens the fabric of society as a whole (Dennis and Erdos 1993). I suggest that expectant men's experience of transition is characterised by ambiguous and sometimes competing cultural constructions of fatherhood, which are themselves shaped by changing masculinities. Fatherhood can therefore be seen to be a troubled masculinity (Williams 1998).

Conclusion

In this chapter I have discussed the development of ritual theory and argued that it remains a valuable framework within which to describe and understand social transition

at individual and collective levels within contemporary societies. I was first directed to the theory by data collected in the early stages of the study and as I continued to both collect data and explore the theory it became evident that the theory was useful at a number of levels. In conclusion, and drawing upon the preceding discussion, I now briefly map these levels.

First, the notion that transition is produced via the three phases of separation, liminality and incorporation allowed a critical discussion of individual men's transition to fatherhood. For the men in my study, the process of separation from their previous status began when the pregnancy was confirmed and was marked for most men by the public announcement of the pregnancy, signalling their movement toward their new status of expectant father. The liminal phase which most commonly lasted the duration of the pregnancy was a betwixt and between stage when in particular the men felt the lack of the body-focussed markers experienced by women. In this respect the pregnant and labouring body was a site of their transition to fatherhood. Their experience during this liminal phase was one of marginalisation, characterised by feeling out of touch, lacking knowledge and fearful of labour. This sense of marginality was intensified during the process of labour itself, when the biological changes associated with the passage were occurring not in their own bodies but in those of their partners. During the phase of incorporation, the men adjusted to their new roles as fathers, which were marked or celebrated in the short term by rites such as 'wetting the baby's head'. It can be seen therefore that transition theory may illuminate discussions of contemporary childbirth as a major event in the life course of individuals. For women this model might seem self evidently appropriate. Bodily change, participation in medical

encounters, leave from employment and religious rituals such as 'churching', signal and produce transition. For these men becoming fathers, many of these features are absent.

Second, the terminology of transition captures the sense that rather than a one-off-event, fatherhood is a continuous passage. Roopnarine and Miller (1985) make the distinction between the state of father*hood*, which happens once on the birth of the first born, and the practice of father*ing*. Fatherhood is 'the status attained by having a child, and fathering, the complex, long-term and intensive collection of activities' (Roopnarine and Miller 1985:50). So whilst birth signals a man's biological transition to the role of father, the social transition is perhaps more complex. Barclay et al (1997) in their study of women's transition to motherhood found that 'whilst the act of giving birth determines motherhood in the biological sense [ ] in the emotional and personal sense "becoming a mother" takes some time' (Barclay et al 1997:725). Similarly the transition from fatherhood (biological) to fathering (social) can also take time. Transition theory captures the notion that this transition to fatherhood does not just end at the birth of the child but is a continuous process as the new or new-again father negotiates the complexities of fathering practice.

Third, not only does transition theory illuminate our understanding of the insider's experience of transition to fatherhood but the notion of transition is also important in making sense of broader cultural understandings of fatherhood itself. Traditionally ritual was regarded as the deliberate production of disorder out of which life course transitions were enabled and society restored 'to a predetermined homeostatic condition' (Seremetakis 1991:48). In suggesting a dialectic between individual and culture my development of ritual theory, in contrast to the traditional functionalist approach, underscores the reciprocity between the meanings of ritual for both individual and

society. Not only does ritual mark *individual* passage but it also creates, sustains and perpetuates *social* meaning. In other words ritual both marks and makes individual change which in turn has consequences for social structure (Glaser and Strauss 1971). For example, in the next chapter I argue that changing masculinities are central to our understanding of social changes in the meaning of fatherhood. Cultural constructions of men and male behaviour not only contribute to social understandings of fatherhood but also to the individual performance of fatherhood, and vice versa.

There was a mixture of novice and experienced fathers within the study so at the fourth level, use of the theory enabled discrimination between the experiences of novice fathers, those making the transition for the first time, and experienced fathers, those making the transition again. Men's change in status to that of father occurs only once, on the birth of their first child and I have already suggested that ritual theory offers insights into how men make this transition. However, becoming a father again, is also a transition as the man changes status from a novice to an experienced father, or from an experienced father to a more experienced father. The processes involved in the transition to experienced father resembled those of their novice counterparts but also differed significantly. Their previous rehearsal of pregnancy, birth and the early postnatal days gave experienced fathers insight and privileged knowledge inaccessible to novice fathers. These repeated transitions allowed men to participate more knowingly and actively and resulted in the development of variations in the ritual.

Fifth, transition theory was useful in understanding the concept of bodies in transition. The data consistently pointed to the significance of the body, in particular the pregnant body. Men spoke of the changing nature of their partner's bodies and their inability to share in this embodiment. As mentioned earlier in this chapter, the medical language of

birth in contemporary Western society, that used to describe its process and progress, mirrors that associated with ritual theory. The baby is referred to as the passenger, the vagina the passage, and the phase of labour between the first and second stages of labour is known as the transition phase, characterised by woman's inverted behaviour (shouting and swearing) characteristic of a liminal phase.

Sixth and finally, the concept of transition is also firmly embedded in the methodological considerations. I interviewed men on three occasions during their passage toward fatherhood, twice during the pregnancy and once after the birth. This longitudinal approach provided the opportunity to return on subsequent occasions and if necessary check meaning, identify threads in men's accounts and, at the stage of analysis, interrogate inconsistencies across these accounts.

Ritual theory, therefore, is woven throughout the thesis, at a number of different levels, often in conjunction with other theory, in an attempt to understand the bodily, individual and social transitions occurring over the course of men's movement toward fatherhood. It has been suggested that life course transitions in the West are no longer marked with ritual (Helman 1994). However, rather than an erasure of ritual, I suggest that my use of ritual theory allows me to explore a redefinition of the process of childbirth ritual within Western contemporary society. It is not that ritual has disappeared but rather that one set of ritual has been exchanged for another. This new contemporary ritual now involves the new contemporary father, whose character I explore within this thesis.

CHAPTER 2

Fatherhood in transition: masculinities and the social construction of contemporary fatherhood

Introduction

In the previous chapter I discussed how theories developed from the concept of rites of passage could help make sense of men's transition to fatherhood and I suggested this transition was assisted by the 'new' or contemporary pregnancy and childbirth rituals. I examine the nature of these rituals later in the thesis. Transition to the new status of fatherhood and the continuing practice of fathering occurs in the context of individual and cultural understandings of fatherhood. In this chapter I examine the images and practices of the contemporary father portrayed in both expert and popular literature and expressed by the men in the study. I broadly map the significant social, cultural and political changes that have contributed to contemporary meanings of fatherhood. I suggest that the men in my study, who were actively participating in individual transitions to fatherhood experienced a range of tensions between their expectations of fatherhood drawn from contemporary images, and the reality of fatherhood grounded in their experience. I introduce this asynchrony (LaRossa 1988) between the real and the ideal in men's accounts which I discuss in more detail in parts 4 and 5.

Images of contemporary fatherhood

Expert discourse

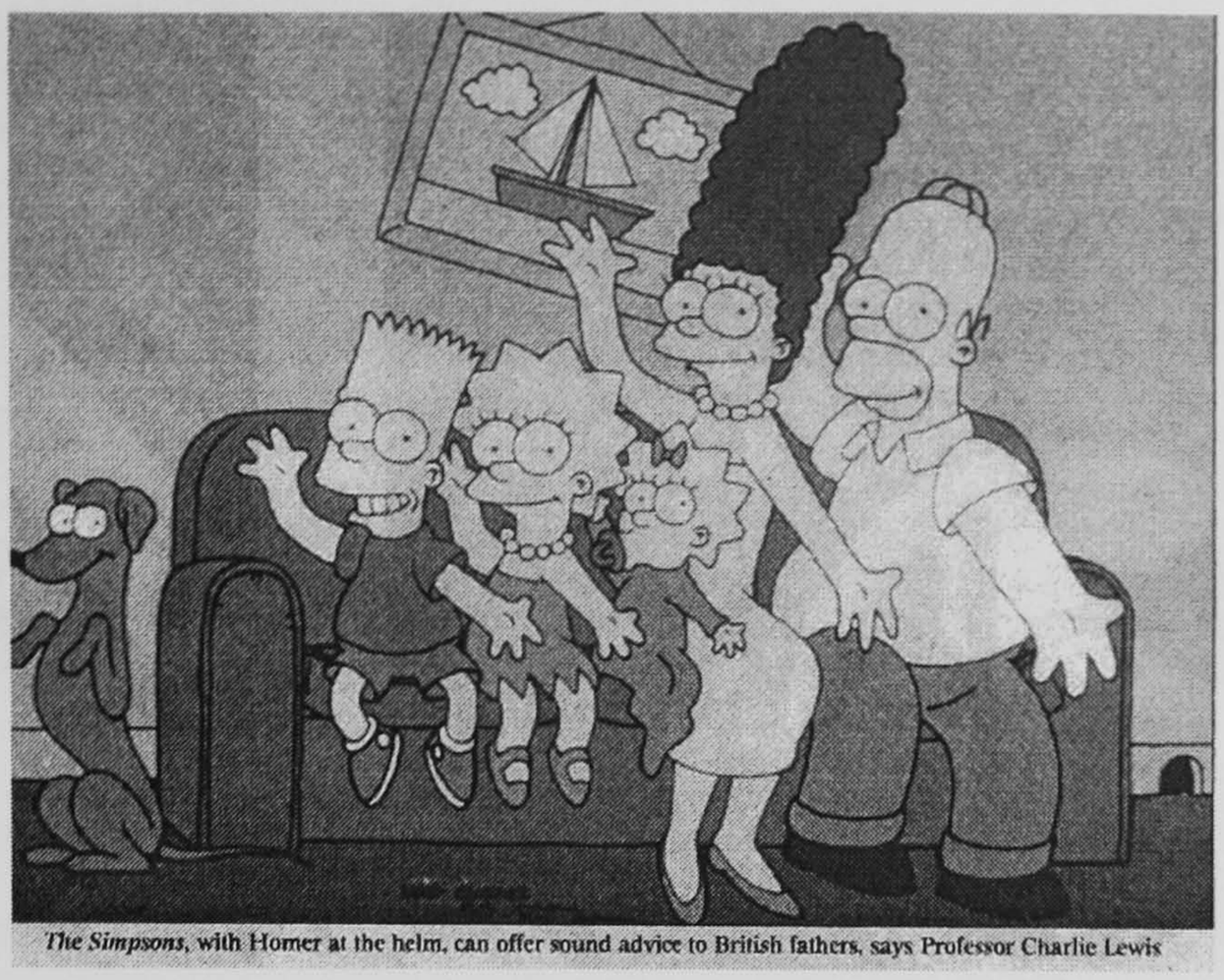
Cultural representations of contemporary fatherhood emanate from a range of sources in both academic and popular arenas. They provide the context within which the individual practice of fathering takes place. Fatherhood has been a focus of general interest since the early nineteenth century (Lewis 1995) but until recently it has been far less studied than motherhood (Henderson and Brouse 1991, Chalmers and Meyer 1996, Barclay and Lupton 1999). Academic discourse in this area has developed rapidly since the 1950s (May and Perrin 1985), gaining momentum in the late 1970s and 1980s in the disciplines of psychology, medicine, psychiatry and to a lesser extent social policy. In the 1990s and twenty first century fatherhood research is also to be found in health, family and social policy arenas.

The earlier research (with notable exceptions, see for example Heinowitz 1977, McKee and O'Brien 1982, Jackson 1983, Lamb 1986, Hanson and Bozett 1986 and Lewis and O'Brien 1987) tended to focus on men's maladaptation to fatherhood, for example their psychiatric morbidity or their negative influence on family functioning. This 'pathologising of fatherhood' (Lupton and Barclay 1997) resulted in a programme of research in which men were rarely given the opportunity to describe their own experiences of fatherhood (Sharpe 1994, White 1994). The research was also criticised as being little more than an extension of the work on mothers (Richards 1982). Concerns were also expressed about its failure to use longitudinal approaches to data collection (Lemmer 1987, Chapman 1991). Additionally I suggest that this work is of limited value as a result of its almost exclusive focus on the experiences of first time fathers. This research therefore, constructs and elaborates particular aspects of the

father's role, which are then translated into authoritative expert opinion about what constitutes a good and a bad father (Lupton and Barclay 1997).

Popular discourse

Media images also represent, and thereby indirectly create and perpetuate an image of the contemporary father. Articles on fatherhood in both tabloid and broad sheet newspapers are now commonplace. Most of the newspaper articles reviewed by Lloyd (1995) over a four week period in 1994 represented fathers as either heroes or villains and there 'was very little comment about what fathers are supposed to be, no guidance about how to be a father in the 1990s' (Lloyd 1995:50). Since October 1994 I have been collecting newspaper articles concerning fatherhood and would suggest that since Lloyd's review period there has been a change in the nature of articles about fathers. The heroes ('Who are you calling a hero?' *The Guardian* 1st September 1999) and monster villains ('Cell mates' *The Guardian* 9th December 1999) are still there, but so too are the fathers who struggle to balance the tensions between their expectations of involved twenty first century fathering and their work. Lewis has recently held up Homer Simpson as a model of contemporary fatherhood ('Homer is a dad we should all look up to' *The Times* 19th November 1999). As head of the popular cartoon Simpson family, Homer Simpson displays a combination of strengths and weaknesses, vices and virtues, whose parenting style could be described as laissez-faire. Despite this, Lewis praises Homer's practice of watching television with his children and chauffeuring them around. Fathers' long hours of work restrict the amount of time they are able to spend with their children and Lewis argues that communal activities like watching television and family car journeys provide opportunities for fathers to spend time with their children.



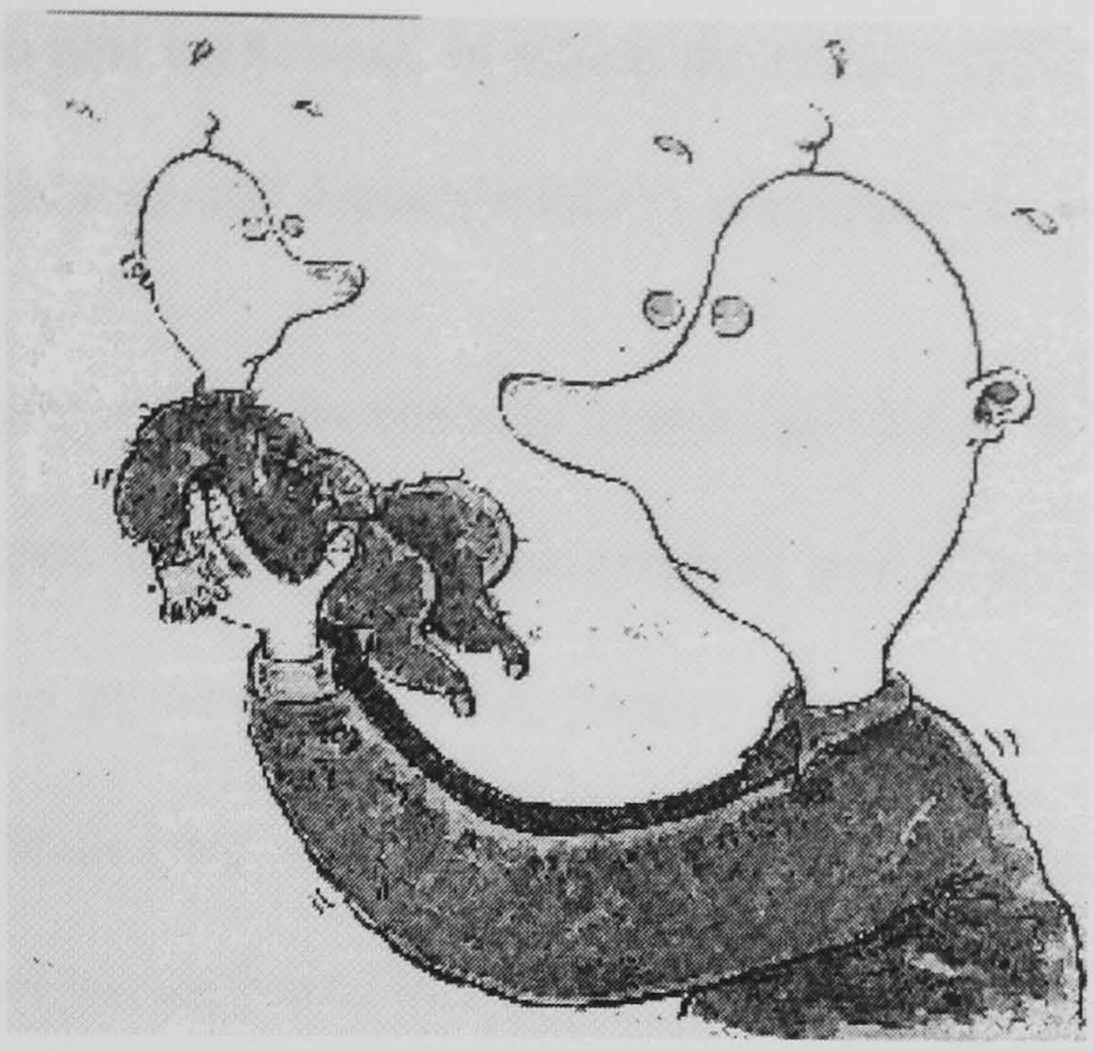
The Simpsons, with Homer at the helm, can offer sound advice to British fathers, says Professor Charlie Lewis

The Times November 19th 1999

Other media images portray contemporary fathers as involved and intimate with their children. They are no longer conveyed as figures merely undertaking stereotypical activities with their children (predominantly sons) but are also increasingly portrayed as involved in the emotional lives of sons *and* daughters. This 'new' closeness has become woven into popular culture and has been, for example, used in advertisements for perfumes, cars and photographic film.

Counter images are also used, which elaborate other aspects of the contemporary father. These images play on a comic incompetence, where the new father although involved in practical child care to a much greater extent than his own father, remains a novice, a learner in all realms domestic. He is sometimes portrayed as a baby sitter to his own child, in a way that the mother would never be. His skill for example in changing nappies, a frequently used barometer of fathers' involvement, is questioned.

Recent advertisements on the television, for example the campaign to encourage direct debit payment for television licensing, feature fathers often in the kitchen, harassed by the pressure of housework, caring for a baby pouring food all over him/herself, the telephone ringing and the dog pinching the dinner. The implicit message in these images is that the mother would have all things under control and that the new father has much to learn. In this context the father is a 'token' (Morgan 1992), an inversion or paradox in a woman's world. 'Successful' crossing into this world, like other 'crossings' such as drag queens and transsexuals, might challenge or compromise dominant ideals about masculinity and femininity. In this respect his comic failure is a mechanism maintaining these dominant gender stereotypes.



The Guardian 2nd March 1998

Films, television and radio also frequently feature programmes on fatherhood which, in contrast to conveying dominant gender ideals, challenge or invert these customary roles. Segal (1990) argues that during the 1950s Hollywood films were domesticating men but in the 1980s films such as *Kramer vs Kramer*, *Three Men and a Baby*, *Tootsie* and more latterly *Junior*, were 'creating men whose tamed domesticity produced fathers who were *more* sensitive, and *more* nurturing, than their self-centred, ambitious wives' (Segal 1990:29).

Another example of interest stirred through inversion was heard recently on Radio 4. Woman's Hour (BBC Radio 4 23rd November 1999) drew upon a father's personal experience of depression following the birth of his child, to debate the existence of postnatal depression in men. Whilst the tone of the programme respected the individual father's depression, I suggest the subliminal message and perhaps the attraction of the story in the first place, was the quirkiness of the possibility of men experiencing women's problems. Over the course of my study I gave a number of interviews on national radio programmes that were discussing fatherhood. The tone of these

programmes was often part humorous, in which the reality of the 'new father' taking a more active role in child care and domestic labour was questioned.

This subliminal not-really-taking-it-seriously tone is also found in popular books written about fatherhood. Until the 1980s popular medical and childcare books aimed their information and advice exclusively at the mother and completely ignored the father (Smith 1995). These texts have now shifted their perspective to include both the mother and the father, and in some instances are written solely for the new father. For example, the Government has endorsed the recent publication of the *Bounty Guide to Fatherhood*, which will be given to every expectant father ('Guide book will tell men how to be a good father' *The Daily Telegraph* 11th November 1999). This has been seen as the companion volume to Bounty's guide for the mother, which for many years has been given to pregnant women during their antenatal care.

However, most of these medical and childcare books aimed at the expectant father are often written in condescending tones which implicitly cast doubt upon men's ability to care for their new baby. Often these books use 'experts' who provide 'specialist' advice to parents about how they should best bring up their child (Lupton and Barclay 1997). The style of these books simultaneously confirms the professional as the expert and the father as the incompetent novice.

Popular books most often have a strong element of humour within them and provide not only information but also entertainment value (see for example *Crikey I'm...a Dad* Hare 1998). Indeed some of these books consist predominantly of cartoons, a feature uncharacteristic of books on motherhood. They also draw on the characteristics of the 'new man', who is supposedly more in touch with his feelings, more aware of his

emotional and feminine side (Lupton and Barclay 1997) and unafraid to demonstrate it. These images are not restricted to books but are now found in magazines and catalogues. Segal (1990:33) argues that 'we can scrutinise this image of the new fatherhood in Britain in any current Mothercare catalogue, where father stands proudly beside mother, with his own babysling and baby'. LaRossa (1988) also notes that these texts are most often written by and appeal to middle class professionals, a criticism also directed at pressure groups such as Father's Direct and Working with Men. Griswold (1993 in Clarke and Popay 1998) argues that the new fatherhood image is itself a middle class construction.

The ideal and the real

Expert and popular fields therefore represent a wide range of images of contemporary fatherhood which, despite their diversity, are 'equally prescriptive in their portrayal of the 'good' and the 'bad' father' (Lupton and Barclay 1997:91). Each source elaborates or privileges a set of images or discourses (Lupton and Barclay 1997) resulting in a complex representation of meanings of contemporary fatherhood. Fatherhood is therefore a socio-cultural construction (Barclay and Lupton 1999) as these images both create and convey meanings of contemporary fatherhood. Although there is no guarantee that mothers and fathers will embrace the meanings of fatherhood that both popular and expert discourses convey (Lupton and Barclay 1997), their acceptance, rejection or adaptation of these representations contribute to the reworking of meanings of contemporary fatherhood. Lupton and Barclay (1997) suggest that the new stereotype of the father (whether he exists or not) as involved and sharing in domestic tasks, has become the standard or bench mark by which all other types of father are measured. Pleck (1987) describes the characteristics of this 'new father':

> This new father differs from older images of involved fatherhood in several key respects: he is present at the birth; he is involved with his children as infants, not just when they are older; he participates in the actual day-to-day work of childcare, and not just play; he is involved with his daughters as much as his sons.
>
> (Pleck 1987:93)

The image conveyed by both popular and academic media produces an ideal image, what LaRossa (1988) calls the culture of fatherhood. By this he means the 'shared norms, values, and beliefs surrounding men's parenting' (451). Men becoming fathers are exposed to this ideal image and their expectations of fatherhood are influenced by these predominant ideals. There is however plenty of evidence in the academic literature to suggest that the reality is somewhat different, that the doing or practice of fatherhood, does not match and the ideal is changing less dramatically (see for example Backett 1987, Segal 1990, Tiedje and Darling-Fisher 1996, Clarke and Popay 1998, Dunne 1998). There is therefore a difference between the real and the ideal, or between the culture and the conduct of fatherhood (LaRossa 1988).

This tension between the ideal and real was experienced by some of the men in the study. For most men, fatherhood comes at a time when they are most preoccupied with their work lives and when they are more likely than at any other time in their lives to increase work outside the home (Lewis 1995). Like the men in Taylor's study (1992), some of the men in my study struggled to reconcile the competing demands of 'hands-on' fathering and full time work.

This tension, perhaps now experienced just as acutely by working mothers, between the real and the ideal, is a continuous challenge. LaRossa (1988) even argues that the tension reminds fathers that they are failing, 'failing not when compared with their own fathers or grandfathers perhaps, but failing when compared with the image of fatherhood

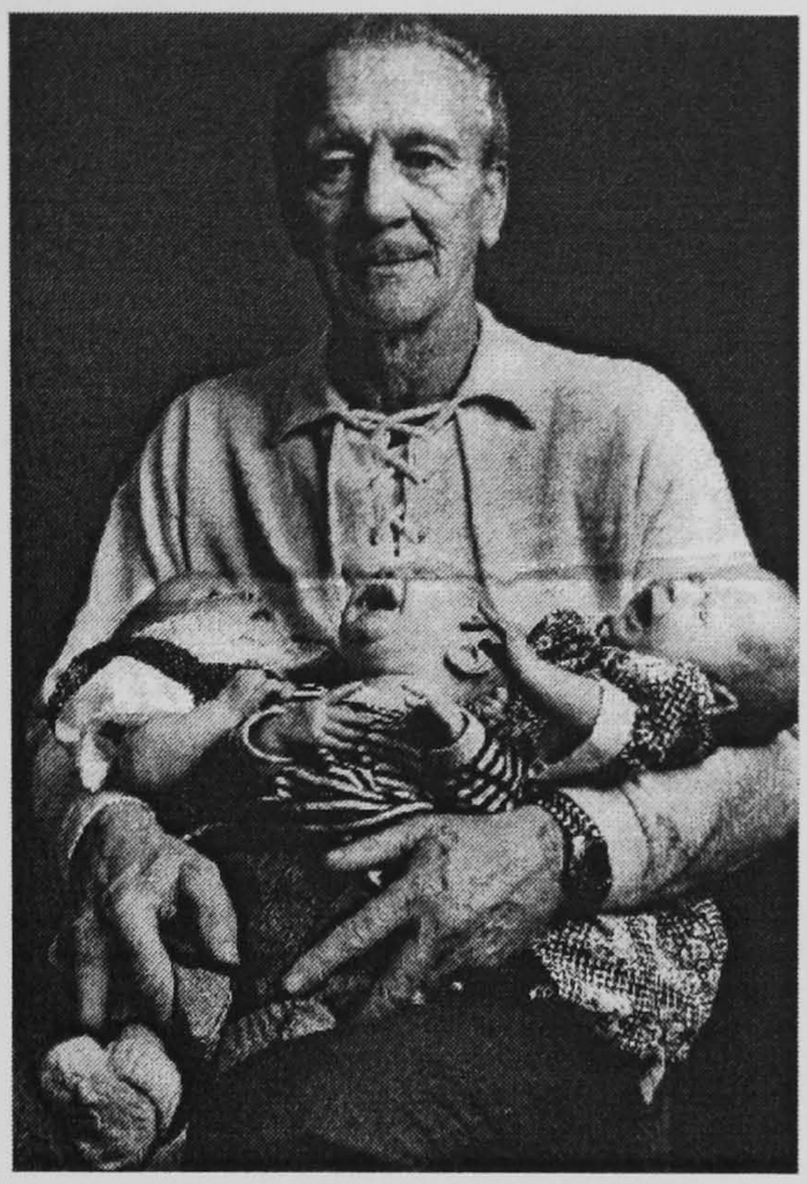
which has become part of our cultures and which they, on some level of consciousness, believe in' (456).

Barclay and Lupton (1999) found that for the men in their study the expectations of the new father role were unrealistic and they were unable to combine to their satisfaction fathering and the provider role. Most of the men found fatherhood to be frustrating and disappointing, expecting themselves to be more involved rather than 'on the fringes of parenthood' (Barclay and Lupton 1999:1019). They argue that the separation of public and private spheres creates a dichotomy that fathers find hard to resolve.

Like the men in Barclay and Lupton's (1999) study, Bill, one of my interviewees, had thought before becoming a father that he would actually become a new man. His background in feminism had influenced him in that direction. But he was disappointed that in the actual event he was not a new man and that their model of family practice was a rather traditional model. He talked about this a lot during all of the interviews. Bill described his experience as a great source of disappointment to him, that he had been unable to juggle the demands of a career that was just taking off, with the demands of having three small children. It was apparent that the interviews provided an opportunity for him to express his disappointment:

> Because I guess if you'd asked me how I would have perceived er ten years ago being a father I guess I would have perceived it as being much more equal relationship than it has turned out to be. Erm, I went through a, a quite a political phase, of my life and I guess I was exposed to quite a lot of feminist arguments and I came across a lot of feminists and I believed very strongly, in, in the role of the father and how it should erm, how it should work and how it should be fairly equal in terms of responsibility for, for home making I guess. And erm but as it's turned out we're perhaps very traditional.
>
> (Bill 1:4)

Bill's frustration is in sharp contrast to the accounts of older men, fathering children in their 50s, 60s and 70s, who have completed their working lives and therefore do not face the competing demands of work and family. These fathers often contrast their earlier experiences of fathering, most often with previous partners and describe how in their current experience they have far more time to spend with their children.



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With the exception of these older men, I suggest that contemporary fatherhood can be understood as a site of competing discourses (Lupton and Barclay 1997), where the asynchrony between the ideal image of fatherhood, perpetuated by society, and the reality of day-to-day practice creates a tension for men. I argue that understandings of gender and masculinity are fundamental to this tension.

Masculinities

Entwistle and Doering (1988:139) argue that 'fatherhood is a key component of the male role' and Barclay and Lupton (1999) argue that the new contemporary father is located or derived from the new man discourse. Fatherhood and masculinities are intimately bound up with each other and Williams (1998) suggests fatherhood is a lens through which other identities of men can be understood and signified:

> Going out to work, providing for a family, having power, authority and control over a wife and children, establishing undisputed paternity, have, culturally speaking, been seen as essential and defining characteristics of manhood and, as such, central to the construction of twentieth-century masculinities.
>
> (Williams 1998:65)

Seidler (1997:103) suggests there is 'no fixed vision on masculinity' and Edley and Wetherell (1995) argue that masculinity is difficult to articulate and yet simultaneously taken for granted. In its broadest sense however, masculinity is a theory of what it means to be a man (Kimmel 1987) and can be understood in the context of a number of perspectives including biological, psychoanalytical, role theory, feminist and cultural perspectives.

The prevailing or dominant form of masculinity has been described as hegemonic masculinity (Connell 1995). Hegemonic masculinity, which may differ across history, social class and at different times across the life course, serves as a bench mark or a 'culturally specific standard' (Hearn 1984) for what it is to be a man. The predominant characteristics, or stable common core (Herek 1987), of hegemonic masculinity have been described by Brannon (1976 in Sabo and Gordon 1995) who identified four components of the male role:

- No Sissy Stuff – men do not display emotions
- The Big Wheel – men are competent breadwinners, achieving success, status and superiority
- The Sturdy Oak – men are self reliant, tough and independent
- Give 'Em Hell – men need to exert power over others using violence if necessary

Hegemonic masculinity therefore rewards aggression, self-reliance, superiority and emotional suppression and scorns other styles of masculine expression (Edley and

Wetherell 1995). So for example, a man who shows his feelings or avoids a fight is regarded as a sissy or a coward (Harris 1995). To be a 'real' man, Brannon's (1976) macho man proves his masculinity (Seidler 1988). Closely linked with the construction of hegemonic masculinity are understandings of femininity and heterosexuality in general. So rather than a discrete, fixed entity, masculinity is a relational construct (Kimmel 1987), produced and situated in relation to femininity.

However, it is clear that masculinity is a rather more complex construct and in addition to the concept of hegemony there are, in contemporary Western societies, alternative forms of masculinity. In recognition of the diversity of masculinities (Morgan 1992, White 1994) it is more accurate to speak of masculinities rather than masculinity (Sabo and Gordon 1995). For example, Morgan (1992:96) argues that masculinities refer not to:

> psychoanalytical traits which individuals may or may not possess, but rather more to sets of culturally available, recognised and legitimated themes which are more or less identified with certain aspects of being a man in a given society.

This social constructionist perspective regards masculinities less as an essential characteristic or category but rather as an ongoing project which changes over time; not so much what a man is but what a man does (Edley and Wetherell 1995). Lupton and Barclay (1997:12) describe masculinities as a 'phenomenon that is practised or performed and constituted by men'. Masculinities are accomplished within a number of different sites (Morgan 1999) and may therefore change not only at different times within and across cultures but also within the life course of the individual man. They therefore reflect temporal, spatial and cultural diversity (Collinson and Hearn 1996).

Consequently, because meanings of what it is to be a man are intimately bound up with understandings of fatherhood, hegemonic masculinity provides a perspective for the analysis of constructions of contemporary fatherhood because rather like work, fatherhood can be understood as an 'anchorage of male identity' (Morgan 1992: 99).

Entwistle and Doering (1988) argue that the concept of gender as a social construction has much to offer the study of fatherhood and Tiedje and Darling-Fisher (1996:477) suggest that:

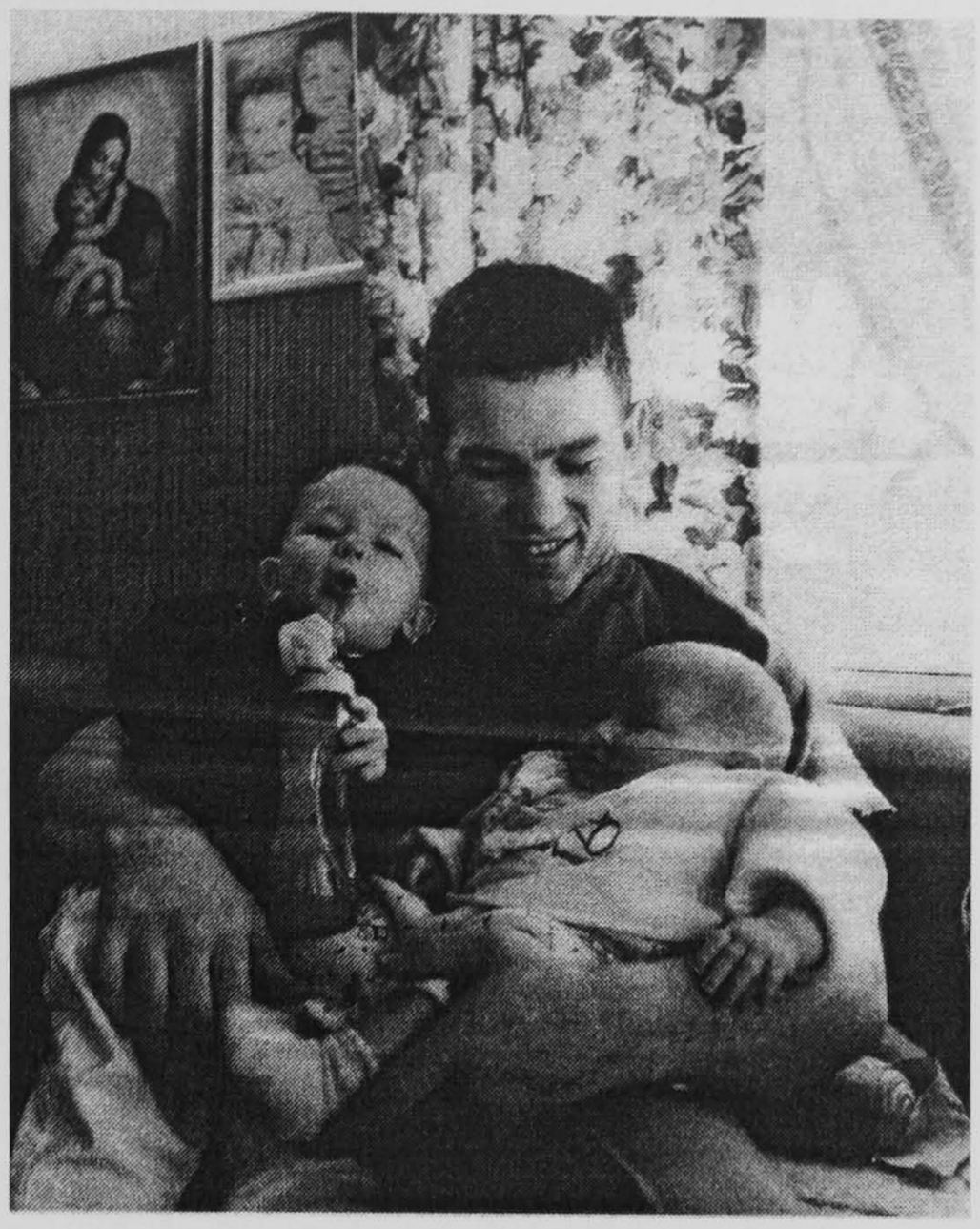
> Rather than focussing on biologically determined roles for men and women, gender differences, or socialisation to different roles for men and women, a social construction approach suggests gender is 'constructed' at all levels of our lives and is not a biological, unchangeable property [ ] Conceiving gender as socially constructed means that men and women participate together to construct roles within families.

Mothering and fathering then become relational rather than concrete objects, 'created and sustained through daily interactions among family members' (Tiedje and Darling-Fisher 1996:477). As something that is continuously produced and negotiated it can be seen that fatherhood can be constructed as something which is not static, inflexible and immovable but rather is continuously changing, in response to changing dynamics both within and without the family.

Set beside Brannon's (1976) image of macho man is the contemporary 'new man'. Men in the twenty first century are supposed to be able to tack back and forth between the two, expressing their emotional and softer side within private family contexts and the tougher macho side within the public work space. Segal (1990: 33) describes it thus:

> Today, the hardest of macho male images can combine with the softest portrayals of paternity, like the pin-up of Irish boxer Barry McGuigan, Madonna-like cradling his baby daughter on the cover of a Sunday colour supplement after his triumphs in the ring in 1986.

A similar dualism is evident in the image of Frankie Barrett another Irish boxer:



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Twenty first century Western culture therefore reflects a plurality of masculinities where:

> Men may weep, wear dresses, express and receive tenderness and be caring and nurturing and these activities do not preclude men from also lifting weights, earning money, being assertive or sometimes killing other men. The much heralded and ridiculed 'New Man' has not replaced Rambo or Ian Botham; but that in terms of the post-modern debate is the whole point. The non-alienated post-modern man may be Clint Eastwood in the morning, Boy George in the afternoon and Woody Allen in the evening.
>
> (Morgan 1990:2)

I suggest however that this post-modern man is a rare breed as the tensions inherent in such relational masculinities are not insignificant. Morgan's (1990) flexibility is put to the test by structures such as fatherhood, unemployment, and welfare. To be able to tack back and forth between such different aspects of masculinities I suggest requires a

man to be firm and confident in his understanding of his identities. Involved fatherhood can therefore create a tension for men.

Despite the prevalent images of the new father, formed within the context of the new man, I have already indicated that there is evidence to indicate that fathers do not participate as much as they intended in the care of their children. Sharpe (1994) in fact describes the new man as an 'illusionary figure' who:

> is not a nasty macho; he is softer, more considerate, shares housework and childcare and talks about his feelings and emotions. But however admirable the sensitivity and sharing qualities of new man may be, unfortunately he remains a rare breed, and for the most part he has been artificially created and promoted by newspapers and magazines.
>
> (Sharpe 1994:16)

Later on she writes:

> Society makes demands of men as fathers, and whether he wants it or not a father may find his role is often concentrated in defining and enforcing authority and discipline. There is a contradiction between maintaining an image of power and authority within the family and becoming closer to children and showing feelings and other signs of emotional 'weakness'.
>
> (Sharpe 1994:168)

In addition to the contradiction between exerting power and showing emotion, the concept of caring further challenges notions of hegemonic masculinities, and therefore fatherhood. In the context of general caring, for example, Arber and Ginn (1995) argue that men are less able or willing to provide personal care, as in giving this care men are seen to be doing women's work. In providing personal care for women men may also 'violate a cultural taboo' (Arber and Ginn 1995:21) as women hold a polluting potential. Poole and Isaacs' (1997) data on caring within the nursing profession, for example, indicated that not only was it considered natural for women to care and therefore for women to be nurses, but also natural that men did not care: 'real men are not naturally

suited to caring' (535). Men's inverted role within a woman's world and the provision of intimate care to women may therefore challenge hegemonic masculine behaviour and threaten their sexuality.

Poole and Isaacs (1997:530) suggest that 'caring may mark one of the boundaries between masculinity and femininity'. Likewise Duindam (1999) suggests that there is a deeply established opinion that men who do women's jobs lose status and 'even their very masculinity may be questioned' (46). Herein lies the problem for fatherhood. Hegemonic masculinity is not normally associated with involvement in childcare, household tasks and nurturant behaviour, as traditionally these have been regarded as women's work (Russell 1978, Aldous et al 1998). Neither does hegemonic masculinity hold much space for emotion (Sharpe 1994). Therefore, the image of contemporary father as truly involved in the physical and emotional care of his children may present a challenge to hegemonic masculinity.

This tension between caring and hegemonic masculinity was evident in the following account of Tim. Tim would perhaps have seen himself as a new man in that he described himself as having a female side. He worked a lot with children as a care worker, before his own children were born and said that this meant he was actually more confident than his partner when it came to practical care of the babies:

> I worked a lot with children before our first child was born, erm which involved me changing nappies except it was usually on bigger children because, you know, they were severely mentally handicapped. You know I've done quite a lot of caring really, so that helped me. In fact when Rebecca was born I was more confident about caring for her than Jean was really, because she hadn't had any experience of babies or young children at all.
>
> (Tim 2:10)

He had experienced conflicts between this caring ability, which he located in his female side, with the imperative to be macho. His mother, for example, used to criticise his father and then him for 'not being a real man'. Tim said that as he was growing up there was a real thing about being macho and he felt the tension between his masculine and feminine sides. At times he was almost apologetic as he was struggling to find his identity within the words he was saying:

> There was a real thing about being macho. And you know I do actually like macho things. I like football, I go out with women not men, you know (*laughter*). I actually do masculine things, you know. But it's funny, it's funny having a female side to you. At work I'm the only man at work [ ] yeh and people thought I was gay and stuff for it. But actually it's taken, actually right now, even right now to accept parts of me. For even though I am like I am, I've always felt I actually shouldn't be really. That I should be actually more, well less sensitive really than I actually am, you know because I'm quite a big softy really.
>
> (Tim 2:12)

Tim's conundrum illustrates a tension between prevailing macho masculinity and his simultaneous desire to be caring. For the men in the study, I argue that fatherhood has become a site at which these different representations of masculinity, hegemonic masculinity on the one hand and heterogeneous masculinities on the other, converge. Some men are 'challenging the emotional and physical costs of traditionally defined masculinity and reconsidering their investment in paid work and careers' (White 1994:119). Others whilst holding up to this ideal, struggle to find the balance between the traditional and contemporary models. I argue that these competing discourses of 'macho' and 'new' man constitute fatherhood as a site of troubled masculinity (Williams 1998) or a masculinity on the line (Morgan 1992). I return to this later in the thesis. Prior to examining the practices of contemporary fatherhood I now briefly map out historical changes in the meaning of fatherhood and the cultural and political changes which have contributed to contemporary understandings of fatherhood.

The evolution of contemporary fatherhood

History

Situated within the context of contemporary images of the 'new fatherhood', men also drew on representations of an 'old fatherhood' characterised by 'stiffness', 'remoteness' and 'authoritarianism'. Representations of the twenty first century father appear to contrast starkly with this historical counterpart, whose nature I now briefly examine.

Traditional stereotypes portray the historical father as an authoritarian figure, whose primary role as bread winner distanced him from his children, and who was absent or uninvolved in their care (Tiedje and Darling-Fisher 1996). Tiedje and Darling-Fisher (1996) argue that men's and women's roles in the nineteenth century were characterised by 'increased specialisation and privatisation' (471). Women were involved in private family work inside the home (Henderson and Brouse 1991) and men in public work outside the home. In the West the nineteenth century father was 'portrayed as being self-reliant, strong, resolute, courageous, honest hardworking and the breadwinner' (Bedford and Johnson 1988:190), a 'moral pedagogue' (Pleck 1987:84).

If fathers worked away there was little opportunity for contact with their children which compounded the remote image of the father. Distance, both physical and emotional, played a key role in shoring up their authority. The responsibility for child-rearing fell to the women who reinforced the role differences by using the father as a form of disciplinary control over their children (Lummis 1982). This authoritarian and disciplinary role was 'held up as a threat to misbehaving children ("Wait until your father gets home!")' (Sharpe 1994:15).

Despite the fact that men (and women) draw upon these stereotypes to clarify their own views, Lummis (1982) argues that such stereotypes, often generated by anecdotal evidence, can be unhelpful and may misrepresent the role of the father and perhaps even present inaccurate accounts of the way our predecessors fathered. McKee and O'Brien (1982) for example are keen to establish that remote did not always mean bad. Although 'the contribution of fatherhood is still mainly in terms of his absence from the domestic scene rather than his contribution to it' (Lummis 1982:55), what emerges from historical records is that the role of the father through history is a complex picture.

In order to inform these historically located accounts, I now broadly map the key cultural and political changes that have contributed to the development of understandings of fatherhood. I discuss changes in family practices, employment, the division of domestic labour, men's role in pregnancy and labour, policy initiatives and suggest that hegemonic masculinity is integral to such discussions.

The family

In the 1950s and 1960s the nuclear family, which privileged a heterosexual pattern of husband and wife and parents and children, was *the* model of family life (Elliot 1996, Morgan 1999). Elliot (1996) argues that the birth of permissiveness in the 1960s signalled a change. Radicalisation of politics, the feminist movement and what she calls the 'permissive counter-culture' (9) led to the 'questioning of traditional family values' (10). She identifies four key trends contributing to changes in family patterns: the disassociation between sex and marriage, the reconstruction of marriage as a potentially impermanent relationship, the separation of child bearing and child rearing from marriage and changes in the sexual division of labour. The subsequent rise in single

parent families and the acceptance of single motherhood during the 1960s led to the change in attitude that treated 'the family without fatherhood as acceptable and normal' Dennis and Erdos 1993:35).

In the 1980s and 1990s family practices within Western societies have become more diverse (Smart et al 1999) with an increasing trend towards cohabitation, divorce (White 1994) and gay and lesbian households. New reproductive technologies (NRTs) have made possible conception between lesbian and gay couples and female to male transsexuals (More 1998)

'Family bond of two men and a baby'
(*The Independent* 14th February 1998)

The model of parenting chosen within these households may not necessarily reflect a traditional mother-father dyad and thus raises the possibility of parenting without fathers (Segal 1990). Furthermore NRTs may confuse the biological and social dimensions of

fatherhood because the biological father, the man supplying the sperm, may not necessarily be the man who is involved in the process of social fathering. These technologies do not necessarily require his presence at conception and also create the potential for posthumous reproduction (Simpson 1999a, Simpson 1999b). Such diversities blur the boundaries between the traditional concepts of 'mother' and 'father' and 'social' and 'biological'. Dennis and Erdos (1993) argue that just as John Bowlby suggested that mothering does not necessary have to be done by the mother, 'so *in principle* "fathering" can be supplied by anyone' (67).

Despite the increasing range in models of family life the nuclear family appears to remain an attractive proposition. Sharpe (1994:169) argues that 'the nuclear family hangs on by a thread in Western societies, but it is quite a strong thread and still represents an ideal'. Indeed it is now being encouraged by the Government in its Green Paper *Supporting Families* (DoH 1998) as 'the foundation stone of a stable society' (Smart et al 1999:89).

Division of domestic labour

Research in the 1950s and 1960s appeared to show men becoming more involved in domestic work, turning 'his back on the traditional images and pursuits of "macho man"' (Elliot 1996:32). Smith (1995) argues however that practical child care activities of fathers in the 1950s and 1960s were not always taken seriously. The image was one of 'clumsiness and exasperation, of kindly, patronising tolerance for their attempts to be useful' (19). The mother, regarded as the expert, was the person who taught her husband how to be a father. Smith (1995:20) quotes Mace (1951), writing during a

period when belief in the 'natural' skills and instincts of the mother conferred her expertise and the father's inability:

> Nature does not implant in the father the same blind devotion to the baby as it does in the mother. Every man is not by instinct a parent. Fatherhood is something that he has to grow into – and sometimes he needs help….the wife must take upon herself the task of making her husband into a father.

The division of domestic labour has been a theme of research over the last twenty years and findings indicate a general increase in paternal involvement in the practical aspects of childcare (White 1994, Smith 1995). However it remains a limited involvement (Morgan 1990, Aldous et al 1998) and one which is highly selective (Segal 1990). Collinson and Hearn (1996) argue that men engage in particular types of domestic work such as putting children to bed or taking them out. Segal (1990:35) suggests that men in general appear to 'select which tasks they are willing to do, leaving mothers with the rest'. Choosing 'fun' activities and leaving the mundane domestic tasks to his wife was apparent in James's account:

> Because I'm out at work, nine to five Monday to Friday, so I can have fun with the children while Sue does more of the daily routine with them.
>
> (James 2:9)

Men's participation in domestic labour is often described in terms as a helper or baby sitter (Backett 1987), a role which is entirely at odds with representations of motherhood. Despite the frustrations inherent in Bill's account, he nevertheless implies his role is one of 'helping out':

> And probably recognition from Jennifer and from me, that Jennifer will sort of take the brunt of that, inevitably. Erm, so there's a frustration that I can't help out more, although I can clearly but there are limits.
>
> (Bill 2:7)

This helper image is also evident in other discourses, see for example lyrics from Sting's album *Mercury Falling* (1996):

> The park is full of Sunday fathers and
> Melted ice cream
> We try to do our best within the given
> Time
> A kid should be with his mother
> Everybody knows that
> What can a father do but baby sit
> Sometimes?

James *appeared* to be a 'new' father. Expecting his third child he appeared from his accounts and my observations to have a very involved role with his children and yet his description of his fathering belies a more traditional approach:

> I suppose I'm fairly traditional in terms of fatherhood. I mean I go out to work and Sue works part time but not now. And I quite like the idea of being the provider and sort of going out and earning the money and that kind of thing and being practical. I suppose that comes into my definition of being a father. So....I suppose erm my definition of fatherhood is part time, definitely, in the sense that when I'm at work I don't tend to think much about the children.
>
> (James 2:9)

The literature indicates that fathers who contribute most to housework and childcare are those whose partners are in full time work but Tiedje and Darling-Fisher (1996) suggest that even then women still perform more child care activities than men and that 'traditional women continue to do their "second shift" at home after work' (478). So despite the image of the more involved participatory father, there is increasing evidence that these changes are limited (Segal 1990, Clarke and Popay 1998, Dunne 1998, Glass 1998).

The evidence discussed above suggests that traditional patterns of family life, based on the mother as the primary care giver and the father as the primary earner are remarkably resilient (Elliot 1996). Although attitudes may be changing, actual practice is not. McKie et al (1999) suggest that one of the reasons for this is that men are aware embracing additional domestic responsibilities will increase their physical and psychological workload. They therefore opt in and opt out of domestic labour as and when they wish. Clarke and Popay (1998) argue that women can be reluctant to trust their partners with the job of parenting, or may feel it will 'diminish, and perhaps eliminate, maternal domination in the child-rearing domain' (Lamb et al 1987:122). These authors argue that 'motherhood is mandated and fatherhood discretionary' (Clarke and Popay 1998:226), that men opt-in to child care where as women opt-out (Backett 1987, Clarke and Popay 1998).

So despite the image of the contemporary father as a man more involved in the direct care of his children sharing more of the domestic work involved, it would appear that there is significant evidence to the contrary. The 'popular belief in the more "involved" father must therefore be seen as something of an illusion' (Backett 1987:88).

Employment patterns

Women are increasingly combining motherhood with paid work as the proportion of women with children in the paid workforce is increasing (White 1994, Elliot 1996, Aldous et al 1998, Glass 1998). However, they are predominantly part time, located in 'caring' occupations which mirror the nurturing family role (Poole and Isaacs 1997, McKie et al 1999) such as nursing, teaching, cleaning, catering. Frequently their status is at the lower end of the occupational hierarchy (Elliot 1996).

Men's employment opportunities have also changed and this may influence changes in the organisation of childcare within the home. Tiedje and Darling-Fisher (1996:472) argue that fathers 'are increasingly important as childcare providers when mothers work'. Rising unemployment for men raises the possibility of unemployed fathers undertaking childcare but there is evidence that this is not the case (Oakley and Rigby 1998). There are relatively few role reversed families and if they do occur this is regarded as a short term solution to male unemployment as opposed to a conscious decision. Two of the men in my study, Barry and Tim, were house husbands, whose partners both earned more than they did. Their decision to become primary child carers was therefore made on economic grounds. Most often role reversal is undertaken in the context of the father's short term unemployment and on the understanding that he will return to paid employment and the mother will assume full time child care responsibilities (Russell 1987).

Increasing numbers of dual-earner households mean that women and men both combine paid work with parenthood, and both can therefore find their roles challenging and confusing (Lewis 1995). The stereotypical images of the mother involved in the care of children in the private world of the home and the father engaged in paid employment in the public domain are therefore challenged and the boundaries between public and private are blurred. Contemporary fatherhood embraces an inversion of the public/private dichotomy: women's movement into the public domain occurs in tandem with men's movement into the private domain. As shown below, social policy initiatives have focussed on supporting these oppositional shifts.

Policy

The problem of men in child care is perhaps one of the 'most contested and contentious debates in social welfare' (Pringle 1998:331). Public policy can be described as either punitive or supportive. Punitive policy is concerned with child protection and men's financial contribution. The Child Support Agency for example, amidst its rather turbulent history, is a form of public policy to ensure that absent fathers contribute financially to the welfare of their children. Dennis and Erdos (1993:68) argue that:

> fatherhood has become a relationship which a man is substantially free to enter or not as he pleases, even if he does beget children; and it has become a relationship that he can leave with now almost complete freedom if the bargain no longer suits him, with the legal (as distinct from the emotional) consequences for him being limited at worst to monetary payments.

Punitive policy initiatives attempt therefore to safeguard the well-being of the child by enforcing financial support from the father. Williams (1998) argues that this type of social policy, manifest by the welfare state, has emphasised men's roles as breadwinners rather than fathers, and women's roles as mothers rather than workers:

> For women, the winning and granting of social rights (family allowance, health provision and so on) have flowed from their carrying out what are deemed to be natural female responsibilities (as wives and mothers). For men, however, responsibilities – for example to provide for families – have been predicated upon the existence of what came to be deemed to be natural male rights – to earn a wage, to exercise control over wives and children.
>
> (Williams 1998:65)

Rather than focussing on 'negative sanctions to encourage father participation' (Tiedje and Darling-Fisher 1996:480), Pringle (1998) argues that policy should be oriented to devising strategies that 'will involve men in childcare in ways that will also maximise the safety of children, and indeed women' (331). Moss (1995) argues that if the aim of policy is to encourage and support loving participative fatherhood, then the UK is only

beginning to use policy in this way. Problems around devising supportive policy illustrate the tensions between the roles of the man as capitalist worker and the man as stay-at-home father. Despite the fact that the majority of men would like to have more paternity leave (O'Brien and Jones 1995) perhaps this tension is the reason why paternity leave has until recently been neglected.

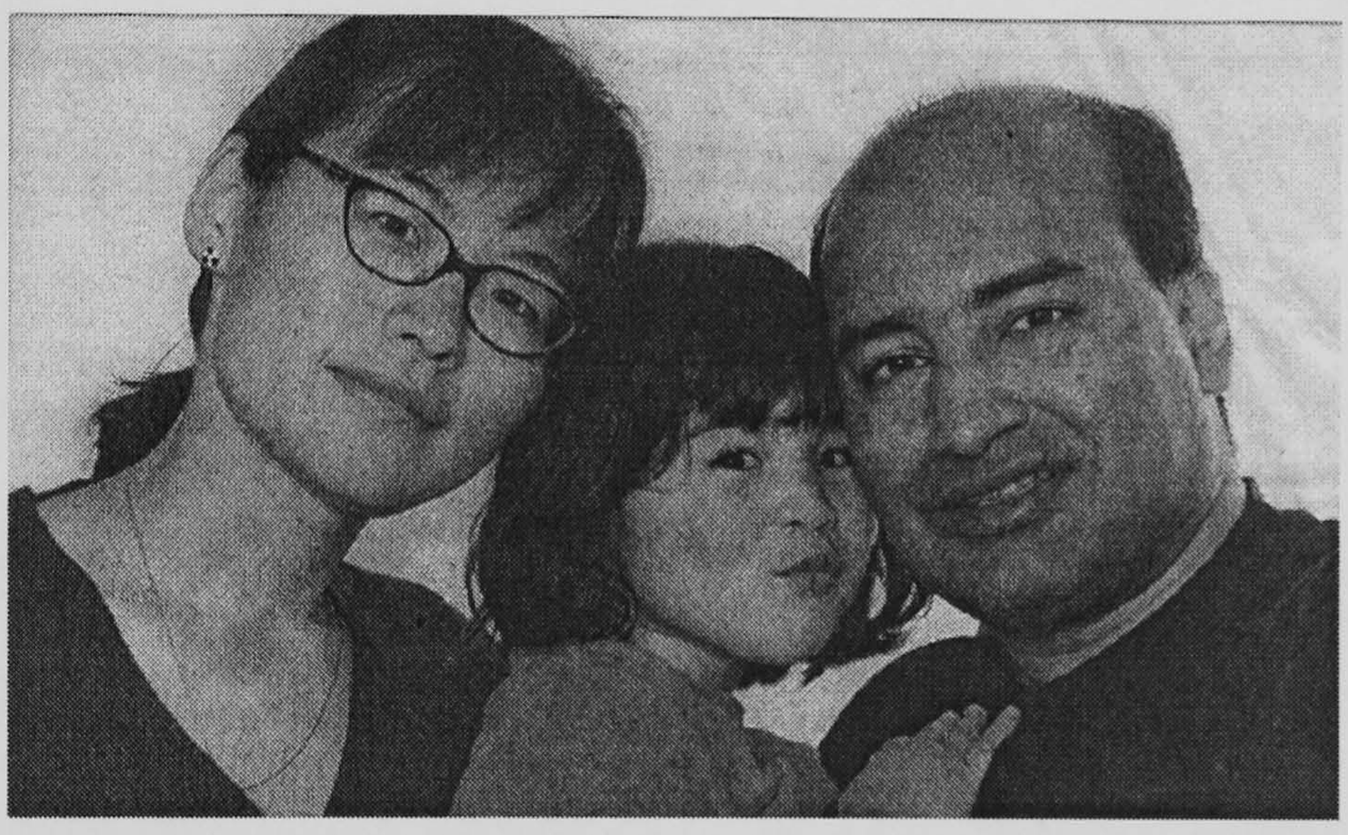
There is however evidence that the current Labour Government is promoting a return to old fashioned family values (DoH 1998) and policy measures which promote supportive and active parenting are now being implemented. From December 1999 parents are entitled to thirteen weeks' parental leave which can be taken any time during the child's first five years. This also extends to non-resident fathers. A further recent change includes the Government's planned reforms to the Children Act (1989) so that unmarried fathers will have joint parental rights with mothers.

Structural policy initiatives, such as parental leave to support involved active fathering are of course useful but in themselves they are insufficient (Pleck 1986, Taylor 1992). Attitudes within society toward men's involvement in child care also need to change, but it is these attitudes which appear remarkably resilient. Perceptions of men's primary role as that of bread winner and their role in child care as secondary, as 'helpers' or 'resident baby sitters', operate as strong cultural breaks to the change that is required:

> Despite the concepts of paternity leave and joint childcare slowly gaining acceptance, there are still strong peer pressures (in spite of high levels of unemployment) for men to seek paid employment.
>
> (Taylor 1992:73)

The culture of some men's employment dictates a long working day which precludes men's active involvement in the care of their children. Family friendly employment practice is another example of a policy initiative which would help support families.

The Prime Minister, Tony Blair, as a father of young children, is represented as a family man aware of the pressures of modern fathers. After the birth of his fourth child in May 2000, newspaper headlines drew heavily on the dualism between work and family life ('Leo takes a firm grip on power' *The Daily Telegraph* 23rd May 2000, 'Blair skips Cabinet to be with his baby' *The Daily Telegraph* 23rd May 2000). These dualisms of course were emphasised by the high profile nature of Blair's public work. There are examples of men, such as Sumar Chakrabarti (*The Times* October 12th 1998), who have appealed to the Government to accept more family friendly working conditions:



The Times October 12th 1998

If we assume men are to be increasingly involved in child care activities and that there are associated benefits with this, policy initiatives alone are inadequate in supporting active involved fatherhood. A range of additional supportive strategies is required. Paternity leave at the time of birth is one such measure, as is parental leave during the child's first 5 years of life. Alternative work schedules, work place based parental skill classes and support programmes are advocated by Pleck (1986) although he argues that 'the evidence does not suggest that greater provision of these work place innovations will, by itself, dramatically increase fathers' average level of involvement' (409).

Role in pregnancy, labour and birth

In addition to changes in employment, the family, division of domestic labour and policy, I also suggest that the changing nature of the management of pregnancy and birth have also contributed to the evolution of the contemporary father. In Western culture until relatively recently men have been traditionally excluded from birth (Bydlowski 1991). During the seventeenth century the medical profession and its creation of the obstetrician brought a male dimension to what had previously been an all female event. The shift from home to hospital birth heralded an exchange of management from the female midwife to the (predominantly) male doctor. Encouraging fathers' presence brought a further male dimension, although the status the father occupies is very different to the one occupied by the (predominantly) male doctor.

During the 1950s and 1960s fathers' attendance at the birth was in the order of 10% (O'Brien and Jones 1995) and their stereotypical image during labour and delivery was one of redundancy. My own father for example, spent the night of my mother's labour at home in bed and was woken with news of his changed status by a colleague in the police force throwing stones at his bedroom window.

> An expectant father didn't have much to do until the day of the birth. Then his job was to get his wife to the hospital on time, smoke cigarettes and pace a well-worn circle in the hospital waiting room, anxiously awaiting the nurse's report on the sex of the child and on the health of the wife and baby.
>
> (Shapiro 1987:36)

The increasing involvement of men in pregnancy and childbirth began with the natural childbirth movement, started by Dick-Read in the 1950s (May and Perrin 1985). Husband participation was encouraged and it was assumed that his involvement would be of benefit, as he would be able to reduce the fear and anxiety of his partner, which

Read was concerned would inhibit labour and delivery. However, 'father participation in birth was not easily won' (May and Perrin 1985:67) as there was intense resistance to father participation illustrated by these letters in the British Medical Journal in 1961. A D. W. Hill wrote:

> I wish to make a plea for a more enlightened attitude to normal obstetrics. I should like to see a situation where the father is welcomed and encouraged to be present at the delivery....
>
> (Hill 1961:430)

This plea provoked responses in the next edition. For example:

> Let us not pander to morbid curiosity and sensationalism, nor to those featherbrains who wish to be in the van of a new fashion, by encouraging a highly unnatural trend with the mumbo-jumbo of pseudo-psychology. The proper place for the father, if not at work, is the 'local' wither instinct will usually guide him. Family men may be baby sitting, unless ejected by mother-in-law.
>
> (Patterson 1961:594)

This reluctance on behalf of the medical profession to encourage fathers to be present reflected opinion at the time that natural instinct was woman's qualification for motherhood (Smith 1995). It was partly rooted in the concern that their presence would increase the rates of both infection (May and Perrin 1985) and malpractice suits (Chapman 1991). There was also concern that fathers might faint and panic and increase the workload of the staff. Brown (1982) suggests that medical staff felt under more pressure when the father was present, particularly when performing a vaginal examination.

Ninety seven per cent of fathers now attend the birth of their child (Smith 1995) including all the fathers in my study. The fathers I interviewed wanted to be there not only to support their partner but also to fulfil their own individual desires. Enkin et al

(1995) argue that the development of fathers attending the birth of their children was a strategy to 'fill the gaps in care':

> Recognising that labouring women require psychological support and realising that midwives and nurses have little time to give it, hospitals have increasingly permitted and encouraged men to assume active roles in the care of their partners during labour.
>
> (Enkin et al 1995:195)

Professionals predominantly regard the father as a support to his partner (Taylor 1992), a potential helper, a role which is reinforced by evidence indicating benefits of their presence (Shannon-Babitz 1979, Meerabeau 1987, Berry 1988, Kennell et al 1991, Thornton and Lilford 1994, Hodnett 1996). The role of men's feelings and experiences as they make the transition to fatherhood assumes less significance.

Fathers' birth attendance is now commonplace. It has become integral to the new pregnancy and birth ritual. So like the (predominantly) male obstetrician who occupies an established position in labour and delivery, so too does the father. But he occupies a very different status. The status occupied by the doctor is one of authority, an expert who possesses knowledge about the pregnancy, labour and delivery which is often used to exert dominance and control over the father. So although the male doctor is located in private female space he has privileged access to knowledge about this inner world. In contrast, the father possesses little of this knowledge, which locates him in an ambiguous and unfamiliar world. Many of the men in the study spoke vividly about their feelings during labour and birth, such as feeling useless, in the way and out of control. I suggest these feelings reflect their betwixt and between status characteristic of the liminal phase of rites of passage. Their experiences during this liminal phase illustrate yet another tension in the experience of the contemporary father, a tension between the image conveyed by the cultural representations, discussed earlier, and the

reality grounded in his direct experience. His position in this liminal space I explore in parts 4 and 5.

Practices of contemporary fatherhood

Data from the men in my study reflected the diversity of representations to which they had been exposed. These brought together the images referred to earlier and their direct experience (or not) of their own fathers. All the information they had accrued over time, the images of fatherhood to which they had been exposed and their childhood experiences of their own fathers, now became significant as they prepared for their transition to fatherhood. I now examine their descriptions of fatherhood.

The desire for fatherhood

During the first interview I asked men whether they had always wanted to become fathers. For some, like Tim and Ken, it was definitely part of the plan for their lives. Tim said that he was 'struck with the idea about being a father [ ] I was very much in love with the idea of becoming a father' (Tim 1:5). Ken had been one of four children whose parents had divorced when he was nine. His experience of divorce and the resulting complex relationships with his mother and father appeared to influence his attitudes towards fatherhood. During the course of the interviews he represented his own pursuit of fatherhood as a kind of therapeutic endeavour, through which he could reinforce what he considered to be his most important childhood memories:

> I was just thinking back to my own childhood which I enjoyed quite a lot, particularly up to the point when my Mum and Dad got divorced, which was when I was nine. My Mum and Dad didn't do anything particularly special, it wasn't sort of they bought us everything or took us everywhere we wanted to go. But we always had love there and we was always happy. And I think those things are not that difficult to give so it's quite easy to be,

> I think, a reasonable parent, without too much effort as long as you show your children love and remember that's the most important thing.
>
> (Ken 1:2)

Some of the men only began to consider the possibility of fatherhood once they were in a stable relationship. Dave was expecting his second child but during his own childhood had never thought that he would become a father himself: he had dreams about playing football for England but not becoming a father:

> Dave: I think in comparison with erm one of my brothers who I knew from an early age has had an ambition a dream that, you know, he would be married and would have children and you know would raise children. I've never, I've never really thought like that. And I think subconsciously I only ever really started to think about being a father, once I realised I was in a relationship where that would be....a good relationship, good relationship to bring up children. And it was certainly, you know, as a youngster I would never have particularly thought about 'Oh one day I'm going to be a Daddy'. I'd have thought 'Well one day I'm going to play football for England, possibly' but not one day I'm going to be a Daddy. That wasn't, that wasn't sort of part of my thoughts.
>
> Janet: Even though the latter is far more likely than the former (*laughing*)
>
> Dave: A lot more likely! Yes, considerably more likely! (*laughter*).
>
> (Dave 2:9)

What is a good Dad?

Again in their first interview I asked them to tell me what they thought were the characteristics of a good dad. Some of the men indicated that fatherhood was actually very difficult to define. James, an experienced father about to become a father for the third time, said:

> and I think the definition of fatherhood is elusive.
>
> (James 2:9)

Joe was expecting his first child and therefore had no direct experience of being a father.

When I asked him what his idea of a good dad was, he had no idea:

> I have no idea. I've got no idea. I suppose you compare it with your own Dad, whether that's good or bad, I don't know [ ] What's a good Dad and what's a bad Dad? It's only in hindsight that you actually know.
>
> (Joe 2:4)

Some of the men however were able to articulate what for them was the essence of being a good father. For Bill, expecting his third child, it was to 'give your children as much love as you can' (Bill 2:8). For Dave another experienced father it was about being a rock and an anchor:

> Just being sort of stolid and not getting all upset about things and trying just to provide him with an anchor, somebody that he knows is going to be very steady.
>
> (Dave 2:8)

Later on in the interview Dave who already had a son, spoke about setting ground rules for the child, being a companion and helping to mould the child. Bill did not want to be 'an overbearing' father rather he wanted to ensure that his children became:

> well rounded, confident, erm, mature adults, young adults, who erm are ready to face the world.
>
> (Bill 2:9)

In doing this he wanted to have a good time with his children: 'I just try to be natural and have a good time with them' (Bill 2:10), an image which markedly contrasts with the traditional father.

Role models

When I asked the men what influenced their attitudes towards fathering, more often than not they made reference to their own fathers. Matthew for example, a novice father,

talked about the influence of his own upbringing on his approach to fatherhood. Implicit in his account was an assessment of his own parent's ability at parenting and his intention to take from their model the good and reject the bad:

> I think your background influences you a hell of a lot, like your own upbringing. Seeing how your mother and your father brought you up and reflecting on it and thinking, what could have been different, what was good or what was bad about it [ ] That's got to be everyone's objective hasn't it, to do what's best for your children and to be there for them and give them as much time as you can and be there for them and everything.
>
> (Matthew 1:9)

Tim's father also provided the role model. However Tim distinguished between the practical aspects of fathering, like changing nappies, feeding the baby, pushing the pram, practices which are often caricatures in contemporary images of fatherhood, and like Matthew above, the time his father was 'there' for him:

> I think it's probably having had a father, myself. And he played quite a big role in my upbringing. Because my parents had a pub and it wasn't like he was going out to work 9-5 and he….I don't think he did things like change my nappy or feed me. But he was there quite a lot for me.
>
> (Tim 2:10)

Rick, a novice father, also mentioned the effect of his own childhood upon his ideas about fathering. He did so in both the antenatal interviews. In the second interview he recounted memories of this. His account illustrates the diversity of models upon which contemporary men can draw to shape their meanings of fatherhood. He contrasted the different nature of his relationships with his father and mother and models his own approach to fathering on characteristics of *both* mother and father:

> And you relate to your own Dad, don't you and what it was like, well I do, for my relationship with him and my brother's relationship with him. And thinking….I like some things about the relationship I had with my Dad but I don't like some of the other, some of the other things [ ] Mother's generally a lot more relaxed and fun to be with and father's a bit sort of stiffer. Very helpful, very nice but just a bit stiff. And I don't want to be a stiff Dad.
>
> (Rick 2:5)

Their experience of their own fathers influenced the meaning of contemporary fatherhood which the men in the study were attempting to create. Like the men in other studies (for example Diamond 1986, Duindam 1995, Diemer 1997), most of the men could not find contemporary role models, a point to which I return in chapter 9.

I was interested in how the men thought the practice of fatherhood had changed over recent years. Accounts were often in the context of the 'new man', a term often used by the men. Rhys and Tim both said the concept of the new man was in fact not new and that their Dads were new men years ago. Tim was adopted and said that as a child he thought he never really 'bonded' with his adoptive mother, but he did get on with his adoptive father and had a close relationship with him. Like Rhys he contrasted the value of caring for children physically with spending time with them. He said he thought more men were becoming involved in the practical aspects of caring for children, but underscored within this account is his belief in the importance of spending time:

> Yeh, I think it is changing, in some people, not with other people. Like er….my father was like a new man years ago, you know, he's actually a very gentle sort of man in a way, very sensitive. He actually played quite a….you know, it was still seen as my mums job to change my nappy, actually do physical care and get food. He did actually spend a lot of time with me.
>
> (Tim 2:11)

Bill contrasted his model of active, laid back have-a-good-time fathering with the 'olden days':

> If you look at the traditional almost Victorian, Edwardian style of parenting, father was very authoritarian and....would only speak wise words and would never be very close and spend very little time with them and the mother being, obviously much closer. I think that's, I wouldn't say that's totally broken now, I think there are still some fathers that that are more inclined to do that. Erm, but I think the expectation in today's society is that that's not necessarily the case.
>
> (Bill 2:10)

James, an experienced father expecting his third child, contrasted fatherhood's elusive nature with what he considered to be the more clearly defined role of motherhood:

> I think anyway that the concepts of fatherhood are much more nebulous and erm changeable than than motherhood really. People know what a mother is and what her job is erm, but you can't pinpoint fatherhood so much because it might be very involved, might be the single parent even but usually it's sort of like erm, doing things for the partner as a favour you know.
>
> (James 2:16)

Dave, expecting his second child, also found it difficult to define fatherhood but in contrast to James above, was unsure whether there was a difference between the concepts of mother and father:

> Its very difficult to put a finger on what I feel being a father is. I'm not sure how different I feel it is from being a mother.
>
> (Dave 2:8)

For Rick, expecting his first child, the only difference was that the mother would feed the baby:

> No different relationship from the mother particularly 'part from maybe Mum will feed it. I'll do all the rest of the jobs.
>
> (Rick 2:8)

The accounts of these novice and experienced fathers indicate that despite prevailing representations of a new involved father, there is still an air of mystery about the doing or performance of fatherhood. With respect to the distinctive nature of fatherhood vis-à-vis motherhood the men's accounts are illuminating. Does the image of contemporary fatherhood draw upon motherhood as a template for fatherhood (LaRossa 1988), thereby conveying to men an expectation that they should be mothers? Rather than clarifying the diverse roles of mother and father and regarding them as relational constructs, perhaps the new image is underscoring a convergence, one which elaborates the characteristics of an androgynous parent.

It therefore seemed difficult for men in the study to obtain a clear view of what is happening with fatherhood (Moss 1995). There is both diversity and tension in accounts of modern contemporary fatherhood (Clarke and Popay 1998) which transcend social class. I also show later that the ideal models of father*hood* expressed by men can often be challenged by the experience of father*ing*. So caution ought to be expressed when discussing generalised constructions of fatherhood. However, the contemporary image of the father, what I have called involved fatherhood, projects a man who is a provider, a nurturer, supportive to his partner (Barclay and Lupton 1999), involved and active in child care (Henderson and Brouse 1991) and who puts 'in time with the kids' (LaRossa 1988:454). This image of doing and being is also evident in the views held by contemporary children. O'Brien and Jones (1995) for example found in their interviews with children that children regarded the father as:

> the family man of a modern symmetrical/egalitarian family where fathers are expected to be participative and emotionally involved with children. They are certainly not expected to be the rulers or the all-powerful family member or indeed the disciplinarian.
>
> (O'Brien and Jones 1995:38)

Conclusion

This chapter has discussed expert and popular discourses, briefly mapped some of the key developments which have contributed to the evolution of contemporary fatherhood and suggested how understandings of masculinities have framed this evolution. Fatherhood represents a site where the strong, controlled, public man meets the soft and private Dad. I have therefore argued that at the heart of contemporary fatherhood there are a number of competing discourses, which result in fatherhood as a masculinity on the line (Morgan 1992), or a troubled masculinity (Williams 1998). The asynchrony between the ideal image of hegemonic fatherhood, perpetuated by society, and the

reality of day-to-day practices was a real tension experienced by the men in the study and I explore this in more detail in parts 4 and 5.

CHAPTER 3

Taping transitions: methodological considerations

Introduction

In the previous chapter I suggested that much of the research on men's experience of pregnancy and birth emphasises psychological or physiological responses. Little attention is given to the meaning and significance of the transition itself (Sandelowski 1995). Alert to these limitations, conscious of the explosion of research on women's experiences of motherhood and committed to listening directly to men, my overall research aim was to 'give voice' (Plummer 1983) to the frequently unheard experiences of expectant fathers. In particular I wanted to know:

- what were their expectations and desires for fatherhood and what shaped these
- how they responded to confirmation of the pregnancy
- how involved they felt, both physically and/or emotionally
- how the experience of labour affected them
- whether and how their lives changed after the birth of the baby
- what sources of information and support they found useful
- whether the accounts of novice and experienced fathers differed

In creating a space for these voices, my purpose was to show how the transition to contemporary fatherhood is made. In addition to my academic goals, the motive of the research, was to inform more appropriate and effective care and thus support men's transition to fatherhood (Kaila-Behm and Vehvilainen-Julkunen 2000). This was a reflection of my practitioner background.

In this chapter I present a reflexive account of the methodological decisions made during the course of the research. I first discuss the autobiographical elements of the research (Okely and Callaway 1992) and suggest that the baggage (Burgess 1984) I bring is as integral to the research as the empirical data themselves. This dialectic between the researcher and the research is mirrored in the reciprocity between research and the representation or writing of culture (Coffey 1999), in that not only is culture continually (re)constructed by research but that research is itself informed by culture. I briefly set this context prior to systematically describing the method I used.

The Positioned Researcher

The 'I' in the research

In this section I locate my position as the researcher within the project as a whole. I describe how I became interested in men's experiences of becoming fathers and discuss how my own experiences influenced not only the identification of the research area itself but also methodological decisions taken along the way. In contrast to positivism's efforts to minimise or eliminate the influence of the researcher and in keeping with the new reflexive ethnography (Denzin 1997, Coffey 1999), I clarify my position as a person doing research and elaborate my personal ethnography to acknowledge that I do not 'arrive empty minded in the field' (James 1993:67) rather that who and what I am constitute valuable data in themselves.

As a 1960s child I was born at a time when for many couples the model of marriage adhered to clearly demarcated gender lines with men and women occupying very different spheres (Elliot 1996). The married man was responsible for earning a wage and the married woman, who was expected to cease paid employment when she

married, assumed sole responsibility for the domestic realm of child care and the home (Elliot 1996). In this context pregnancy and birth were regarded as women's business and prospective fathers had little to contribute. I was born into such a model and as I grew up had been entertained and captivated by my mother's account (always my mother's) of my birth. Central to this story was the manner in which my father, before the days of widespread telephones, was told of the birth of his daughter. A policeman on night shifts with an awesome reputation for sleeping deeply, he was woken by colleagues shouting and throwing stones at the bedroom window, who then proceeded to tell him he had become a Dad.

In contrast to the late 1990s where 97% of men are present during labour and delivery (Smith 1995), at that time it was common for men not to be present. I remember thinking how difficult it must have been for my mother to experience such an event alone, something she had done in tragic circumstances the year before when she gave birth to a son who died shortly afterwards, a brother I never knew.

As I approached the birth of my first child in 1987 the environment of labour and delivery was markedly different. As part of the movement (lay and professional) challenging the increasing medicalisation of birth, men's attendance at birth was becoming common place. In addition to my privileged knowledge of the medical management of birth as a result of my nurse training, I had also been exposed to alternative discourses, embodied in support and campaigning organisations such as the National Childbirth Trust (NCT). During the later weeks of my first pregnancy I began antenatal classes with the NCT. Interestingly, although they had a reputation of including the father in the classes, and by 1987 it was increasingly common for men to be involved, I remember going to the first class without my husband, Pete, as I doubted

he would be *really* welcomed. I need not have worried because in fact I was the only woman without a partner.

These antenatal classes had a tremendous influence on me and after the birth of my second child I began training to become an antenatal teacher. The commitment of the NCT as an organisation to the father as well as the mother, is reflected in the content and style of the antenatal classes. Incorporating expectant men within the classes is taught and assessed throughout the training of antenatal teachers. As a teacher, my approach to the men in classes was informed initially by Pete's accounts of his experiences of pregnancy, for example how he had found it difficult seeing me in pain during labour, how he said it took him six months to become accustomed to having a new baby and how eventually knowledge accumulated from previous labours made him more experienced and confident during subsequent labours. His experiences were then echoed in those of other men who attended classes and over the course of my two years' of training and five years' of teaching I gained extensive insight into men's feelings and experiences of pregnancy, birth and early fatherhood. The transition to parenthood, relatively better understood with respect to women, was a source of increasing fascination for me and it is this fascination which is at the heart of this thesis.

To some extent therefore the data in the study are generated and analysed within a much wider body of data created by my previous positioning within an NCT ethos. This ethos is characterised by a questioning of the medicalisation of pregnancy and birth, a search for information and the philosophy of informed choice (Barbour 1990). This context therefore shaped the men's and my own discourse. This positioning was both enabling and challenging. It gave me the status of insider as I shared with the men a similar discourse and enabled me to explore and seek to understand their transitions to

fatherhood. And yet my socialisation into such an ethos was also challenging, in that on occasion I have found it difficult to 'stand back' and challenge some of the men's (and my own) assumptions. Furthermore, because of my familiarity, I have assumed on occasion that the data spoke for themselves and in presenting men's accounts have found it difficult to 'narrate' these accounts.

The researcher as instrument

I use my autobiography to emphasise that my position as researcher is not as a 'neutral spectator' (Denzin 1997:35) abstracted and distanced from the research, but is in fact woven throughout from inception of the project, its execution, analysis and presentation: that to a great extent I 'produce' the data (Dey 1993). Coffey (1999) describes the essence of this ethnographic self:

> We do not come to a setting without an identity, constructed and shaped by complex social processes. We bring to a setting disciplinary knowledge and theoretical frameworks. We also bring a self which is among other things, gendered, sexual, occupational, generational – located in time and space.
>
> (Coffey 1999:158)

Within the paradigm of natural science such a stance would receive a criticism of bias. Indeed it is a paradigm within which it is assumed that validity and reliability are strengthened by constructing a method which minimises or at best eliminates the influence of the researcher. Its assumption of a given reality, a 'pure vision' (Mitchell in Jenks 1995:4) prescribes a method which decontaminates this reality, bracketing it from its original context in order to render it objective and scientific. I argue however, that it is impossible to bracket reality in this way as firstly, even realities assumed to be natural, for example biology, are firmly embedded in culture and their meanings are therefore culturally constructed. Secondly, despite positivism's arguments to the

contrary, investigation of the world can never be devoid of the influence of the investigator (Koch and Harrington 1998). Research design may attempt to remove traces of her existence but her presence in and influence over the creation of the project (whether in the natural or social sciences) determines the framing of the research question, the methodological approach taken and ultimately the nature of the knowledge generated.

My purpose here is to make explicit my own relation to this research, that every stage from initial ideas to decisions about design, the interviewing process, analysis and to (re)presentation of men's accounts here, bears my autobiography and my thumbprint (Ribbens 1989). What is presented here therefore is my interpretation of the experiences of the men I interviewed. Someone differently positioned might produce different data and therefore a different interpretation. As James (1993:68) argues:

> An ethnographic account does not just assemble 'facts'; instead, through arranging them, it presents a particular interpretation of the social world, it invites a particular understanding.

I argue that my personal experience makes me an insider, with knowledge that assists rather than contaminates interpretation. Just as Rosaldo's (1993) personal experience of grief, following the death of his wife in the field, enhanced his understanding of the Ilongot's practice of headhunting, so my experience as a mother and a childbirth educator makes me a positioned subject (Rosaldo 1993). This therefore is the context within which the research data are located and which assists my interpretation, giving me an affinity, understanding and empathy for men's accounts. Such empathetically reflexive stances however have been criticised 'for being narcissistic, overly reflexive, and not scientific' (Denzin 1997:xv). Seremetakis (1991), for example, critiques Rosaldo (1993) to argue that empathetic emphasis on the individual's emotional

experience may marginalise or ignore broader, culturally collective processes. Furthermore, Geertz (1977) argues that empathy requires an understanding of the essence of selfhood, a concept which is itself culturally located. Researchers working in other cultures must somehow leave aside Western understandings of self in exchange for those of the culture under observation.

However, engaging in anthropology at home (Rapport 2000) and committed to the dialogue between the individual and cultural experience (discussed in chapter 1), I argue that my reflexive approach is highly appropriate. So rather than seeing the reciprocal relationship between the researcher and the informants as a source of bias, I present this relationship as a positive and enriching component of the research. This perspective, the ethnographic self (Coffey 1999), regards the researcher as an instrument (Morse and Field 1996), a participant (Dey 1993) and a 'data creating social being' (Ribbens 1989:590) whose experiences and consciousness are integral to the research process (Stanley and Wise 1993).

Writing culture

In addition to the role of biography in research, outlined above, there is also a reciprocity between the individual biography of research informants and history (Harris 1987), as personal biography contributes to understandings of culture.

> Both the history of a society and the biography of persons are processes which can analytically be construed as event sequences. But if the persons whose *biographies* we are considering are members of the society whose *history* we are also considering, then a). societal events will *constitute* biographical events in the lives of at least some members: b). the events in the lives of members will be *constituents* of at least some societal events: and yet other societal events (c) will condition biographical events.
>
> (Harris 1987:22)

So, influenced by constructions of historical events, the experience and discourse of individuals within society subsequently contribute to the writing of future historical accounts. Harris (1987) is suggesting that there is a dialectic between people's individual biographies and the shaping of culture. In the context of fatherhood then, individual and cultural components both inform and are informed by each other and this thesis contributes to an understanding of this individual/cultural dialectic. I now briefly elaborate the concept of culture.

In Geertz's classic contribution *The Interpretation of Cultures* (1973:5) he argues that:

> Man is an animal suspended in webs of social significance he himself has spun, I take culture to be those webs, and the analysis of it to be therefore not an experimental science in search of law but an interpretive one in search of meaning.

This culture is not a fixed entity, rather it is a context or medium within which we engage in the complexities of everyday life. Anthropology seeks to understand culture through a process of thick description (Geertz 1973), whether the 'exotic' cultures of traditional societies or the 'familiar' cultures at home. As an example of anthropology at home (Jackson 1987, Rapport 2000), the challenge of the contemporary ethnography reported in this thesis is to make strange the familiar. A justification, if one were needed, for researching the familiar is that 'in the familiar we find the most strange and the least known' (Jenks 1995:6). So although becoming a father is a familiar event in the lives of many twenty first century men it is also characterised by uncertainty and ambiguity. Much of what I describe in men's accounts is perhaps predictable and 'common sense' for myself and other insiders. Indeed at times, because the subject area was so native to me, it was difficult to examine it from a different angle (Hunt and Symonds 1995). The challenge therefore was to remain an insider and yet

simultaneously make strange the very familiar. I did so using the device of theoretical analysis. I stayed close to the data but selected, abstracted and transformed men's accounts into theoretical locations of transition, masculinity, the body and visuality which offer I suggest new insight into men's negotiation of fatherhood.

This is the process of 'writing culture', which captures a transitory verbal account and transforms it into a more permanent inscription (Geertz 1973) or text (Denzin 1997) which can be reconsulted. Denzin (1997:33) argues that 'these texts are dialogical, the site at which multiple voices comingle. In them, the voices of the other, and the voices of the researcher, come alive and interact with one another'. The writing of such texts not only hinges on the liaison between researcher and researched (James et al 1997) but also on an awareness that the researcher is responsible for a *particular* interpretation and reconstruction of the field (Denzin 1997, Coffey 1999).

Approaching the research task

In my discussion of the expert discourse in chapter 2, I outlined some of the criticisms of existing research into men's experiences of pregnancy, birth and early fatherhood. In short these include the arguments that:

- it is merely an extension of the work done on mothers (Richards 1982)
- it focuses on men's pathological responses to pregnancy, birth and early fatherhood (Jordan 1990a)
- it fails to explore men's normative experiences (Duncan 1995, Chalmers and Meyer 1996)
- it lacks a theoretical framework (Richards 1982)
- it fails to use longitudinal approaches (Chapman 1991)
- it focuses on the experiences of first time fathers

These limitations guided the development of my research which has utilised a longitudinal ethnographic approach to explore men's transition to fatherhood.

Ethnography

The principles of ethnographic research were selected as a way of understanding the culture of fatherhood, and although classical ethnography was characteristically concerned with describing 'other' cultures, its utility in contemporary cultural studies is well established (Jackson 1987, Rapport 2000). 'Ethnography is thick description' (Geertz 1973:10), making space for different voices (Seidler 1997) and enabling the study of people's behaviour in everyday contexts (Hammersley and Atkinson 1995). The ethnographer, immersed in the culture under study, uses both the ethnographic eye and ethnographic ear (Martin 1990) to interpret meaning within the every day life contexts researched.

I used an ethnographic ear in the form of semi-structured interviews to explore and interpret men's experiences of fatherhood. Although often referred to as 'raw' data interviews must be viewed as a set of interpretations in their own right. As Geertz (1973:9) argues 'what we call our data are really our own constructions of other people's constructions of what they and their compatriots are up to'. There are 'no "pure" data; all data are mediated by our practices of reasoning as well as those of participants' (Silverman 1989:227). In asking the men questions, they responded by giving me their personal interpretation of the event and their feelings at the time. This viewpoint is retrospective, one step removed via language from the original experience (Hycner 1985) and mediated by the social context of the interview itself. It is of course important to recognise that men's accounts themselves form part of their transition towards

fatherhood. The subsequent interview transcript represents a further level of interpretation, where it assumes the status of text, once removed from the context in which the words were spoken and now open to secondary/tertiary interpretation.

Ethnography and anthropological writings in general are therefore interpretations of events (Geertz 1977, Denzin 1997, Koch and Harrington 1998). They do not pretend to be the 'true' picture because they acknowledge a plurality of interpretations (Kvale 1996), what Denzin (1997:36) calls a parallax of discourse where 'nothing is ever stable or capable of firm and certain representation'. What I present here therefore is my interpretation, made as a product of my particular position.

A feature of this project has been the way in which exploring the literature, collecting and analysing data and developing theoretical perspectives have occurred simultaneously. In contrast to criticism (from phenomenology) that such practices lead to contamination of the data, I contend that the separate activities of collection, analysis and theoretical abstraction are informed by such a dialectic, what Geertz (1973) called theory staying low over the data.

Recruiting men

In contrast to others researching men's experiences of reproduction, for example Murphy's (1995) study of men's experiences of miscarriage and Lloyd's (1996) discussion of non-responses in studies of men and infertility, I encountered few problems in recruiting men to the study. An early recruitment decision was to approach men *directly* rather than indirectly via their partners. I took this decision in order to demonstrate that it was men's experiences in which I was interested, not those of their partners. Having made this decision, recruitment strategies had to be designed which

would enable me to approach men directly. McKee and O'Brien (1983) also approached their study of lone fathers in this way:

> Going straight to fathers helps to context the everyday cultural assumption that men are always and only tied to their children through their wives.
>
> (McKee and O'Brien 1983:148)

During most of the period of data collection I was still active as an antenatal teacher with the National Childbirth Trust and therefore had access to men who had booked to attend antenatal classes. However I did not intend to recruit men attending my own classes as my greater familiarity with these men may have influenced the nature of the data generated. In addition to antenatal class bookings I also used snow ball sampling techniques. Men already part of the study volunteered to approach expectant men they knew. Five of the men were recruited in this way.

As well as exploring the experiences of men becoming fathers for the first time – novice fathers – I was also keen to interview men who were anticipating new stages of fatherhood. I was interested to explore how the knowledge they had accumulated on previous occasions affected their current experience. I therefore wanted to recruit a sample of both novice and experienced fathers.

It is widely documented that expectant couples attending NCT antenatal classes are predominantly white, middle class and tertiary educated (Nolan 1994, 1997). Therefore men recruited to the study in this way were likely to be unrepresentative of expectant men in general. However, the homogeneity of such a sample would allow detailed exploration of a particular group of men with similar experiences and backgrounds and I have argued that analysis of their experiences is enabled by my own previous emersion within this discourse. Furthermore, although not necessarily representative of all men in

general, their experiences are situated within a wider social context in which informed choice (DoH 1993) and rejection of the medicalised childbirth culture (Machin and Scamell 1997) are now common. This wider social context enables theoretical connection between the experiences of the men in the study and the broader understandings of contemporary fatherhood.

With the permission of the local branch of the NCT I wrote to men who, with their partners, had booked to attend antenatal classes. The letter included a brief explanation of the purpose of the research, the number and expected length of the interviews, preservation of anonymity and a request for written consent. Those men consenting to participate in the study were asked to complete a tear off slip, including details of their telephone number, and return it in a stamped self addressed envelope (included with the letter). On receipt of this slip I made contact with the men to arrange a date for the first interview. When I first made telephone contact with the men following receipt of their reply slip all of them expressed great interest in the project and were surprised that I was interested in their experiences rather than those of their partner. Some indicated that it was refreshing to see attention being given to them 'for a change', rather than all the attention being given to their partners.

As I planned to interview men on three occasions, twice during the pregnancy and once within eight weeks of the birth, I anticipated that a sample of twenty men would generate sufficient data. In total eighteen men were involved in the longitudinal interviews, six novice and twelve experienced fathers. Although I originally planned to recruit twenty men, by the time I had interviewed eighteen men on three occasions, the data generated were confirming previous themes rather than generating new ones. In addition to these interviews I also had data from three pilot focus groups (see below)

and so decided that the richness of the data justified my decision to stop recruiting. Some of the men were recruited late in their partner's pregnancy and on these occasions it was not possible to conduct three interviews. For example I interviewed Gary, Ken and Nigel just once in the pregnancy and then once afterwards. Chris's baby arrived early, on the day scheduled for the second interview. His rearranged second interview therefore became the postnatal interview. In sum I conducted a total of fifty individual and three focus group interviews.

Ethics

Although the study did not present major ethical problems it did present some challenges which I addressed as follows. In the introductory letter I clearly stated I would like to tape record the interviews, to which only I had access, and that men's accounts would be treated with the utmost confidence and their anonymity preserved throughout all stages of the research. Consequently their names have been changed here in order to protect their identity. I reassured the men that they could request the tape recorder to be switched off at anytime in the interview. This never happened. Similarly I informed the men that they could withdraw from the study at anytime.

On a number of occasions I was aware of the immensely personal nature of elements of their accounts. Although visiting these men on three occasions built up and confirmed some rapport, I was a relative stranger to them and yet some shared extremely personal information, the nature of which on some occasions was unknown to their partners. I therefore became aware, perhaps more than they did, of the potential ethical implications of this. Although I conducted the interviews in as an egalitarian manner as possible, in the spirit of feminist approaches to research (see for example Stacey 1988, Ribbens

1989, Seibold et al 1994) I became aware of the potential for abuse of the research subject. For example a few of the men talked about sexual and marital problems and during one postnatal interview I switched off the tape recorder, left behind my role as researcher in order to become a listening ear as the new father talked of the negative impact of the birth on his marriage. I decided not to directly use such sensitive and personal information within the thesis, not only because doing so might negate anonymity but also as a mark of respect to the men who willingly shared such intimate thoughts.

Data collection

This is a rather misleading term because it implies that data are out there waiting to be collected like 'rubbish bags on the pavement' (Dey 1993:15). I suggest the term data production which encapsulates a more interpretive and reflexive approach. Data were produced via a series of longitudinal semi-structured interviews conducted by myself over an eighteen month period between December 1996 and early June 1998. The longitudinal design of the research project not only allowed me to examine men's experiences on a given occasion but also how these changed over time. This longitudinal approach was therefore imperative if men's transition to fatherhood, by definition a continuous process, was to be captured and interrogated. Only by using such an approach could the relationship between broader contemporary cultural understandings of fatherhood and men's personal biographies be explored (Harris 1987).

The unstructured and semi-structured interview is an established method of data collection within contemporary anthropology (Bernard 1995). It can be understood as a

guided and friendly conversation (Burgess 1984, Fielding 1993, Sandelowski et al 1992) encouraging participants to give a clear account of their experience.

Interview guides

The interview guides (Appendix 2), which assist the construction of comparable and reliable data (Bernard 1995), were informed both by the themes identified in the literature and the data generated out of the preliminary focus groups (see below). The first interview, usually conducted in the second trimester (middle third of the pregnancy) explored men's experience of the pregnancy, the event of its confirmation, their involvement in the pregnancy, the strongest memory, the effect on relationships, their expectations of birth and life afterwards. The interview guide also included prompts which I came to rely less and less upon as I gained in confidence and experience over the interviews. During the second interview, conducted late in the third trimester, I was able to explore how things had changed over the intervening period. As the baby's birth became imminent so the second interview focussed on men's expectations of labour, their ideas of fatherhood and their expectations of the immediate days following the delivery. The third interview which most often took place within eight weeks of the birth explored their experience of the labour and delivery, their initial feelings and reactions and the reality of life with a new baby.

Focus groups

The purpose of the focus groups was not only to determine whether the interview guides would generate rich data, in other words whether I was asking the right questions, but also to provide an opportunity for me to practice interview technique and tape recording.

In this context I was utilising the focus groups as a preliminary and exploratory tool (Morgan 1988).

I conducted three focus groups. The first focus group in July 1996, consisted of men in another NCT teacher's antenatal class. I had approached four men who had agreed to take part in the interview, however only two arrived. Robin was expecting his second child and Maurice his first. The interview took place at the house of the antenatal teacher, familiar territory to the men. Focus group two in September 1996 consisted of men, both novice and experienced fathers, who had attended a previous antenatal class of my own: Jack, Patrick, Harry, Barry and Luke. The focus group, like the antenatal classes, was held in my home. This course had 'gelled' particularly well which meant that the men already knew each other. Additionally the women and the men in the group had continued to meet, either all together or for separate women's and men's nights. Their close relationships to each other, constructed in the context of recent transitions to parenthood, formed the setting of the focus group. I suggest my closeness to the men (my insiderhood) and their familiarity and closeness to each other enhanced the quality of the data generated. Focus group three in November 1996 was convened on my behalf by a midwifery colleague who had expressed an interest in the project. She also hosted the focus group and provided beer for the men. The men, all experienced fathers, were all known to each other and often socialised together: Bernie, Julian, Malcolm and Max.

The piloting of the interview guides within the focus group generated extremely useful data, some of which I draw upon within the thesis, indicating the guide's usefulness within the individual interviews. The focus groups also provided a context within which to observe men interacting together, a dimension which can reveal data that are as

equally valuable as the spoken word (Kitzinger 1994). There were times when the focus groups took on a life of their own as the men interviewed each other or when they used the interview to support each other. This illustrates the way in which the interviews themselves occupied part of the work of their transition to fatherhood.

Interview technique

Most interviews were conducted in the men's homes, as this was the place they found most convenient. Occasionally an interview was held in the man's workplace and on two occasions, both second interviews, men preferred to hold the interviews at my house.

In conducting the interviews my approach was to encourage the men to talk as freely as possible and I attempted not to interrupt the men as they told their narratives. I therefore adopted a minimally directive approach to the interviews (Morse and Field 1996). My background in nursing and experience in small group teaching had equipped me with the verbal and non-verbal skills to quickly establish rapport and gently encourage the men to talk about their experiences. I began this process as soon as I arrived, and during the setting up of the tape recorder. Most often the interviews were led by the men themselves and my contribution was to seek clarification, using the techniques of focussing, clarifying, reflecting and summarising (Connor et al 1984). I therefore did not adhere rigidly to the interview guides merely so that the questions were answered in an orderly systematic fashion, but preferred to use them in a rather more flexible manner. Firstly I used the guide to begin the interview, for example: 'I have some questions jotted down here which I might need to refer to over the course of the interview'. This was a useful way of demarcating the interview preamble from the interview proper.

Secondly, I used the interview guide on the infrequent occasions when a man felt he had little to say. This was usually because he doubted the significance or value of his account and a prompt from me encouraged him to the contrary and would begin to talk again. Thirdly I used the guide to close the interview. Quickly scanning the guide to check that all questions had been discussed I would end the interview by saying something like 'Well I think we have covered everything we need to. Thank you for your time'. This served as a way of closing the interview, at which point I would also turn off the tape recorder.

On a few occasions men began talking again after the tape recorder had been switched off. Rather than risk interrupting them by restarting the recorder I made notes of their comments as soon as possible after the interview, most often in the car. Within these field notes I also documented observations that were not captured on tape, for example the reactions of their partners. I also kept a research journal in which I recorded feelings, references, thoughts and media references. Such a practice is in keeping with the ethnographic tradition (Philips and Davies 1995).

A woman interviewing men

There is discussion particularly in the feminist method literature of the influence of gender on the research process (see for example Scott 1984, Harding 1987, Lather 1988, Stacey 1988, Ribbens 1989, Seibold et al 1994), although there is little about women as researchers interviewing men (Lee 1997). McKee and O'Brien (1983) in their study of lone fathers suggested that the gender dynamics influenced what was disclosed or withheld in their interviews, and that their male interviewees sought to control the interview situation. I was not aware of this happening in my interviews, neither was I

aware of an unconscious desire to care for (even mother) these men as suggested by (Ribbens 1989) or being placed in a wife like role (McKee and O'Brien 1983). I suggest that 'cross-gender talk' (Lee 1997:554), where the gender of researcher and participants is different, rather than operating oppressively actually helped men talk more easily with me than perhaps with other men. It is perhaps style and technique, rather than gender, that is significant (White and Johnson 1998). They understood my insiderhood and empathy with the research topic, and, as discussed earlier, we shared a similar frame of reference (Burgess 1984). I suggest therefore they saw me more as a sympathetic ally rather than a distanced researcher.

Men's response to the interviews

The men were pleased to be taking part in the project and demonstrated a great commitment to the interviews. They hoped their contribution would be useful and some demonstrated this by preparing for the interviews. On one occasion when I had planned to conduct an interview in the man's workplace he actually telephoned me to remind me of the arrangement. On another occasion Bruce had just received the news that a friend's baby had been stillborn. I suggested in the circumstances that we rearrange the interview but despite his obvious distress, he was adamant that we should continue.

Prior to the first interview many of the men were unsure what to expect and perhaps doubted they had anything useful to contribute. After they had become familiar with the style and content of the interview, some men remarked that it was 'just like a chat' or 'it wasn't as bad as I thought'. Some were surprised that the content of the interview was useful and said 'is that going to be any use?'. Just as they aspired to the concept of the involved and active father, they had an overwhelming desire to be helpful to my

research and therefore wanted to 'perform' well. I suggest their wish to put in a good performance is characteristic of hegemonic masculinity and was also inherent in their accounts of the labour role, which I discuss later in the thesis.

During the course of the interviews it became apparent that some of the men had spent time preparing for them. Sometimes this preparation involved thinking about the evening's interview during their day at work. Gary for example, after I had asked him what stood out for him most about the pregnancy replied:

> I don't know. I was thinking about this, cos I knew you were coming, as I was biking home tonight and….
>
> (Gary 1:12)

On other occasions however this preparation took on a rather more literal dimension. As I was leaving James's house, having just completed the third interview, his wife, Sue, told me how the previous evening they had rehearsed my interview with James. Sue, at James's request, had attempted to predict my line of questioning and done a sort of 'dummy' run of the interview. Interestingly she said that James had told her she was not doing it right: 'Janet isn't as directive as that!'. Returning to the concept of masculine performativity, I suggest James's rehearsal illuminates a general concern he had about 'doing it right', a concern which pervaded their preparations for labour and delivery.

The cathartic nature of the interviews

For women making the transition to motherhood there are a plethora of venues where they can engage in communal talk about their pregnancies and births. These venues encompass the public domains of antenatal care, the work place, mother and toddler groups and private domains, such as informal talk between friends. The character of antenatal care and women's access to maternity leave encourage such talk. Despite the

increasing involvement of men in antenatal care, labour and delivery, they have relatively few forums within which they can discuss their experiences of impending fatherhood. Furthermore, as discussed in the previous chapter, some men may find it difficult to engage in emotional talk (McKee and O'Brien 1983, Edley and Wetherell 1995, Lupton 1998).

This was illustrated by Ken towards the end of the first interview. I had just asked him a question about the availability of opportunities for men to talk about their experiences during pregnancy. His response indicated that even if there were such opportunities he would feel uncomfortable talking to other men, just as he was talking to me. He also suggests that men are rather more pragmatic, concerned with action rather than feelings:

> I don't think there is to talk about their experiences, as in their emotions and things like that. Men at work just want to know the facts, what's happening, when and that. And to be honest I don't think I would be comfortable talking to other men and things like that, about how I feel about things. I'm not really now, and, I don't mean any disrespect to you. I find it very difficult to put into words how I feel and erm....It's not something that comes naturally I think for men. We tend to deal with more about 'Well this happened then and we did this' more than how we felt or how we feel. And I don't think, me personally, and I think it goes for a lot of men, we don't even stop and think about how we feel. It just sort of happens to us and we move on. Erm....and that's why sometimes when you ask the questions 'How did you feel when....?', it wasn't because I couldn't remember, it was cos I was trying to go backwards almost and think 'Well, what did I feel?'.
>
> (Ken 1:12)

If men experience and indeed construct their emotions in ways which are fundamentally different to those of women (Lupton 1998), this has repercussions for the development of public policy services to support fathers. It also raises the methodological problem of gaining access to the emotions and feelings of the 'unemotional man' (Lupton 1998). However within the context of this research project, Ken was the only man to articulate his difficulty in retrieving his feelings.

I have already suggested that antenatal classes provide a forum for men. Some of the men in the study also found such a forum within the interviews themselves and in these instances the interviews, almost like an extension to the antenatal classes, became part of the context of their transition to fatherhood. They not only provided me with research data but also appear to fulfil a cathartic role for the men. Bill for example, who over the course of the project became a father for the third time, remarked at the end of the third interview how much he had enjoyed the interviews. He said that the act of being interviewed had provided legitimate space for him to focus on the pregnancy and helped him to think about his role and his views on fathering. Between the interviews he had obviously thought about what had been said. For example, in the second interview we had discussed his expectations of his labour role and I had made reference to Chapman's (1991) three roles of coach, team-mate and witness (which I discuss in more detail in chapter 7). During the third interview he said:

> You know I, my role was very coach focused, you know you told me about the three styles and I, I'd been thinking a lot about that since you told me actually, and erm….
>
> (Bill 3:5)

Matthew, a novice father, also said that being part of the study had helped him to focus on the pregnancy:

> Yeh it's (*the study*) been useful because it's made me think back and think a bit more about it and reflect and that.
>
> (Matthew 3:11)

Things women did

Most men understood that I wanted to interview them alone but sometimes sought confirmation of this fact. Following this confirmation, more often we would move to another room to conduct the interview, leaving the partner behind. Sometimes the

partner would leave to go and do something: often as the interviews were conducted in the evening, they would leave to have a bath. Despite welcoming the opportunity to discuss their perspective, occasionally some of the men were almost apologetic about excluding their partner. For example, as Bill went to shut the doors between the two rooms he said:

> Bill: I'm going to shut Jennifer out. I'm going to shut you out. OK?
>
> Jennifer: I'll go and have a bath actually.
>
> Bill: Are you sure?
>
> Jennifer: Yeh.
>
> (Bill 1:2)

On one occasion, even though I had made it quite clear on the telephone that I wanted to interview just Jim, his partner Di stayed in the room for the early part of the interview because she just assumed that she would be part of it. I decided to use indirect measures rather then risk offending Di and rejecting her hospitality. Careful direct questioning to Jim, avoidance of eye contact with Di and body posture leaning toward Jim eventually bore fruit and Di left the room.

Some of the women were extremely curious as to why I was interested in their partner's experiences and not their own and this curiosity was manifest in a number of ways. On a number of occasions when I returned to do the second interview, the men would indicate that they had been interrogated by their partners wanting to know what I had asked and what their responses to my questions had been. After the third interview Matthew for example said:

> She'll want to know what I've been asked now, she always does! (*laughter*).
>
> (Matthew 3:11)

Some times the women employed rather more direct methods to satisfy their curiosity. When I interviewed Pat for the first time, we sat in the conservatory and Angela, Pat's partner, was playing with their eighteen month old toddler in the room adjacent to the conservatory with the double doors between the two rooms wide open. I was aware that all the questions I was asking Pat and all his responses were also being heard by Angela. It was also obvious that Pat was aware of Angela's presence and on a number of occasions he would check things out with her, by just shouting out 'Was that right?' or 'What do you think?'. On occasions Pat said something and Angela started laughing as if to indicate that his version of the story was not quite correct.

On another occasion Nigel, a novice father, was keen to be left alone and asked his wife, Ruth, what she was going to do whilst I was interviewing:

> Nigel: What are you going to do? (*meaning his wife*)
>
> Ruth: Ear wig!! (*laughter*)
>
> Janet: Yes, I often wonder what goes on behind closed doors when I've left!
>
> (Nigel 1:1)

Ruth left us in the day room whilst she went into the adjoining kitchen, leaving the door open. She was preparing their evening meal including chopping onions, which she did extremely quietly. This meant that the interview remained audible for her. Occasionally she would clarify points from the kitchen. This also happened in the second interview as Nigel was talking about the onset of labour and he responded by reminding Ruth that it was 'his interview':

> Nigel: ….it was on a Saturday, as well, so erm about 10 'o' clock or so Ruth, sort of felt as if she had sort of period pains or something, just starting like that. And we thought straight away, we had a baby TENS machine, put that on straight away, cos they said, you know, the sooner you get it going the better it….

Ruth I had a show.

Nigel: Had a show, sorry. It's my interview, you know!

Ruth: That's how I knew for certain that was what it was.

Nigel: Uh hum, my interview.

Ruth: You're getting it wrong.

Nigel: Erm, I'll tell, I'll tell it like it really was shall I? Erm, you haven't got the objective view, you've just got the subjective view (*laughs*).

(Nigel 2:1)

This dialogue between Nigel and Ruth, also reflected in other interviews, suggests a difference in status between men's and women's evidence. Nigel regarded his story as the 'objective view' as opposed to his partner's 'subjective view' and yet Ruth indicated there were inaccuracies in his account. In other interviews some of the men were not as clear as Nigel as to the authority of their accounts and deferred to their partners, if they were within ear-shot, in order to check their stories. So despite the men's established new pregnancy and childbirth ritual, I suggest that apparent differences in the relative status of the men's and women's accounts reinforced their ambiguous and tokenistic (Morgan 1992) inversion in a woman's world.

Data analysis

Dey (1993:52) argues that the objective of analysis is to 'produce an intelligible, coherent and valid account'. It is a creative (Plummer 1983) and iterative process:

> Involving repeated returns to earlier phases of the analysis as evidence becomes more organised and ideas are clarified. It is not a 'one shot' affair where by some lucky chance we can expect to hit bull's eye on our first attempt. We need to fire several arrows, and see which if any land nearest to our target.
>
> (Dey 1993:231)

Transcription

Transcription is the first stage of data analysis. All the interviews were transcribed verbatim in order to reconstitute as accurately as possible the verbal interview in written format. Despite accurate attempts at transcription, the interview can never be completely re-presented and the process of interpretation begins at this transcription stage. Sandelowski (1994a:312) argues that:

> By the time the transcript is made, the original experience it was supposed to preserve has already been altered in the act of telling itself, in the recording, and in the transcribing process. What ends up on the printed page – the raw data – is actually already partly cooked: that is to say, many transformations removed from the so-called unadulterated reality it was intended to represent.

Reading of these texts is another phase of analysis (Dey 1993) and as I immersed myself in the data I made analytical comments in the right hand margin of the transcript. These annotations prepared the ground for further analysis (Dey 1993). It was these annotations which initially directed me to broad theoretical concepts and to refinements in my interviewing.

The interview transcripts were stored in lever arch files, in sequence under each man's name, forming a complete dossier of what men had told me. Organising the interviews in this way helped me to build up a picture of each individual man, to read his accounts in the context of his previous interviews and therefore examine consistency across interviews. It also presented me with a challenge in the next stage of analysis.

Coding

I decided to analyse the data by hand rather than use an electronic aid. I found my introductory attempts with NUD*IST distanced me from the data and I preferred to

literally handle it. However, initial attempts at systematic analysis were impeded by a fear of disturbing my neat compilation of transcripts. I wanted to preserve each man's set of interviews because their integrity held valuable data and yet selecting and categorising the data, were simultaneously required. I resolved this tension by making two hard copies of each interview, preserving one as a compilation and using the other set for systematic analysis.

Faced with approximately 750 pages of rich transcript, I struggled to find a way of 'getting into the data', which would account for the richness of men's individual accounts and yet simultaneously allow generalisation. Blauner (1987:46) also recognised this problem:

> The prospect of analyzing and generalizing about people's lives in terms of our project's themes seemed almost an affront to the richness and individuality of the primary material, and to the integrity of the people and their stories.

A dilemma associated with approaching the data was whether to create a large number of small thematic categories which would individualise small sections of the data or to create broad categories to enable more manageable discussion of the data. The literature on qualitative data analysis recognises this dilemma between the bit-by-bit approach and the holistic approach (Dey 1993). Anxious not to 'lose' valuable data, I began using the bit-by-bit approach but after only a few interviews very quickly became overwhelmed by the number of categories.

I then applied what Dey (1993) calls a middle order approach, which fell midway between the bit-by-bit and holistic methods. Staying very close to the data, I began to sort the interview material using coding categories which fell within the three broad descriptive categories of 'pregnancy', 'birth' and 'early days'. This allowed me to

identify commonalties in men's accounts. For example their stories of when and how the pregnancy was confirmed constituted the category 'Confirmation'; their expectations of labour formed the category 'Expectations' and their accounts of the practicalities of looking after their new baby composed the category 'Practical Fathering'. A challenge at this stage was to render the data manageable and yet not squeeze it into a shape it was not, leading to 'premature closure' (Morse and Field 1996). As new themes arose a new category was created with sometimes the same data being included in different categories. In order to keep the number of categories manageable I followed the advice of Morse and Field (1996) who recommend working with approximately ten to fifteen major categories. Accounts of pregnancy were initially sorted into eleven categories, labour into ten and early days into ten (Appendix 3).

I approached each transcript in this way, marking the beginning and end of the relevant text with a red pen. In the left hand margin I identified the precise location of the text using the man's initials, the number of the interview and the page number. For example Bill 1:3 refers to page 3 of the first interview with Bill. In the right hand margin I wrote the name of the category. The text was then cut up and placed in an A4 envelope, one for each category. This phase represented round 1 of analysis of the transcripts.

During the next phase of analysis I revisited the data contained in each of the major categories, examining the themes, sorting these into smaller subcategories and identifying their location in the text. In this way I built up a map of each major category, which provided a summary of its content. So for example the category 'The Reality of the Baby' had subcategories of The Scan, Quickening, No Real Evidence, Naming, Is the Baby Alright?, More Concerned with Present Day Life. During this more detailed analysis I collapsed some of the major categories identified in phase 1.

Theorising

Theorising is a further phase of data analysis when the descriptively coded data are connected to larger bodies of knowledge (Morse and Field 1996). This does not occur in some miraculous or magical sense but in response to the intellectual work of the researcher (Morse and Field 1996). It was a process which enabled me to make strange the familiar:

> It is earned through an active, continuous and rigorous process of viewing data as a puzzle….If one ever finishes, the final 'solution' is the theory that provides the best comprehensive, coherent and simple model for linking diverse and unrelated facts in a useful, pragmatic way. It is a way of revealing the obvious, the implicit, the unrecognized, the unknown. It is a way of discovering the insignificance of the significant and the significance of the insignificant.
>
> (Morse and Field 1996:106)

Theoretical development, informed principally by the data, is the most important product of qualitative research (Morse and Field 1996). Guided by the research questions identified on page 76, a number of existing theories assisted my interpretation of men's accounts. Ritual transition theory emerged as an organising theoretical framework which shed light on men's passage to fatherhood as captured by the longitudinal nature of the interviews. The concept of hegemonic masculinity helped make sense of the contrasts between the expectations and realities of becoming a father. The sociology of the body allowed me to make sense of men's accounts of their lack of involvement in the physiological processes of pregnancy and birth and theoretical perspectives on visuality elaborated men's descriptions of the significance of the ultrasound scan.

Rigour

Increasingly research conducted within the interpretive paradigm has rejected the labels of reliability and validity believing that application of evaluation criteria from a different

paradigm is problematic (Koch and Harrington 1998). Sandelowski (1993) argues that qualitative researchers whilst demonstrating a commitment to rigour must achieve a balance between encouraging and yet not stifling the creative nature of qualitative work:

> We can preserve or kill the spirit of qualitative work; we can soften our notion of rigor to include the playfulness, soulfulness, imagination, and technique we associate with more artistic endeavours, or we can further harden it by the uncritical application of rules. The choice is ours: rigor or rigor mortis.
>
> (Sandelowski 1993:8)

Rigour within qualitative research is often discussed within the context of trustworthiness which can be judged using Guba and Lincoln's (1989) criteria of credibility, transferability and dependability.

Credibility

Credibility refers to the 'truth' of the data, which can be compared with internal validity within positivist research. Within qualitative research however it is acknowledged that there is not just one correct interpretation but a plurality of interpretations 'so the researcher's job becomes one of reporting the perspectives of the informants as clearly as possible' (Morse and Field 1996:118). Credibility of the research was achieved using the longitudinal approach to data collection (Hall and Stevens 1991, Morse and Field 1996), applying the same techniques consistently across time, integrating the data with existing theory and supporting discussion with multiple extracts from the interviews (Sandelowski 1994b).

Transferability

Transferability refers to the extent to which the findings may apply in other settings (Morse and Field 1996) and is therefore similar to the concept of external validity in

quantitative work. Although the sample was unrepresentative of *all* expectant men, I argue that thick description of the men and their accounts provides evidence that the experiences of men within the study were not unique and may yield theoretical insights which are applicable in other settings.

Dependability

The dependability of the research process is judged by the extent to which the researcher provides a clear account of the methodological decisions taken over the course of the project. Throughout the research I kept a decision (Hall and Stevens 1991) or audit (Morse and Field 1996) trail sign-posting the decisions I made, which I have set out here. As Koch and Harrington (1998:883) argue, if the

> research product is well signposted, the readers will be able to travel easily through the worlds of the participants and makers of the text (the researchers) and decide for themselves whether the text is believable or plausible.

Presentation of data

The representation of men's accounts within this thesis constitutes my interpretation of their discourse. As an insider I consider that my position as researcher is integral to this process and that with the participants I am co-author of the text (Dey 1993). Producing this interpretation represents the final phase of analysis and yet as Geertz (1973:29) argues this analysis is 'intrinsically incomplete'.

I have already discussed how throughout the course of the project there was a continuous dialectic between the data and the theory upon which I drew: the data guiding me to theoretical perspectives of ritual transition theory, masculinities and the sociology of the body and in turn these theoretical perspectives illuminating the

collection of subsequent data. I sought to stay close to the data at all times so that it is primarily via these data that my theoretical account will unfold. In (re)presenting the data here I have therefore tried to present their unadulterated accounts. I have not edited or 'tidied up' the data in any way, and despite arguments to the contrary I have not removed repetitious use of 'crutch words' (Blauner 1987). The men's words are presented as they were spoken to me, including 'uhms' and 'ahs'. Pauses in men's speech are indicated by .... and other non-verbal symbols of communication are indicated in italics in parentheses, for example (*laughter*). Parts of a quote edited because they are not directly relevant to the discussion are indicated by [ ]. I contend that such consistent approaches to the presentation of data (Sandelowski 1994b) allow me as the researcher, to remain as true as possible to the data providing a 'vicarious experience' for the reader (Sandelowski 1994b:480). Language and meaning are intimately related and attempts at tidying up and cleaning the text (Burnard 1994) therefore run the risk of altering meaning:

> Since the way people see the world is closely connected with the categories of thought which are symbolised in words, to separate people from their language is to remove an important part of their reality....Meanings are encapsulated in the way we say something. The nuances of language, the style of arranging words and putting them into the world is highly personal. Paradoxically, the very language which gives us a common membership in society at the same time expresses our individuality.
>
> (Blauner 1987:49)

The language therefore that the men used in their accounts, captured on tape and reconstituted in the form of the interview transcript, represents the essence of their accounts. In my presentation here I attempt to give these accounts prime position and in doing so I hope to strike what Blauner (1987:57) calls 'the delicate balance' between the voices of the men and my voice as commentator and interpreter. I introduce in my own words men's individual narratives in order to briefly set the context of that part of the

interview and indicate something of the personality of the speaker (Blauner 1987). Where my own words in the interview contribute to the meaning of the narrative they are retained.

Conclusion

In this chapter I have presented a reflexive account of the methodological decisions taken over the course of the research. In particular I have emphasised the influence of the researcher in this process and argued that the ethnography which constitutes this thesis, rather than presenting *the* interpretation, presents *an* interpretation. This interpretation was achieved through critical and theoretical engagement with the data. In the chapters which follow I present my interpretation of this critical dialogue between data and theory.

CHAPTER 4

'Her body….our baby': men's disembodied experience of pregnancy

Introduction

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

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

His inability to directly experience the embodied nature of the pregnancy left him, and many of the other men 'one step removed'. They consequently felt they had little 'evidence', a word they frequently used, about the baby. Thus, led by the data, the sociology of the body emerged as a theoretical framework within which to discuss these accounts.

In this chapter I draw upon theoretical accounts of the body in general and pregnant embodiment in particular to demonstrate women's privileged and men's marginal ways of 'knowing' during pregnancy and birth. I argue that in addition to the cultural ambiguity concerning the status of contemporary fatherhood, discussed in chapter 2,

the men's experience of liminality is emphasised by a biological ambiguity. During a period in which bodily change is privileged, in contrast to women, they lack the biological markers of transition to parenthood. The chapter briefly sets the historical context for our understanding of contemporary and female bodies prior to examining the nature of women's pregnant embodiment and men's disembodied experience of pregnancy.

Contemporary bodies

Throughout history the body has remained a source of fascination across a range of disciplines and practices. Contemporary understandings of the body are not ahistorical (Lawler 1991) but have developed in the context of these historical perspectives. Prior to the Renaissance the body was regarded as the home or tomb of the soul, its dangerous desires controlled and disciplined in service to God (Synnott 1993). The Renaissance was characterised by a secularisation of the body, an appreciation of the body for itself rather than in its sacred service to God. With secularisation came a civilising and privatising of bodily functions and a silencing of particular sexual bodily matters (Lupton and Barclay 1997).

During the seventeenth and eighteenth centuries Descartes' work was influential (Lawler 1991) particularly his use of the metaphor of the body as a machine to articulate what he saw as the struggle between 'having' and 'being' a body. Despite his acknowledgement of the interdependence of body and mind, he was attributed with defining the body and mind as separate – Cartesian dualism. This separation of mind and body effectively allocated the soul to the church and the body to science (Synnott

1993). Now located in a contemporary political realm of capitalism (Turner 1996), this association of the body and science persists today.

Within the last decade there has been an explosion of theoretical writings on the body. This theorising has ranged across disciplines, for example sociology, psychology, anthropology and feminism. Nettleton and Watson (1998) suggest four reasons for the growing interest in the body. The first is what they call the politicisation of the body, the way in which the body through the processes of control and regulation has become a political issue. Second, they suggest demographic changes within society, such as the ageing population and changing nature of disease, have drawn attention to our bodies. Third, they argue the consumer ethic characteristic of industrial societies has led to the body being seen as a commodity that can be improved and maintained, by the use of 'keep fit' and 'looking good' products. The fourth is the rise in technology and our increased capability and capacity to develop and produce new technologies.

In developing the discussion of technology Helman (1994) suggests that, in the West, technology has exerted an ever increasing influence over our understanding of the body and he describes five new conceptualisations which have been particularly influential in the development of contemporary body image. Firstly, the composite body, where spare parts, either artificial or from other people, are inserted. Apart from the obvious benefit to the recipient 'these "spare parts" may subtly alter the contemporary body image, and the sense of what is "self" and "non-self", creating new concepts of kinship between the donors and recipients of these organs' (Helman 1994:27).

Secondly, the cyborg, a body which is partly machine, no longer merely in the metaphorical sense but in the real sense. The coupling of body and machine (Mitchell

and Georges 1997) is apparent as people rely on machines not only for continued functioning, such as life support or renal dialysis, but also for surveillance of the internal body, for example fetal ultrasound. The concept of part 'real' body and part machine has been elaborated and incorporated into popular culture, creating images such as the Bionic Man, Robocop and Terminator.

The third new conceptualisation he suggests is the relocation of the 'self' from the heart to the brain, where the brain is seen to be the controller of the body, the main computer. In fact the distinction between life and death is now made on the basis of brain function, rather than breath or heart beat, so called brain death. This relocation of self 'seems to have resulted in a contemporary shift in body image: locating the true site of "personhood" and the "self" (as well as the "personality" and the "unconscious") within the brain itself, rather than in the body as a whole' (Helman 1994:28), almost a return to Cartesian dualism.

The medical body is the fourth 'new' way of conceptualising the body. With its emphasis on reductionism and technology, medicine now focuses on progressively smaller and smaller parts of the body, right down to the sub-cellular level. Additionally medicine has become a major force in the surveillance, control and regulation of the body, a theme to which I return shortly.

The final way in which conceptualisations of the body, our bodies, have changed in the West is due to advances in our understanding and treatment of reproductive functions and in particular infertility, what Helman (1994) calls the 'external womb'. Prior to the New Reproductive Technologies, ovulation, fertilisation and pregnancy occurred within the same woman's body. Not only is it now possible for the first two at least to take

place outside of a woman's body but also for pregnancy to occur in a different body to the one in which ovulation and fertilisation occurred. This understandably challenges our perceptions of body boundaries a theme to which I return later.

From a discursive perspective, the body in the twenty first century is produced via an elaborate 'composite' of social, biological and political metaphors, a reflection of the complexities of contemporary culture. The body is a machine which can be replaced with 'spare parts'. With advances in reproductive technologies the body can be engineered and chosen. Developments in plastic surgery mean that the body can be moulded and its sex altered. It can be regulated and surveyed, its interior seen and ultimately it can be switched off. So complex therefore is the concept of 'the' or 'our' body that 'the whole topic becomes confusing' (Frank 1990:134). Indeed Turner (1984:7), in an early formative book on 'the body' writes 'I have become increasingly less sure of what the body is'.

So what exactly do we mean by the body? Is it an object, existing separately from 'its' owner or are object and subject intimately bound? Our notion of human existence requires us to have a human body but that body is both an object body, a thing, and also a lived body, an experience. Nettleton and Watson (1998:1-2) stress this point:

> If one thing is certain, it is that we all have a body. Everything we do with our bodies – when we think, speak, listen, eat, sleep, walk, relax, work and play we 'use' our bodies. Every aspect of our lives is therefore embodied. Sometimes we may be more aware of our bodies than others but from the moment we wake, we are to a greater or lesser extent, consciously or subconsciously relying on our body. When we wake up in the morning we may automatically leave our beds and go to the bathroom and carry out our morning 'bodily' routines....Once we are 'up' we then prepare our body for public display, we probably groom it and select some clothes which might be appropriate for what we are doing on that particular day....Everyday life is therefore fundamentally about the production and reproduction of bodies.

How we live in the world is therefore manifest through our bodies. Our understandings of our bodies are very much related to our understandings of ourselves and reciprocally, the construction of our identities is facilitated by our body. The twenty first century contemporary body is therefore more than just a physical entity or vessel, it is also 'the prime symbol of the self' (Synnott 1993:2). It is not just a *container* for our existence but *is* our existence and is central to our agency and identities in the world. Simultaneously, it therefore constructs and is constructed by culture. By this I mean that our understandings of the 'biological' or 'object' body are just as much culturally constructed as the way in which we use or represent our 'social' or 'lived' bodies within culture. In other words, the body is not a single given entity, rather it is culturally situated and although biology plays a part in our representation and understanding of our bodies, we must remember that biology is itself culturally situated (Morgan and Scott 1993).

This culturally reflexive body is continuously being recreated in response to both biological and social events and in this context it is an unfinished body (Shilling 1993) or a 'body becoming' (Birke 1999). This continuous working and reworking of biological and social forces helps to construct the world in which our experiences are embodied (Watson 1998).

Despite its apparent range, work on the body has also been criticised for being overly theoretical and empirically weak (Morgan and Scott 1993, Watson 1998). Emphasis on 'body theory' has, in a paradoxical way, left bodies out (Nettleton and Watson 1998, Watson 2000) by ignoring 'the voices that emanate from bodies themselves' (Nettleton and Watson 1998:2). In order to move a way from this purely theoretical perspective and to signal the centrality of the *experience* of living within a body, recent work on the

body has emphasised the experience of embodiment (Csordas 1994, Marshall 1996, Britton 1998, Nettleton and Watson 1998, Watson 2000). Embodiment is our experience of living in and through our bodies. It is a process, a social project, rather than a product or state and it is located in social spaces within the real world and within a network of people.

While this section has described the development of contemporary general understandings of the body, the next shows how women's bodies in particular have come to be understood in order to set the context for a discussion of the nature of pregnant embodiment.

The female body and biological determinism

Physical differences between men and women's bodies appear to be central to our understandings of bodies and embodiment. And yet these physical differences are themselves subject to social construction which varies over time (Martin 1987). Since the eighteenth century difference has been emphasised, women's and men's bodies being defined in opposition to each other. Not only was female opposed to male but also nature to culture, reproduction to production, weak to strong, inferior to superior, subjective to objective. Fox Keller (1983) argues that gender underwrites all of these dichotomies:

> Not only are mind and nature assigned gender, but in characterising scientific and objective thought as masculine, the very activity by which the knower can acquire knowledge is also genderised.
>
> (Fox Keller 1983:190)

Shilling (1993) suggests that during the seventeenth and eighteenth centuries the male body was considered as the norm, the standard to which the female body was compared.

The female body was considered to be the inferior version of the male body (Martin 1987) containing all the parts seen in a man's body. These parts were merely arranged in a different and inferior fashion, existing inside as opposed to outside the body, and described using the same male terminology. So, for example, the vagina was called the 'interior penis', the labia the 'foreskin', the uterus the 'scrotum' and the ovaries the 'interior testicles'. (See Martin (1987) for seventeenth century diagrammatic portrayal of the female body interior).

Women's embodiment, their existence within and through their bodies, was seen to be governed by nature, the cycles of menstruation, pregnancy and birth and therefore characterised by its continuity with the natural world. Men's embodiment however was not restricted in the same way and was characterised by discontinuity or alienation. So as Shilling (1993:61) argues:

> the gendered character of reproductive consciousness develops from the fact that men's relationship to nature is characterised by alienation (of their seed in copulation), where as women's relation to nature is marked by continuity.

During the eighteenth century increasing emphasis on biological rather than social differences between the sexes, meant that male and female embodiment came to be understood as biologically determined. The interest in the female body during this period led to the construction of a 'biological basis for women's social inferiority' (Shilling 1993:44). Women's bodies were seen as unstable and therefore a threat to the stability of their minds. Lifestyle and social position were related to bodily capacities, where women's bodies were seen fit for only one purpose, 'the production and care of children' (Shilling 1993:45).

During the early nineteenth century there was increased division between the structure and function of the male and female body, influenced by the developing social and natural sciences. With advancing medicalisation, women increasingly became the object of medical fascination and the medical gaze. Doctors became interested in women's reproductive functions and capacities and women increasingly became defined in reproductive terms. Not only were physical 'abnormalities' attributed to some malfunction of the reproductive system but emotional and psychological symptoms were seen fundamentally as a result of women's inferiority:

> Women's bodies had long been considered inferior to those of men, but it was in the nineteenth century that they became thoroughly pathologised, regarded as intrinsically diseased and malfunctional.
>
> (Jackson et al 1993:365)

The popularity of Cartesian body-mind dualism led to the belief that women's bodily functions not only governed but limited their minds and behaviour. Similarly, education and overtaxing the female brain were thought to compromise her reproductive ability, something to be avoided at all costs. The development of psychiatry during this period of biological determinism led to women's emotional health being defined by reference to her reproductive function. In short, the woman was a victim (Lawler 1991) of her 'unruly' reproductive organs and hormones which appeared to dominate her cognitive and emotional functioning (Jackson et al 1993:365). Extension of the knowledge and power of the medical profession, the rise of capitalism and industrialisation during the late nineteenth century therefore emphasised distinctions between women's and men's bodies (Shilling 1993).

Pollution, danger and body boundaries

Central to the reproductively defined female body are the concepts of pollution and danger, which, as I will show, are linked with a privileging of body boundaries. It is in this way that the female body is constructed as potentially polluting and dangerous.

Lawton's (1998) discussion of the 'unbounded' and 'bounded' bodies of hospice patients, offers insight into our understanding of the maintenance of the external integrity of our bodies. She used the term 'unbounded' in the context of patients whose normal body boundaries and surfaces were compromised by illness and cancer, resulting in ordinarily contained 'matter' becoming uncontained. She describes how admission to the hospice was encouraged by the family's inability to cope with the progressive breakdown of the body surfaces, for example incontinence, discharges and odours. The unbounded body can therefore be seen as both 'a locus and a source of dirt' (Lawton 1998:17). This breakdown of the patient's body served also to compromise the body boundaries of their relatives, almost as if 'the patient's body "seeped" into the boundaries and spaces of other persons and spaces' (Lawton 1998:13). When pain and symptom control were successful the boundedness of the body was restored and she described the hospice as a 'mediator between the unbounded and the bounded body' (Lawton 1998:7).

Lawton also observed an apparent loss of self and identity within patients experiencing this unbounded body:

> Once a patient's body falls severely and irreversibly apart she or he exhibits behaviour which suggests a loss of self.
>
> (Lawton 1998:9)

Drawing on the work of Elias (1994 cited in Lawton 1998) she argues that the emergence of the bounded body occurred with the rise of individualism and that if the bounded, sealed, isolated body is central to constructions of self-hood and identity, then unbounded patients do not fall into the category of persons. It follows therefore that in order to restore or maintain 'personhood' our body boundaries should remain tightly closed. Lawton's conclusions confirm Battersby's (1993:38) point that 'our body boundaries do not *contain* the self; they *are* the embodied self' (emphasis in the original).

Lawton's unbounded body, whose boundaries are broken and which is both a source and locus of dirt, has parallels with the pregnant and labouring body. During pregnancy the woman's body boundaries are blurred, as two beings, the woman and the baby, lay claim to the one body. Pregnancy provides an opportunity for simultaneous multiplicity and singularity and 'the blurring between the "inside" and "outside" the self' (Lupton and Barclay 1997:31). During birth, of course, the woman's body boundaries are further challenged as the boundary is literally broken and crossed. The seeming importance attached to restoring the boundedness of the body as discussed by Lawton (1998) illuminates the way in which these broken boundaries can be seen as challenging.

The threat inherent in the breaching of bodily boundaries is the contamination by 'dirt', which Douglas ([1966] 1984:36) defined as 'matter out of place'. In the context of the body, dirt is anything which either symbolically or in reality emerges from the body or is contaminated by a body aperture (Lawler 1991). As a result bodies that emit dirt are seen as polluting and dangerous, a threat to the stability of the society:

> The body is the primary source of dirt, but such dirt is also imbued with a sense of power and sometimes danger, especially dirt associated with the margins of the body.
>
> (Lawler 1991:76)

Drawing of the work of Kristeva (1982), Lupton (1995) writes:

> The dirty body, is a horror, a source of loathing and disgust, a thong whose boundaries are leaky and uncontrolled and threaten to contaminate others; its apotheosis is the corpse.
>
> (Lupton 1995:47)

Within both historical and contemporary cultures women's bodies are constructed as far more dangerous than men's because of their greater propensity for the 'natural' breaking of body boundaries and the subsequent potential for dirt (Lupton 1994). This potential and the fear of its pollution is rooted within their reproductive capacity as dirt 'leaks' (Hepworth and Featherstone 1998) from women's bodies in the form of menstrual blood, amniotic fluid, tears, blood during and after birth and breast milk.

There is therefore within and across cultures great effort employed, on either religious or hygiene grounds, in hiding, disguising, containing, and removing dirt and thereby regulating the messy female body (Lupton 1994, Hepworth and Featherstone 1998). This messy body is sanitised, bodily apertures camouflaged (Lawler 1991), in order to conceal, contain and police (Lupton 1994) the potential danger and re-stabilise the threat of harm. Within our own culture examples include: the taboo on and management of menstrual blood which emphasise containment and invisibility and the use of clothing to conceal woman's dangerous pregnant and lactating body (Laws 1990).

Control

Medical control and the medicalisation of 'women's business' are currently the principal regulators of women's bodies (Laws 1990, Jackson et al 1993, Lupton 1994) not only through the 'problematisation of the normal' (Armstrong 1995:395), and the exercising of specific interventions, for example hysterectomy, hormone replacement

therapy, active management of birth, but more subtly through the objectification of women's reproductive capacity. Writers within the feminist tradition (for example Laws 1990, Young 1990, Sbisa 1996) argue that as medicine is predominantly male, medical control is part of a range of patriarchal social institutions exercised over women in order to 'bring reproductive power under male control' (Laws 1990:7). Furthermore, Ettorre (1998) argues that female bodies are seen as more reproductive than male bodies and therefore 'the procreative bodies of females tend to be subject to more control than those of males' (Ettorre 1998:549).

The works of Foucault have been influential in contemporary analyses of the institution of medicine (Lupton 1994):

> Foucault identified the establishment of the medical clinic and teaching hospital in the late eighteenth century as a pivotal point for ways of conceptualising the body. He viewed medicine as a major institution of power in labelling bodies as deviant or normal, as hygienic or unhygienic, as controlled or needful of control.
>
> (Lupton 1994:23)

Fuelled by interest in the interior body (Jordanova 1989, Jenks 1995, Sawday 1995) and a desire for a map of this body interior (Lupton 1994), the discipline of medicine developed during the late eighteenth and early nineteenth centuries. Foucault (1975 in Lupton 1994) argued that the tools associated with this development for example, the stethoscope, microscope, post-mortem, established the medical gaze which 'served to increasingly exert power upon the body' (Lupton 1994:23). He likened this medical gaze to what he called the panoptic gaze. In the context of a prison, the Panopticon is a large tower, providing a 360 degree vantage point from which the prisoners could be observed by their watchers. The prisoners were unaware of being surveyed because they were unable to return the gaze of their minders. There was therefore inequality between

the person looking and the person looked at (Norris and Armstrong 1998). This asymmetry of power Foucault argued was central to the panoptic gaze.

This panoptic medical gaze increasingly exercised control of individual sick bodies within the institution of the hospital (Heaton 1999). However in the twentieth and twenty first centuries there has been an 'emergence of a distinctly new medical gaze' (Heaton 1999:770) which is no longer confined to the institution of the hospital. This new medical gaze extends to not only sick but healthy bodies (Armstrong 1995, Heaton 1999) and is to be found not just within bodies but in the spaces in between bodies (Armstrong 1983, Lupton 1994, Armstrong 1995, Heaton 1999). Thus, medical control has extended beyond the boundaries of the individual sick body to incorporate for example surveillance of public health and health promotion and now polices both bodies and populations (Turner 1996). The subtlety of the medical model (Hewison 1993) 'moves medical and health concerns into every corner of everyday life' (Lupton 1997:107) where 'individuals increasingly become implicated in the monitoring of their own bodies' (Heaton 1999:771).

In this context, pregnancy and childbirth have been defined by medicine as 'inherently hazardous' (Hewison 1993:228), described as normal only in retrospect, and the technological strategies of medicine (Ettorre 1998) are used 'as a means of mastery over the uncertainties of birth' (Hewison 1993:227). Technological management (Davis-Floyd 1987, 1990a, 1990b), interior surveillance (Petchesky 1987), careful policing of body boundaries (Lupton 1994) and body fluids (Lupton 1998), control of emotions during labour (Lupton 1998) are examples of the strategies by which medicine maintains control over the birthing process. The men in the study were directly

confronted by these strategies and, in later chapters, I return to examine the nature of these encounters.

The male body

In contrast to the complex nature attributed to the female body discussed above, men's bodies have not been regarded in the same way. The construction of the man's (superior) body as the norm, in opposition to the woman's (inferior) body and the construction of women's bodies within reproductive terms has led to the understanding that women are more embodied than men and 'constituted as "bodies" in ways that men are not' (Lupton and Barclay 1997:32).

Men for example, are defined in neither reproductive or hormonal terms. If a man loses his temper, an excess of androgens is never the explanation. In contrast to women's leaky bodies, men's bodies are perceived as strong, closed, tightly bounded and self contained (Hepworth and Featherstone 1998). Watson (1998:165) suggests that male embodiment remains 'largely "unproblematic"; fixed and immutable' which has resulted in limited empirical and theoretical attention (Battersby 1993). And yet clearly men are also embodied although their experience of their bodies is constructed in different ways to that of women. As discussed earlier, bodies are situated within culture and both 'social' and 'biological' bodies define and are defined by this culture. A cultural perspective therefore needs to take account of masculinities and their relationship with notions of male embodiment. Connell (1995), for example, argues that 'true masculinity' proceeds from men's bodies. Predominant ideals about what it is to be a man shape our understandings and practice of male embodiment. Changing

masculinities, will therefore result in re-workings of male embodiment (and vice versa), a process which is characterised by both opposition and resistance as well as acceptance.

The gendered response to pain provides a useful example here (Bendelow and Williams 1998). Western men, shaped by hegemonic masculinity, are discouraged from visibly expressing pain and are encouraged to 'take it like a man'. So if men are resituated with respect to pain, this challenges predominant ideals about masculinity. The concept of the male menopause is a further example (Hepworth and Featherstone 1998, Watson 2000). Hepworth and Featherstone (1998) suggest that a movement away from a purely biological explanation of the menopause opens up the way for a credible discourse on male menopause. So as women's 'biological' menopause signals changes in their production in reproductive terms so men's 'social' menopause signals (or coincides with) changes in production in employment terms.

The male body can therefore challenge and resist masculinities, especially when a man's body confronts what are considered female traits and characteristics. Women and men coming together at birth represent an example of dissonant body discourses. The leaky, polluting, dangerous and unbounded body of the woman comes face to face with the solid, strong, tough and contained body of the man. Furthermore Lupton and Barclay (1997:33) suggest that:

> because of the sociocultural meanings attributed to the importance of containment of one's body/self, to maintaining hardness and dryness, and because of the deeply gendered nature of those meanings, for men more than women to blur one's boundaries with another, to become plural and interdependent rather than autonomous (whether it be one's sexual partners or child) is potentially to incite anxieties and fears.

So whilst contemporary expectant fathers aspire to involvement in pregnancy and birth, they are also challenged by the resulting close proximity to the leaky female body. Some

of the men in the study, as I show in later chapters, regulated this threat by focussing on the less leaky 'head end'.

At this time, the liminal phase in the rite of passage, sees a paradoxical shift or inversion where woman is seen to be strong and man to be disempowered and weak. I argue therefore that pregnancy, birth and breastfeeding present challenges for male embodiment. I suggest, perhaps obviously, that the challenge is two fold. First, men are unable to experience pregnant embodiment and therefore have no direct 'somatic' experience of pregnancy, which is privileged within contemporary transitions to fatherhood. Second, the shift towards men's presence during labour and birth means that men are directly, rather than symbolically, confronted with the power of woman's reproductive capacity. This re-positions men as vulnerable and marginal and in this way threatens conventional or hegemonic masculinity. This vulnerability and the troubling of their masculinity was at the heart of the accounts of men in the study. The chapter now elaborates further this troubling and examines the concept of the pregnant body and the challenges it presents not only to the woman but also to the expectant man.

The pregnant body

In contrast to great interest in the 'biological' or medical pregnant body, there is surprisingly little theoretical and even less empirical work on pregnant embodiment. Young (1990) suggests this should be no surprise as women's subjective discourse has been neglected throughout history. Drawing primarily on the work of Young (1990) and Lupton and Barclay (1997), I suggest two methods by which pregnancy challenges our understandings of the body: first its opposition to the taken-for-grantedness nature of our bodies and second its encounter with altered body boundaries.

I have discussed earlier how, as individuals, we 'occupy', are constituted by and live through our bodies and that there is a reciprocal relationship between the body 'social' and the body 'biological'. In this everyday functioning we are not normally aware of our bodies for their own sake. For example, when sitting on a chair, we are not actively conscious of where our body touches the chair or the floor. As Nettleton and Watson (1998:10) describe:

> we are not always as conscious or aware of our bodily actions, we do not routinely tell our body to put one leg in front of the other if we want to walk, or to breath in through our nose if we want to smell a rose. The body in this sense is 'taken-for-granted'.

This taken-for-grantedness nature of the body is characteristic of our embodiment. It is only when the body does not function in this taken-for-granted manner, for example in fatigue or illness that we become aware of it (Young 1990). Pregnancy is also a process that upsets the taken-for-grantedness state of the body. The pregnant body is not a taken-for-granted body, it is a special privileged body which makes 'visible', or objective the usually 'invisible' or subjective body. As a process happening inside, pregnancy throws us into a different relationship to our bodies. Young (1990:163) argues that:

> The integrity of my body is undermined in pregnancy not only by this externality of the inside, but also by the fact that the boundaries of my body are themselves in flux.

In addition to challenging the taken-for-grantedness of the body, pregnancy, birth and breast feeding, challenge our concepts of both individuality and ownership. Throughout the process of individualised embodiment we are seen to exercise ownership over our bodies. Lupton and Barclay (1997) suggest that the tension between the desire to be individual and the simultaneous intimacy of 'another' during pregnancy can be 'confronting and unsettling' (31). Some women enjoy this unique intimacy with their

baby, others may never come to terms with this tension and can feel devoured or invaded by the baby (Young 1990, Lupton and Barclay 1997). And if women as embodied can feel ambivalence toward the baby, the case for men is perhaps even more so:

> It may be argued therefore that the blurring of body/self boundaries that may be an outcome of parenthood may be experienced as more confronting by men because it challenges specific ideals of masculinity. *These ideals tend to position the male body/self as far more separate and autonomous than the female body/self.*
>
> (Lupton and Barclay 1997:32 - my emphasis)

I suggest this challenging of body boundaries within pregnancy occurs in a number of ways. First, the concept of two people being within one body challenges notions of self, as boundaries between self and 'other' become indistinct. Thus the mother's autonomous 'self' is called into question by the presence of the fetus and similarly the 'self' of the child remains elusive, lodged deep within the mother's body. Second, as the woman's body shape changes in response to the growing baby, her physical body boundary literally changes. The third and perhaps most disturbing challenge, is the literal breaking of body boundaries, as the woman's body opens (or is opened) in order to see (via ultrasound), deliver and feed the baby. Drawing upon the accounts of men in the study I shall now discuss each of these in turn.

Two yet one

During pregnancy the woman experiences her own subjective body whilst simultaneously experiencing another body which is not her own, what Young (1990:163) calls 'the sense of the splitting subject':

> As my pregnancy begins, I experience it as a change in my body: I become different from what I have been. My nipples become reddened and tender; my belly swells into a pear. I feel this elastic around my waist, itching, this

> round hard middle replacing the doughy belly with which I still identify. Then I feel a little tickle, a little gurgle in the belly. It is my feeling, my insides, and it feels somewhat like a gas bubble, but it is not; it is different, in another place, belonging to another, another that is nevertheless my body.
>
> (Young 1990:163)

Pregnancy therefore challenges the woman's concept of self, as the developing baby, contained deep within her body, upsets her understanding of where she begins and where she ends. Is the baby's body part of her body or is the baby a separate entity? The objectification of the baby as something separate, underscored by the medicalised privileging of the fetus, can contrast with the woman's subjective embodied experience of pregnancy. The medical profession, for example, regard the baby as a separate individual, open to medical and surgical intervention through the 'veil' of the woman's body. The individuation of the baby, 'eliminates the mother's body from view' (Kember 1995:107) and gives the baby status as patient (Petchesky 1987). For example, the ultrasound scan fosters this development of the fetal patient, where the baby is seen as separate from the mother, located somewhere else, in a liminal space. I elaborate this concept of the primacy of the baby and the invisibility of the woman's body in my discussion of the ultrasound scan in chapter six.

In pregnancy, body image is challenged as the boundaries between inside and outside, self and non-self become more fluid (Young 1990). Despite the ambiguity of this experience for the woman and whether she regards the baby as invader, coloniser, visitor, devourer or simply as part of herself, nevertheless only she has access to this embodied experience. Men do not experience this at all:

> Only I have access to these movements from their origin, as it were. For months, only I can witness this life within me, and it is only under my direction of where to put their hands that others can feel these movements. I have a privileged relation to this other life.
>
> (Young 1990:163)

It is this privileging of the woman's knowledge of the baby and its closed access about which the men in my study talked. Many of the men talked about the lack of 'evidence' of the reality of the pregnancy. For their partners, the physical nature of the pregnancy was very real as they experienced the changes within and on their bodies. But for the men their was no parallel experience. Dave, an experienced father expecting the birth of his second child, talked about how the pregnancy had little impact on his day-to-day living. He acknowledged that things were happening within his partner's body, that his wife (as opposed to the baby), was 'developing and growing', but he discounted these inner happenings because he could not experience or even see them:

> I mean when the pregnancy was actually confirmed Karen always said well it was as if it didn't mean, it didn't make any difference to me. And to an extent it didn't, because of course there was like nine months between that and anything actually really happening. I mean obviously Karen was developing and growing but erm [ ] There was no physical evidence, of anything, just Karen looks exactly the same to me but she was feeling completely different.
>
> (Dave 1:5)

Jim, another experienced father, found it difficult to understand the concept of the inner growth during pregnancy and contrasts his 'bizarre' standpoint with the 'natural' standpoint of women, who appear to stand in a continuous relationship within the natural world:

> Well I think, I mean….to a man you can't imagine what it's like to actually have a baby, you know, sort of growing inside you and I, erm, it's totally bizarre to me. I mean I can understand how it feels completely natural to, to you know a woman, who's you know, has evolved over millions of years to sort of, you know that's her function….but it's something that sort of totally erm, strikes me as sort of totally bizarre and I just can't imagine, can't imagine what it's like.
>
> (Jim 1:9)

Their aspirations for involvement and yet their inability to directly experience the baby left many of the men feeling remote and distanced from the pregnancy. For example

Nigel, a novice and Pat, an experienced father, contrasted woman's 'knowing' with their 'knowing' and described the sense of remoteness this created. In these accounts woman's ability to 'feel' what was happening within her body gave her a privileged 'first hand' knowledge of the baby. Men did not have access to this knowledge, the pregnancy was less real and they therefore felt distant:

> Because obviously a woman knows, can feel what's happening and and you know it's very, it's first hand, whereas, you know, you feel a bit like a spare part.
>
> (Nigel 1:4)

> But she felt more during the pregnancy and I'd and I didn't really feel any, any great excitement or anything [ ] I'm pleased and looking forward to the birth but I can't sort of, like feel, cos it's not there for me yet. So it's a bit more difficult. I mean for a woman she feels it a bit more.
>
> (Pat 1:5)

For Rhys, his lack of physical experience of the pregnancy meant that life carried on 'almost the same'. He implied this was important in minimising the disturbance of the pregnancy and maintaining stability within the home:

> Rhys: With men it, it doesn't affect you physically.
>
> Janet: Mmm. So it's just like life goes on….exactly the same….or almost.
>
> Rhys: Almost the same and you just, you know, and that's it, you just. At least one of you has to keep trudging on.
>
> (Rhys 1:7)

Some men suggested that their lack of continuous physical experience meant that they were able almost to opt in and opt out of their involvement of the pregnancy; they had an element of choice that their partners did not. These men remained focussed on everyday life, frequently their paid work, rather than on the minutia of the progress of the pregnancy. The sometimes part-time nature of men's involvement was a theme

which recurred after the birth in the context of practical fathering, which I discuss in greater detail in chapters nine and ten. James, for example, expecting his third child, was committed to the concept of involved fatherhood and apologetically contrasted his choice of part-time involvement with the continuous involvement of his partner. Steve, a novice father, described how the pregnancy kept 'drifting away' and how he felt guilty about 'forgetting' he was a father. Woman's pregnant embodiment can therefore be understood as an anchor, firmly grounding the reality of the baby within their day-to-day existence. The men had no such anchor:

> I mean....Sue has the day to day physical experience of course in the pregnancy. For me it's a sort of a choice, whether I think about it or not, if I'm honest. But erm, I do most days, I think.
>
> (James 1:3)

> So, it was actually, almost feeling guilty about forgetting that you're a father sometimes. It keeps on drifting away and you can find yourself go half a day without thinking about the consequences and, yes, it's the reminders that er really help.
>
> (Steve 1: 4)

Some men found it difficult to conceptually reconcile the pregnancy with the idea of having a baby. The pregnancy experience was so remote that they were unable to simultaneously reconcile the pregnancy and the baby as two parts of one integral process. Joe was a novice father and therefore negotiating these experiences for the first time. He described how he understood the baby and the pregnancy as two separate and almost unrelated entities, Young's (1990) notion of the 'splitting subject':

> I can see her pregnant and we've just had a friend that's got like....a seven week old now. And I can see Julie pregnant and I can see her with a baby and the two don't seem to go together and that's a really odd feeling and I don't know how to describe that. You see a pregnant lady and then you see someone with a baby and....it seems two separate type things.
>
> (Joe 1:12)

Without the anchor of direct embodied experience, all men valued and enjoyed the secondary accounts given to them by their partners about the pregnancy and the development of the baby. In addition most enjoyed the points at which they could come close to the baby, for example 'doing' the pregnancy test, seeing the scan, feeling the baby move and being at the birth. Chris, an experienced father, described how seeing the baby during ultrasound and feeling the baby kick, a kind of proxy embodiment conferred through the medium of technology or his partner's body, signalled the beginning of the reality of the pregnancy. The impact of the ultrasound scan occupied a key position within men's accounts and I discuss this in greater detail in chapter six:

> It's not until, I suppose the first, the first time is probably the early scan at twelve weeks. And you see very sort of, very tiny, tiny baby growing. It's the first time you ever see anything and the first time you get involved and then it's not really until she starts, she starts growing and er getting big. And you first sort of feel the kicks of the baby. And that's when you really start, felt as if 'Yes', you know, 'There's something happening now'.
>
> (Chris 1:6)

Feeling the baby move was also a formative moment for Ken. He described his frustration and, elsewhere in the interview, his jealousy at not being able to physically experience the baby. His ability to 'feel' was central to being able to confirm the reality of the pregnancy. He wanted evidence that he was feeling his baby, rather than just 'touching anything':

> Ken: It feels nice (*feeling the baby's movements*). It does. I think it's harder for me because I get frustrated that I can't experience any of it physically at the moment, other than putting my hand on the outside and feeling the movement.
>
> Janet: Has that changed at all during the pregnancy?
>
> Ken: Yeh, I think and the movements are getting more noticeable. The first few months I put my hand there and you couldn't feel anything so….you could be just touching anything. Now that the movements are obvious and very….I feel more part of it.
>
> (Ken 1:5)

Nigel, a novice, interacted with his baby not only in a proxy second hand nature, via his partner, but also almost in a kind of third hand manner, by objectifying it and using it as a project for his class of school children. Implicit in his account is the assumption that in contrast to women whose continuity of experience confers continuous bodily reminders of the pregnancy, men have no such privilege and therefore have to 'make time' to work at or even force an involvement. Nigel created and legitimised a space for his involvement in his pregnancy by making it public property and incorporating it into a class project:

> I think, as far as the involvement in the pregnancy is concerned, it's quite tricky I think if you're working [ ] so I don't have the time to sit down and think. [ ] I mean we're doing the human body at school this term, so I've thought of preparing something, you know, sort of calendar for when the baby comes, its developments, sort of, with the children, to sort of give them up dates each day.
>
> (Nigel 1:8)

So, for the men, direct embodied access to the baby was closed and the data above illustrate some of the frustrations they felt as a result. Just as the woman's body was the medium through which she *directly* experienced the baby, so their partner's bodies were the medium through which the men gained *indirect* experience. This distanced embodiment, was a major feature of the data and in the next chapter I discuss in more detail how the men negotiated their position in relation to pregnancy.

Boundaries moving: the growing body

What the men did have direct access to was the changing shape of their partner's bodies, a rather more literal moving of body boundaries. In contrast to some periods in history when pregnancy and sexuality have been inseparable, Young (1990) suggests that because predominant cultural ideas of feminine beauty are now centred on the slim

figure, our culture, 'harshly separates' pregnancy from sexuality (166). Some women therefore may experience pregnancy as 'ugly and alien' whilst others actually enjoy a liberation from the 'sexually objectifying gaze that alienates and instrumentalises her when in her non pregnant state' (Young 1990:7).

The changing and distortion of the woman's body during pregnancy is a sign of the growing presence of the baby within. Not only do 'advancing' body boundaries make visible the hidden and secret sexual act but they also heighten the tension between multiplicity and singularity. In this way the pregnant body can be seen as disconcerting and confronting, an ambiguous mix of sex/reproduction and two-yet-one and is therefore often concealed and contained in disguising clothing. Recent images in the media of heavily pregnant naked women, for example Demi Moore on the cover of *Vanity Fair*, directly confront our taboos.

Just as women are often ambivalent about changing shape during pregnancy, the men in my study also experienced their partner's changing body boundaries as both pleasurable and problematic. Price (1996) reports that toward the end of pregnancy, the men in his study were both disappointed and embarrassed with the changing contours of their partner's bodies and 'admitted that it was difficult not to tease' (14). Some of the accounts of the men in my study are surprisingly frank and reflect a use of humour in an attempt to deflect their anxiety about body changes. This use of humour was also observed by Laws (1990) in her study of men's attitudes toward menstruation. Malcolm and Julian were both fathers of twins and, using the banter and humour predominant within the focus group, described the permanent changes to their partners' bodies:

> And we've had to come to terms with our wives stomachs being different, as well, haven't we? Those lovely trim waists have gone forever, haven't they? (*Julian 'Yes!'*). Having twins does make a terrific effect on a

woman's skin and tummy. They can never wear bikinis and look attractive again, you know.

(Malcolm: FG3:18)

I mean, Kate was nearly, what was she, nearly 58 inches or something around the waist. And you know what Kate is like, she's a stick. She was a size eight before and then she went five foot around the waist. And I used to call her Budda cos she'd be on a chair like this and her belly would be on a cushion in between her legs like this. It was not particularly pleasant (*laughter from Malcolm*)....That's twins!

(Julian: FG3:18)

Some of the men regarded the change in shape as a barrier. In focus group one, Robin said that 'the bump itself creates a physical distance'. Matthew was surprised by his reaction to his partner's changing shape. The growing 'bump' challenged his notions of his partner's normality and perhaps it was this that was threatening:

I don't know, there's a feeling that, I know some people are attracted to their wives to partners that are pregnant and some aren't. And I'm maybe a little bit put off by the fact that Elizabeth is changing, size and shape. And that normally she's not, she's really slim. And she's got this big bump appearing and it's going to grow and that's not her normally to me. And that's obviously a physical change and maybe it's a bit off putting [ ] I suppose it is a bit of a barrier. I'm surprised that it has affected me because I didn't think that it would.

(Matthew 1:13)

Boundaries broken

Birth itself presents the greatest challenge to body borders and boundaries, when the baby makes the journey from inside to outside, from dependency to independency, from object to subject. In medical terminology the baby, the *passenger*, negotiates the birth canal, the *passage*, through the gateway of the cervix, aided by the uterine contractions, the *powers*. The cervix becomes therefore the threshold between the inside and outside (Thomas 1992). Although the final outcome of labour resolves the two-in-one paradox of pregnancy by separating the woman and the baby, the actual labour process can momentarily emphasise this paradox. In navigating its passage from inside to outside,

the baby not only makes its own transition from 'fetus' to 'baby' but also turns the woman into a mother. During its literal passage, 'for a short while both inside and outside' (Young 1990:163), the baby occupies a highly ambiguous and liminal status.

Nigel described the impact of this simultaneous 'inside and outside'. His account suggests that the moment of birth rather than the duration of pregnancy was the time at which, for him, his baby 'became his own person' and began his 'real' existence:

> Oh, it's fantastic. I mean it's, I remember when the head came out and the face was looking down and started to turn to come out. I mean that was, you know, first of all it was, just seemed to see it as so enormous, the size of the child, I mean and, and the fact that, you know with the features obviously squashed up a bit because he was still on the way out but with, you know, when he was fully delivered all of a sudden he started to become, to become his own person, you know, you could see you know the features and the bit of hair and that sort of thing.
>
> (Nigel 2:5)

Nigel's positive retrospective view of the moment of birth is in sharp contrast to Steve's antenatal expectation. The concept of the breaking of the boundary was disconcerting for Steve. His concern about the potential damage to his partner's body is reflected in his use of violent language:

> It really is quite terrifying to think what Jane is going to have to go through. I mean, seeing the diagrams it just seems inconceivable that that (*the baby*) can come out of there (*the birth canal*). And things don't get ripped off or broken up.
>
> (Steve 1:18)

I have already discussed the fear of pollution via the blurring of the body boundaries and the desire to maintain the integrity of bodily boundaries in order to contain pollution. The act of birth presents a major threat as dirt, in the form of blood and amniotic fluid are emitted from a breached body surface. Some men expressed antenatally worries about their reactions to 'blood and guts', which were not always realised in the actual

event of birth. Although initially concerned, Rick for example, placed these concerns in the context of the totality of the birth:

> I imagine me being sort of affected by it. I guess it's sort of 'Oh gosh, look there's a person emerging from Hilary'. You know, maybe the blood and guts will just be sort of immaterial to, you know, what's happening, gosh, 'My son, my daughter. Wow!
>
> (Rick 1:12)

This breaking of the woman's body boundary by the baby and their concern about 'blood and guts' was disconcerting for some men and this was reflected in their spatial location within the labour room. Some men elected to remain at the 'head end', to provide emotional support to their partners, and avoid contact with pollution and dirt. Others had a desire to be at the 'bottom end' to be involved in the 'mechanics of the birth' (Pat 1:6) and to witness the birth of their child. Still others elected to stay in the middle, because either they were unsure of where they wanted to be or to act as mediators between the bottom and the head ends, communicating the progress of the labour to their partners. I return to this discussion in the next chapter. In this antenatal interview Ken, for example, anticipated staying at the head end, although he actually ended up at the bottom end:

> Janet: And what do you imagine that you will be doing during that period of labour?
>
> Ken: During labour? Hopefully staying near Sarah's head (*laughing*) and comforting her and….
>
> (Ken 1:8)

Nigel and Dave were mediators between the head and bottom ends, incorporating their desire to watch the birth with the role of supporting their partners:

> Janet: So which end of the bed did you stay at?
>
> Nigel: Erm, in the middle actually, yeah. Erm, I mean when, you know, I was helping as well, helping. I was looking, you know, when the

> head started to appear but I suppose most of the time I was in the middle, you know.
>
> (Nigel 2:4)

Because like I was shuffling between one end of the bed and the other and telling Karen what was going on and saying 'Look the head's there and can see the hair etc etc'. And....you feel part of it, you don't feel it's, you don't feel squeamish.

(Dave 1:17)

Conclusion

In this chapter I have drawn upon theoretical concepts of the body and embodiment to understand women's embodied and men's 'disembodied' experience of pregnancy. In particular I have examined how the pregnant body, the two-yet-one, challenges understandings of conventional body boundaries. I have argued that with none of the biological markers of the pregnancy, the men in the study sought involvement and yet were simultaneously challenged by the pregnant body. In the next chapter I consider some of the ways in which the men were positioned with respect to this body and argue that the manner in which they drew close to the pregnant body aided their transition to fatherhood and was a key component of the new pregnancy and childbirth ritual.

CHAPTER 5

'You're always going to be one step removed': the significance of body-mediated-moments

Introduction

The previous chapter contrasted women's embodied and men's disembodied experience of pregnancy. The two-yet-one, ambiguous nature of the woman's body and her subsequent privileged knowledge were contrasted with men's biological exclusion. The men were encouraged to be involved in the pregnancy and, as later chapters show in the delivery, and yet simultaneously distanced as a result of their inability to experience the privileged biological processes of pregnancy and birth. The cultural distancing of fathers (discussed in chapter 2) can therefore be perpetuated by a biological distancing. This cultural and biological estrangement emphasised the liminal nature of their betwixt and between status. This chapter discusses how the men became involved during pregnancy, to a greater or lesser degree, in behaviour which, either consciously or not, served to bring them closer to the pregnant body and their (unborn) child. I suggest this behaviour constitutes part of a new contemporary ritual shaping men's transition to fatherhood. This chapter begins by setting the context for a discussion of men's involvement before examining in detail their encounters with the pregnant body.

Men's involvement in pregnancy

Existing health related research on fathers has documented their involvement in pregnancy and birth. May (1982a) for example suggests three phases of involvement; Announcement, Moratorium and Focussing phases. The Announcement phase, lasting a

few hours or a few weeks was when the men found out about the pregnancy. During the Moratorium, characterised by lack of evidence, men put aside the pregnancy and continued with present day life. The length of time a man spent in this adjustment period was dependent on the extent to which he was ready for pregnancy. As the reality of the pregnancy took hold, assisted by the dramatic changes in their partner's bodies, hearing the baby's heart beat or feeling the baby move for the first time, the Moratorium ended. The Focussing stage was marked by men's acceptance of the reality of the pregnancy as they focussed on their feelings and experience and began to redefine themselves as fathers.

In a broader context including birth and early fatherhood, Jordan (1990a) describes the essence of expectant and new fatherhood as 'labouring for relevance' and also suggests three phases in the transition to fatherhood; 'grappling with the reality of the pregnancy and child'; 'struggling for recognition as a parent' and 'plugging away at the role-making of involved fatherhood'. During the first phase, probably analogous with all three of May's phases (1982a), the reality of the pregnancy was enhanced by 'reality boosters' such as the baby's movements and the scan.

Like May (1982a) and Jordan (1990a), I have suggested that men felt distanced because they were unable to share the physiological experience of the pregnancy. During very early pregnancy when, to the men, there was little physical 'evidence' of the existence of the baby, men's experience was one of detachment. Barr (1990:271) provides his own personal account of this:

> Just as a man does not have the pain and discomfort, so he also does not share the physical changes which take place while a baby grows inside a woman....during those 9 months I never quite got onto the baby's wavelength....it seemed to be something that was between her and the baby alone.

Men's location was therefore distinguished by distancing and alienation and, in contrast to woman's continuity, Sbisa (1996) suggests this reflects men's discontinuity from their seed. Oakley (1979: 198) argues that 'the seed that started it (*the pregnancy*) off is lost inside a foreign body and the long months that preface its re-emergence can often be a kind of limbo'. I suggest this limbo and discontinuity throw men into a status gap during which the majority of the men I interviewed felt vulnerable and redundant. For novice fathers (n=6) this was completely uncharted territory. Their lack of previous experience of both their partner's pregnant body and the medicalised nature of the whole process meant that men were thrown into a new status, 'an alien world' (Shapiro 1987:38) characterised by ambiguity and unclear roles.

Experienced men (n=12) were also experiencing a transition as their status changed from novice to experienced father. Some of the territory was familiar as they had made the transition at least once before. Unfamiliarity for them was most often characterised by the unknown impact of additional child on their existing child(ren). The knowledge gained on these previous occasions was a kind of rehearsal making their status less ambiguous and aiding transition.

Taylor (1992) argues that 'men are actively encouraged to participate in pregnancy, childbirth and childcare and, at the same time, physiologically forced to retain a peripheral role' (65). Similarly Lewis (1983) suggests father's roles in pregnancy are paradoxical. They are firstly 'less engulfed' than their partners but yet secondly they are 'centrally involved'. Bittman and Zalk (1978:37) describe this gap as a kind of 'waiting in the wings' and suggest that 'it is ironic that the father, feeling himself more and more outside the new family triad, is experiencing this exclusion at precisely the moment his child is creating sense organs with which it will reach out to him' (39).

In her interviews with men, Taylor (1992) similarly argues that during pregnancy the men were 'physically remote from the process' (65), resulting in feelings of alienation, detachment and difficulty in relating to the pregnancy. Jordan again (1990b:312) writes:

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

For the men in my study their second hand contact with the baby during pregnancy and birth was mediated by and through their partner's body. Contact with the baby via this 'proxy' embodiment was a 'reality booster' (Jordan 1990b) and therefore assumed great significance. All the men engaged in such contact with their unborn babies through the second hand accounts of their partners in what I have called 'body-mediated-moments'. Chapter 4 discussed how our experience of our bodies, our embodiment, is a social process located in social spaces and within a network of people. Because we are ourselves mediated through our bodies, life therefore is full of body-mediated-moments. In the context of the study however, the term's ambiguity is used purposefully to express how at a time when the man is negotiating his transition to fatherhood, he uses the woman's body to gain or mediate access to the fetal body.

Body-mediated-moments were high profile within the interviews being associated in particular with the pregnancy test, the ultrasound scan, the baby's movements, and culminating in labour and delivery. I argue that engaging in these moments, privately and publicly marked and confirmed his new status and were therefore part of the contemporary man's pregnancy ritual (Heinowitz 1977), promoting transition to fatherhood. I now examine some of these body-mediated-moments in detail. The

ultrasound scan was a formative body-mediated-moment and because of its centrality to men's discourse, I examine their visual encounters in the next chapter.

Confirmation

Within the first interview I asked men to tell me about when the pregnancy was confirmed. For the majority of men the pregnancies were planned and, like the men in May's study (1982b), represented a completion of financial, physical and emotional security. For example, some talked about the pregnancy as cementing the relationship between the couple, 'as part of the package' (Gary 1:3). For others buying a house in a respectable area and financial viability were prerequisites to responsible fatherhood. Pregnancies planned in this way reflected men's larger transition to adulthood and corresponded with what May (1982b) called 'readiness for fatherhood', and were greeted by the men with great excitement. Rick described a mixture of pleasure and apprehension associated with this transition to adulthood. He was simultaneously relieved that he and his partner were able to conceive, a confirmation of his manhood, and yet paradoxically apprehensive about the uncertainties that lay ahead:

> I mean it was something that we'd obviously discussed and we'd planned and, you know, we were trying for a baby. Erm….a mixture of feelings really, I suppose. One was relief that everything biologically worked. Erm, a bit was sort of 'Oh shit, I've done it now!' (*laughter*). Erm, but quite happy really I suppose.
>
> (Rick 1:2)

In contrast, three of the current pregnancies were unplanned and men's reactions to these were characterised initially by shock, fear and resentment. These men took longer to adjust to the news of the pregnancy and one man was still speaking of his resentment, albeit intermittently, in the second interview, a few weeks prior to the birth. Bill and his wife were unexpectedly pregnant with their third child. The initial 'pleasant shock' was

gradually replaced by concerns about the long term consequences. As an experienced father he was aware of and apprehensive about the commitment of fathering and was also anxious about his partner's previous experience of postnatal depression:

> And I think it was largely a pleasant shock at the time but I think our, both our emotions have, have over the period in between then and now, have roller coasted a little bit. And, erm, I hate to admit it, but there have been times, I'm sure Jennifer feels the same, where we've er, we've erm felt negative about and resentful about the fact that we've, we've done what we've done and that we feel that maybe there are going to be problems as a result of that. That we….maybe are not prepared for erm, or whatever.
>
> (Bill 2:7)

Irrespective of the planned or unplanned nature of the pregnancy, the pregnancy test itself frequently featured in men's accounts of the early days of the pregnancy. Beyond the sexual act itself, it was the first example of a body-mediated-moment. Many spoke vividly about the test, their involvement in it and its impact upon them. Jim's partner, Di, bought the kit and performed the test and then rang him at work to tell him the news. Their previous history of infertility heightened the impact for Jim:

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

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

> Well it was one of Boots pregnancy test things. This time I went out and bought it like an er….She did the test and it came up pink. And that was it.
>
> (Rhys 1:3)

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

Dave: When the pregnancy was actually confirmed, I suppose, erm, I'm trying to think. Apart from getting, actually going and buying the pregnancy test and seeing the blue line on….

Janet: So were you actually involved in that process?

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

(Dave 1:4)

Joe, a novice father, described how buying and doing the test was 'a joint thing': he bought and his partner completed the test. Despite this, the response of the shop assistant reveals an ambiguity associated with men's involvement in this process. She appeared to misinterpret his intentions of buying the test, assuming perhaps that the only reason a man could be buying a pregnancy test was to establish whether or not he had got a 'girl into trouble'. Her reaction however only served to emphasise to him its impact, which he expresses almost as if a goal had been scored. His description of choosing the correct test to buy illustrates how the shelf of pregnancy tests within the chemists was unfamiliar territory for him. In contrast, I argue that the scientific, objective and visual nature of the knowledge generated by the test was much more familiar to men. I suggest that throughout pregnancy and labour men drew upon knowledge which was predominantly visual in nature, a theme to which I later return:

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

Janet: So did you suggest that or did she suggest….that you go?

Joe: I can't remember, it was sort of a joint thing. I mean that was the way that we'd planned to go, to get it sorted and it was just like….'So I'll go'. So you're in the chemist aren't you and there's a whole batch of them, and I'm really tight being a, a bit if a northerner. So I asked the woman for some advice like, you know what did she think type thing, 'cos you've no idea. So she came up

with it, I'm not sure whether there was two tests in it or not. You could see like from her own demeanour that it was just like 'Shit, he's got someone in trouble' and er....(*laughter*) and she said something like 'Oh best of luck' or something like that, something like that. And I said 'I hope, I hope it's positive' type thing and her whole face changed. So that was really quite, quite novel. So I came back and was a bit apprehensive and so I gave it to her. But she actually did the test without sort of me there or anything like that, she was just upstairs in the bathroom. And she said 'John come and have a look at this' and I comes upstairs and there's the line on it so it's just like 'Yyyehh' (*making an upward movement with his right arm*). So it was just like real excitement.

(Joe 1:7)

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

> The third time around, it sounds silly really, but we'd been to the chemist for a pregnancy test each time and it's when the shop staff come back with a particular look in their eye and sort of call you to give you the results and somewhere in the corner of the shop the reality of pregnancy takes root in me. For some reason at that point that's the beginning of the process.

(James 1:3)

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

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

(Gary 1:4)

She usually knows if she is like (*pregnant*) but every time she seems to just know.

(Rhys 1:3)

Some men were dissatisfied with the level of confirmation obtained by the 'home' pregnancy test and despite the reliability of these tests, a lot of the men sought further 'professional' confirmation, a sort of validity check, behaviour also observed by Jordan (1990a and b). Matthew, for example, could not get enough confirmation and he expected the doctor to be much more involved in this process. His expectation of the medical management of the pregnancy was therefore expressed at this early stage of confirmation:

> And you always want more confirmation as well, don't you? We thought, you know we probably thought it was ninety odd per cent that she was and you want to go and find out more from your GP, don't you? And they don't really give you any more than, saying that they're (*the tests*) all very good now a days so if that's what it says then it must be right.
>
> (Matthew 1:2)

Forms of knowledge

The significance of the test and the expectation of medical management of the pregnancy, illustrate ways of knowing which are familiar to men. With respect to the pregnancy test, I argue that the test was significant for some men due to their familiarity with the process and outcome of such a 'scientific' test. Situated firmly within a masculine discourse, the scientific, objective and visual nature of the knowledge generated by the test is a familiar concept and was therefore used by men to reframe the

unfamiliar territory of pregnancy. Their use of these familiar resources of science and technology was also evident within descriptions of their labour and delivery experiences as well as, of course, the ultrasound scan. This knowledge, oriented primarily through vision, as opposed to embodied experience, positioned men differently in relation to pregnancy and labour and I return to this in more detail in the next chapter.

However, some men, most often experienced fathers, were less inclined to solely rely on this scientific or medical knowledge and drew upon knowledge generated by their partner's embodied experience. They therefore 'read' the woman's body differently and this reading not only underscored their accounts of pregnancy but also those of labour (see chapters 7 and 8)

Novice fathers were more inclined to align themselves with science and medicine. They, like their novice partners, were mystified by the processes occurring within and upon the woman's body, and were therefore more likely to rely on knowledge provided by the medical professionals and attributed less status to the embodied knowledge of their partners. Pregnancy was constructed as a medical event, and once officially confirmed 'placed you in their hands'.

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

> At a phenomenological level the pregnant woman has a unique knowledge of her body processes and the life of the fetus. She feels the movements of the fetus, the contractions of her uterus, with an immediacy and certainty that no-one can share. Recently invented machines tend to devalue this knowledge....such instruments transfer some control over the means of observing the pregnancy and birth process from the woman to the medical personnel. The woman's experience of these processes is reduced in value, replaced by more objective means of observations.
>
> (Young 1990:170)

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

She introduces the term *authoritative knowledge* to describe the outcome of a process that may occur when one form of knowledge gains ascendancy over others. The consequence of the legitimation of one kind of knowing as authoritative is the devaluation and even dismissal of other kinds of knowing. Medicalisation of pregnancy and childbirth can be therefore be understood in terms of the legitimation of medical and scientific knowledge and the consequent devaluation of the woman's embodied knowledge. Pizzini (1992:70) vividly describes the implication of this:

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

In this context therefore, it can be seen that at the site of the pregnant body a number of different discourses converge. For the woman her embodied experience of the pregnancy enables her to directly engage with her unborn child. For some of the men, however, the pregnancy was produced and made available through discourses of medicine and science. For example, the pregnancy test was a kind of scientific project reminiscent of school chemistry lessons which helped to locate men on familiar territory and helped them to reframe as familiar that which was unfamiliar. Additionally, I argue

in the next chapter ultrasound reproduces the pregnancy through the familiar and dominant mode of vision. A medical discourse was evident within Bill's account and he described how the pregnancy test was the first 'scientific evidence' of the reality of the pregnancy:

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

The presence of the interior invisible baby was therefore inscribed on the chemical reagent strip of the pregnancy test. For these men the pregnancy test, ironically with either pink strip or blue line, signalled the start of the pregnancy and marked I suggest the beginning of men's transition to fatherhood.

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

> Maurice: I found the feeling of the baby moving to be much more exciting than the scan.
>
> Janet: Why do you think that was?

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

(Maurice FG1:12)

I have suggested that men's involvement in the pregnancy test was an example of the way in which the familiar discourses of science and medicine underpinned their experience. The presence of the medical discourse was also evident in some of their accounts of the public announcement of the pregnancy and this is discussed in the next section.

The Annunciation

Prior to the 'official' confirmation which some men and their partners sought, the pregnancy was located within a private realm. The baby, rooted deeply within the woman's body, was 'a secret that you can nurture between yourselves for a while' (Max FG3:5). Professional validation moved the pregnancy out of the private and into the public realm, composed not only of family and friends but also of science and medicine. Men were therefore initiated into their new roles as expectant fathers by the public and scientific expression and verification of the pregnancy. In addition to the scientific verification conferred by the doctor, some men also publicly declared their change in status through the process of informing friends and family of the pregnancy.

Some men wanted to ensure they told others about the pregnancy in the 'right' way, similar to the men in Richman's (1982) study who wished to observe 'the correct etiquette in spreading/controlling news about the onset of the pregnancy' (96). For Nigel, as soon as he had found out about the pregnancy he began to think about telling others. He wanted to ensure that news of the pregnancy was made available in socially structured and acceptable ways:

> Right! Who do we tell first? In what order do we tell people? Who should we not forget? Who needs to know first hand and who can we leave to pass on through the grapevine? It was that sort of thing the sort of social aspect of it if you like that was quite....You know, it seems strange that it should come top of the list and everything else erm like practical aspects have been pushed right to the very distance.
>
> (Nigel 1:2)

Later on in the interview he likened the processes of announcing news of the pregnancy and wedding invitations:

> We [ ] made sure that we were, you know, we were doing it at the right time and not sort of rushing back with the test results in our hand waving them. We wanted to do it properly. It's almost like erm sort of wedding invitations or something, you want to do it properly and er....it's such good news that you want to do it the right way and tell the right people in the right order. It's a silly thing to worry about really I suppose.
>
> (Nigel 1:3)

The order in which the news was broken to family and friends therefore assumed significance for some men. Even if they themselves were not actually involved in the process of announcing the news, there was an appreciation of the potential effect on family politics. Some wanted to keep it a secret and nurture it, whilst others wanted to share it. Most of the men were involved to a lesser or greater degree in sharing responsibility for the announcement. A few however assumed a secondary role preferring to be led by their partners, who had privileged access to the baby. Julian, for example, suggested that most men, acknowledging the 'expert' status of their partners, would therefore follow their lead:

> I reckon most people, most blokes would probably follow the lead of the wife because if the wife doesn't want to say anything until the first trimester's gone, and all this carry on, you probably respect that and going along with that.
>
> (Julian FG3:4)

Bernie's wife was a midwife so her 'expert' status was not only conferred by her privileged embodied knowledge but also by her privileged professional knowledge. As a result, she was therefore more aware of the potential problems which could occur at this stage in the pregnancy:

> Yeh, I was very much led by Sue, because with her midwifery experience she was basically, she was concerned about spreading the news until twelve or fourteen weeks and she didn't want to announce it to anybody even the family until that time. So we kept it pretty quiet. We did tell the immediate family at about eight weeks or something but other than that we kept it very quiet until, until she was about fourteen weeks. But it was her guidance and I was quite happy to let this information leak out slowly.
>
> (Bernie: FG3:4)

Although some men were keen to share the 'secret' as soon as possible, the 'viability' of the pregnancy, which Bernie alludes to above, was a factor in other men's accounts and announcement was often delayed until things were considered definite or 'solid'. In one instance, however, a threatened miscarriage expedited telling the news to family. Rhys felt that in these circumstances he had a responsibility to protect his wife, who had experienced problems of bleeding in early pregnancy:

> I suppose to a certain extent you're protecting your wife because Carol wasn't too happy about things too early on so you didn't want to start saying things to people in case something went wrong.
>
> (Rhys 1:7)

The first twelve weeks represented a particularly risky time when 'anything could happen', almost a 'mini' liminal period within the larger liminal period of pregnancy as a whole. So for both the men and the women this was a particularly ambiguous time, when strategies to engage with and yet simultaneously remain detached from the baby were in operation. This was illustrated by the account of Barry in focus group two. He was particularly concerned about the progress of the pregnancy, that everything would go well and the baby would be alright. This anxiety about the health of the baby was

compounded by his wife's age (she was in her early forties) and influenced his attitude to announcement. He recalled that someone had sent them a 'congratulations on your pregnancy card' which he found very bizarre. He asked what would have happened if something had gone wrong. How would that make everyone feel? He recalled that a friend had been sent some silk flowers by work colleagues after her late miscarriage. He found this really difficult because he said you could not throw away silk flowers like you could real ones and so they would therefore be a constant reminder of the lost baby. For Barry, the vulnerability of the baby during the early stage of pregnancy, heightened his own sense of uncertainty.

The majority of men were involved to some degree in announcing news of the pregnancy. Sometimes strategies were agreed by the couple whereby she would tell 'her' family and he would tell 'his'. Some men felt that it was not their remit, and the responsibility therefore fell to their partners. Malcolm had adult children now in their thirties and was now in his second relationship, with a boy of six and three year old twin girls. He was acutely aware that his age played a part:

> Malcolm: I mean I was sort of coming up to fifty when Lucy was pregnant and I thought 'I'm not shouting about this'. It wasn't so bad as an older dad with twins on the way, I'd readjusted but certainly with the first one that she had, I just let her do it and sort of shrugged my shoulders.
>
> Janet: Right and let her get on and tell people you mean?
>
> Malcolm: Yeh, I didn't say much about it.
>
> Janet: But you're saying it was different for the twins?
>
> Malcolm: Yeh, because I think I'd readjusted again as an older parent and accepted a different role, it was sort of a role change in life. You know, erm I'd been a father of older daughters who'd grown up and then there was a gap where I didn't have children, and I saw my life quite differently. And now my life was changing again and I think it took a lot of adjustment to being an

> older father again, and an acceptance of it. And I mean, people were mistaking me for Lucy's father as well and I had to come to terms with all that as well, it's true (*laughter in the group*), I had to come to terms with it. It doesn't worry me now but it did at the time. I felt a sort of bit embarrassed.
>
> (Malcolm FG3:3-4)

So for Malcolm his status as older father was even more ambiguous, as people mistook him for grandfather. As discussed in chapter 2, dominant social stereotypes prescribe acceptable age limits for men to become fathers and this was at the core of his embarrassment. For Jack, in focus group two, the root of his embarrassment lay elsewhere. He said that to make an announcement of the pregnancy was to parade a man's virility. There were amusing comments from the rest of the men in the focus group, for example 'you must have good equipment'. He inferred it was acceptable for fathers to announce the birth but not the pregnancy. This may be because announcement makes visible not only the fruit but the close proximity of the private sexual act, what Boulter (1999:10) calls the entanglement of the pregnant body 'within taxonomies of sex'.

Quickening and other things

Following the annunciation of the pregnancy the next significant body-mediated-moment about which the men spoke was feeling the baby's first movements. Other writers have described the significant impact the baby's first movement has upon expectant fathers (for example, Heinonen 1987 in Vehivlainen-Julkunen and Luikkonen 1998, Taylor 1992, Duncan 1995, Hall 1995). For the men in my study feeling the baby move, in tandem with the ultrasound scan, created a sense of reality about the pregnancy. Until there were outward visible signs of the inward invisible baby, the men saw the baby as an abstract concept. The baby's movements constituted what Jordan

(1990b) called 'quantum leaps in the father's sense of reality' (313). Chris described how feeling the kicks confirmed the reality of the baby:

> And then (*after the scan)* it's not really until she starts, she starts growing and getting big and you first sort of feel the kicks of the baby. And that's when you really start [ ] 'Yes', you know, 'there's something happening now'.
>
> (Chris 1:6)

Joe and Pat described the frustrations of not being able to feel the baby's movements clearly. Joe's account makes reference to yet a further form of knowledge, the old fashioned midwifery language of 'quickening' and suggests that such a language was alien to him:

> Yeh, her mum kept coming up and asking 'Has it quickened yet'? and you think 'Quickened'? 'What are you on about?'. But like, yeh, yeh certainly and that's really hard. But it makes Alison laugh, it makes her laugh. So like you put your hand on there and it is moving and it is kicking and sometimes it's really really active. But we seem to think it's just moving, it's just here, I can see it and it's like I have a look and it's just like it's not doing anything. 'Look it just did it again, there, now!' and oh it always seems to move when I'm not actually looking at it! (*laughing*). But like last night in bed it was like really going mad and it was like, that was nice that was very very nice.
>
> (Joe 1:10)

Feeling the baby's movements through the abdominal wall of their partners was a literal body-mediated-moment, when the surface of the maternal body provided access to the fetal body. Pat contrasted his *indirect* experience with his partner's *direct* experience of feeling the baby's movements:

> Because like Angela says 'Oh do you want to feel it?' 'Oh, yeh, OK then'. Put my hand on it. Stops (*laughter*)! I don't know whether it can sense it. [ ] But most of the time she says 'It's moving around like mad'. And obviously when she says 'it's moving around like mad', to me I can feel faint ripples but to Angela it's big kicks.
>
> (Pat 1:12)

Matthew was also frustrated at his inability to feel the baby's movements in the same way as his partner. The following account indicates that the baby was still a rather abstract concept. In a discourse of objectification (the baby is described as 'it') he almost erases the baby from the scene by explaining that his partner, as opposed to the baby, has been 'growing inside'. This aptly illustrates Young's (1990) concept of the 'splitting subject', the difficulty in conceptualising the simultaneous unity and disunity of the baby and the woman:

> And obviously Elizabeth's been growing inside and she's said that she's been feeling all these movements and kicking and everything, and wanted me to see what it was like as well. And quite often when she said it was happening then it would suddenly stop.
>
> (Matthew 1:11)

The challenges presented by the ambiguous nature of the woman's pregnant body were further elaborated by some of the men who explained that they found the baby's movements rather bizarre and disturbing. Nigel, for example, talked about imagining how the baby's movements might feel and contrasted his 'outside' feeling with his partner's 'inside' feeling:

> Nigel: When the baby started kicking and moving then it was, first of all it's quite odd erm especially when I tried to sort of think about it. Think, well, if it's odd for me feeling it moving from the outside it must be odd for Ruth feeling it, you know, from both sides! And it's quite erm, it was quite a strange experience.
>
> Janet: Why was it odd? Can you explain why was it odd?
>
> Nigel: Erm.....I mean first of all, if I was to put my hand on my stomach and felt something move....
>
> Janet: You'd be worried! (*laughter*)
>
> Nigel: Yeh I'd be on that phone! and er....You know if I felt something move I would be quite disturbed and to be in a situation where it's, you can feel it from within, trying to imagine that....First of all....someone said well perhaps it's like, you know, when your stomach moves and churns that you get that sort of dropping

> sensation when your....stomach's in turmoil. But then, you know, I can't explain it. It's just er, as I said it was, the baby....in my imagination sort of is just waiting to come out and lies there still. I mean I knew, I know that babies kick in the womb but it was just odd to have it happen, and feel it happen first hand. And I've not felt it before, being the younger of two brothers, I've never had the experience when I was a child of you know feeling Mum's tummy or whatever.
>
> (Nigel 1:8)

Some of the men in the second focus group also felt uneasy about feeling the baby's movements and within this context introduced another set of activities, singing and talking to the baby:

> Max: Yeh, you know you see all these pictures on the telly when supposed to kind of hold them when the baby is in the woman's stomach. People seem to get really into it but I didn't like it at all. And I don't like small animals....(*laughter*) and its the same thing in't it?
>
> Malcolm: You don't like the movement and the change?
>
> Max: No, no, I didn't. I didn't like it, I just don't like holding them when they're in there.
>
> Malcolm: I used to talk, talk to mine from quite an early age. When they were restless and kicking around I used to put my head on Lucy's tummy and sing something. I can't sing, it's not very tuneful but she reckons it calmed them down.
>
> (FG3:15)

Ken also spent time talking about and to his baby but told me rather apologetically, as if he was unsure whether such behaviour from a man was, as yet, completely accepted:

> I spend quite a bit of time, it might sound daft, but I already talk to the baby and we usually try and make sure that I talk to the baby in the morning and the evening, definitely. Erm and we spend quite a bit of time with me trying to feel the baby's movements and things like that.
>
> (Ken 1:5)

Conclusion

In this chapter I have discussed how the men in my study became involved in the pregnancy. I have suggested that in contrast to their partners, who possessed direct embodied experience, men's position was characterised by distancing. I have argued that their involvement in body-mediated-moments served in some way to compensate for this 'disembodied' experience and gave shape to their early transition to fatherhood. The pregnant body can therefore be understood as a site of their transition. Despite the unfamiliar territory of the site of this transition, the orientation of body-mediated-moments primarily through science and vision was more familiar. In the next chapter I elaborate the primacy of visual knowledge by examining men's accounts of the ultrasound scan.

CHAPTER 6

'It was a real good show': the ultrasound scan and the power of visual knowledge

Introduction

In the previous chapter I showed how men tried to engage with their unborn baby, primarily through the medium of their partner's pregnant body, in a range of body-mediated-moments. In contrast to the woman's continuous embodied experience of pregnancy, their 'privileged epistemological standpoint' (Sandelowski and Black 1994:607), men had no such contact and as 'vicarious knowers' (Sandelowski and Black 1994:607), these moments mediated through and on the bodies of their pregnant partners, gave men entry into a physical dimension.

The most vivid access to the baby was conferred by the ultrasound scan and many men spoke of its impact on their experience of the pregnancy, for example how the scan reinforced the 'reality' of the pregnancy. One man described it as the 'defining moment so far'. Seeing the baby on the screen seemed to herald an escalation of their awareness of the baby's 'reality'. Because of its centrality within their accounts I suggest that for most novice and experienced fathers, the ultrasound scan became the principal body-mediated-moment during pregnancy.

Unlike their privileged partners, men had a limited repertoire of ways of knowing about the baby and with little physical knowledge of the baby, visual knowledge assumed a significance that was perhaps greater for the men than it was for the women. Although they accumulated knowledge about the baby from a range of different sources

(discussed in the previous chapter) I suggest that for most of the men in my study, visual knowledge was a primary means of knowing the baby. The scan was the formative way in which this visual knowledge of the baby was afforded to men. It became their window or gateway into the interior of the woman's body and *simply* because it was visual, appeared to extend the strongest 'evidence' (their terminology) of the baby.

In this chapter, with reference to both data and theory, I discuss men's accounts of seeing the baby during the ultrasound scan. First, I examine the development of the primacy of vision within contemporary society in general and medicine in particular. Second, I discuss the illumination of the body interior, initially by dissection but now developed through contemporary technologies of vision including ultrasound. Third, I examine how ultrasound alters ways of knowing or epistemologies of the baby and how these create and perhaps legitimate a space for men.

From pregnancy test to baby

The ultrasound scan provided the first opportunity for both the man and the woman to 'see' their child. Unlike the man, the woman because of her 'privileged epistemological standpoint' (Sandelowski and Black 1994) had been aware of the *physical* presence of the baby. For the men *seeing* the 'miniature person' (Jordan 1990b:314) within his partner's body was a special body mediated moment. It represented the first real 'evidence', terminology they often used, of the baby, other than the pink line or blue strip of the pregnancy test and like Jordan's fathers (1990b:314) escalated their 'developing identity as fathers'. Robin, for example, described how seeing the image of the baby on the scan helped him to move away from regarding the baby as an abstract concept, a 'blue line on a test', and cemented the reality of the pregnancy. This is done

to such an extent that he reports himself addressing the baby, investing it with the status of a separate individual:

> I think in some sense it might have been a bigger deal for me than for Louise. I think because she had already been to the doctors and heard its heart beat probably before I had erm and was feeling sick and the other things. She knew very well that she was pregnant. But for me….I think the first time and possibly even more so this time, the scan was the point at which erm I really felt its my child in there, sort of thing, and there it is. I can remember the first time keeping looking at that scan photo 'Yeh you're real aren't you?' and again this time I don't think, yeh we've been twice ….and I made a point of going both times and I think it has….cemented is the right word. You realise the reality and the word baby which you already believe in because you've seen a blue line on a test actually takes on a shape and for me that has cemented things.
>
> (Robin FG1:11)

Seeing the baby on the screen, or more accurately seeing a representation of the baby, heightened men's awareness of the baby and triggered a realisation that deep within their partner's body, outward signs of which were yet unobserved, was a real baby, a human being, not an abstract concept. So for example, the scan for Steve, a novice father, had great impact, crystallising the reality of things and he wished more was made of its significance for men:

> I knew people went, men went to the scan because sort of you know, I don't know, I just sort of knew. But I almost feel it's a shame that it wasn't made as clear how important it was because, you know I was....Afterwards I was sort of a couple days completely dazed because that was the first time that it really crystallised into anything. Up until then it was just a sort of vague blobby thing that was going to happen seven months away. It was going to happen at the end of the summer. And er since then it has felt real, it has felt as though there's a human being.
>
> (Steve 1:4)

Gary contrasted his ways of knowing about the baby with his partner's. His limited physical awareness of the presence of his baby meant that unlike his partner, he did not continuously attend to the presence of the baby. Access to visual knowledge in the form of the ultrasound scan compensated to some degree a lack of embodied knowledge and

underlined the 'reality' of the baby. His account illustrates the construction of the woman's body being in a state of 'twenty-four-hour' awareness, in contrast to the man's mind 'flicking off':

> I guess you know the mother's physically aware twenty four hours a day that the tummy's growing and the father hasn't got that. You know, your mind can flick off very easily and you know you haven't got that constant reminder. So yeh I think seeing the scan yeh that did sort of escalate my er....well....don't know how to choose my words there....yeh, just erm made the reality of it all that more obvious.
>
> (Gary 1:7)

For other men, like experienced fathers Dave and Bill, seeing the baby during the ultrasound scan provided real evidence of the existence of the baby. Bill had been to the scans of all three of his children and said:

> And it's always really quite a good experience to see the baby, 'cos that's your first physical sight other than, you know, a tummy.
>
> (Bill 1:9)

Dave had also been to previous scans and when I asked him about his strongest memory of the pregnancy so far, he said:

> Erm, the strongest memory is really going to the first scan. I think, I think, er, particularly for the male partner, it's the first time when you actually see anything.
>
> (Dave 1:8)

These examples of men's accounts of the ultrasound suggest that seeing their baby on the screen carried a special impact. Inherent within these accounts, although not explicitly recognised in these terms by the men themselves, was their privileging of visual as opposed to other ways of knowing about their baby. Just as the scientific nature of the pregnancy test (discussed in the previous chapter) realigned men on familiar territory, the reading of the pregnancy (Pizzini 1992) by the ultrasound machine relocated the men, and to a lesser degree the women, into a more familiar world

dominated by vision. Gary suggested that men 'like to see evidence, you know, like to see the pictures' (Gary 1:7) and Dave suggested that men are less intuitive than women and perhaps therefore more reliant on visual knowledge to confer the existence of the baby. His account alludes to the idea that men and women construct and use knowledge differently (Morgan 1992). Not only have women historically been understood as more embodied than men (see earlier discussion in chapter 4) but, with respect to emotion and rationality, men have been socially constructed as rational and women as emotional – 'the emotional woman and unemotional man' (Lupton 1998). Despite challenges to reframe this view – that women can think and men express emotion (see for example Seidler 1997, Lupton 1998) – scientific, rational and visual discourses remain dominant features of hegemonic masculinity (Fox Keller 1983, Seidler 1994):

> Because I think we tend to be a lot more, a lot less intuitive and a lot less in touch with our feelings and it's nice to be able to see something and think 'Ah, oh there is a baby there. Look I can see that. Yes, arms, legs, eyes'. And it makes you think oh yes that's, that's really good. So I think that was very, very helpful. From that point on there's definitely been a baby there, we know everything's going well.
>
> (Dave 1:8)

This valuing of vision as the 'master' sense, I suggest reflects a reliance on vision as the primary way of knowing in Western society at large and in science and medicine in particular. In the context of childbirth, the privileging of visual forms of knowledge over and above other forms of knowledge has been integral to the displacement of woman's embodied knowledge and the ascendancy of medical knowledge. I now briefly discuss the historical development of the primacy of vision within medicine and how the processes used to generate knowledge about the body, under the auspices of pure science, relied predominantly upon vision. I suggest rather than being *the* objective truth, this knowledge was itself culturally located and therefore represented *a* particular

construction of the body, which is relevant to the present discussion of the 'fetal'[1] body 'seen' on ultrasound. I argue that ultrasound (re)produces and (re)presents a particular construction of the maternal and fetal body, that creates the potential for both parental participation and medical control.

The relationship between seeing and knowing

Jenks (1995) argues that the post modern Western world is characterised by a privileging of the visual. On the one hand, vision is the 'lion' of the senses, gathering information which is regarded as autonomous, pure, objective. On the other hand however, vision can also be regarded as mundane, unseen, embedded, taken for granted and unquestionable. Vision both observes *and* constructs our social world and therefore incorporates elements of both seeing and knowing. Boundaries between seeing and knowing are therefore indistinct and 'have become perilously intertwined' (Jenks 1995:1). This fusion of seeing and knowing is reinforced by our use of language, for example 'See what I mean?' and 'What is your view?'.

Fox Keller and Grontowski (1983) suggest the movement from oral to literate traditions in ancient Greece contributed to the ascendancy of vision, as 'the eye supplanted the ear as the chief organ' (209). Descartes, for example described sight as the 'most noble of senses' and Plato valued sight over and above the other senses claiming that 'the first organs they (*the gods*) fashioned were those that gave us light' (Fox Keller and Grontowski 1983:210).

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[1] To distinguish between the 2 concepts of the baby as object and subject, I use the terms 'fetus' when referring to the baby as an abstract object and 'baby' when discussing its subjective meaning.

Scientific traditions in the West have also 'placed "looking" at centre stage' (Jordanova 1989:91). Post Enlightenment empirical science, firmly rooted in the paradigm of positivism, privileges vision so that only that which can been seen can be believed. In the pursuit of its monopoly of the generation and confirmation of valid uncontaminated knowledge, science has assumed that there is a 'pure vision' (Mitchell 1986 in Jenks 1995:4), one that sees 'reality' as empirical data (Petchesky 1987) removed or bracketed from its original context in order to render it objective and scientific.

Positivism's attempts at 'pure vision', by ignoring historical, political and psychological contexts, ironically results in a 'partial sight' (Jenks 1995). It is impossible to bracket reality (or multiple realities) in this way as 'there is no transcendent and naturally given reality' (Jenks 1995:6), no pre-formed world 'waiting to be "seen" by the "extro-spection" of the "naked eye"' (Jenks 1995:10). This is the deception of positivism, ('that flawed epistemology' Petchesky 1987:62), that it does not recognise the impaired vision that it really is because it is itself legitimated (or blinded) by the ideology of 'pure perception' (Jenks 1995). So the pursuit of 'pure vision' turns out paradoxically to be a form of blindness (Mitchell 1986 in Jenks 1995:4).

In contrast to the concept of a pure objective vision, Jenks (1995) argues that vision is socially constructed and that the seeing and knowing elements of vision are inextricably bound together. He suggests there is a reciprocal relationship between vision and the way in which we make sense of the world, that the two are interdependent, that vision is a 'skilled cultural practice' (Jenks 1995:10).

Science did not (has not) acknowledged this deception and despite the limitations of this partial sight, empirical science and medicine in the eighteenth and nineteenth centuries

continued their pursuit of value-free knowledge. So with respect to the development of knowledge about the body and its interior, ways of getting inside the body to 'see' what was there were early instruments of visualisation.

The body interior

During the Renaissance there was a general curiosity concerning the structure and function of the interior body (Sawday 1995). We do not ordinarily have the opportunity to gaze within our own bodies, what Sawday (1995) calls the oldest taboo, as 'the interior recesses of the body are not merely private to others but peculiarly private – that is expressly forbidden – to the owner or the inhabiter of the body' (15). Rather like the forbidden fruit of the Garden, perhaps, the taboo ironically 'makes the sight of the interior of other bodies so compelling' (Sawday 1995:8).

The desire to understand the interior of the body led to an increasing reliance on seeing as the principal mode for generating legitimate medical knowledge, and established the medical gaze as the authoritative 'eye of science' (Jenks 1995). In the eighteenth and nineteenth centuries the primary method of opening the body to the medical gaze was dissection so, paradoxically, understandings of the living body were made with reference to the dead body, the cadaver (O'Neill 1995). Jordanova (1989:98) writes that through dissection the body was 'made to yield up its secrets', a kind of scientific undressing of the body. It 'became the symbolic core of scientific medicine – the place where signs of pathology were revealed to the medical gaze' (Jordanova 1989:100).

She argues that the construction of the body at this time was bound up with identifying and attempting to explain differences between the male and female body. In the context of medicine as a purely male profession and noting that dissection more often involved

the body of a woman, Jordanova (1989:110) argues that this reflected the way women were regarded in the mid nineteenth century. As discussed in chapter four, the cultural value attached to male bodies rather than female bodies (Ettore 1998) and the 'identification of masculinity with reason' (Seidler 1994:19), led to the opposing gender dichotomies of the time. Jordanova (1989:110) argues it is therefore unsurprising that 'woman as the personification of nature, was the appropriate corpse for anatomy'.

In addition to dissection, wax models made in Italy were used in anatomy lessons to teach about the structure of the human body. Like their cadaver counterparts, these wax models were almost exclusively female, in recumbent, sexually inviting poses and yet simultaneously passive, often adorned with necklaces. Jordanova (1989) argues that these figures were knowingly erotic and yet simultaneously provided an invitation to 'peer into bodily recesses and to find there evidence of reproductive capacities' (50). Male figures were usually erect depicting contracting muscles, whereas the female models were often concerned with the reproductive and nervous systems so reinforcing the hysteria discourses of the time. She argues that the construction and representation of the nineteenth century body was therefore influenced by prevailing gender distinctions.

Concepts of surveillance and control are also linked to visual knowing and Jenks (1995) suggests that the privileging of vision within the West served as a mechanism for social control. Underpinned and given authority by science, a degree of order and control is exerted which projects 'a consensus "world view"' (Jenks 1995:7). This consensus world view does not just facilitate order and control *within* the world view but discussion of disorder and lack of control *outwith* the consensus view. In other words it provides a means by which alternative visions can be rendered deviant and dangerous.

In the context of medicine, Sawday (1995) argues that exploration of the body interior by dissection (perpetuated in the twenty first century by contemporary medical imaging technologies) began the process of what Foucault (1975) called the surveillance of the body. The power wielded through medical surveillance originates, I suggest, from at least two sources. First medicine's ability to set the visual agenda and establish the priority 'looking' areas, determining therefore what is in need of visual exploration. Second their privileged medical gaze secures their monopoly of interpreting and treating the visual image.

This unveiling, the project of exploring the human body, was also driven, Jordanova (1989) argues, by the promise of the holy grail, the discovery of the centre of the human being. The heart and then the brain and nervous tissue were considered significant in this pursuit and 'the idea of working through layers to get to a central core was implicit in this search' (56). This hierarchical layering metaphor remains firmly embedded in the systems approach of contemporary medicine, whereby the medical body is constructed and understood as a compilation of body systems.

In the twenty first century the medical gaze is no longer dependent on the corpse for its mapping of the human body. Corporeal dissection has been replaced by a new technological dissection, for example Computerised Axial Tomography, Magnetic Resonance Imaging and, relevant to the current discussion, ultrasound, which are all providing a new interior map of the body. In contrast to dissection which by definition was a passage into *the* body (Sawday 1995), these new technologies where the body can be 'anatomized "live"' (Kember 1995:100), provide the opportunity for us to experience our own interiority first hand, a passage into *my* body (Sawday 1995). Paradoxically the medical gaze does not just rely on sight to 'see' but also relies on hearing, for example

in auscultation, on touch, for example in palpation and of course, the paradox of ultrasonography, is that sound is used to give light to the body interior (Yoxen 1987). In fact the medical gaze is multi-sensorial (O'Neill 1995).

Ultrasound

The application of ultrasound technology occurred therefore within the context of a strong tradition of visual knowledge or what Duden (1993:21) calls medicine's 'visual command performance'.

Austrian brothers, Karl and Friedrich Dussik developed ultrasound as a diagnostic tool in the 1930s and 1940s and did their early work on the ventricular spaces in the brain (Yoxen 1987). Used in a military context in the second world war (Duden 1993) 'the technique spread into medical practice, where it enabled surgeons to operate in the dark' (Duden 1993:76). Transported into the realm of obstetrics in the 1960s, initially only when the obstetrician suspected abnormality (Green 1994), it is now fully integrated into the normal pregnancy package (Petchesky 1987), and is part of the Western pregnancy ritual (Clement et al 1998).

Images that were previously confined to the imagination (Black 1992) were now made public and, in a formative contribution, Petchesky (1987:69) argues that ultrasonography rendered 'the once opaque womb transparent, stripping the veil of mystery from the dark inner sanctum, and letting the light of scientific observation fall on the shy and secretive fetus'.

These images of the fetus, hold both empirical and mythical meaning (Petchesky 1987) and have assumed the status of both the 'icon signifying pregnancy' (Clement et al

1998:13) and 'media spectacle' (Petchesky 1987). Boulter (1999:1) for example describes the fetus as 'a cultural symbol, a familiar and yet exotic, secular and yet sacred, representation'. Popularised by the early Nilsson photographs, where the baby attached to the mother by the umbilical cord can be likened to the space man attached to the 'mother' space craft, sight was extended 'to see things which have previously been off limits' (Duden 1993:15). The fetal image is now fully incorporated into popular culture and is 'no longer simply a medical projection but a cultural symbol which has become part of the public imagination' (Boulter 1999:1). The image of this fetus in twenty first century culture has even been commercialised and Boulter (1999), for example, examines the use of fetal imagery in car advertisements.

Initially ultrasound was only used when a problem was suspected and, with reference to her own experience, Green (1994) describes these early days of scanning when women were not allowed to see the screen:

> When ultrasound scans were first introduced into antenatal care they were (supposedly) only used when the obstetrician suspected that there might be a problem and women were not allowed to see the screen. I have my own memories of being forcibly held down to prevent me from seeing the screen, and in those early days being sent for a scan elicited sympathy. Endless waiting with a full bladder was considered a form of torture that only a true misogynist would have dreamt up for pregnant women. *Everything changed once women were allowed to see the screen* (my emphasis).
>
> (Green 1994:46)

In lighting up the darkness of the body's interior, a romantic fleeting glance, the ultrasound provides some partial answers to questions parents have about the baby (Clement et al 1998). It is often the high spot of the pregnancy providing an early meeting between the mother and child (Clement et al 1998), an event now shared with the father and siblings (Statham et al 1998).

Sandelowski (1994c) suggests that for men, ultrasound is an 'enabling mechanism', 'a prosthetic device compensating for a deficit of the body' (232). As a technological extension to the body, what Mitchell and Georges (1997) call the coupling of man and machine, ultrasound is an example therefore of how technology has influenced contemporary understandings of the body and embodiment (first referred to in chapter 4). In a study by Sandelowski (1994d:272) of couples' experiences of ultrasound she describes the different ways in which ultrasound assumed significance:

> Some of the women indicated that they and their physicians viewed fetal ultrasonography as a way to pull men into the experience of pregnancy. These women saw the procedure as a means to get their partners more involved as fathers, and several women described ultrasound scenes in which physicians specifically catered to the expectant father.

In addition to involving men in the pregnancy and enhancing its reality, there is limited evidence to suggest psychological benefits. In a study investigating the psychological impact of diagnostic ultrasound, Cox et al (1987:676) conclude that:

> Participating in this examination enhances the role of the male partner in pregnancy. By directly observing the fetus, the male is provided with information not usually available to him. The impact of this may increase his commitment to, and understanding of, the pregnancy and the woman's needs.

Similarly in the context of men's experiences of pregnancy loss, Johnson and Puddifoot (1998:138) argue that 'for the male partner, presence at an ultrasound scan of the in-utero fetus may generate or enhance an early bonding process'.

The first studies of women's experiences of scanning began to appear in the early 1980s and indicated that their initial anxieties about the scan were 'dramatically released by being able to recognise fetal movement or the pulsing of the fetal heart on the real time scan' (Green 1990:20). What women, and latterly their partners, liked about ultrasound

was being able to see a moving image and, although designed as a screening and diagnostic technique, Green and Statham (1996:141) suggest that ultrasound is different to other forms of antenatal screening because 'it gives instant results: the process is happening there and then'.

For Ken, witnessing not just the image but the *activity* of the baby, captured live on the scan, was highly significant. Unlike some men who found it hard to grasp the reality of the baby, Ken acknowledged that the baby is already 'in there', but commented that it is hard to 'get at'. Despite her embodied experience, his partner also felt like the baby was often a 'lump', challenging the assumption that women's privileged knowledge of the baby leads automatically to greater feelings of connectedness:

> The twenty week one was brilliant because you could actually make out the baby and what it was doing. At one point it was opening and closing one of its hands and I think things like that just make it more real. Sarah's the same. She sometimes complains that she knows its a baby there but sometimes it just feels like a lump. Erm I think it's, I don't know, I think it's hard to grasp that there is already a child in there. And you're just waiting and the expectation. We talk about 'Oh we can't wait for the baby to get here' but actually in fact it's already here but it's not, but not easy to get to.
>
> (Ken 1:6)

The scan also confirmed the reality of the pregnancy for Gary, who likened seeing the baby to a performance, a 'real good show'. His use of the word 'show' is in sharp contrast to its association with vaginal mucous and bleeding which marks the onset of labour. In the latter context 'a show' indicates a woman's private knowledge of the inner workings of her body. For Gary, the show was more like a performance, a public exhibition of the baby, almost as if the baby were there to entertain him. Others also talk of this 'ultrasound for entertainment' (Furness 1990), through which pregnancy is transformed into a 'kind of spectator sport of wall-to-wall eyeballs' (Sandelowski and

Black 1994:608) and babies are presented 'to a delighted audience' (Kitzinger 1998:315):

> I have been to 2 and erm, yeh, seeing the little legs waving about and it was real close, real good show. So yeh, and I think that did erm....sort of make the reality of it so much more obvious.
>
> (Gary 1:7)

Despite its widespread use in antenatal care in the West, there is little conclusive evidence of the effectiveness of routine ultrasound scanning in terms of detecting abnormality or promoting better pregnancy outcomes (Green 1990). Attempts to demonstrate a relationship between seeing the baby antenatally and postnatal bonding are also inconclusive (Clement et al 1998, Baillie et al 1999). The general psychological benefit associated with seeing their babies move on the screen and the reassurance the scan provides appear rather more significant (Hewison 1996, Ballie et al 1999).

So far, I have argued that the prevalence of ultrasound scanning within contemporary Western obstetrics reflects the deeply embedded nature of the power of vision. In addition to woman's embodied knowledge, provision of visual antenatal access in the form of the sonogram generates another way of knowing about that 'elusive entity developing inside the uterus' (Sandelowski and Black 1994:604). The privileging of this visual knowledge of the baby alters previously 'conventional' ways of knowing about the baby with consequent repercussions for the relative status of those involved.

Altered epistemologies

Hexis

Ultrasound grants access to the interior of the woman's pregnant body in a way that no other commonly used technology can. This process of visualising disturbs the body boundaries to which I referred in chapter 4 and disrupts the relationship between 'inside' and 'outside' a woman's body (Harraway in Petchesky 1987), emphasising the sense of the splitting subject (Young 1990). It also introduces a tension between forms of authoritative knowledge (Jordan 1997); the embodied subjective experience of the mother and the observed objective vision of medicine. The body extension or prosthetic device of ultrasound (Sandelowski 1994c) results in what Mitchell and Georges (1997) call the 'cyborg fetus' which is 'the mode of knowing and feeling the fetus through the coupling of human and machine' (373).

Duden (1993) provides a further theoretical perspective which can be superimposed onto Jordan's (1997) concept of authoritative knowledge (discussed in chapter 5). Duden (1993) introduces the concept of hexis, which is the 'habitual state in which a person finds herself' (91). This can be applied in the present context to describe woman's experience of pregnancy. Prior to the rise of medical technology woman's pregnancy hexis was characterised by hapsis, that is knowledge accumulated about the world and her experience through perception and touch. A haptic hexis therefore was woman's embodied experience of her pregnancy gained through touch and feeling, for example the baby's movements.

The rise of visual technologies in the twentieth and twenty first centuries has resulted in a shift from a haptic to an optic hexis, one derived and sustained primarily through vision. This optic hexis displaces the woman's felt experience (Franklin 1991) and the

traditional markers of pregnancy, so that now, rather than relying on the woman's felt experience of the pregnancy such as the baby's first movements, technological experience has displaced embodied experience, and 'quickening is eliminated by science' (Duden 1993:80). Mitchell and Georges (1997) argue that:

> So convincing is the cognitive and sensual apprehension of the fetus via the electronic mediation of ultrasound technology that women may routinely experience a 'technological quickening' several weeks before they sense fetal movement in their own bodies.
>
> (Mitchell and Georges 1997:373)

Applying Jordan's (1997) concept, scientific-medical-biological knowledge, despite its qualitative difference (Kitzinger 1998), gains ascendancy over woman's felt experience and becomes *the* authoritative knowledge. I suggest that the clashing of these different forms of knowledge, to which Boulter refers below, represent a meeting of the haptic and optic hexis:

> The sonogram, by visualising the fetus on the screen and often providing a soundtrack of the fetus's heartbeat, presents a sensory contradiction for the woman who feels the unborn child inside but sees and hears it outside. This sensory disruption corresponds to what we might see as a fracturing of different knowledges, whereby the woman's traditional authority to confirm her pregnancy through quickening (the feel of the fetus inside) has been usurped by the more objectively verifiable medical technologies. The authority to establish pregnancy and the stage of pregnancy is invested in the machine, the operator and the visual reproduction of the fetus.
>
> (Boulter 1999:6)

A haptic hexis is one that only the woman can enjoy. An optical hexis is available to *both* the man and the woman, and of course to others. Displaying the baby on the screen, rendering private spaces to public viewing, alters the respective status of the knowers of the baby. Reliance on the optic hexis of ultrasound displaces woman's haptic hexis making her 'tactile and kinaesthetic knowing of the fetus less exclusive and privileged' (Sandelowski and Black 1994:607).

> The screen was so arranged that the pregnant woman could join her physician in real time to view the inside of her belly. She no longer had to rely on word of mouth or medical judgement to interiorize the emblem from the screen. With her own eyes, she could now pretend to see reality in the cloudy image derived from her insides. And in this luminescence, her exposed innards throw a shadow over the future. She takes a further step – a giant leap – toward becoming a participant in her own skinning, in the dissolution of the historical frontier between inside and outside.
>
> (Duden 1993:78)

The technology of ultrasound alters the relative status of the knowers and the knowable (Sandelowski and Black 1994), equalising the respective positions of the man and woman as knowers of the baby, because woman's knowing is made less exclusive. Ultrasound also alters the status of the baby, which becomes elevated above that of the mother. She in turn is anonymised, becoming 'a passive spectator in her own pregnancy' (Petchesky 1987:70). I now examine further the erasure of woman, the primacy of the fetus and the different meanings respective spectators attach to the ultrasound scan.

The erasure of the woman

Ultrasound is a medium which allows a direct view of the fetus and in this direct vision the woman is made invisible. Her body is eliminated from view and she becomes a 'cut away display of the fetus' (Sandelowski 1998:6), a process Duden (1993:7) calls 'the skinning of woman'. In this separation, a kind of antenatal birth, the disembodied fetus transcends 'the mother's body in a way in which the "real" fetus has not' (Boulter 1999:3). It becomes 'isolated as a product of pregnancy, a creature to be marvelled at, but no longer an intimate part of her inner world. She is merely a container for the fetus' (Kitzinger 1998:315). Her body is peripheral (Petchesky 1987), existing predominantly as a vehicle to transmit scientific information about the baby (Kember

1995) and in this process she is turned inside out in order to view the fetus (Franklin 1991, Sandelowski 1994c). Mitchell and Georges (1997) argue that:

> the cyborg fetus mesmerizes the viewer into forgetting that the embodied, conscious, perceptive actor of ultrasound is the woman.
>
> (Mitchell and Georges 1997:378)

Returning to the metaphor of the baby as 'an organic spacecraft' (Franklin 1991:196), the woman in this metaphor has become the empty space, marginalised in the clinical context as the baby becomes regarded as the patient, distinct and separate from the mother, a process Franklin (1991:194) calls a 'reversal of agency'.

Ultrasound, as a technology of vision, represents a paradox. In its capacity as a technology of vision, ultrasound paradoxically is itself invisible. The images it creates bear no evidence of the technological machine itself and 'the human being whose sensations or capabilities are expanded by it may forget it is there, thereby experiencing it as part of the self' (Sandelowski 1994c:240). In addition to the example of ultrasound, increasingly complex and widely available technologies emphasise this insidious separation and:

> despite their benefits for individual women, amniocentesis, in-vitro fertilisation, electronic fetal monitoring, routine caesarean deliveries, ultrasound and a range of heroic 'fetal therapies' (both in utero and ex-utero) also have the effect of carving out more and more space/time for obstetrical management of pregnancy.
>
> (Petchesky 1987:64)

The primacy of the fetus

Only an image

Sawday (1995) argues that 'modern medicine, for all its seeming ability to map and then to conquer the formerly hidden terrain of the interior landscape, in fact renders it visible

only through scenes of representation' (11). So, despite claims to the contrary, the partial sight of positivism is only able to (re)present an *image* of the real thing, not the real thing itself. Jenks (1995) argues that the relationship rather than literal, is metaphoric, where the transformed image stands for or (re)presents the real:

> They 'stand for' a state of affairs, they do not assume the status of literal descriptions – they are 'meta' (above) and 'phoric' (in the place of).
>
> (Jenks 1995:14)

With respect to ultrasound because of its widespread transformation into Western culture it has become a common way of seeing the fetus and has led to the 'acceptance of the image itself as an accurate representation of a real fetus' (Petchesky 1987:61), a kind of technological embodiment. However, the image is merely a *representation* of the real thing, it is not the real thing itself. Paradoxically, 'the original is made meaningful, is in fact metaphorically brought to life, by its copy. The external image lends reality to the interior creature' (Boulter 1999:7). Sandelowski (1998:6) argues that as a product of the technology the image of the fetus 'is completely unlike the unseen entity contained in the flesh of women that prevailed for most of human history'.

Visual images in themselves therefore do not represent the reality but the context within which the image is constructed plays an integral part in the representation process. For example, writing about the introduction of X-ray images into medicine, Pasveer (1989) argues that it is not that the information contained within the X-ray somehow stands alone and conveys the objective truth of the body interior rather that the image is created by those who look. I now consider the fundamental question of why it is thought necessary to look and examine the perspectives of the two principal creators of the image, medicine and the parents.

The medical image

In chapter 4 I discussed how the concepts of regulation and control are central to theoretical discussions of the body. Medicalisation and the reconstruction of certain *social* problems as medical is an example of such regulation and control, what Foucault called medicine's surveillance of the body. This surveillance is accomplished via the panoptic gaze, which is characterised by an asymmetry of power between surveyed and surveyor, or patient and doctor. In the context of a discussion on Controlled Circuit Television (CCTV) by Norris and Armstrong (1998), parallels with ultrasound are evident. The watcher is able to see the watched, but the watched is unable to see the watcher and so 'the veil of the camera denies the possibility of the reciprocal exchange of data' (Norris and Armstrong 1998:5).

The ultrasound scan provides an opportunity, relatively cheaply and with few recognised side-effects, of bringing knowledge of the baby into the light. Through visualisation therefore the baby is removed from the mother's uterus and placed 'on film for critical inspection' (Kitzinger 1998:315), so that it can be treated as a patient already and be given 'an ordinary check-up' (Petchesky 1987:67). The fetus in utero is treated therefore like an already born baby (Sandelowski 1994c). This control and treatment of the fetal patient, in the interests of the parents, perpetuates medicine's wider control throughout society. Tim expressed his frustration (prior to ultrasound) of not being able to see the baby and he related feelings of lack of control with this inability to see:

> Yeh, the thing is it that you can't see it, you know (*laughter*). That's the whole thing, you know. It's because it's one of those things that you have no control over and I think anything that I really don't have any control over is a worry, for me.
>
> (Tim 2:3)

The (re)production of the fetal patient through the technology of vision creates the potential for the extension of medicine's control beyond the conventional body boundaries of one person and another. Creation of the fetal patient has resulted in the development of a whole new area of medicine concerned with the detection and treatment of 'abnormal' fetal development. I have already suggested that the application of these technologies is insidious because they have come to be centrally incorporated within our cultural understandings. Additionally because the application of medicine's technology is expressed in terms of it being in the interests of the patient, and the fetal patient has a peculiar emotive nature, few parents would be able to resist its pull. Armstrong (1987) provides a graphic example of the potency of the medical gaze in the example of the stethoscope:

> Look at the lines of medical surveillance: 'What is your complaint?' 'How do you feel?' 'Please tell me your troubles.' See the routine clinical techniques: the rash displayed, the hand applied to the abdomen, the stethoscope placed gently on the chest. This is the stuff of power. Trivial perhaps but repetitive, strategies to which the whole population at times must yield [ ] the stethoscope is an important instrument of power. Yet who can object to its technical necessity? Who can challenge the 'value-free' nature of the whispering breath sounds it reports? Yet at each and every application it establishes, confirms, and reproduces the passivity, solidity and individuality of the silent body it surveys. Why else would the stethoscope have become such a potent symbol of modern medicine, a self-conscious emblem to mark out the figure of the doctor.
>
> (Armstrong 1987:70)

One can see the parallels with ultrasound. On every application the reality of the baby, presented in the form of the sonogram, is established and confirmed. On every application the invisible dimensions of the woman's body are established and confirmed. On every application the primacy of the fetus is established and confirmed. And on every application the authority of the expert and the passivity of the woman are established and confirmed. And linking to Foucault's Panopticon:

> The prisoner in the Panopticon and the patient at the end of the stethoscope (*or ultrasound*) remain silent as the techniques of surveillance sweep over them. They know they have been monitored but they remain unaware of what has been seen or what has been heard.
>
> (Armstrong 1987:70)

As a technology of vision, ultrasound breaks down previously immutable body boundaries and makes visible to the outside world the dark secrets of woman's private space. A number of different meanings are attached to the image created by this process of seeing inside. The medical discourse discussed above contrasts sometimes vividly with that of the parents.

The parents' image

In the case of the ultrasound, the woman and her partner may be able *literally* to see the ultrasonographer and more poignantly the monitor or screen, but they are not able to 'see' on that screen that which the ultrasonographer can see. Although the sound yields a visual image, perhaps immediately recognisable by the parents as a fetus due in large part to the incorporation of the image into popular culture, this 'garbled looking image' (Sandelowski and Black 1994:608) needs to be interpreted and translated to them. To a great extent then, what is seen on the ultrasound screen rather than being immediately recognisable, as ordinary photographs, have become alien, recognisable as *a fetus* but not *our baby*. Parents therefore 'see in fetal images what they are told they ought to see' (Petchesky 1987:73). Ultrasound both obscures and reveals at the same time and therefore constitutes a veiled image, the 'real' image is hidden from view because we cannot immediately recognise the image, it requires 'expert' interpretation and then translation. So ultrasound represents an image of the fetus which has then to be re-

presented to the parents, what Duden (1993) calls the distinction between the 'seen' and the 'shown'.

In this respect the baby is a liminal being, betwixt and between, simultaneously there and not there, what Boulter (1999:1) calls 'secular and yet sacred'. As a representation the baby pivots between the different poles of meaning, one understood by the parents and one understood by the ultrasonographer. In pointing out features of the baby to the watching parents, the ultrasonographer highlights features not of a *fetus* but their *baby*. This conversion from *a* fetus to *our* baby (Weir 1998) clarifies the ambiguous ontological status of the baby. And yet paradoxically the objectification of the image of the fetus reinforces its 'object' status and the icon image ensures that the fetus remains firmly in the womb emphasising its marginality (Sandelowski 1998).

The ultrasonographer therefore interprets the image of the baby on the screen and relays this to the watching parents. Being shown the features of the baby on the scan image, by 'the nurse', was a high spot for Dave. The ultrasound scan helped him in his project of 'involvement'. His reliance on this visual representation of his baby was underscored by his limited ability to experience the baby in other ways and emphasises the tension between the optic and haptic hexis:

> But, going to the scan means you can actually sit there and, and you know the nurse sort of points out to you what, what it is. And it's definitely there and I think that is, that is very helpful for a man, from a man's point of view.
>
> (Dave 1:8)

Although the image of his baby was 'bizarre' and 'black and white', very different to expectations of an ordinary photograph, Bill nevertheless, recognised this as his baby, and suggested that seeing the baby was the point at which bonding began:

> and it's always really quite a good experience to see the baby, 'cos that's your first physical sight other than, you know, a tummy, er so that's quite cool and, er and although it's a bizarre er picture, erm, cos it's really only black and white, and it's curled up and it looks rather strange, compared to what you expect a baby to look. It's as the, erm, person or one of the people responsible for it I guess you, you feel that first bond at that stage, and erm, yeh, its generally a good thing erm.
>
> (Bill 1:9)

For many of the men the ultrasound scans were highly significant moments in the pregnancy and many of the men regarded the scans as the strongest memory of the pregnancy. For example, Steve described how the scan was a key which accelerated the development from 'amorphous blob' to my baby. In response to being asked what was the strongest memory of the pregnancy so far he responded emphatically:

> The scan. It stands out a mile. I suppose in a few minutes it went from an amorphous blob to a thing with bones and eyes and mouth and moving. And I hadn't expected the scan to be clear to me....I mean my TV perception of scans is sort of only an expert could interpret it. But sitting next to the monitor you could see everything, you know. So, yeh, without a doubt, a defining moment so far….
>
> (Steve 1:16)

The parents therefore take away from the ultrasound scan a construction of the baby, no longer *a* fetus but *our* baby (Weir 1998). This construction contains elements of both their imagination and the 'machine generated picture' (Black 1992:52). Many of the men in the study were given, our even bought, still photographs of the live ultrasound, which often became the first in the new family album. This particular photograph, the emblem (Duden 1993) of the hidden baby, occupies a different position, unrivalled by others in the family album, as it represents the public manifestation of a unique private experience. The sonogram is a strange and perhaps troubling hybrid of private and public experience, 'technologically generated but naturally gestated' (Boulter 1999:16). Literal possession of this concrete image, in the form of the photograph, I suggest,

enabled a rather more conceptual possession or construction of their baby. The photograph not only marked the status passage of the baby from a liminal being (*a fetus*) to a post liminal baby (*our baby*) but also was a symbol marking the changing status of the father. I suggest access to a visual image of the unborn child therefore marks a changing social status for both the unborn baby (from fetus to social child) and the father. For Rick, this possession of his baby was shared with other members of the family as copies of the photograph were sent to prospective grandparents:

> And as soon as it (*the scan*) was over and done with, that was it. I suppose it reinforces it a bit that yes, there is something in there that's going to come out and we're going to have to cope with it but not.....Interesting and reassuring to know that it's all in the right place and pictures to sent to prospective grand parents.
>
> (Rick 1:7)

One couple not only had a still photograph of the image of the baby on the scan, but also were involved in the creation of a 'movie of the baby' (Sandelowski 1998:7). Gary was proud that the ultrasonographer had asked whether she could video the scan of their baby to use as a teaching example:

> She was all very complimentary and she videoed it and she was saying how she'd got the sort of perfect baby and perfect mother and could she video it for a class, as a teaching example. So we felt very proud! (*laughter*).
>
> (Gary 1:8)

Unlike the men above Rhys could not see the point of the photograph, because to him the form of the baby was unrecognisable. He implicitly criticises the popularisation of photographs of the scan but despite this, he conforms to what has become part of the new pregnancy ritual and gets a photograph:

> I suppose it's useful but then again I wonder whether they go for it a bit too much, you know, 'Do you want a photograph?'. I mean I think a photograph is a waste of time, it's just an amorphous blob it could be a, like….But 'Oh, we'll have some photographs' like.
>
> (Rhys 1:24)

Petchesky (1987) argues it is understandable that women respond to ultrasound pictures of their unborn babies, because traditionally they have occupied an important function in the production of family photographs and have a strong relationship to photographs, particularly photographs of their children and close family members. In a discussion of the use of photographic images at the opposite end of the life course, following death, Hallam et al (1999) argue that public display of photographs of the deceased is part of a 'cultural apparatus which recovers the disappearing body' (23) to 'ensure that the dead remain socially active' (36). In contrast to a 'visible rendering of the body in decline' (Hallam et al 1999: 2), the photograph of an ultrasound is a cultural apparatus which proclaims the body to be, precipitating it into social activity. It is charged with potential and expectancy rather than absence and decline.

The optic hexis made available through this photograph of the ultrasound scan now provides access, previously denied, to the father. The combination of the compelling nature of the body interior and the availability of technology for interior vision, I suggest, has confirmed the routine use of ultrasound. And just as 'post-mortem portraiture' (Hallam et al 1999:35) facilitates death ritual, antenatal portraiture has become part of the new pregnancy and birth ritual.

Medical versus social event

In the preceding discussion I have examined the construction of the different images of the scan, the medical image of *the fetus* and the parents' image of *our baby*. The liminal status of the image, its simultaneous position as sacred and profane, brings into sharp focus the different meanings the respective spectators attach to the ultrasound scan.

When couples attend for ultrasound, different paradigms or world views are at work. The professional or expert paradigm regards the ultrasound as a screening and sometimes diagnostic event, an opportunity to collect data about the baby's growth and viability. In this respect it is a *public* photograph with a *fetal* subject. Couples regard the scan as a social event, a first opportunity to literally see (a representation of) the baby. Seeing the baby is therefore inextricably imbued with meaning, the meaning of attachment perhaps or anticipation of becoming a family. In this respect it is a *private* photograph with a *baby* subject.

The social meaning parents attach to the scan combined with the partial sight of the professionals provides a potential for a clashing of world views. Bill illustrated the tension between these two poles, when he described how it was only when he was actually in the scan that he realised its purpose was to check the baby's health. It was only at this point that he realised the potential of what could happen:

> OK. Erm didn't really know what to expect at all. I'd probably seen various funny pictures that other people might have shown me from their scans, or maybe I hadn't at that stage, I don't know. Erm, so I really didn't know what to expect. Maybe I had seen, had seen a scan being done on TV but I wasn't really very sure what the purpose was. And it was only while I was there that I realised that it was to check the well being of the baby. Has it got all its limbs and is it the right shape and eyes and everything else. So it suddenly became a bit scary. Erm, because you start thinking 'Shit you know, this could be a problem'. It's at this stage that we might find out that there's something wrong. And until that point I guess I'd been quite unperturbed by er, it's just a routine procedure. I know it is a routine procedure but the implications of it could obviously be quite key. So erm, I guess you therefore get quite keyed up for the subsequent scans and recognise the importance of them and that, er a good set of results, you know, would be quite important. So, erm....erm so the first one was significant. Well, no, the other two perhaps became more significant because of that knowledge.
>
> (Bill 1:8)

Parents rarely consider that scans may provide bad news. Rather the scan is seen as a benign procedure (Statham et al 1998) allowing them to see their baby and be reassured of its health (Green 1994, Green and Statham 1996). Most of the men in my study did not explicitly recognise that abnormality could be detected during the scan; rather they saw the scan as an opportunity to be reassured about the baby. The ultrasound scan, as well as reinforcing the reality of the baby's presence, was also an opportunity for the men to be reassured that 'everything's in the right place'.

So for Rick, being able to recognise the baby's body parts in the later scan was very reassuring:

> Well, one (*scan*) was a blob (*laughter*) and you know, right it's there erm and everything's in the right place. That's always a relief. I suppose that's probably the biggest anxiety is that there's something, something wrong and how do you cope and what sort of decisions do you make. Erm, but that's always been a sort of, it's fine. And the second one, but this time it was, you know, ribs and arms and face, gosh.
>
> (Rick 1:7)

For Tim, his type of work with children with physical and learning disabilities, led to his caution about taking the health of the baby for granted:

> I've been to all the scans. Erm…Again, different. With the first pregnancy, I did, very much so, I was quite soft and got the photos. The others I just think 'Yeh, it's a scan'. I mean I'm always scary. A lot of what I have when Jean's pregnant, with each child, I worry tremendously about whether the baby's OK. And in a way, it's a bit like moving house, erm. Until you've exchanged contracts I wouldn't believe that we're going to do it. Even with a baby, until it's actually born and it's OK in a way I kind of distance myself very slightly because I, I do worry tremendously [ ] I mean, I worry if it's handicapped. And I worry until it's actually born. And also I worry that it, you know, because, until it's actually born, part of me is going to be in a fretful state. Because, you know. I think it's partly because of the fact that I've worked with mentally handicapped kids for a number of years. And, and, erm almost every child that I knew was mentally handicapped. So it's partly because of that I think [ ] It's basically, not counting my chickens before they are hatched, really.
>
> (Tim 1:6)

Conclusion

I have discussed how ultrasonography opens up the woman's pregnant body for public viewing. This technological dissection makes available to others evidence that previously only she owned. Woman's haptic hexis, her experience of the pregnancy through feelings and touch, is now reconstructed visually via ultrasound and made available to others. The emphasis on seeing as the 'principle mode of fetal inquiry' (Sandelowski 1994c:234) has shifted the perspective away from a reliance on woman's embodied knowledge, her haptic hexis, to one oriented through technology and vision, an optic hexis.

I argue that this optic hexis has become the primary epistemological orientation in Western obstetrics. This optic hexis invites not only the medical gaze but also the gaze of others including the father and in this chapter, using the example of the ultrasound, I have examined how woman's pregnant body is made available to expectant fathers through vision. However, vision is core to all his body-mediated-moments: seeing the reagent strip on the pregnancy test, seeing the baby move, seeing the scan, seeing the growth of his partner's abdomen, and ultimately seeing the birth. Seeing the baby antenatally, who was also a liminal being or passenger like the father, appeared to help the men in their project of involvement which in turn gave shape to their transition. Although not expressed in these terms by the men, I suggest that the visual evidence of the scan was part of a familiar scientific discourse, which included the chemistry experiment of the pregnancy test, discussed in chapter 5. This scientific discourse is firmly rooted in hegemonic masculinity, and I argue was a familiar resource that men drew upon when faced with the unfamiliar territory of pregnancy. Some men also drew

upon these familiar resources during labour and delivery when their vulnerability and marginality were most acutely felt. It is to this discussion I now turn.

CHAPTER 7

'I was expecting it to be the most wonderful experience of my life': expectations of labour

Introduction

The previous three chapters discussed men's experiences of pregnancy and how they felt remote and distant from the process. I argued that this was due in part to the privileging of the female body. The men shaped the project of involved fatherhood by drawing close to the pregnant body in a range of body-mediated-moments. Men also sought involvement during labour and delivery and the next two chapters analyse the nature of this involvement.

Chapter 2 examined the images of the contemporary father as represented in popular culture and the expert culture of medical practice – and as expressed by the men in the study. Following Roopnarine and Miller (1985), I made a distinction between the concept of fatherhood, that is the *status* acquired by a man when he becomes a father, and the concept of fathering, that is the *practice* of being a father. With this distinction comes a potential for asynchrony or conflict between the status of fatherhood and the practice of fathering. I suggested that the men in the study experienced a tension between the expectations of hegemonic father*hood*, shored up by contemporary images, and the realities of father*ing*, rooted in their everyday experience.

Over the next four chapters I present a more detailed analysis of these tensions. Drawing upon men's accounts in the antenatal interviews, I discuss in this chapter, their expectations and desires for labour and birth, contrasting where appropriate the experiences of novice and experienced fathers. I also examine their preparations for and

knowledge of labour. I argue that just as the pregnant body provided a site for their transitions during pregnancy, the medicalised labouring body, situated predominantly in the hospital setting, provided a site for their transition during labour. Through their engagement in the process of labour, just like their involvement in body-mediated-moments during pregnancy, men gave shape to their rite of passage. However, in making this passage through labour, the men encountered a number of tensions, for example between 'doing' and 'being', 'useful' and 'useless', which are themselves underscored by unstable conceptions of masculinity. The chapter begins by discussing men's beliefs, expectations and desires for labour before examining their knowledge of and preparations for labour.

Beliefs, expectations and desires of labour

Being there

In chapter 2 I argued that in the UK men's attendance during labour and delivery is now commonplace and has become a central feature of the new pregnancy and childbirth ritual. In contrast to the situation twenty years ago, fathers now have to opt-out rather than opt-in to birth attendance (Dragonas et al 1992). The literature identifies a number of reasons for fathers' birth attendance including helping and supporting their partner (Seel 1994, Robertson 1999), developing a close relationship with the baby (Palkovitz 1987, Robertson 1999), enhancing involvement in the daily care of the child (Palkovitz 1987) and marking his transition to the new status of father (Shannon-Babitz 1979, Palkovitz 1987, Vehivlainen-Julkunen and Luikkonen 1998). Most women want their partners to be with them during labour in order to provide physical and emotional support (Bertsch et al 1990, Enkin et al 1995, Somers-Smith 1999).

Additionally there is some evidence that men's presence is beneficial to the woman (Bothamley 1990) in terms of less pain, medication and shorter labours (Berry 1988) and Chalmers and Wolman (1993) argue that men's presence led to increased maternal satisfaction, reduced labour pain, less medication and fewer epidurals.

However, this evidence is not conclusive (Niven 1985, Hall 1993). Not all men are eager participants (Heggenhougan 1980) perhaps because they are squeamish or distressed at seeing their partners in pain. Labouring women are anxious about these 'reluctant conscripts' (Richman 1982: 101) and concerned for their emotional welfare during labour and delivery. Odent (1984 and in Boseley 2000) argues that men may actually inhibit labour if anxieties on the part of either or both partners prevent him from providing emotional and/or practical support. The father may therefore not necessarily be the most appropriate person to provide support (Somers-Smith 1999) and there is some evidence that the presence of a trained lay labour companion, a woman who has herself experienced the process, may be more significant (Kennell et al 1991, Chalmers and Wolman 1993, Thornton and Lilford 1994, Hodnett 1996, Klaus and Kennell 1997).

Despite these suggestions it is assumed by most men and women that the father's presence is of benefit not only to the labouring woman but also to the expectant father (Barbour 1990, Chapman 1991, Vehivlainen-Julkunen and Luikkonen 1998). For all of the men in the study 'being there' was important and all planned to be present during labour and delivery, two of which were planned home deliveries. Most of the men were eager conscripts (Richman 1982) although some were more ambivalent, like Rick and Rhys, because they were either squeamish or did not want to see their partners in pain. Rick was a novice father who was not looking forward to the labour. Implicit in his account is his sense of occupying a peripheral or marginal position within her labour.

His partner was at the centre of the process, and he described labour and birth as 'her show'. Despite this it is apparent that he wanted to be there:

> The way I'm thinking now, I wouldn't mind if Hilary said 'No I don't want you, I don't want you there'. I think I'd have the feeling afterwards of 'Oh, I wouldn't have minded being there really'. But it's her show, as far as I'm concerned.
>
> (Rick 1:4)

Rhys was an experienced father, anticipating the birth of his second child. He was squeamish and would have preferred not to have been present but his partner wanted him there. He placed labour and delivery within a larger time frame, indicating that being at the birth was only a relatively small part in the bigger picture of being a father:

> Being there or not being there, it was more a case for Carol as opposed to anything for me. I was there because she wanted me there like. If it had been up to me I'd have been quite happy....quite happy sat outside, you know. Well that's because I'm a bit....I wasn't too happy with all er the blood and guts side of it [ ] Carol wanted me there so, I say, she wants me there again. As far as I'm concerned, it's nice having a baby at the end of it but....I think I get more out of children as they get older, I think.
>
> (Rhys 1:2)

The other men were more certain they wanted to be there. Making a contrast with their own fathers' generation, they suggested that being at the birth was the natural place to be. Roger, a young experienced father, talked about how until recently birth was seen as women's business from which men were excluded. He compared his desire to be at the birth with the experience of his own mother and father:

> I think er birth is very much a female thing. Most of the time, you have, the men are kept out of it. I don't know where I get this idea from but....I think it definitely....I mean my mum couldn't believe it when I said I was going to the birth last time. I mean my dad was no where around and she got on with it with the midwives, and that's just the way it was done and....
>
> (Roger 2:11)

Gary was already a father of two daughters who were in their twenties. He was now anticipating fatherhood again, the first baby in a new relationship. He had been excluded from the labour and delivery of his first daughter and although present during the birth of his second daughter, felt very much on the fringes. He was full of enthusiasm for the prospect of being at the birth of his third child, which was made even more significant because they had planned a home water birth. He considered it unthinkable not to be there (Somers-Smith 1999):

> Yeh, well right. Of course I want to be there. Where else would I be? Completely sort of inconceivable to me that I shouldn't be there. It's my child.
>
> (Gary 1:11)

In addition to being there as a support to their partners, discussed in more detail later, the men expressed a number of reasons for being at the birth, all of which I suggest had the goal of confirming their status as fathers. Some regarded the birth as the ultimate reality booster, the final evidence that they were going to become fathers. Like the men in Jordan's (1990a) study, even though they had seen the scan, birth was the point at which the baby would become a reality. Roger was twenty when his first child was born and eighteen months later, he was now expecting his second. Despite being very involved in both pregnancies he anticipated the birth as a crystallisation of the reality of the pregnancy which still remained 'distant':

> I'm still not tuned in I would say at all. It's not till it pops out, I mean you see it move and stuff like that and you see it on the screen. Like when you go for the....I've been to all the hospital check ups, things like the scans. But it still seems very distant in sense until....
>
> (Roger 1:9)

Some of the men described feeling excited at the imminent prospect of birth and were eager to see the end result. Being at the birth was the culmination of their involvement

in the 'project' of the baby. Earlier in the third focus group, Julian had described pregnancy and childbirth as a 'project', accompanied by a number of milestones such as the ultrasound scan and antenatal classes. So just as during pregnancy, when the men drew upon familiar resources of science and vision to frame their involvement, the men in the focus group were using structured models from familiar domains of work to make sense of their experience. In this extract, Bernie makes reference to Julian's project:

> Well, I think it is the excitement. You want to see an end to it, and putting it back into Julian's terms of a project, you want to see the end result.
>
> (Bernie FG 3:17)

Some of the experienced men referred back to previous labours as they anticipated the one to come and described how being able to see the baby before anyone else did was extremely significant, almost like a father's privilege. This visually mediated relationship paralleled the mother's flesh-to-flesh relationship. The privileging of this visual knowledge of the baby, first discussed in the context of ultrasound, is also evident in the act of birth. The significance the men attached to 'seeing' the baby at birth underscores their optic hexis: how their epistemological standpoint not just during pregnancy but throughout labour as well, was mediated predominantly through vision. For example, James vividly described the water birth of his third child:

> So I saw his, first saw his head erm, very clearly under water, in fact even more clearly than out of the water because everything's magnified so. His head looked enormous, his little hand sort of curled up by the side of his cheek. And then she pushed him out and he very gracefully rose to the surface.
>
> (James 3:4)

Max humorously described his privileged visual standpoint. And just as the 'reality' of the baby on ultrasound had to be interpreted for the men, so for Max the reality of the birth also needed interpretation:

> You get to see more. Well I did. I got to see all the children's heads before anybody else saw them. I didn't recognise them to be heads though! They showed me a few times before I realised. I thought it's like a plucked chicken! (*laughter*).
>
> (Max FG3:24)

Like the men in Vehivlainen-Julkunen and Luikkonen's study (1998), Bill described the importance of being able to see and hold the baby first. This immediate contact with the baby was more important than engaging in tasks such as cutting the umbilical cord and was something he was able to do before his partner. In this context his optic hexis enabled him to be 'the first human they see', and although a momentary event, it compensated for the months during which he had felt excluded from his partner's privileged haptic hexis:

> The key thing I think in both cases, I held the baby first and erm, that was very important to me, to sort of look into their eyes, and be the first human they see….that was more important to me (*rather than cutting the cord*), was actually to be holding my children as their father.
>
> (Bill 1:15)

The men in this study therefore, like the majority of contemporary fathers (Somers-Smith 1999), wanted to be present during labour and birth. For most of them, being able to see and hold the baby first, was the final reality booster or ultimate body-mediated-moment. In some way it compensated for the previous months of marginality. Despite this overarching desire to be present, only a few men were eagerly looking forward to the birth. Others, in particular novice fathers, were more apprehensive. It is to some of these fears and anxieties that the discussion now turns.

Anxieties and fears

Men's anxieties concerning labour feature predominantly in the literature, particularly in the context of pain (Niven 1992, Vehivlainen-Julkunen and Luikkonen 1998). Other

sources of anxiety include concerns about caesarean delivery (Szeverenyi et al 1998), the hazards of childbirth for both the baby and partner including maternal death (Ringler 1983, Szeverenyi et al 1998, Somers-Smith 1999), being left alone in labour (Ringler 1983), concerns about episiotomies and blood (Vehivlainen-Julkunen and Luikkonen 1998), helplessness and powerlessness (Szeverenyi et al 1998) and not being able to do anything useful (Ringler 1983, Somers-Smith 1999). The men in the study, particularly novice fathers, reported similar anxieties.

In the provider and protector roles characteristic of hegemonic masculinity 'the taboo against men's fears is fierce' (Jackson 1983:69) and men are discouraged from voicing these fears (Somers-Smith 1999). Yet, the highly medicalised and unfamiliar nature of birth in Western cultures raises their anxiety (Ringler 1983, Enkin et al 1995). In addition to minimal professional support for the father, men may also feel unable to enlist their partner's emotional support and so experience more fear and anxiety.

Roger for example, was aware that despite his traditional protective masculine role, the unfamiliar territory of labour made him feel there was little he could do. The process of labour was out-with his control and this lack of control made him feel redundant. In his previous labour he had dealt with these feelings by staying in the background. In this labour he wanted to stay calm and when I interviewed him a few weeks later, although labour was nearer he was less anxious:

> You know you're there to protect or whatever. But in this situation there's nothing you can do. If something does go wrong, you know, I'm not a trained medic, there's nothing I can do. So in that sense you are totally out of control. I'm scared (*laughing*), I'm scared basically [ ] But erm....this time....I'm just expecting more....try and stay calm and your girlfriend's in, I don't know, anxiety, pain stress. I think it's going to be quite stressful. I mean it was stressful last time but in a different way because there was nothing I could do apart from keep, stay clear of it.
>
> (Roger 1:10)

While labour created its own fear and anxiety, the men anticipated that the delivery would be the point at which these emotions would be placated. They imagined seeing the baby would reassure them that everything was in order. Birth was therefore the final reality booster, the ultimate body-mediated-moment. Joe and his partner had not articulated their concerns about the baby's well-being to each other but he described birth as *the* opportunity for checking this:

> You know there is a worry, it's probably unspoken between us, that, just, baby's alright. As long as baby's alright then I don't mind. Erm, and so you've got a chance (*at birth*) to have a look to see if things are so.
>
> (Joe 2:9)

In addition to their fears about the baby, many of the men spoke about their fear of seeing their partner in pain. Ken expecting his first child said:

> We have no illusions about it being painless or pleasant or anything like that.
>
> (Ken 1:7)

Joe, also a novice father was not only concerned about the pain his partner might experience but his reaction to it. As a nurse he had already had the experience of witnessing labours and deliveries and was under no illusions about the potential for pain:

> Now we know how Alison is, I can imagine her being in a lot of pain, and I'm not quite sure how I will be with her in quite a lot of pain. I can….even like, cos she's off work now with pain and bits and pieces so, and I know what she's like with that. And I'm not quite sure how I'll be able to deal with that, even though you've got something at the end of it [ ] But I would have thought that it would be dealing with her in pain if she's got a long protracted labour, I would think that would be the thing.
>
> (Joe 1:11)

The fear of seeing his partner in pain was a strong feature throughout both antenatal interviews with Rick, another novice father. As well as fearing this pain and his

reaction to it, he was also concerned about 'blood and guts'. But he acknowledged that at the time of labour this worry would probably be immaterial in the light of the significance of the birth:

> Rick: And hopefully I won't faint at all the blood and guts. I've sort of gutted rabbits and things like that, and I think!! I know it's a bit different (*laughing*).
>
> Janet: But does that bit bother you the kind of the notion that there might be blood....?
>
> Rick: ....Blood and guts....uhm I don't know. I don't think so (*not sounding convinced*). No, I, it's not, you know, I don't know to be honest. I guess it depends.
>
> Janet: It's difficult isn't it.
>
> Rick: I imagine me being sort of affected by it. I guess it's sort of 'Oh gosh look there's a person emerging from Hilary'. You know, maybe the blood and guts will just be sort of immaterial to, you know, what's happening, gosh, 'My son, my daughter. Wow!'.
>
> (Rick 1:12)

These concerns about 'blood and guts', pain and the associated emotions, illustrate the way in which the woman's pregnant and labouring body can be constructed as problematic (Lupton 1994, 1998). Pregnancy and labour challenge the integrity of the normal body boundaries of the woman (discussed in chapter 4). Pregnancy blurs distinctions between inside and outside the self (Lupton and Barclay 1997) and labour results in a literal breaking of the woman's body boundaries.

So despite the men's desire for bodily involvement (body-mediated-moments in pregnancy and as companions during labour), the unbounded body of the woman in labour threatened the men. Lupton (1998) describes is graphically:

> At its most extreme, the woman's body is seen to leak both substances and emotions at the moment of birth, in the form of the foetus which expels itself from the female body in a scene of pain, uncontrolled physical

> writhing, shouting, moaning, crying and screaming, a scene of high emotion accompanied by floods of fluid: blood, amniotic fluid, mucous, all ejected together with sound from the labouring body.
>
> (Lupton 1998:121)

Rick (above) attempted to manage the threat of this 'leaky' body by separating off the baby from the 'blood and guts' context of the birth. For more experienced fathers the knowledge of previous labours tempered their expectations of the coming labour. Sometimes this manifested itself in greater confidence about the situation in general and their role in particular. Yet at other times, previous difficult labours were a source of great anxiety. Bill was an experienced father, expecting his third child. The birth of his first had been particularly difficult, long and drawn out and he had been surprised to find his partner's pain difficult to cope with. Talking of this birth he said:

> It just freaked me out! I was expecting it to be the most wonderful experience of my life and it was absolutely, quite a nightmare. I feel terrible about that because….the actual birth itself was brilliant but the run up to it (*the labour*) was an absolute nightmare. I couldn't bear to see Jennifer in so much pain. It really freaked me and er….I wasn't prepared for that.
>
> (Bill 1:11)

Despite this negative experience he had used it positively to prepare for the birth of his second child. He contrasted his helplessness during their first labour with the more directive approach he adopted during the second labour.

> But I think if I had have given that some attention and been prepared for it, which I was for, when Pip was born, I was almost more, I was much harder with her I think, erm in terms of saying you know 'Come on!' 'Let's going!' and adopting perhaps some of the midwife type approaches which was 'Come on we're going to get this baby out now. It just needs a few more pushes and we're there' sort of approach, as opposed to saying 'Oh shit, all this pain and there's nothing I can do about it, I feel helpless and….' and erm that really took me by surprise with the first one and I .... I really did find it for the most part a really unpleasant experience, and I wasn't at all prepared for that.
>
> (Bill 1:12)

Other men also spoke of their desire and expectation to be 'effective' or 'useful' during labour and the chapter now examines these expectations of their labour role.

Labour role

I have already discussed how the men in the study wanted to share the experience of the birth of their child, even though this sharing was tempered by concerns about what they might find themselves sharing in. In addition to 'just being there' many of the men had the goal of being effective labour companions. Throughout the interviews most of the men talked in terms of 'being useful', of 'doing things' and yet somehow without 'getting in the way', a formidably contradictory task illustrating the ambiguity of men's labour roles. Their expectations of their labour role bore similarities to those of the men in Chapman's (1991) study. Chapman (1991) discussed men's behaviour in labour in the context of three roles: coach, team mate and witness. Coaches led or directed their partners having a strong desire to feel in control of both themselves and the labour experience. They actively helped partners during and after contractions with breathing and relaxation techniques. Their partners wanted them to be physically involved in labour and viewed the men as being crucial to their own ability to maintain control.

Team mates helped their partners throughout labour in response to requests for physical and or emotional support. Occasionally they would lead, but more commonly saw themselves as followers or helpers. Team mates were less concerned with the need to be in control both of the labour (the woman was in control there) and the professionals (they were part of the team that the professionals were directing). Partners of team mates wanted them there for their presence and willingness to follow directions.

Witnesses saw themselves primarily as companions to provide emotional and moral support. They were there to observe and witness their baby being born. These men were often observed watching television or reading a book. They believed that there was little they could do to help their partners and they looked to others to take charge of the situation. The majority of the men in Chapman's sample adopted this role. Although over half her sample were experienced fathers she does not explore the relationship between their previous experience and the roles they adopted.

For the men in my study, their antenatal expectations of their labour roles reflected elements of Chapman's (1991) coach, team mate and witness roles which, I suggest enabled men to manage their encounters with the woman's unbounded body. Some of them clearly wanted to be there to witness the birth of their baby and therefore maintained a distance from the unbounded body. Others anticipated that in addition to witnessing, they would also be able to offer directed physical and emotional support. Still others expected that they would, with their partners, be able to influence the nature and direction of the labour. In contrast to Chapman (1991), I suggest that whilst some of the men anticipated being witnesses, most of them anticipated 'doing' things in labour, so therefore adopting either team mate or coaching roles. In this way these men engaged with the unbounded body by working to maintain and limit its potentially polluting effects. The previous knowledge accumulated by experienced fathers meant that they, rather than novice fathers, were more likely to adopt these roles. I explore this in more detail in chapter 8.

The men mostly constructed their role in labour in these instrumental terms. Paradoxically these men therefore managed their encounter with the unbounded body using the familiar resources of instrumentality and performativity – 'old' masculinity

was used as a way of managing 'new' masculinity. As observed by Moran-Ellis (1989), this instrumental approach sometimes involved the use of technology. For example, when I asked Dave, who was expecting his second child, what he was expecting to do during the next labour he said:

> Dave: Erm….I suppose because you naturally go to your comfort zone. I think I was interested in all the technical equipment….
>
> Janet: What do you do for a living?
>
> Dave: I work for Curry's the electrical people. Erm and I don't particularly have any expertise technically, but because….
>
> Janet: You like buttons!
>
> Dave: Yeh, well buttons and knobs and dials and things! And I suppose to an extent I couldn't feel what Karen was feeling. So you sort of sit there and think 'What use can I be?'. So you think to yourself if I try and understand what all these machines are doing, then at least if Karen says what's going on, well I can say 'Well that machine's there to do this….'. Karen was on a machine that was measuring fetal heart beat, and it was going up and down. So I made it my job to explain, sort of say 'Oh look that's why it's going up and down because this is happening. And look they're picking up again'.
>
> (Dave 1:15)

Later on in this interview Dave questioned how 'useful' he actually was in this labour, a term frequently used by other men. Rick, for example, on a number of occasions across the interviews talked about being useful, contrasting this with a desire not to get in the way:

> I imagine it starting and it being it all a bit sort of, feeling all a bit chaotic and me being there but not wanting to get in the way but, you know wanting to be there if I can be, if I can be useful.
>
> (Rick 1:12)

Roger defined his whole approach to labour in these terms:

> If you're a useless labour partner, you know, you've failed haven't you?
>
> (Roger 2:11)

The literature also describes men's labour role in terms of the support they are supposed to offer their partners, as opposed to any independent needs they might have (Jordan 1990b, Taylor 1992). The expectant father is portrayed as a supportive figure, a sturdy oak (Dragonas et al 1992), an untapped and under-utilised resource (Vehivlainen-Julkunen and Liukkonen 1998), and an active labour companion (Chalmers and Wolman 1993). Enkin et al (1995:194) describe how the presence of fathers has helped to 'fill gaps in care', gaps perhaps not just in the sense of insufficient staff but gaps or ambiguities in the understandings of men's betwixt and between status. Niven (1992) recommends that men's presence is put to 'good use', illustrating a collusion between the institutional management of birth and traditional masculinity and how their instrumental, even quasi-professional role, has become an expectation. I suggest that this utility is defined in medical and obstetric parameters rather than the social parameters of the father:

> Since so many fathers attend childbirth, their presence should be put to good use. They have the time and the inclination to support and care for their partners throughout labour and delivery. Unlike obstetric staff they have no other parturients to care for, nor tasks to perform. They can concentrate wholeheartedly on giving good psychological care. Some fathers do this wonderfully but many do not.
>
> (Niven 1992:83)

The perpetuation of this instrumental role in some of the professional literature and also in antenatal preparation, I suggest exposed the men in the study to an expectation that there was more to their role than 'just being there', that they should be active labour companions rather than merely 'photographers' (Chalmers and Wolman 1993). This 'doing' role is characteristic of the provider/protector masculine role. However the

nature of labour and birth characterised by the unbounded body, challenged the men's ability to fulfil this traditional masculine role. Their competence in labour, just as in the labour more commonly associated with employment, was defined with respect to their success. Conversely failure was defined in terms of being a 'useless labour partner' (Roger above) and I suggest, like unemployment and redundancy, this constitutes a troubled masculinity (Williams 1998). In order therefore to make familiar this unfamiliar world the men drew upon familiar resources such as science, technology and a pursuit of knowledge. However, whilst buying into this doing/interventionist model of masculinity they also fell foul of the medical/lay divide. They have an ambiguous quasi professional role as 'carer' or 'coach' and yet they must consistently defer and give ground to the 'authentic' professional carers. By contrast, experienced fathers were more able to confidently negotiate this blurred boundary, which I elaborate in more detail in the next chapter. I now discuss how the roles they expected to adopt during labour and delivery influenced their anticipated position in the delivery room.

Where to stand

In their accounts the men often made the distinction between the 'head end' and the 'bottom end'. Those committed to the emotional support of their partners (and also those who were squeamish) expected to stay at the head end and those wishing to witness the birth, expected to stay at the bottom. Some of the men, drawing on previous experience, anticipated being mediators between the two ends, communicating progress visible at the bottom end to their partners at the head end. In anticipating where they would stand, the men therefore appeared to draw an imaginary line on the woman's body which served to mark safe from dangerous territory. For some men, those who wished to be near their partner's face to provide emotional support or more significantly

those who disliked 'blood and guts', the terrain below this line was out of bounds. The imaginary line, a kind of labour meridian, was a boundary which helped the men to contain and confine the dangerous, polluting and dirty aspects of the woman's body. The men therefore managed the unboundedness of the woman's body boundaries through their positioning in space. The potential threat of the woman's leaky and dirty body was therefore concealed and sanitised by staying above the labour meridian. During caesarean section of course, the labour meridian became a physical boundary of green sheets which not only demarcated safe and potentially dangerous territory but also separated lay and expert territories. I return to a discussion of the labour meridian in chapter 8.

Nigel was a novice father who was expecting to stay at the head end so that he could be close to his partner and provide good emotional support. He described how this was 'the communication end of your body':

> Janet: Where abouts do you imagine that you will be?
>
> Nigel: Erm....I think the head end I think. Because erm....I suppose it's, I'd be there for encouragement and er....the thing is you know the communication. That's the communication end of your body if you like.
>
> (Nigel 1:15)

Other men were less threatened by the terrain below the labour meridian and their anticipated position in the labour room was determined by expectations of their role. James, an experienced father, understood how encouraging it could be for his partner if he were able to tell her he could see the baby. His desire to 'see' the baby was yet another example of the way in which men's participation, in this instance in relation to birth, was mediated through vision. Just as the ultrasound scan provided the visual apparatus through which the men could 'see' their unborn baby, so 'seeing' the birth (at

the bottom end) emphasised men's optic hexis. James wanted to be both at the head end, offering encouragement and also the bottom end, seeing what was happening. He therefore occupied a middle position, acting as a mediator between the two ends, across the labour meridian. In this way he relayed to his partner a *visual* account of the *sensory* experience of which she already had complete knowledge. The woman's haptic hexis, her lived and embodied experience of the labour, was therefore overlayed by the optic hexis of the man:

> I mean I suppose with the action being at the bottom and it's actually more interesting at that end. But it seems to be more useful to Sue to be at the head end and things in terms of actually communicating. Because if at different stages in the labour the midwives weren't getting through to Sue or Sue to the midwives, then it would seem to be a useful point to be really. But certainly, I mean one of the things with both labours for me was about actually letting Sue know what she couldn't see for her self. Which was you know, if the head was showing for example, I mean I know the midwives say that as well, but erm 'Head showing' and erm, yes that sort of thing. And I mean, I wouldn't....I certainly looked to see the baby coming out in each case, because that would have been, I wouldn't have been part of the experience if I hadn't really.
>
> (James 1:13)

I suggest that in moving across the labour meridian these men held an ambiguous position betwixt and between lay and medical territory. They not only mediated between sensory and visual knowledge but also between lay and medical. In 'watching' the birth, like 'watching' the screen in ultrasound, these men were lay or human monitors, providing the women with visual evidence that the birth was taking place. Some of the fathers, 'monitored' the monitors and offered a lay interpretation of medical technology. So for example, in interpreting to his partner instructions from the midwives, James (above) transformed the visual and medical evidence into social evidence.

Dave, an experienced father recalling the experience of the labour of his first child, was also a mediator between the two ends. His use of the term 'shuffler', a person unable to walk easily, alludes to the uncertain or ambiguous nature of this middle position across the labour meridian:

> Because like I was shuffling between one end of the bed and the other and telling Karen what was going on and saying 'Look the head's there and I can see the hair etc etc'. And….you feel part of it, you don't feel its, you don't feel squeamish.
>
> (Dave 1:17)

Joe, a novice father also indicated a tension in his position. He wanted to support his partner by being at the head end, close to her face, but also wanted to watch the baby being born. His account alludes to a splitting of the birthing process whereby 'Alison' is the head end and the 'thing' is the bottom end. Consequently, Alison, is separated off from her own birthing body, underscoring an assumption that self and body are separate (Martin 1987). The two roles of witness and coach were therefore in potential conflict:

> I mean, I think it would depend on how Alison was doing. If Alison was struggling and there was a lot of pain, then....I'll not see the baby, you know, much before she will be able to see it. So that, Alison's going to have to be my priority. But if things are going well and stuff and I have chance to to catch a look, I think that's the sort of thing that I'll be looking at.
>
> (Joe 2:11)

The above discussion identifies a number of tensions and uncertainties within the men's expectations of their labour roles, tensions between for example, medical and lay, witness and coach, being and doing, useful and useless. Men's position with respect to the labour meridian brought these tensions into focus and was therefore a site at which these tensions converged. The labour meridian highlighted their unclear and ambiguous status during labour and delivery. In this respect it was clearly a liminal phase. As noted, this liminal space is a betwixt and between phase which separates and marks

their passage from one status to the next. In this space the expectant men were simultaneously expected to perform a role which is itself ambiguous and ill-defined. They were therefore aliens (Shapiro 1987) or liminal beings, marginals, caught in a gap between statuses, in territory which is unfamiliar and yet expected to execute a similarly ambiguous role. This strangeness and marginality is a characteristic of those undertaking rites of passage (Van Gennep [1909] 1960, Turner 1977).

> The father may be said to present a potential threat because of the 'unknown' qualities latent in his being a stranger and marginal [ ] As a stranger he is switched between remoteness and intimacy in relation to the birth. He occupies a 'status gap', interstitial between the well defined medical hierarchy (usually high status males) the midwives (female) and the mother/foetus, who are now the hospital's responsibility. Strangers in the 'gap', with their high visibility, are vulnerable.
>
> (Richman 1982:102)

I have previously argued that during pregnancy men engaged in body-mediated-moments which brought them closer to the pregnant body, which gave shape to their project of involved fatherhood and aided their transition. Similarly, the creative dimensions of the liminal phase are exemplified in men's preparations for labour, which involved drawing upon resources familiar to them, for example a pursuit of greater knowledge. I suggest this knowledge helped men to more clearly define their labour role for themselves, rather than succumbing to an institutionally defined position, and gave shape to their transition to fatherhood. Drawing upon these familiar masculine resources illustrates how the men sought to redefine rites of passage in line with new models of masculinity. The shifting nature of masculinities (the so-called crisis in masculinity) and contemporary fatherhood makes for an innovative and multi-layered process of passage, in which the men not only create a sense of transition for themselves but also contribute to broader cultural understandings in the meaning of fatherhood. The chapter now discusses men's knowledge of and preparations for labour.

Knowledge of and preparation for labour

Faced with the prospect of a great deal of uncertainty during labour, what Kirkham (1987) described as 'this strangely empty role', many of the men attempted to gather as much information as possible. Antenatal classes provided a forum for the provision of this information.

Antenatal classes

Antenatal classes run by midwives and health visitors are provided usually in health centres or maternity units by the National Health Service (NHS). Increasingly expectant fathers are encouraged to attend the classes, although daytime classes makes this difficult. In addition to NHS classes which are free of charge, organisations such as the National Childbirth Trust (NCT) also provide antenatal classes. These fee paying classes, run by NCT trained antenatal teachers, are usually held in the evenings therefore widening access to fathers. Due to their fee paying nature NCT antenatal classes predominantly attract middle class couples although there is evidence that antenatal education per se is a middle class activity (Meerabeau 1987). Although 80% of the men responding to an NCT questionnaire (NCT 1998) had attended antenatal classes, many men do not (Meerabeau 1987).

Involving men in labour and delivery has necessitated a shift in antenatal education provision (Smith 1999). Robertson (1999:21) argues it is important to involve men in antenatal education suggesting that men cannot be expected to 'provide practical help and emotional support if their own needs have not been met, and if they have no training in what to do'. There is also limited evidence that involving men in antenatal education is beneficial. Lemmer (1987) for example suggests that attendance at classes leads to

higher rating of the birth experience whilst Hanson and Bozett (1986) suggest it increases self confidence and self esteem. Diemer (1997) found that fathers became more active birth participants and had more positive birth experiences and improved spousal relations after attending father focussed antenatal classes. She concluded that 'perinatal education with a focus on teaching fathers can positively influence men's coping behaviour and relationships with their spouse during pregnancy' (Diemer 1997:290).

As a forum in which expectant couples can learn about the physiology and management of birth and to a lesser extent the skills of early parenthood, I suggest antenatal classes occupy an uneasy position. On the one hand, like health promotion in its widest sense (Lupton 1995), they can be understood as an extension of the medicalisation of birth, initiating expectant couples into the rituals of this traditional model. On the other, as a result of the increasing emphasis on informed choice (DoH 1993), they are also seen as a forum in which and by which couples resist the dominant medical model. Classes are therefore a strange hybrid of informal/lay and formal/medical knowledge. Delivered during the betwixt and between liminal phase of late pregnancy, these classes are, I suggest, themselves ambiguous in nature.

The majority of the men in my study attended antenatal classes, either NHS or National Childbirth Trust (NCT) or both. Many wanted to be completely involved in the classes but some thought they were treated in rather a tokenistic way in the NHS classes. Ken described how men were involved as 'a kind of afterthought':

> I went to the antenatal classes with Sarah but there's not really a great deal in 'em, as as ours was, 'Now for the husband'. It's every now and again it, they used to say things like 'Oh and the husbands can remind their wives to do this' or 'If you listen as well and learn how to do it then if they need to remember to do it you can remind them. But it was all sort of, that sort of

> thing, as an afterthought, 'Oh you're going to be there so you might as well listen as well'.
>
> (Ken 2:8)

Nigel felt like he was there to make up the numbers. He contrasts his own position with other men who were attending classes as 'a sort of duty thing'. These men appeared to dip in and out of antenatal classes, just as traditionally, they come and go in their fathering practice. I return to this optional and part-time nature of fathering in chapters 9 and 10:

> So there was that sense where I thought you know I was just making up numbers and also sort of I was aware that, I mean maybe I'm wrong, but there were a couple of men who obviously, well it seemed to me, it was obvious they were there because they felt they had to, it was a sort of duty thing. And a couple of them came to everything, same as I did and others sort of disappeared or came in and went.
>
> (Nigel 1:13)

For other men, the classes provided a space where they could become involved in the pregnancy (Taylor 1992), thereby constituting part of their transition to fatherhood. Gary placed classes in the context of joint activity or 'shared hobby' which he and his partner could both share . Additionally, through classes transition to fatherhood was also shared with other men. With few opportunities elsewhere, classes created this forum in which men could talk together and, in my experience as an antenatal teacher, friendships forged at this time often persisted for many years. Antenatal classes brought together men who were making similar transitions, a band of fellow travellers or community of passengers (Turner 1974) and served to create comradeship and fellowship in this state of communitas (Turner 1974).

Again drawing upon my experience as an antenatal teacher, I suggest that once oriented to the environment of antenatal classes, this communitas provided a recognisably

masculine milieu, where men when given the opportunity engaged in masculine camaraderie. Once again resources from traditional masculinity were reconfigured to produce a new rite of passage. Using the apparatus of the optic hexis, such as technological and medical knowledge, they also provided a place where men could learn about the facts or mechanics of labour. Matthew for example said:

> Yes I enjoyed it. I really got something out of everyone of them, so you know they were worth while. They weren't exactly what I might have expected [ ] but certainly there was a lot of information given there and a lot of sort of, you know, pros and cons, so that you know all the facts so that you can choose.
>
> (Matthew 2:3)

Learning about the mechanics of labour was important for some of the men, particularly those who anticipated being active labour companions. Jim, an experienced father, described how he wanted a factual and technical 'view' of the expected labour and birth:

> I'm a genuine believer, I'd much rather know the facts and know, you know, more information than you need, rather than erm, than have too little [ ] I'd much rather sort of know the full sort of technical view, even if I don't understand most of it.
>
> (Jim 2:18)

For Steve it was only when he began to attend classes, faced with the expert knowledge conveyed in diagrams of labour, that he began to feel ignorant of the processes of labour and birth:

> And it was only at the NCT classes with all the diagrams of the child coming out and things like that and I again I said it highlighted a lot of ignorance I felt about it.
>
> (Steve 1:5)

Previous knowledge

Antenatal classes were a key source of information for most of the men. Other sources of information about which they spoke were newspapers and books although often these were either liked or disparaged because of their humorous style. Dave, for example was frustrated that these were written in jokey styles, something noted in chapter 2:

> I mean I know my brother actually gave me a book, how to, something about parenthood, specifically written from the father's point of view. But it was a jokey book and all it talked about was being kept up all night and, you know, rocking the baby and going off in the car. There wasn't really any sort of handbook.
>
> (Dave 1:12)

The visit to the hospital was considered helpful by some of the men and Nigel, a novice father, found this particularly useful for his preparations for the labour. His account provides yet a further example of the importance of vision. Not only was vision privileged during pregnancy and birth but also when making preparations for labour. Being able to 'see' the room in which labour would take place and imagining himself standing by the bed helped him to 'picture myself', thereby removing some of the unknown qualities of the labour and birth:

> I have this sort of image of a particular room in Castle Hill that it's going to be in, where it's going to happen. It may well turn out to be in that room, but I don't think it is because it's in the wrong part of the building. I imagine it being in that room, erm and I think that's the way I try to sort of think about it. But now I've seen a room where it happens, I can imagine myself standing by that bed, and er you know, erm I can picture the people in their uniforms, now I've seen them at work, you know coming in and out, and I think it's....I'm glad I went on that visit, in a sense because now I can picture myself....
>
> (Nigel 1:12)

Despite access to this sort of information, knowledge generated out of direct experience by men who had made the transition to fatherhood on previous occasions appeared to be

the most valuable. Ken for example, considered he was well prepared for the labour but acknowledged that direct experience was probably the best instructor:

> I think that we are as well equipped as you can be for anything that you are meeting for the first time. Obviously there is no substitute for experience and for the second one we'll be a lot more well equipped.
>
> (Ken 1:7)

The knowledge accumulated by experienced fathers gave them insight into their role in labour and therefore influenced their expectations for the coming labour. Dave felt that the first labour was almost a kind of rehearsal where he could legitimately be 'fingers and thumbs'. He was keen to make sure that he did things 'correctly' this time. Such correct performance, a core component of traditional masculinity, was important to him:

> I just want to make sure I do a better, I do a erm, I perform the role correctly if you like. I just feel, you know, the first time you can get away with being all fingers and thumbs and this time I just....We've had perhaps more....I've been more part of the discussions because I've actually known a bit more about it.
>
> (Dave 2:1)

Bill also felt more relaxed and confident about the impending labour and delivery. His previous experience had prepared him for what to expect:

> But, I guess, having been through two, this is just so much more, we're just so much more relaxed because you know exactly what's happening erm or I feel, I feel I do. I know exactly, you know, what to expect, in terms of the actual birth, I feel so much more confident about that.
>
> (Bill 1:7)

Later on in the interview he spoke about how he and his wife had contrasted his role in their previous two labours. In describing his efforts as 'useless', his account reveals the cultural prevalence and dominance of the 'doing' model of masculinity. Not only is it a model to which he subscribes but is also one which his wife shares and also promotes:

> And Jennifer was saying, you know, the other day, 'I really hope you're going to be much more like you were with Emily than you were with Joe'.

> She said 'You were useless with Joe!' (*laughter*) 'You just sat there and sort of like, you had your head in your hands or whatever, with Emily you were much more positive and active and involved'.
>
> (Bill 1:11)

In his second interview shortly before the birth of his second daughter Rhys acknowledged that previous experience was useful. His use of language in this account is one of a transition discourse. He uses the language of a dangerous transition, 'stepping off a cliff', to describe not only his initial but subsequent passages to fatherhood:

> It's like, first time around you just....it's like stepping off a cliff to be honest. The second time around, well you know what's at the other side to a certain extent but I think, it's still....it's a smaller cliff but, stepping off into the abyss.
>
> (Rhys 2:19)

Gary was also making another rite of passage into fatherhood. He was an experienced father but his new partner was a novice and he was able to draw upon his previous experience in order to support his novice partner. In a similar context to Tim (chapter 2) whose caring job had given him more skills than his partner, Gary was in a position of having more knowledge about labour and delivery than his partner. He described his experience as a novice, when the medical profession were 'running the show' and he derided his own attempts at emotional caring. He contrasted this with his greater experience third time around, using metaphors such as 'every inch of the way' which are associated with movement and transition:

> When I had me family before, first one was breech so they just shut me out the room entirely. You weren't allowed to get anywhere near, erm. Second one was in erm the hospital so you're very much, you know, the medical profession's running the show and you know you're very nervous and inexperienced and you, sort of, just sort of patting a back and sort of smoothing a brow and you don't really know what you are doing. But this time, cos I kind of knew what to expect much more than Elaine did, erm, oh

> it was great, it was really sort of, you know, I was really there supporting her every inch of the way.
>
> (Gary 2:2)

On the whole men who had already made the transition to fatherhood were anticipating the impending labour with more confidence than their novice counterparts. Although labour remained a liminal space, previous experience of this liminal space repositioned men and they were able to use this previous exposure to create a new rite of passage.

Conclusion

This chapter has examined men's expectations of their labour role. The labouring body, just like the pregnant body, was an expected focus for their transition to fatherhood. Just as body-mediated-moments gave shape to men's transition in pregnancy, so men's anticipated labour roles gave shape to their transition in childbirth. However, in examining these expectations a number of tensions emerged: tensions between lay and medical, doing and being, useful and useless. The labour meridian was a site at which these tensions converged and emphasised the ambiguities associated with their labour roles. I argue that these tensions appear as a result of shifting understandings of both contemporary fatherhood and new masculinities and emphasise the vulnerable and marginal status of these labouring fathers. In the next chapter I examine the ways in which men's antenatal expectations of labour and birth were met in reality.

CHAPTER 8

'Perhaps I was of some use at some stage': realities of the labour role

Introduction

The previous chapter examined men's expectations for labour, their beliefs about their presence, their anxieties and fears, their expectations of providing both physical and emotional support and their anticipated position with respect to the labour meridian. I have argued previously (chapter 5) that men's transition to fatherhood began during pregnancy, when confirmation moved them into a different status of expectant father. Labour and birth were therefore not the start but rather the beginning of the end of their transition to fatherhood. Although signalling the imminent end of their ambiguous non-embodied status as expectant fathers, labour was at the very core of their transition to fatherhood and ironically heightened their ambiguity and liminality. Drawing upon data from the postnatal interviews, this chapter examines the detail of their labour accounts and in particular their feelings of usefulness, their desire to be 'doing things' during labour and their experiences of the labour meridian. I suggest that, despite their widespread welcome into the labour room, the men's experiences indicate that their roles in labour, as constructed by the institutional setting, remain vague and ambiguous. The chapter concludes by arguing that this ambiguity makes him an anomaly (Richman 1982), a marginal man, caught not only between statuses but also between the realities and expectations of the new involved fatherhood. Despite these tensions the men nevertheless were able to create a sense of transition.

Useful and useless

For most of the men, feeling of some use during the labour was extremely important but many of them, particularly novice fathers, reported they had felt completely useless, most often because they did not know what to do. The concept of men as strong providers and protectors is central to contemporary understandings of hegemonic masculinity. In the labour room, however, men found themselves in an incongruous position where they could not easily perform these roles, which I discuss in more detail later in the chapter. Faced with this incapacity to provide and protect, many expressed feelings of uselessness and helplessness (Lemmer 1987). Dave for example said earlier in the interview he was unsure how useful he had been during the labour. After the labour though his partner had reassured him:

> But afterwards….she said she was glad I was there and….that she felt that what I was doing was helpful.
>
> (Dave 1:16)

Gary an older experienced father, had the privilege of being able to compare his previous and present experiences. His account of becoming a father with his first partner twenty years ago, when men's attendance was just beginning, is heavily rooted in the traditional model of masculinity. His description of being 'surplus to requirements' suggests a very instrumental model of labour which I suggest at that time was implicit in staff's approaches. He described how at that time he felt at best a spare part and at worst was asked to leave:

> I mean I felt a spare part when me, me son was being born. Just sort of hanging around. Even worse when me daughter was being born. I was just kicked out of the room, you are surplus to requirements.
>
> (Gary 2:10)

Other men also felt useless and consequently in the way. Like Matthew, a novice father, making sure they were *not* in the way became a goal in its own right, something to 'do'. Keeping out of the way paradoxically became something positive and helpful:

> And for the expectant father it's sitting there, feeling that there's not a lot you can do and trying to do what, you know, little you can do to help and sometimes feeling in the way really. Cos during the time we obviously had different midwives and anaesthetists and doctors coming in and you're always thinking 'I'm in the way', and trying to move out of the way.
>
> (Matthew 3:5)

Not knowing what to do, the consequent feelings of uselessness and the desire to keep out of the way, were compounded by the unfamiliar territory of the hospital. Birth is both a social and medical/biological event and, just like the case of ultrasound (chapter 6), the two paradigms construct two potentially very different births. For the labouring couple, in particular the man who has no biological experience of the birth, birth is predominantly a social event, a private and special occasion, during which the fetus becomes a baby, the woman becomes a mother, the man a father and the couple a family. By contrast, the expert or professional paradigm regards birth as a medical event, a potentially dangerous affair which therefore gives priority to the safety of both mother and baby. Frequently these two paradigms co-exist in parallel, when the social perspective of the parents sits comfortably with the medical perspective of the experts. On occasions however, there is potential for a clashing of world views, an asynchrony or disharmony (Brown 1982) between social and medical discourses. When the medical paradigm displaces the social, the meaning of men's presence during labour is altered. They become spectators in a medical event rather than would-be participants in a social event. Although his role in this social event is unclear, it is even more ambiguous in the medical drama where the doctor's status at the top of the system emphasises 'the

marginal status of the husband at the bottom of that system' (Kirkham 1987:73). The displacement of the social by the medical emphasises men's liminality.

> The father is ritually unprepared and is propelled into the birth setting of the rites of transition, one characterised by a 'sacredness' in which features of the everyday life are reversed. He is surrounded by the institutional rhetoric of the language and apparatus of medicine, which he normally associates with illness and death. The father can be temporally and spatially disorientated. Birth sequences are governed by foetal, mother, medical and institutional times and exist largely outside his experience. He can be uncertain where to stand or put his hands. Sections of the delivery room are the private territories of the medical staff, but are not publicly demarcated as such.
>
> (Richman and Goldthorpe 1978:167)

It is within this context that the importance of territory can be understood. The potential displacement of the social by the medical paradigm is more likely to occur on the medical territory of the hospital. In this medical territory the couple occupy the status of guests in an alien world dominated by 'nameless and faceless experts' (Richman and Goldthorpe 1978:167) where the father's social status is 'erased by the medical garb' (Richman 1982:103). The widespread influence of the medical model of birth, the displacement of women's instinctive embodied knowledge of labour and the relocation of birth into the hospital, mean that the world of the hospital, inhabited by medical experts, can be a disconcerting place for both the expectant mother and father. In this medicalised setting 'only physical and medical functions are felt to have legitimacy' (Brown 1982:108). But at least the expectant mother occupies a clear status as patient, marked by symbols such as admission to hospital and ritual gowning (Seel 1987). The father is not in labour (Brown 1982) and therefore not a patient and so unlike the mother does not receive any outward visible sign of his shifting status. Neither is he a visitor, as visitors ordinarily do not take part in care and are restricted by visiting times. As

neither patient nor visitor (Kirkham 1987) his status is rather confused and he is a marginal man.

When the medical trajectory displaced the social, some of the men therefore felt even more vulnerable. Chris, an experienced father, had been anxious about the labour and delivery but had been reassured by his partner who was a nurse. During the labour he was already feeling inadequate when his partner began to experience problems. This compounded his feelings and marginalised him further. His account shows how his perceived ignorance challenged his ability to be an advocate for his partner. Occurring right at the heart of labour, this conflict is an example of the heightened liminality some of the men felt:

> When it actually came to the birth again I was happy to be there to support Karen, erm....Er, but I I felt a bit of....fairly useless particularly when she started to have problems and there were a lot of people around Karen. I wasn't sort of pushed out at all, I was kept involved but there was very little I could do [ ] but I wonder if there's, you know when Karen was having problems and she didn't know what to concentrate on, should I perhaps have been a bit more assertive on Karen's behalf, as to say 'Look things aren't going right here. It's going on too long. More needs to be done'. But I didn't at the time because you're in the care of professionals and you know, you're....I think you're quite vulnerable, during the time you're in hospital. Completely different from your normal environment and er you didn't say very much or.....just let them get on with whatever they thought was the action to be taken.
>
> (Chris 2:8)

The unclear position the fathers held in the labour room, as neither patient nor visitor, on territory not their own, disempowered them. Later on in the interview Chris described how faced with an uncertain event occurring in an uncertain location he felt unable to ask questions:

> You're outside of your own environment and you don't feel that you're in the place to ask what's going on.
>
> (Chris 2:11)

In contrast to this medical model of birth, maintenance of the social paradigm is more likely with home birth, when statuses are inverted. The couple are on home territory about which they have expert knowledge. The medical experts are guests in this social world. In her observation of confinements in consultant and GP units and at home Kirkham (1987:81), found that 'a husband at home would take a role near to his usual role at home, very different from that available to him in the labour ward which was the territory of the experts'.

The partners of two of the men interviewed in the present study were planning home deliveries. Tim for example contrasted his first labour which was in hospital with the subsequent two home deliveries. He described how a combination of his greater experience *and* being at home made both him and the babies more relaxed:

> I think it's just much more relaxed. I think Jean was much more relaxed especially that first bit where things, when you're waiting for things to get underway. And both times when the baby's actually come out, the baby itself, herself, has been very calm. There's been no distress at all. Whereas always in hospital, where Rosie was born, she was distressed [ ] Yeh, I think it's more comfortable for me, yeh, if you're on home territory. I mean it's partly because we've done it before. It helps a lot really.
>
> (Tim 3:8)

Gary and his partner had a home water birth and we conducted the postnatal interview in the same room in which his daughter had been born a few weeks earlier. The room carried therefore both secular and sacred meaning. I asked him to tell me about the labour and he began by describing the room we were in and where everything was. Using a sporting metaphor, he described how he was a 'key player':

> I'll just try and remember it all, it was absolutely fantastic experience 'cos it was at home in this very room. We had the birth pool in the, in the corner there, so we moved these tables out the way and for the curtains up so it was all very cosy. So it was a nice little environment and erm, from a, just a father's point of view, I felt absolutely completely involved all the way through. Like a key player.
>
> (Gary 2:2)

Placed in the context of his home environment, Gary's experience is in stark contrast to the hospital experience of other men. Many of the men antenatally had expressed fears and anxieties about seeing their partners in pain. Joe for example, had been worried about this but was not prepared for just how difficult it was going to be for him. His inability to provide for his wife at a moment of great need emphasised his feelings of uselessness:

> And she's begging me for something, just do something, screaming at me and it's just like bloody hell, you feel terrible anyway, you know you just are no use whatsoever.
>
> (Joe 3:7)

Although all the men wanted to be present during labour and delivery, their subsequent feelings of uselessness and inadequacy led some to question the benefits of their presence. Dave, for example demonstrated below the confusing nature of men's status in labour and delivery. Within the same paragraph he described in rather contradictory fashion how he felt both useless and yet useful. Although he felt redundant he was not made to feel 'in the way', almost as if his presence was tolerated:

> I'm sure they didn't need me there, you know, I'm not fooling myself. I'm sure they could have coped quite well without me. But they didn't give me the impression that I was in the way, and that was a nice thing. You know you came out thinking 'Oh well, perhaps I was of some use at some stage', even if it's only holding the baby, at least I felt I'd participated.
>
> (Dave 1:19)

Jack an experienced father although committed to being there to support his partner, thought the birth would proceed much the same whether he was there or not. He described himself as an 'accessory', implying therefore that fathers are not central to the process at all. Later on in the interview, however, he said that men's presence 'makes it easier for the mother':

> And as far as what happens in the delivery suite really, you're only a nice-to-have-accessory. You don't have to be there, If you're not there, it's not going to make any difference in the long run.
>
> (Jack FG2:24)

After his experience of labour, Barry was sceptical about the motives underpinning the trend of fathers' birth attendance:

> I'm sure they encourage you to be there because I went out to look for a midwife and they're all out there drinking coffee in this room. There weren't many mothers in, two or three, and they're all sat there and I kept going in and I thought 'Well no wonder they want me there cos while I'm there with Anne they're watching telly!'....No wonder they encourage the fathers to come now! (*laughter*). I realised what it was, it wasn't for moral support it was so that they could have a bloody rest, otherwise they would have to have a midwife with every woman, all the time!
>
> (Barry FG2:25)

His framing of his role then is in the context of being useful, of participating, of doing things. Participation was an important element for other men also and I suggest is central to understandings of men's role and purpose at the birth.

Doing and being

Earlier I argued that the ability to provide and protect is central to traditional male identity. The constitution and performance (Lupton and Barclay 1997) of these masculine attributes anchor male identity (Morgan 1990) and they are central to the concept of hegemonic masculinities. Being able to provide for his partner and children and to meet their physical needs, is therefore central to a father's identity. This component of male identity was expressed in the labour room by men's desire to participate and be useful. Feeling useful was defined in different terms by different men. Like the men in Chapman's (1991) study, some of the men took the lead in coaching their partners during labour and delivery, for example, breathing, massaging.

encouraging relaxation and pushing. Others were team-mates working under the direction of the midwives and obstetricians to encourage and support their partners. Others adopted a less active role and were witnesses or observers of the birth, but even these men wanted to feel useful, that their contribution had had some benefit.

The majority of the men therefore felt more comfortable during labour if they were able to 'do' things (Shannon-Babitz 1979). They either found or were given jobs or tasks to do to. Their desire to perform in this way, to be 'active' (a word frequently used by the men), furnished them with a recognisable masculine role, providing familiarity in an unfamiliar setting. Somers-Smith (1999:105) suggests that men may find it easier to do practical jobs 'especially in a task situation where doing well is important'. The execution of this masculine role I suggest served to give form to the new rite of passage. Conversely, if men felt useless it was most often in the context of being unable to 'do' anything, either because they felt powerless to do so because the medical paradigm had taken hold or because they were unconfident about what they could and could not do. I suggest their feelings of redundancy, rather like employment redundancy (Morgan 1992), challenged their masculine identity and underscored their liminality.

Ken, a novice father, talked about the frustrations of waiting, doing nothing and contrasted this with being active, following the directions of the midwife. His sense of redundancy early in the labour was emphasised by guilty feelings that he had helped to create this situation. In this respect 'doing' in labour may not merely be an example of masculine instrumentality but almost an atonement for putting their partner's 'in this condition':

> I think one of the strongest feelings I can remember was there was a period when nothing a great deal seemed to be happening. Sarah was having the contractions and the midwife said the baby was moving but you can't see

> anything yet erm, and basically I was just sat there, erm, and I felt very guilty at that point er, I'd helped to put her in this condition and there was nothing, basically nothing I could do. I think the midwife helped as it was the stage when she started asking me to help and hold Sarah's leg and things like that. I think that helped 'cos then you feel active and as though you're doing something. I think it's quite, it was awful when I was just sat there waiting.
>
> (Ken 2:5)

Matthew, also a novice father, talked about just sitting there, being inactive and said, almost reluctantly that being there was perhaps the most important thing. Although he wanted to *do* he was learning to *be*:

> Cos like you're sitting there and there's not much that you can do actively is there? But I suppose just being there is the most important thing.
>
> (Matthew 3:6)

Most of the men however, rather like those described by Somers-Smith (1999), valued doing above being. Like the men in Moran-Ellis's (1989) study, technology was an example of the way in which they exercised this activity. I argued above that the practice of an active masculine role provided an aura of familiarity, bringing them closer to the centre of the birthing process and therefore giving some sort of shape to their marginal status in labour. For Dave his labour activity focussed on the technology in the labour room. As a manager at an electrical store, technology was very familiar territory to him and he described how it provided a 'comfort zone'. In this respect he was a human monitor (chapter 7), translating technical knowledge and making it available to his partner in a social way:

> I suppose, because you naturally go to your comfort zone, I think, I was interested in all the technical equipment [ ] So you sort of sit there and think. well, what use can I be? So you think to yourself if I try and understand what all these machines are doing, then at least if Karen says 'What's going on?' well I can say 'Well that machine's there to do this'.
>
> (Dave 1:15)

The baby was actually delivered by caesarean section, and in this context being able to do things became even more significant for Dave. Antenatally he had expressed concerns about a caesarean section but in the actual event he became very interested. Caesarean section represents the ultimate displacement of the social by the medical paradigm, when normal vaginal birth is replaced by a surgical procedure. Rather than resist it, Dave became involved in the medical paradigm, drawing on and using the language of medical discourse, for example the 'Apgar score' and 'paediatrician'. A medical student, occupying a similarly ambiguous status as neither doctor, patient or visitor, helped Dave to 'get ready'. He also vividly described how the procedure disturbed body boundaries, a point to which I shortly return:

> The student doctor, who was observing was very good, he then took me to one side and helped me get ready and they whisked Karen and prepared Karen and shaved and all the, all the rest of it and so I then went in and I was quite nervous at this point because I'm very squeamish and I didn't really know what it was gonna be like but I have to say that erm, it was nothing like I expected and er. It was, the actual delivery was all over very quickly erm and from then on it was just this very odd sensation of talking to Karen while a doctor sort of had his hand inside Karen's stomach which was very odd and Karen couldn't feel a thing and she was perfectly, you know perfectly able to talk to me and, and it was good 'cos I, I was pleased 'cos I felt involved because they handed the baby to me 'cos I could hold the baby so and erm, yeah. And I was asking what the Apgar score was and, and so I felt pretty involved and they got a paediatrician in to check and make sure that Sam's airways weren't blocked or anything like that, so after the, apart from feeling nervous about actually being in the operating theatre at no time did I actually feel it was particularly traumatic.
>
> (Dave 3:4)

Men also drew upon their previous experiences of labour and delivery. This accumulated knowledge encompassed their previous experience of the hospital territory of the medical experts, the physiological process of labour and birth, and the reactions of both themselves and their partners. Knowledge of previous transitions to fatherhood therefore informed their current transition. James had previously experienced birth in

both hospital and home. His previous experience, learning 'the ropes', made him more certain of his role, for example his decision to go home and have some sleep and whether or not to cut the cord. He described how during the third labour he was more assertive and rather than the system constraining his activity, he felt more able to use the system to his advantage. In contrast to some of the earlier quotes in this chapter, his account conveys a confidence in his approach. His description of 'gradually becoming a father' expresses the transitional process of fatherhood, which I discuss in chapters 9 and 10.

> I think I'm probably more assertive than I was when Pip was born. With Pip I wasn't quite sure what the ropes were and what was what and everything. This time around I was able to sort of use the hospital setting with its facilities more effectively perhaps than before erm and not feel guilty about going away and getting sleep and coming back again. There's having a sense of, I can gradually become a father rather than trying to be it immediately. I think with Pip particularly it was a sense of, you know, I need, right, I'm told to cut this cord because that's, that's what fathers are expected to do kind of thing, whereas I didn't really, didn't need to be really this time round, probably.
>
> (James 3:8)

Bill also contrasted his novice and subsequent experiences. In a previous interview he had described how he had felt of little use during his first labour (see page 218). In the second labour he had adopted a more active role and had subsequently felt more useful. He had learned the things he could do by virtue of being exposed to labour and delivery on two previous occasions. Being able to do things was extremely important and appeared to determine his own evaluation of his labour performance:

> They (*the contractions*) started to get more and more intense and she was struggling to find a position so I felt I was able to play quite a good role in sort of moving furniture around and getting her comfy [ ] I was really feeling in coach mode and erm, and was quite er, was quite forceful I suppose in, in my advice and guidance to her, if that's the right phrase, I don't know. So I was erm, definitely very supportive in terms of holding her with my arm

> round her, she wanted that like that, but also talking to her and er encouraging her to push hard and erm. So I felt really really heavily involved, probably the more, the most effective of all three (*labours*).
>
> (Bill 3:5)

The labour meridian

Integral to the different roles men adopted in labour was their spatial position with respect to the labour meridian. Some of the men were emotional supporters and elected to stay above the labour meridian so they could be close to their partner's face and provide reassurance and support. The head end above the labour meridian therefore reflected a more traditional model of birth. Novice fathers were more likely to be above than below the labour meridian. Some experienced fathers also adopted a position at the head end because prior experience had taught them this was what their partner most appreciated.

Other fathers occupied a position below the meridian, a less traditional model of birth. Sometimes this was planned so that he could witness the actual moment of birth. Other times the crossing of the meridian was unplanned often as a result of being drawn in to help the midwives during the delivery or in the 'heat of the moment' realising that he wanted 'a grandstand view of the proceedings' (Richman and Goldthorpe 1978:167). Nigel for example had expected that he would be at the head end, above the meridian but actually ended up crossing it:

> I mean when, you know, I was helping as well, helping. I was looking, you know, when the head started to appear but I suppose most of the time I was in the middle, you know. I was going backwards and forwards to the sink and you know offering to help. Actually you can't do that much with the midwives there. They've obviously got their gloves and sterile stuff on, you can't really get involved with erm, very much. I think I said I would probably be at the head end, imagine myself at the head end but erm, I wasn't really, sort of moving around.
>
> (Nigel 2:4)

Pat felt that the midwives expected him to be at the head end, adopting the traditional model of birth and providing comfort to his partner. However, he moved between models preferring instead to be below the meridian witnessing the birth, as he knew his partner would not want him stereotypically mopping her brow. His account alludes to the lay/safe nature above the meridian, where the professionals encouraged him to be, and the medical/risky nature below the meridian:

> As I say, it was a bit of 'Oh you should mop your wife's brow and help her with her breathing and everything', which....I didn't sort of....nah nah. And as I said in the end I ended up watching the actual birth. I was at the other end with the midwife watching the birth taking place. And as a sort of in a sense, well actually I don't know whether I did very much. She says 'You can see the head now' and everything. Angela wasn't even interested because I can remember the midwife saying to Angela 'Do you want to touch it's head?' and Angela says 'No! I want to get on with it', and get it over and done with. And I just....found it fascinating the actual mechanics of the birth and everything and seeing her come into the world. Rather than being at the other end and mopping Angela's brow and....doing the breathing and everything [ ] I wouldn't have been any use at the other end. So I was, really I suppose it was for my own pleasure, seeing Eleanor being born. Erm....so I suppose it was a bit selfish from my point of view but then Angela didn't really miss me. She knew I was in the room and I think she appreciated me just being there. And the fact that I was at the other end didn't bother her in the slightest.
>
> (Pat 1:6)

Even in vaginal births therefore, the space below the meridian was medical space. However in the event of caesarean section, the labour meridian became a physical rather than metaphorical boundary, the sterile green sheets containing and separating the medical space of the experts from the social space of the couple. Partners of two of the men experienced caesarean sections. Rick was keen to stay above the labour meridian but Dave wanted to 'see' what was going on below, so much so that the anaesthetist had to keep telling him to sit down. The screen appeared literally to split his partner's body. Above the labour meridian, activity was taking place in his *partner's* body and below was an interesting medical procedure occurring in *a* body:

Dave: The only thing was the anaesthetist had to get, keep telling me to sit down 'cos I wanted to, sort of walk around and sort of poke my nose in and see what was going on being er, I suppose the adrenaline was flowing erm and then back into.

Janet: So poking your nose in what, trying to watch what was happening?

Dave: Yes I kept on.

Janet: Below the screen you mean?

Dave: Yes below the screen. I kept on looking over and standing up and sort of….

Janet: So to say that you were squeamish….

Dave: Yeah it was completely the opposite.

Janet: Did that surprise you?

Dave: Yes very much so, yeah, I thought I'd be, well I'd probably….

Janet: Sat in a corner somewhere.

Dave: Yeah sort of like.

Janet: Keeled over (*laughs*).

Dave: Just looking at Karen's face and like not looking over the screen but I think it just erm, partially curiosity and partially adrenaline it just sort of but even now looking back on it, it was the total disconnection between Karen's head and the body that was being operated on was just complete, it was just a completely different thing two, two completely different people as far as, as far as my, my brain could perceive it and it was, it was odd, it was very odd.

(Dave 3:5)

The partners of two of the men in the third focus group had also had caesarean sections. The men spoke vividly of their relation to the meridian and its effects upon them. Being able to see the birth, like 'seeing' in pregnancy, was important for Julian. Just as some of the other men had been mediators between ends during vaginal births, Julian sat on the meridian. As a scientist he was interested in the technological aspects of the

procedure and, using a sporting reference, gave a 'running commentary' of the delivery of their twins to his partner:

> I went to theatre with Kate for er, it was an emergency caesarean. She was in labour for about a day and a half. And in the end it was an emergency caesarean and they took her in. One of the babies was distressed and I went in and it was quite fascinating actually. I'm a biologist, so to sit there with a sheet and on one side of the sheet is, you know, they've got her opened up and on the other side I'm talking to her. Strange. I mean she was totally unaware of what was going on on the other side of the sheet and I was giving her a running commentary (*laughter*).
>
> (Julian FG3:21)

Malcolm did not want to see the delivery and stayed above the meridian. However, although the screens may have obscured his vision they did not conceal sound and it was the sound that haunted him the most. Sound therefore permeated the barrier constructed to bound the unbounded body:

> I mean even the sound of when they put the knife down and you hear the skin (*made ripping sound*) and you hear it like a razor, like cutting paper, don't you?
>
> (Malcolm FG3:25)

Chapter 4 examined anxieties associated with the breaking of body boundaries in pregnancy and the actual and symbolic interventions which reinstate and restore these boundaries. The labour meridian, whether real or imagined, served to protect the men, although only in a visual sense, from their partner's polluting and dangerous body, acting as a kind of temporary body boundary until the real boundary could be restored. This restoration was completed when the mother and baby were separated, umbilical cords cut, episiotomies repaired and caesarean section wounds closed. In splitting the woman's body the meridian becomes a site of both lived and symbolic significance. The top end above the meridian is safe, lay, social and non-polluting. Conversely the bottom end is dangerous, medical, expert and polluting.

This symbol of the meridian is an example of the way in which rites of passage recreate boundaries at times when boundaries are in danger of collapsing. Birth confuses boundaries, between for example wife and mother, mother and fetus, man and father, lay and medical, safe and polluting. Rites of passage seek to symbolically recreate boundaries between individuals (cord cutting) and between spaces (the labour meridian).

The marginal man

The overwhelming physiological nature of the birth process, anxieties concerning pain and fears of collapsing body boundaries, were significant elements of men's accounts of labour. Their position as vicarious knowers (Sandelowski and Black 1994) located in either or both unfamiliar spatial and experiential territory made them feel 'outsiders in a world geared for women' (Richman and Goldthorpe 1978:165) and pushed them to the periphery (Taylor 1992) or margins of the birthing process.

In this liminal space he is a confused initiand, unclear about what he could or should be doing. Yet, through this 'strangely empty role' (Kirkham 1987) he is attempting to mark his passage to fatherhood. His sense of marginality within this liminal phase is emphasised because his role is ill-defined (Moran-Ellis 1989) and professional staff remain unsure of his role. Is he a witness, team-mate, coach? Is he there to support his partner or can he be put to good use (Niven 1992)?. Should he be given attention as well as his labouring partner? Is he of benefit or is he just in the way? (Brown 1982). Is he essential to the action or not? (Kirkham 1987). Is he matter out of place? (Douglas [1966] 1984).

Although there is lack of consensus about his role, there are nevertheless some expectations about his conduct during labour, which illustrate the fine line men tread during labour. But because these are not communicated in a clear unambiguous way, they ironically underscore his marginal status and emphasise his role as a stranger in a complex power system. Kirkham (1987), in her study, observed a number of aspects to this expected etiquette. The men in her study were acutely aware that their presence was 'allowed' and that this permission 'could be withdrawn at any point' (54). The men, despite not always understanding instructions from staff, consequently worked hard to make sure they did not upset staff who might then ask them to leave. Some of the men so feared doing the wrong thing that they did not have the confidence to move position so they could be closer to their partners. Consequently they would find themselves looking at her back or stuck behind a monitor unable to reach her or see her. Shapiro (1987) calls this the 'cultural double bind', where men are encouraged to be part of the birthing process but simultaneously made to feel outsiders. Like some of the men in my study, who worked hard at 'keeping out of the way', Kirkham's (1987) men would also move away and keep a safe distance from the midwives. When staff were not in the room some of the men would take the initiative and do things, claiming the space they could, but would stop as soon as staff returned. So as the midwife drew near to the woman the man would draw back, in deference to the midwife. 'Often this happened so regularly and exaggeratedly as to be like a strange country dance' (Kirkham 1987:60), which she called the 'deference dance'.

Like some of the men in my study who found comfort in technology, Kirkham described how the men often asked questions about the equipment, as if this was neutral and safe territory but if they showed too much interest in the equipment the staff would say he

was 'more interested in the monitor than his wife' (68). Men often used humour to obtain information a strategy also employed by the midwives to keep the man in order. If a man for example gave his partner a mouth wash more than once, he would be told he would make a good nurse. So in this way 'the husbands were taught where role boundaries lay, and guided from encroaching on the nurses' role' (Kirkham 1987:71).

Like the men in my study, whose experience was influenced by territory and previous knowledge, the men in Kirkham's (1987) study who had home confinements presented a variation to the deference dance. At one home delivery for example, the man instructed the midwife on how they would like the delivery to proceed. She also described the behaviour of an experienced father during a hospital delivery, who had had three previous home deliveries. He was allowed to stay with his wife during vaginal examinations and held the Entonox mask despite the student midwife's attempts to get the woman to do it:

> After the delivery Mr 43 took a glass of mouthwash and emptied it into the sink and gave his wife a glass of water. This was a completely new move in the 'dance'. On no other occasion did I see a husband walk right across the floor of the labour ward from patient to sink on his own initiative, though most of their wives were thirsty during labour and the glass of mouthwash stood beside them.
>
> (Kirkham 1987:64)

So for this man the accumulated knowledge gained through previous experience resulted in an inversion in which he became the expert and had the authority to exercise power over the professionals so that he could effectively support his partner during labour. Like this man, the experienced fathers in my study felt more confident to resist the pull of the medical paradigm and follow their own instincts. Novice fathers however did not have the benefit of such insight and often found themselves floundering, betwixt and between at both a personal and social level.

Returning to Turner's (1974) concept of communitas, first discussed in chapter 1, may be helpful here. Turner (1974) described communitas as 'social anti-structure' (45) or the spirit of comradeship through liminality. He argued that communitas was a characteristic of liminality. He suggested three types of communitas: spontaneous, normative and ideological. Froggatt (1997) draws upon Turner's (1974) concept in her discussion of rites of passage and the culture of the hospice. She argues that the hospice provides an institutional setting which manages the transition from life to death. In this context she describes communitas as 'the type of community which is found in these liminal institutions' (Froggatt 1997:127). She describes communitas as the experience of mid-transition:

> Whereas liminality is the *process* of mid-transition, communitas is the *experience* of the social anti-structure. The limen provides the structure for the experience of communitas in this institution.
>
> (Froggatt 1997:127 – my emphasis)

In this context Froggatt (1997) argues that the hospice, which originated outside the traditional institution of hospital medicine, is 'a liminal institution where communitas can be experienced' (127). In this respect the liminal institution of the hospice provides a setting which shapes and structures the experience (or communitas) of the transition from life to death. There are similarities in her discussion of how the hospice shapes the rite of passage from life to death and how the hospital shapes the rite of passage of birth. For example: the admission of a patient to the hospice mirrors that of a woman's admission to the labour ward; the way in which the hospice can be understood as a mediator between the bounded and unbounded body; and both the hospice and the hospital are institutions which manage and contain the unbounded bodies of dying patients (Lawton 1998).

Drawing further on this concept of communitas I suggest that for the men in my study whilst they were all making a broad transition to fatherhood (or fatherhood again), their communitas or experience of this transition was slightly different depending upon their previous experience and place of birth. The hospital or traditional medical model of birth structured the limen in a particular way, with the use of medicine, technology, control and surveillance. For novice fathers, although they tried to make sense of their surroundings by drawing upon familiar resources of vision and technology, their insider experience of this type of communitas was as powerless and almost invisible marginals. In the home setting the less technological model of birth represented a variation in communitas. So just as the hospice offered 'an alternative, anti-structural approach to the technology-dominated, individualistic, isolated death' (Froggatt 1997:133), so birth at home offered a different anti-structural approach to the medicalised model of birth. Experienced fathers were better placed to resist the dominant model and whilst the majority of these occurred within the institutional setting, many of these fathers were more able to 'use the hospital setting' (James 3:8) to structure their transition to fatherhood.

Conclusion

This chapter has examined men's accounts of labour. In contrast to traditional work on rites of passage which discusses the type, nature and sequencing of ritual (Vizedom 1976), my analysis has elaborated the perspective of men as insider's, in the process of actively negotiating their transition. Just as body-mediated-moments helped shape men's transition in pregnancy, the woman's labouring body provided a focus or site for their transition through labour. But this body also troubled the men, as they confronted some of the tensions between bounded and unbounded, safe and dangerous, lay and

medical territories. Cultural constructions of contemporary fatherhood also provided a site for their transitions but, underscored by shifting understandings of masculinity, these too raised a number of tensions for example between doing and being, useful and useless.

I have already described how the majority of the births took place in the institutional setting of the hospital. I have argued that the labour was a liminal betwixt and between period which separated the man's old status as expectant father from his new status as father. The hospital provided an institutional techno-medical framework. For some of the men, particularly novice fathers, their insider accounts of this liminality suggest that the unfamiliar nature of the medicalised institutional framework emphasised their feelings of marginality. Some of their accounts indicate that they felt almost invisible, which Turner (1974) identified as a characteristic of liminality. For experienced fathers, their previous exposure to this institutional framework meant that they were more familiar with is structure and were more able to make sense of and even shape this period.

So the concept of men's presence during labour was itself, I suggest, rather ambiguous and fathers were therefore positioned right at the centre of a personal and social limen. They were therefore liminal in the sense that they were in transition, betwixt and between statuses but the process of acquiring this status of father*hood* was itself ambiguous and ill defined. In the next section of the thesis I extend this discussion to men's experiences of father*ing*.

CHAPTER 9

'Shaping it into something I quite fancy': expectations and experiences of practical fathering

Introduction

The previous two chapters examined men's accounts of labour, a period of transition during which the birth of the baby made men in a *biological* sense into fathers. Their presence at the birth therefore both made and marked their transition to the status of father*hood* (Roopnarine and Miller 1985). In the early postnatal days men entered into 'open' fatherhood (Jackson 1983) and began the work or practice of father*ing* (Roopnarine and Miller 1985). In contrast to the closed fatherhood (Jackson 1983) of pregnancy, characterised by the woman's privileged embodied relationship with the baby, after the birth the physical separation of the baby from the mother gave the father direct and therefore potentially egalitarian access to the baby. Earlier chapters have examined how the privileging of the biological event of birth within the medical model made men feel excluded and how they nevertheless attempted to shape their passage to fatherhood. Men were also active in this process after the birth, when they engaged in a range of social rituals which both proclaimed and marked their status passage. These rituals for example included informing family and friends, celebratory drinks with friends or alone, preparations to visit the baby, exchanging presents between the baby and existing children and capturing these events on video.

In the next two chapters I examine men's experiences as they began the practice of fathering. This chapter examines first their accounts of the time immediately after the birth which, for most of them, involved leaving their partners and new babies in hospital

as they made their journeys home alone. The chapter then explores men's expectations of fathering prior to examining their accounts of the realities of practical fathering in the early postnatal days. Many of the men were challenged by the demands of practical fathering and the chapter concludes by introducing some of the competing demands they experienced, a discussion which is elaborated in chapter 10.

Coming home and the home coming

Even after the birth the experience of liminality continued for some of the men, as they returned home, leaving their partners and new babies in the hospital, in what I called 'coming home'. Although the biological transition to fatherhood was now complete, they were unable to consummate their passage (Turner 1969) and incorporate into their new roles as fathers because they remained separated from their new families by the institutional boundaries of the hospital. This period ended when their partners and babies came home, in what I called 'the home-coming'.

Coming home for a few of the men was the first time they had been separated from their partners. Nigel for example described how he wanted to 'stay and stay' with his partner and new baby. He used the violent metaphor of tearing himself away from the hospital. In this in-between state he was neither back to being single not a couple nor a family – triply betwixt and between:

> It was not just leaving George but not having Ruth here as well. Erm, I don't know really, it was er....certainly didn't feel like I was back on my own again. It was different erm and also very difficult to tear yourself away from the hospital. You could just stay and stay and stay.
>
> (Nigel 2:8)

Once 'away' from the hospital many of the men could remember their journey home and vividly described 'coming home'. Rhys for example could remember the taxi drive

home and his conversations with the driver. Whilst driving himself home Nigel tried to remember what music was playing on the car radio in an attempt to capture permanently the memory of his first born's birth and 'remember the moment'. His participation at the birth made him into a real father but it remained a fragile reality which he sought to sustain independently through the music:

> It was a case of dragging myself away and er, it was a strange feeling because it's, I mean we've been married for sort of what, eighteen months, something like that, So I think it was probably the first night we've spent apart since we've been married anyway. So that's, that was odd in itself and er, coming back to sort of put the answer phone, and the tape was, had run out , that sort of thing erm. Came over the Wolds and sort of, I was trying to sort of listen to, listen to the radio and trying to remember what was playing on the radio. I can still remember it but I can't, can't find it anywhere. So this piece of music, so try and sort of remember the moment.
>
> (Nigel 2:6)

Similarly, Seel (1987) describes his personal account of leaving the hospital after the birth of his children and his sense of being in between two worlds:

> Filled with the knowledge of your fertile life-creating power, you discover in fact that you are impotent. Despite this power you cannot touch the world in any way. And so you wander aimlessly through those night streets until you arrive at home, or at some other destination which ought to have meaning. But the real meaning is locked away in a bed in a ward in a building where you are not welcome. It isn't that reality is hard to come back to, rather that reality refuses to allow you in.
>
> (Seel 1987:82)

Once home some described the strange feeling of returning to an empty house. Rhys illustrated the betwixt and between nature of this stage and described how 'you're at a bit of a loose end' (Rhys 1:18). Barry also described the experience of this phase between two statuses. He vividly described the disorientation he felt on his return home and how he could not find the light switches in the house:

> When I first came home the first night, I remember being really emotional. I wanted to start crying. It was a funny feeling, you know. For some reason,

> I couldn't find the light switches in the house. I was moving around like this (*gesturing finding his way around in the dark*). I couldn't sleep and laid awake all night. I slept less when they weren't there than when they were. The second night I had a load of whiskey. That was the best thing.
>
> (Barry: FG2:8)

Matthew was also not able to sleep when he got home. He was reflecting about how his life had changed and wanted to tell everyone:

> Yeh I went home and was, wasn't able to sleep for a while because I think it just hits you then, don't it? But, you know, everything's happened now and that's changed sort of your life and yeh…just wanted people to know really.
>
> (Matthew 3:6)

I suggest that the men attempted to create some meaning out of this strange in and between time and did so by a range of activities. Some of the men, for example, busied themselves with informing family and friends about the birth. Many of them also described how they celebrated the birth by either going out for a drink with friends or having a drink at home (like Barry above). Chris for example described how the first thing he did after coming home was pour himself 'a really large whiskey':

> I must admit the first thing I did, it was about two o'clock when I got home, in the morning, so it's obviously very quiet, er, I went to the drinks cabinet and poured myself a really large whisky! (*laughter*).
>
> (Chris 2:11)

Drinking and wetting the babies head was a significant activity for some of the men. Drinking in this way, like on stag and hen nights, is a traditional way of celebrating a contemporary Western rite of passage. Westwood (1984) has for example examined 'the bride's ritual' in a factory (StitchCo) of celebrating women's impending marriage, much of which revolved around drinking. In contrast to novice fathers, some of the experienced fathers described how they were unable to go out and wet the baby's head

on the second, third or even fourth occasion because they had their other children to care for. A few of them described how they felt 'cheated' because they were unable to celebrate in this way:

> I had a short drink and just went to bed. I actually almost felt cheated the second time around, cos I *had* (his emphasis) to look after Hannah and, and I couldn't ring up some of my mates and say 'Do you fancy going for a drink we need to celebrate?'. It was really odd.
>
> (Patrick FG2:9)

Jack described how he felt that he might have missed out on something because he was not able to go out for a drink. He contrasted the responsibilities of caring for his four year old daughter with his desire to go out drinking with his friends. In his account the demands of the old and new fatherhood meet face to face:

> But I had to be reasonable because I had a four year old to think about, who unlikely but could wake up in the middle of the night and there wasn't anyone else there in the middle of the night – it was me. I may have missed out on something, you know, just being able to totally let go.
>
> (Jack FG2:10)

Prior to 'the home coming', the institution (of the hospital) still bounded men's experience of fatherhood, as many of them tacked backwards and forwards between home and hospital, visiting their partners and new babies. Matthew for example described how he was exhausted in this in-between time, as his time at home was busy with people ringing and calling and then he was also busy visiting the hospital:

> It was exhausting. It was hard work because I was spending most of the time there (at the hospital) and coming home and while I was home it was like either people were coming round or phone calls all the time. I was pleased when they came out, I was pleased they didn't stay in very long.
>
> (Matthew 3:7)

One of the men tried to straddle the limbo space between coming home and the home coming by staying the night in the hospital after his daughter had been born. In a

situation where he was excluded not only by the privileging of the biological event but also by the rules of the hospital, he resisted and 'they let him stay':

> I mean when Rosie was born I was quite lucky because it was a small cottage hospital and the ward was almost like deserted. And although she was born like at 2 'o' clock in the morning, they let me stay. So I actually stayed all night.
>
> (Tim 2:9)

Coming home alone fractured the fragile reality of fatherhood, the baby and the family. For Tim, staying the night following the birth cushioned this harsh reality. Bill and his partner also shaped the time immediately after the birth by arranging to have a domino delivery. The birth therefore took place in a kind of half-way house, half way between home and the institution of the hospital and the sense of being excluded, experienced by some of the other men was not felt by Bill, as he was half way home already. When his wife went into labour, they went with the midwife to a cottage hospital, where they had the baby. Four hours later that evening they returned home, almost in time for 'last orders'. His account illustrates the sometimes startling way in which sacred (special) and profane (ordinary) time and space merge into one another:

> I mean it was erm, it was, I remember the midwife was really disarming, really good when she said, she came downstairs and we were sort of ready to go off (*to the cottage hospital*) and Jennifer's parents had arrived (*to look after the other children*) and she said to er my father-in-law, she said 'Probably back for last orders' and we, we nearly were [ ] Having photographs at half past twelve, it was bizarre, just giving birth and back and back into our normal lives.
>
> (Bill 3:6)

So for Bill the management of the labour and delivery enabled him to give form and shape to the disorienting period between the birth and the home coming because he was half way home already. The two men who had home deliveries of course did not experience any sense of exclusion or unreality because the birth took place on home

territory. In this respect there was no coming home because they were home already. Tim used an organic metaphor to describe how being at home meant that having just assumed the role of father, he was immediately torn away and 'uprooted':

> And also, you know, after the baby's born, you don't have to be uprooted again, you're already at home.
>
> (Tim 2:9)

So for Tim (and Gary) who had a home delivery, there was no home coming because the birth had happened at home. He was therefore in a position to immediately begin his incorporation into his new role as a father. For other men their repositioning back into the real (ordinary) world began only when their partners and their babies came home. The 'home-coming' then was the beginning of their incorporation into fatherhood. Rick, a novice father, described how this home coming marked his new status and signalled the start of the 'job':

> No, coming home felt right. It's us now, it's our job, you know, ours, let's get on with it. It was, no, it was really good. I'm a dad now (*laughter*).
>
> (Rick 3:10)

Rick's description of 'it's us now' depicts the exchange of responsibility for the care of the baby between the institutional setting of the hospital and the parents. The language Rick uses to describe parenting – 'our job' – was mirrored by Ken:

> There's also the daunting task that once you get her home, it's yours.
>
> (Ken 2:10)

For some of the men the home coming was the time at which they finally became aware of the responsibility of fatherhood, when the certainty of their fatherhood was no longer shrouded and obscured by the body of their partner. For some of the novice fathers, their inexperience left them feeling unsure about what to do next. In the account below Jim

described this 'now what?' feeling and contrasted it with his greater confidence on subsequent passages to fatherhood:

> I mean obviously knowing the score now, what, you know, what you do with a baby when you get it home, rather than sort of taking it from hospital, put it on the bed and say, look at each other and say 'now what?'.
>
> (Jim 2:15)

For the experienced fathers, coming home was also a special time, marking the end of the medical management of labour and the beginning of the social transformation to family. In contrast to the sometimes negative descriptions of coming home (because they were unable to celebrate in the same way), the home coming was often described in very positive terms. For example, many of them spoke about their excitement at taking their existing children on the first visit to the see the new baby and of the preparations made for the home coming. Patrick, for example described how he made the journey to the hospital to collect his wife and new baby. He had his two year old daughter with him:

> If anybody had seen me I was probably beaming as I was driving down Station Road, cos I knew I had Hannah in the back and we were going to see this new baby.
>
> (Patrick FG 2:12)

For experienced fathers then the home coming was not just about consummating their passage to fatherhood but it was about marking the beginning of a further transformation, which they did through engaging in these social rituals. The home coming made their previously small family into a bigger family and changed existing children into brothers or sisters. Some of the men described how they made the home coming special for their existing children by for example, exchanging presents between the baby and the existing children and vice versa – another social ritual. Pat described

how this exchange of gifts was captured on video and how the dog also participated in the home coming:

> We came back and we had a present each, one from Chloe (*the new baby*) to Eleanor and one from Eleanor to Chloe and….smashing! and as I said, from the very, from the word go she sat her on her knee and everything and video'd it. And the dog came through and had a good sniff! [ ] and yeah everything worked out smashing. There's a real sort of like, nice homecoming.
>
> (Pat 3:7)

The home coming therefore ended the mini-transition of labour and birth and marked men's transition to the status of *fatherhood*. It also heralded men's incorporation into the practice of *fathering* (Roopnarine and Miller 1985). Antenatally most men approached the labour as a major milestone, the culmination of the work of pregnancy. Novice fathers had no perception of life beyond this threshold and it was only when they had entered this new phase that the work of fathering began and they learned 'on the job'. Experienced fathers, like Jim above, were more familiar with the world of fathering and 'knew the score'. Their previous experience of fathering, like their previous experience of labour, made them feel as though they were more prepared for the reality of life with a new baby. The chapter now discusses men's expectations of fathering and how these were influenced by role models, in particular their own fathers.

Expectations of fathering

Role models

Like men in other studies (Diamond 1986, Entwistle and Doering 1988, Jordan 1990a, Duindam 1995, Diemer 1997), most of the men in the study struggled to find role models to help shape their expectations of fatherhood. The role models they were able

to find influenced in both negative and positive ways men's planned approaches to fatherhood. Dave was an experienced and involved father:

> Well there's not a lot of positive role models erm....I can't think of any positive role models really.
>
> (Dave 1:12)

Steve was a novice father but expected that he would take an active role in the physical and emotional care of his new baby. But he too found few role models:

> Yes, I'm sort of struggling for role models. You know there are very few fathers I've met that actually seem to have kind of erm, well it's to share the responsibility rather than to leave it to the little woman.
>
> (Steve 1:9)

The men's evaluations of their fathers' parenting (Riesch et al 1996) influenced the extent to which their own fathers acted as role models. Some men were keen to emulate their own fathers. Rhys for example had happy memories of his childhood and wanted to replicate these happy memories for his own children:

> I mean we used to have a big garden where we used to live. And we were chucked out in the garden and told to get on with it like. So we used to have a sand pit and everything else, and a big lawn. And we used to have a whale of a time running around the garden doing things. So....you know, I mean, I just feel that we had a happy-go-lucky childhood like, you know, and didn't have any hassles or anything like that. And that's the way I'd like my children to be.
>
> (Rhys 2:14)

Rhys was an involved father, immersed in the practicalities of child care and domesticity. Later in the same interview he described how he had always done the cooking and shopping, even before they had children. I asked him how he had developed this approach:

> Rhys: Well my Dad used to do it, I suppose he used to do the cooking and the shopping like. Cos my mother went back to work (*his mother was a midwife*) so he used to do that. Erm....we were always taught to cook as kids and that [ ] But my Dad used to do it. He

used to....hardly a new man like but er he used to do all the cooking and the vacuum cleaner and clean the house and that, he used to do that. You see my mother was out to work and there was four of us like, so if he didn't do it no one else was going to do it like, you know. I guess a lot of them did, really. Erm, I don't think it was unusual. All this new man stuff....

Janet: So you reckon it's actually been going on for a long time?

Rhys: Yeh, it's been going on for years, I think. But er....it's only now they talk about it like. But I think....my Dad he used to do all the cooking, he used to....feed four of us on quarter of a pound of mince (*laughter*). You didn't see much of it like! (*laughter*).

(Rhys 2:15)

Other men like those in Duindam's (1995) study, were uninspired by their own fathers. Steve who wanted to be a fully involved father recalled how his own father, operating within a different cultural model of fathering, was distant and vague. This model was in complete opposition to his own expectations of his fathering role:

> Yes, I mean my father was a vague object in my childhood that came in occasionally from work, you know and sat behind a newspaper and I don't think I remember acknowledging his existence until I was a least about seven.
>
> (Steve 1:10)

For a minority of the men, their expectations of fathering were positively influenced by exposure to positive role models including those of their own fathers. However, most of the men described few role models they wished to emulate. Like Steve above, some of the men's fathers were vague and distant objects, absent from the lives of their children (White 1994). This type of fatherhood I suggest was founded upon an old masculinity, framed by traditional 'old fatherhood' stereotypes of authoritarian breadwinner (Henderson and Brouse 1991, Tiedje and Darling-Fisher 1996). The men in the study however, were attempting to create a fatherhood which was based upon a new masculinity in which they expected to 'be participative and emotionally involved with

children' (O'Brien and Jones 1995:38) by 'doing work with and for them' (Hearn 1984: 16). However, the apparent lack of role models indicates that the social elements of this rite of passage to new involved fatherhood are underdeveloped.

Fathering expectations

All of the men in the study espoused to a model of involved and active fathering, expressing a desire to be fully engaged in the care of their children. They therefore expected that becoming fathers (or fathers again) would necessarily lead to changes in lifestyle and relationships, although most were unprepared for the extent of these changes. Both novice and experienced fathers anticipated that life after the birth would be much busier and that there would be hard work involved. Ken, a novice father, expected that although life would be hectic it would never-the-less be a 'joyful hectic':

> I think it will be hectic but I think it will be a joyful hectic, if that's the right word. But I think the fact that you know it's a baby and you want it so much, you can get through it, if that makes sense.
>
> (Ken 1:10)

Luke, a novice father, was very honest that he did not have a clear idea about what being a father was going to be like. Using the language of rites of passage, 'the threshold', he never-the-less expected that he would be able to exert some influence on the 'shape' of fatherhood. His early actual experience was however very different (see page 267 and 268):

> I was quite looking forward to it. It was part of an adventure and you are constantly, you cross the threshold, you get past the 'big event', the birth and all the business that goes with it and....Like I said, I had no concept of what it was going to be like, but you know, although I didn't have any concept of what it was going to be like perhaps I could help it into something I quite fancy. Help it into shape, sort of thing.
>
> (Luke FG 2:13)

Another novice, Matthew, also had little idea of what fatherhood was going to be like but was very much looking forward to becoming a father. Although he had no direct experience of fathering, his sister had recently had a baby and he had obviously talked about fatherhood with his brother-in-law. So Matthew felt he was entering into fatherhood knowing a little of how he might feel:

> Although we don't really know what it's going to be like we're fully prepared I think for it not being totally plain sailing and easy. We've got a lot of hard work ahead of us to start with. But enjoyable at the same time. I'm sure whatever we give to the baby we'll get back. Yeah, it's going to be a challenge.
>
> (Matthew 2:12)

Joe another novice father was concerned about the practical issue of lack of sleep and the sense of permanence of being a father. Like a gift which once accepted cannot be returned, he knew that he would not be able to hand the baby back. Fatherhood would therefore not only involve happy times with the baby but also unhappy and tearful times:

> I think that would probably be the biggest thing I'm not looking forward to, it's the potential of not much sleep. I've always sort of needed a lot and er I think it's the thought of that. I think that will probably be the worst thing about it. With anybody else's you can give them back, can't you? If they're crying and not happy, give them back, but this will be slightly different.
>
> (Joe 1:1)

Men's antenatal expectations and desires for fatherhood were based on a model of involved fathering. Drawing on the postnatal interviews, the chapter now examines men's experience of this project of involvement.

Practical fathering

In the early days following the birth, as anticipated, the men were involved in a range of activities, related both to the direct care of the baby and the increased volume of domestic work. All of them were involved in physical care, for example bathing,

changing nappies and comforting the baby and two of the men, Barry and Tim, were the main carers. Chris had just become a father for the second time. He was of the opinion that involved fathering was of vital importance to the long term relationship with the child and that was his reason for being involved in the nitty-gritty of child care. In common with the central ethos of hegemonic masculinity, he works hard at fathering therefore to 'get the result' of bonding:

> I'm involved with changing him and bathing him and getting involved. I, I think that's part of being, being a father, being attached and part of the bonding really. I think most father's who think it's just a role for the mothers erm, don't do the hard work, you don't get the, the er, the results in the, in the bonding really.
>
> (Chris 2:13)

Bonding with his new baby was also important for Tim, an experienced 'main carer' father. He described how he used the baby sling to get physically close to his children. This physical closeness as well as the doing of intimate 'physical things' such as feeding and nappy changing, were important in establishing a strong bond. In this way, Tim's postnatal physical closeness to the baby, in contrast to women's antenatal proximity, was realised:

> It was having the baby sling to be quite honest (*laughter*). Yeh and I'd just spend a lot of time with them when they were babies, both of them, erm. With Clare, I started working when she was a couple of months old, I got a job and then Jean was off with her for a while and then I left when she was about 18 months and looked after her until she started school. And then er yeh, it just helps to do physical things. I did the nappy changes and you just know when they are hungry, you're just bonded with them because, you know, I'd fed them and stuff. You know when they are hungry and when they are tired.
>
> (Tim 1:15)

Being able to (bottle) feed his babies was a privilege for Tim. The majority of the babies however were breast fed which on the whole excluded the men from direct involvement in the feeding process. They described, however, how they supported their

partners during feeding. Sometimes this involved very practical help such as providing drinks and pillows or going out with older children thereby creating space for the mother and the baby.

Gary was an experienced father but his partner was a novice. Because his older children had been breastfed he understood the importance of correct positioning of the baby at the breast. He described how he was able to help adjust the position of the baby at the breast, to correct the problem of sore nipples, and prevent the early cessation of breast feeding. Novice parents commonly expect that, as a natural process, breastfeeding should come easily and that the mother holds the necessary knowledge and expertise. Gary's understanding gained through previous experience inverted the usual balance of authoritative knowledge between the men and their partners:

> But she was on the point of giving up because she had awfully sore nipples and erm….reading, well ninety nine per cent of sore nipples is because of position, not holding them right. So I think, I think I was able to kind of just sort of, just get her to try it and change, you know get her to hold her slightly differently and it, and it passed but it was real touch and go.
>
> (Gary 2:16)

Most of the fathers took pleasure in the intimate process of breast feeding, what Stearns (1999:309) calls the 'visual performance of mothering'. Rick, for example, said 'I think it's quite lovely to see a woman breast feeding a child. Especially my wife, my sprog. Brilliant!' (Rick 2:8). Some experienced fathers were grateful for the breaks in activity that breast feeding brought. However, 'in a hegemonic discourse that privileges breastfeeding' (Lupton and Barclay 1999:1019), other fathers, like those in Lupton and Barclay's studies (1997, 1999), described how breastfeeding made them feel excluded. Their exclusion from the close embodied experience of breastfeeding mirrored that of pregnancy. Lupton and Barclay (1997:138) write:

> This type of physically intimate relationship that the mother was able to develop with the infant through breastfeeding was not at first available to the male partner and resulted in some men feeling more 'detached' from their child than they expected or wanted to be.

Ken for example, felt jealous that his partner was able to provide something for the baby that he was not:

> I suppose I feel a bit jealous and a bit upset when, a lot of the time when she's upset I can comfort her and that's fine and she's quite happy with that unless she want's feeding and then there's nothing I can do and I feel a bit jealous I think, those times when she gets something from her mum that I can't give her at the moment.
>
> (Ken 2:15)

Matthew another novice father, drawing upon his brother-in-law's experience, described similar feelings. In addition to describing breast feeding in rather abstract terms, 'the feeding thing', he implies that it has been his partner's choice. He is therefore distant from the process not only at a biological but also an emotional level:

> I mean there's the feeding thing, breast feeding, which is want Elizabeth wants to do, is one of the most things that fathers tend to get on the fringe of. You get pushed aside a bit. Like my sister's just had a baby and she breast feeds all the time and she didn't with the first one. And my brother-in-law used to be part of the bottle and feeding and all that. But this time he's sort of shut out from it.
>
> (Matthew 2:12)

This distancing from an embodied process has echoes in men's distancing from the physiological experience of pregnancy, discussed in chapters 4 and 5. Just as the men engaged in body-mediated-moments to compensate for their physiological exclusion in pregnancy, so some of the men were involved in activities which compensated for their exclusion from breastfeeding. So, despite feeling 'pushed out' or 'on the fringes', some of the men believed they could provide valuable support to breast feeding in other ways. In addition to creating quiet time for the mother and baby by taking out older children,

men also undertook a range of household domestic chores; for example, cooking, washing and cleaning. Although a lot of the men described they had done these chores before the birth, for most of the men the domestic work load increased significantly after the birth. The additional domestic work and their involvement in the care of the baby meant that for all men life after the birth was very different. For novice fathers all activity seemed to revolve around the baby, the baby was in charge and everything became 'child centric' (Jim). Previously spontaneous activities such as going into town, now required meticulous planning and preparation.

In contrast to novice fathers, experienced fathers making the transition to fatherhood again had the benefit of their previous knowledge. Just as accumulated knowledge helped men prepare for labour, previous knowledge and experience of fathering helped men to anticipate the early days after the birth. Jim, for example, was the father of two girls and was expecting a third and the concept of fathering as hard work underscored his account. He described how prior to becoming a father for the first time his concept of fatherhood was framed by cultural representations and he had little real idea about what was involved. His previous experience had prepared him for the reality of fathering. He described how with the benefit of hindsight his expectations third time around were far more realistic, less glamorous and that 'the rose tinted specs are off':

> You know a bit of prior experience sort of sets you up for, so erm, I'm thinking much more realistic as well about erm, erm, what it's not gonna be like and you know sort of, yes, there are gonna be sleepless nights, you know. No, you, erm, er there won't be too much sort of glamour involved in the, in the proceedings [ ] the sort of the rose tinted specs are off sort of thing.
>
> (Jim 2:16)

Therefore, unlike many of the novice fathers who mostly underestimated the impact of the arrival of the baby, most experienced fathers described how the birth of the new

baby appeared to make less of an impact. Rhys had just become a father to another daughter and he described how life had changed very little. For Rhys the transition to first time fatherhood was the most significant, and he used a violent metaphor of 'ploughing' to capture this. The changes he had already made in his practice of involved fathering meant that he felt able to easily accommodate the additional work of another daughter:

> I'm not sure that it has changed things much. I'm sure Carol would contradict me, like but er....The big difference is the first one. That's the one that ploughs everything up, like, you know. It changes everything. Once you've had the one, the next one you know to some extent what's coming along. And your life has changed anyway to accommodate the child like, the first one like. So just fitting another one into it is just an easier thing like, you know. So I mean in that respect I don't think it has changed that much, our lifestyle.
>
> (Rhys 3:10)

Mark and his partner had two year old boy twins and had just had a daughter. His previous experience was therefore in the context of being a father to twin boys. The major adjustments he had made following the birth of the twins meant that the arrival of another baby had made little difference:

> I don't think it's made much difference, she hasn't. It's just been one extra thing to jiggle. Erm, because she has been so quiet and she hasn't been shouting or anything, she hasn't been too much of a problem at all. Cos the other two are running around, tearing about. Certainly we've both said, you know, sometimes we forget she's there. It's busy faffing about them, you know, and you're ready to go out with them and see her sitting there, 'Oh, there she is, we'd better take her as well!' (*laughter*).
>
> (Mark 3:5)

Other experienced fathers did not encounter such a smooth transition. Some were challenged by the exponential increase in and monotony of domestic responsibility, lack of sleep, the loss of time with their partners and the challenge of giving individual attention to increasingly more children. They saw this as the hard work of fathering.

For James, becoming a father for the third time was more complicated than he had expected. After the birth of his first child he had had six weeks off work and he contrasted this 'luxury' with his present position when life with two children was extremely busy. He had also recently changed jobs and now had more responsibility at work. So activity had increased in both domestic and employment spheres, resulting in 'less emotional capacity at the moment':

James: A major change I think is a sense, somewhat unexpectedly of the, becoming a father this time round hasn't been the straightforward process it has with the previous two children and, I'm having to work at it more, em [ ] this time round it's, it's a different experience. I think life just being that much fuller really, erm because

Janet: Your job is different isn't it?

James: Very different.

Janet: More kind of responsibility….

James: Yeah, that's right, sort of erm, and I suppose less emotional capacity at the moment.

(James 3:8)

Conclusion

For most of the fathers, both novice and experienced, in addition to experiencing the joys and pleasures, involved fathering also brought significant challenges that some had not foreseen. Some of these challenges concerned the significant increase in their work in the home and the often tedious and monotonous nature of baby care. In this respect many of the men had severely underestimated the impact the baby would have in their lives (Barclay and Lupton 1999). In addition to this hard work of fathering men also came face to face with other challenges which I suggest were directly related to the rub or tension between their own expectations of themselves as fathers, influenced by

popular culture, and the reality they were able to achieve. I suggest a significant tension was the friction, illustrated in James's account above, between the competing demands of home and work.

So just as the men experienced differences between the expectations and realities of labour, so their experiences of fathering did not always correspond with their antenatal expectations. For some men, rather like the mothers in Barclay et al's (1997) study, adjusting to their new roles as fathers, social fathering, took time and did not occur at the same time as their passage to biological fatherhood. There was therefore a mismatch between social and biological transitions as the statuses of fatherhood and fathering did not necessarily synchronise. Their accounts highlight a tension between the expectations of fatherhood and the realities of fathering. I suggest men's transition to fatherhood is problematised by these tensions which arise in part from expectations of contemporary fatherhood which are themselves confused and ill-defined. As a result of these shifting understandings of the nature of contemporary fatherhood, men are attempting to shape their individual passage to fatherhood within a contextual framework which is itself in a state of flux. Men are therefore making a transition to a rather elusive and vague end-point. In the next chapter I explore some of the factors which constrained and restricted men in their practice of fathering.

CHAPTER 10

'Do you think you've got him wrapped up enough?': realities and constraints of practical fathering

Introduction

The previous chapter concluded by suggesting that some of the men experienced a tension between the expectations of fatherhood and the realities of fathering. I suggest the men's transition to fatherhood was problematised by these tensions which arise in part from their expectations of contemporary fatherhood, cultural constructions of which are in a state of flux.

The ambiguous nature of contemporary fatherhood parallels the constantly shifting masculinities which appear to simultaneously promote the image of the new involved father, the mature 'new man', and yet deny him the opportunity to fulfil the requirements of the role. In this context fatherhood can be understood as a site of competing masculinities. This troubled masculinity (Williams 1998) is a space where competing dualisms, such as strong and gentle, hard and soft, provider and nurturer, public and private, converge, rendering fatherhood itself a betwixt and between state. The contemporary rite of passage into fatherhood is therefore a troubled affair. In making this transition men not only experience the sense of being betwixt and between statuses but discover this new status itself to be ambiguous and ill-defined. Men therefore find themselves chasing after a concept which is amorphous and elusive.

The cultural changes associated with new family structures and practices, the increasing numbers of women in employment outside the home and changing domestic practices

have produced shifts in the nature of fatherhood. The men in the study were attempting to shape a rite of passage into this new fatherhood. The old ritual, founded on a traditional hegemonic masculinity was being replaced by a new ritual derived from the new masculinities. However I suggest that the men were constrained in their making of this new ritual. On the one hand they were trying to live up to the concept of involved fathering but on the other they were held back by both the pressures of their traditional roles and the lack of support for their new. In this chapter I analyse some of these constraints, in particular those posed by time and work, competence and support.

Time and work

Chapter 2 examined historical images of the father role and described how at one time, fathering and mothering were characterised by divergence, or even opposition. The mother located in the private domestic sphere of the home, provided both physical and emotional care (Henderson and Brouse 1991). The father was the provider located in the public sphere and was the moral and disciplinary anchor within the home (Pleck 1987). Increasingly, due to changes in the nature of employment, marriage and the family (Elliot 1996), contemporary constructions of mothering and fathering are now I would argue very different. The traditional model has been challenged not only by the blurring of the female/private: male/public dichotomy but by increasing diversities of family structures (Smart et al 1999) such as gay and lesbian households, where gender and parental roles do not match in a traditional sense.

Problems once faced by either the mother or father may now be encountered by both. as men *and* women struggle to combine the often 'competing demands of careers and families' (Taylor 1992:69). Just as femininity and masculinity buttress each other

(Kimmel 1987), so therefore motherhood and fatherhood have been seen in relation to each other. As motherhood and fatherhood begin to converge, ambiguity in roles becomes more common place and blurred boundaries now surround what were once concrete entities.

However, despite these contemporary ideological constructions of both mothers and fathers as equally able to undertake the care of their children (Tiedje and Darling-Fisher 1996), there is increasing evidence that women continue to take more responsibility for child care than men (Pleck 1987, White 1994, Sanchez and Thomson 1997, Clarke and Popay 1998, Taylor and Daniel 2000). Men appear still to be largely defined in terms of the breadwinner role and paid work which 'directs men's attention to the achievement of status and power outside the family' (White 1994:121)

In this respect, dual earner families have provided a site within which to examine father involvement in domestic and child care work (Brannen and Moss 1987, Russell 1987, Hall 1994). In these families the woman is a co-provider (Jump and Haas 1987) and the father is therefore released from the captivity of his traditional provider role. However, even in dual earner families, although men appear to be moving toward a more egalitarian model (Jump and Haas 1987), women appear to bear more responsibility for child care (Aldous et al 1998). White (1994) argues that even when both men and women are in paid work, 'the male's wage is privileged' (121), so influencing the allocation of household tasks. Jump and Haas (1987) argue that the bread-winning role is more likely to define men's manliness or masculinity than their domesticity and fatherhood. Additionally for some professional men, becoming a father coincides with career building and over-time opportunities (Jackson 1983, Brannen and Moss 1987). Hall (1994:225) also suggests that 'as long as productivity and professional skills are of

central importance to men they are unlikely to increase their involvement as fathers'. With respect to the image of the new father, middle class men 'may now subscribe most vociferously to the ideal of the new father, while in practice being unable to act as a new father because of their career structures' (Smart and Neale 1999:125), which are 'steeped in the traditional values of masculinity' (Jump and Haas 1987:112). Barclay and Lupton (1999) suggest that:

> Men are now expected to fill the gaps that neighbourhood women or close relatives provided for new mothers, while at the same time facing the competing imperatives between paid employment and their family.
>
> (Barclay and Lupton 1999:1019)

Although there appears to be evidence that men are feeling the force of these competing imperatives, White (1994:128) argues that their provider role is sometimes used to justify their low levels of involvement:

> To be the provider is to be 'doing everything for the wife and family'. But this altruistic interpretation is not without its inconsistencies. Sometimes work pressures are used to justify the father's low level of involvement with his children, even when his partner is also heavily committed outside the home.
>
> (White 1994:128)

Middle class men may therefore embrace the ideal of the new father but because of careers be unable to enact it. In contrast, working class men may align themselves toward a more traditional model but because of the impact of unemployment may paradoxically find themselves acting out the role of the new father. However there is some evidence to suggest that unemployed fathers only marginally increase their involvement in childcare and domestic tasks (Waddington et al 1998):

Many of the men in the study talked about the competing demands of family and careers, and how work created a barrier (LaRossa 1988) to their involvement. Bill was

the father of three children and the timing of his first passage into fatherhood coincided with the development of his career. In the extract from this interview he contrasted his perceptions of fatherhood, which reflected the image of the new involved father, with the model he actually adopted. He expressed his disappointment that he was not the involved father he wanted to be. Although his wife was not in paid employment, the 'guilt trip for men' he described, mirrors that reported by women who work outside the home:

> I guess if you'd asked me how I would have perceived er 10 years ago being a father I guess I would have perceived it as being much more equal relationship than it has turned out to be. Erm, I went through a, a quite a political phase, of my life and I guess I was exposed to quite a lot of feminist arguments and I came across a lot of feminists and I believed very strongly, in, in the role of the father and how it should erm, how it should work and how it should be fairly equal in terms of responsibility for, for home making I guess. And erm but as it's turned out we're perhaps very traditional. I'm not sure whether tradition's the right word, because it's almost a minority scenario where you have the father working and participating much less than the mother in the, in the rearing of the children. I guess it is, if I'm honest, it is much more like that and I guess I'm partly disappointed with myself that that's happened and erm not exactly sure how it did happen but it has and I guess most nights I don't see the children. Most week day nights I'll be coming in around about 8 'o'clock or half past 7 and they'll be in bed and the only time I see them is in the morning and fairly briefly at that. And at weekends obviously, weekends obviously tremendously important. So, I guess there's a whole guilt trip for men about that and I guess I suffer from that as much as any man and the, you know, again a lot of writing about the tensions of, of career and work and the balance that you've got there, er and you focus a lot more you know, are in a trap and you know. You need to work hard to earn a good salary, to pay for the mortgage, to keep the kids but are you spending enough time with them? And is that perhaps more important than all those material things? It's the age old debate I guess. So it's erm, it's erm, I guess for me I feel that, I feel that that's a difficult one. Erm, I er, I guess, I certainly do bath the children and I get involved in changing nappies and in doing house work but in terms of percentages that's probably 20% compared to Jennifer's 80% of those things, erm because of the amount of time that I that I'm here as opposed to at work. So that's erm, that's definitely an issue [ ] so there's a whole guilt thing I guess, if I'm really honest about that erm which is, which is under the surface of, of my life.
>
> (Bill 1:4)

In the extract above Bill describes how he believes that the new involved father has now superseded the traditional model of fatherhood. His middle class background and his exposure to predominant images represented within this culture about the nature of fatherhood, I suggest, contribute to his guilt about being unable to aspire to such a model. Other men also experienced a tension meeting the expectations and responsibilities of new fatherhood (Hall 1994) and struggled to hold their ideologies and practices side by side.

Luke was a member of the second focus group, which had been a previous antenatal class of my own. Like Bill above, he also described how becoming a father had made little difference to his way of life, something which he regretted. His hours of work precluded him spending much time with his baby daughter. The interview extract also demonstrates how the focus group interview had a life of its own and how the men, who by this time knew each other well, identified Luke's disappointment and tried to support him. He is replying to a question about what things have changed since the birth of the baby. Using the metaphoric language of rites of passage, he described birth as the 'the threshold' and his sense of personal agency is demonstrated in his desire to shape fatherhood 'into something I quite fancy':

Luke: Very sadly, it hasn't made a great deal of difference.

Jack: Why do you say 'sadly'?

Luke: Because I wanted it to in some ways. I was quite looking forward to it. It was part of an adventure and you are constantly, you cross the threshold, you get past the 'big event', the birth and all the business that goes with it and....Like I said, I had no concept of what it was going to be like but you know although I didn't have any concept of what it was going to be like, perhaps I could help it into something I quite fancy. Help it into shape sort of thing. But because of....

Barry: Spending a lot of time at work and things like that?

Luke: Cos of what I do, erm and because of how I have to do it, erm, I have to, I leave the house basically before Beth's awake and I come back very rarely much before 7 in the evening, by which time she's involved in erm, night time feeds and God knows what else....And then she goes to bed and then she shrieks and she gets up again. And then we spend the next half to three quarters of an hour sort of pacing. Pacing and jiggling and then she goes to sleep and then I don't see her again. My daily contact with Beth is usually somewhere around half to three quarters of an hour. Which is very sad [ ]

Patrick: Your thinking that it hasn't changed, or, you said 'sadly', it might just be that you're coping much better than you actually thought you would.

Luke: Well, no, I think its, its. I wish it was. I really do wish it was but I think it's simply that....I don't really have a great deal to do with her.

(FG 2:13-14)

This extract shows how, for Luke, the reality of fathering at this point in time was characterised by minimal and frequently distressed time with his daughter. Other men also described their frustrations of having the baby at the wrong end of the day during the working week, 'the crappy two hours before they go to bed' (Mark 3:8). The men in the second focus group also talked about these frustrations. Not only was the baby likely to be more unsettled at the end of the day but they also were feeling stressed and tired. Entering the house they would often immediately be handed the baby by their partners, who were equally tired. Crossing the threshold they simultaneously had to leave behind their work and embrace the home. This transition from worker to father, the parallel taking off and putting on of roles, was extremely difficult. Barry for example said:

I get really tired and frustrated and I used to come home and, oh, if she's crying I don't wanna....I can't handle it.

(FG 2:15)

A little later on in the interview they talked about the need to have a transition time between work and home, to help them take on their daily father role:

> Patrick: I was aware that when I have come home, there's been a few times when she literally hands me the baby to me....
>
> Barry: And you're not ready for it.
>
> Patrick: And the baby's crying (*yehs all around*) cos she's had both James and Hannah all day long and she sees me as an outlet.
>
> Janet: The cavalry!
>
> Patrick: Yeh, the cavalry coming through the door and I've had some lousy days and, and you're presented with this thing which instantly cries.
>
> Luke: When all you want is the paper and the transition time between....
>
> Patrick: Yeh, that wind down time.
>
> Harry: Five minutes could be all you need, just to sit down and read the paper and have a drink.
>
> (FG 2:16-17)

However, the desire for this transition time was not necessarily confined to men. Barry and his partner Anne, had decided that Barry would give up his job and become the primary carer of their baby, a house-husband. They had just begun this new arrangement at the time of the focus group interview. Barry described how this transition time was also an issue for Anne:

> And now when Anne comes home from work, when I was looking after him, she realised that she was stewed up and she found it awkward and she realised what it must be like for the man to come from work and not wanting to have anything to so with the baby, cos it was the reverse.
>
> (FG 2:15)

Anne therefore experienced similar competing demands between work and mothering as those expressed by many of the men in the study. Many of the men found combining work and involved fatherhood difficult, like those in Jackson's (1983) study:

> So fathers found themselves in a world which was at once real and unreal. Very real since it was full of baby and mother, shared or glimpsed joys. Full too of work and weariness, of unpaid bills and endless baths and dirty nappies and fractured nights. The unreality of their preparation was breathtaking. In former generations, where men were encased in clear roles, and birth and childhood were set apart within the female sphere, this may not have mattered so much. But these fathers were drawn into the novel and modern experience, and not equipped for its traumas.
>
> (Jackson 1983: 96)

The cultural double bind of labour and birth (Shapiro 1987), whereby men are simultaneously welcomed and yet made to feel outsiders, is also evident therefore in the practice of fathering. Men are exposed to and embrace contemporary constructions of a 'new' involved fathering and yet existing social structures, shored up by hegemonic masculinity, appear simultaneously to limit men's adoption of this contemporary model. Kimmel (1987:9) argues that the new contemporary models of fatherhood exist in parallel with the old:

> New role models have not replaced older ones, but have grown alongside them, creating a dynamic tension between ambitious breadwinner and compassionate father, between macho seducer and loving companion.

Some of the men in the study experienced the tensions in these parallel traditions (Kimmel 1987). Rather then being able to fully embrace a contemporary approach to fathering they had difficulty combining the demands of both career and family (Jordan 1990b, Taylor 1992, Duindam 1995). There was no preparation for these conflicts (Russell 1987) and they found themselves reverting to a more traditional model. In partnerships where the partner worked part-time or not at all, the men managed the rub between involved fathering and work by 'taking their turn' and 'doing their share'. In this way some of them made a compromise from fully involved to part-time father. James, an experienced father, recognised that the demands of work meant that his approach to fathering was as a part-time parent:

> I suppose, my, as a father, I mean I am definitely sort of part-time parent because I'm around, available evenings and weekends.
>
> (James 2:17)

Joe was a novice father whose partner had given up work for twelve months so that she could be a 'full-time Mum'. His account illustrates a bounded model of fathering which is in sharp contrast to the traditionally unbounded model of mothering (Clarke and Popay 1998). He describes how before and after work (he was a nurse) he tries to do 'his bit', which is contrasted with his partner's 'all night' and 'all day'. In their small scale study of parenthood Clarke and Popay (1998) also described how their fathers 'did their bit' and argued that fatherhood was a part time diversion and that men opted in whilst women opted out of child care. In this respect they suggest that in contrast to the mandatory nature of motherhood, 'fatherhood is discretionary' (Clarke and Popay 1998:226). Joe appeared to opt into fatherhood in the same way:

> I suppose I'm a bit conscious like when I go home, I try to do my bit. You know very, you know very much so. And even this morning, you know, he weren't particularly playing up, but like I had him for quarter of an hour, twenty minutes before I came to work and stuff, so as Alison could do a bit. And even prior to him, him going to bed last night so I, I try and sort of take over and do a lot of the stuff. So I like, I always bath him at night and sort of when I'm at home, I'll try and have him and comfort him and do the bits and pieces around him, change his nappy and all that sort of....Obviously I can't feed, obviously I can't do that but I try and do as much of that because I'm aware that Alison's had it perhaps round, most of the, well all night and she's had it all day as well.
>
> (Joe 3:21)

So despite the developing model of contemporary involved fatherhood, there is evidence in the literature and from some of the men in my study that the breadwinner and provider roles remain powerful and dominant. Seidler (1997:91-2) argues that the breadwinner role still largely defines men:

> Men still largely define themselves as breadwinners and as providers but at the same time they can feel that they should participate much more in the home and with children. Significant shifts have taken place: men can feel they should be doing more but often just help out.

In contrast to mothers, even those who work outside the home, men therefore appear to exercise choice concerning their extent of involved fathering (Duindam 1995): they have a choice about participating in child care and household chores (Burghes et al 1997) and they are selective about the tasks they perform (Hall 1994), often doing fun and play activities (White 1994) with predominantly younger children (Aldous et al 1998).

A few of the men in the study commented that they could not do the child care work undertaken by their partners. They found it more difficult than being at work. They preferred to go out to work and 'escape to the office' (White 1994:130). Their comments provide an insight into the predicament of involved fathering. Not only do men's roles in the work place make finding time and space for fathering difficult, but many of the men found the routine looking after children extremely hard work, tiring and tedious. Some of the men I interviewed contrasted the demands of high powered jobs with the demands of child care, concluding that the latter was far more onerous than the former. James was an experienced father. He worked for Social Services and described how even a bad day at work was still better than being at home. He contrasted his decision making skills at work and the resulting sense of achievement with the 'demands' of two or three children and 'not having much sense of achievement'. In this regard although he is attempting to construct a 'new' model of involved fatherhood, the sense of achievement to which he refers is framed within a

very traditional model of masculinity: childcare does not bring about achievement in the same way:

> It's hilarious going to work and erm, making all sorts of decisions and organising all sorts of things and taking, you know 30 odd phone calls and writing long reports and constant interruptions and loads of, some really traumatic and extreme situations happen. But frankly a lot of the time this is emotionally and practically a lot easier to manage than two or more children at you all day with immediate demands and not coping with themselves particularly well at various points through the day and sort of like, erm….Getting on with it and not having much sense of achievement, cos it's the sense of achievement I think with men in particular, that can really put them off actually doing what they say they're going to do which is to be, you know, erm, involved fathers.
>
> (James 2:19)

Mark's partner had also given up work to stay at home to look after two year old twins and a new baby. He was a teacher. When he was at home during holidays, his partner was also available to share the child caring responsibility. He contrasted this with the term time arrangement when he was challenged by the competing demands of the job and caring for his children:

> On holidays it isn't as tiring being at home, for me. But that's the difference, I'm here with Gill as well, so we're sharing the day. But that day for me isn't as tiring as going to work and then coming home and organising them until 8 'o' clock, or whatever….I'm less tired than I am when I am at work [ ] But, yeh, I mean, I wouldn't want to swap with Gill and have her go to work, I wouldn't want to be here all the time.
>
> (Mark 3:8)

So the concept of involved fathering is not only challenged by the amount of time men spend outside the home but also by the nature of childcare work itself. These challenges led to men choosing their level of involvement in fatherhood (Duindam 1995) – opting in – which James described as 'a choice really which women usually don't have' (James 2:17).

Most men experienced these challenges presented by the nature of the hard work of fathering on the one hand and the competing sphere of work on the other. In this context their expectations of involved fathering were troubled by some of the components central to hegemonic masculinity. The majority of the men wished to be involved fathers, a concept modelled on new masculinities but the traditional patterns founded on an 'old' hegemonic masculinity appeared to remain very resilient (Elliot 1996). Their employment outside the home challenged this model of involved fathering as did the nature of the work involved in childcare. The image of the contemporary father as truly involved in the physical and emotional care of his children presents a real threat to hegemonic masculinity. Hegemonic masculinity still does not offer much space for the father involved in childcare and household tasks, as these have traditionally been regarded as women's business (Russell 1978, Aldous et al 1998). As noted in chapter 2, the concept of caring, which Poole and Isaacs (1997) argue may form one of the boundaries between masculinity and femininity, is traditionally associated with women's work. Men's involvement in caring, work not normally done by men (Russell 1987), may therefore challenge male identity (Duindam 1999). Implicit in the argument about men and caring is the assumption that because of their maternal instinct, mothers (and women in general) must be better at doing it than men (Russell 1987), that in some way their biology gives them a head start (Gerson 1987, Russell 1987). Consequently mothers' competence is rarely questioned. Although the concept of involved fatherhood is founded on new masculinities which encourage men to discover their emotional and caring capacity, some of the men in my study reported that their ability or competence to care physically and emotionally for their children was questioned.

Competence

So not only did some of the men struggle to balance the competing demands of work (public) and home (private) domains, but they also encountered difficulties associated with a role which drew them into the heart of intimate caring and yet simultaneously had the potential to hold them on the periphery. Their fatherly competence (Entwistle and Doering 1988), their ability to undertake the caring work of involved fatherhood, was judged and even questioned both by themselves and others.

Themselves

Like the men in Jordan's (1990a) study, some of the men, particularly novice fathers, in the early postnatal days, did not feel confident in the practical skills of caring for a new baby. They had 'impoverished behavioural repertoires for parenting' (Jordan 1990a:15). For some of the men even holding a baby presented them with a situation they had not faced before. Pat was recalling his early fathering experiences following the birth of his first child who had been born four days before Christmas:

> There are some photographs of me holding her to begin with, very apprehensive in holding a baby, cos I had never had any experience of holding children or anything. So I was a bit, you can see now, on all the Christmas photographs I am a bit tense and everything, but over the moon.
>
> (Pat 1:10)

Adjusting to their new roles as fathers involved learning these skills, most frequently from their partners (Duindam 1995). Matthew, a novice father, described in the second interview how his partner, a paediatric nurse, was going to teach him the practical aspects of baby care. Her 'expert' professional knowledge in addition to her (supposedly) 'natural' mothering underscored his relative lack of knowledge. He hoped that he would 'take to it fairly well':

> I think I've got the most to learn anyway. She's working with babies and children, that aren't hers. But the practical things, she's going to be teaching me hopefully and I hope that I'll take to it fairly well, you know.
>
> (Matthew 2:11)

In the postnatal interview he returned to this topic of learning the practical things. He contrasted his learning with the natural mothering of his partner and measured his performance against her more natural ability. Just as in pregnancy and labour, her biological head start (Gerson 1987, Russell 1987) meant that her knowledge and experience of the baby remained privileged:

> Matthew: I mean I always thought Elizabeth would be a really good mother and that she would know what she was doing and everything. And that has been the case. You know I never doubted that she would take to it. For me it's obviously been quite a learning thing and not being used to babies and that and doing practical things.
>
> Janet: Cos you talked last time about Elizabeth teaching you practical things….
>
> Matthew: And she has done and you know I've learnt it and obviously I know I don't do things as well and….but er….just to be able to do it and get on.
>
> (Matthew 3:9)

Some of the men felt so inept in the early days that they imagined their babies also questioned their competence. Struggling to combine work and new fatherhood, men's uncertainty could be compounded by a negative response from their baby. Luke felt that his new baby actually hated him and he almost detested her as a result:

> I went through a period when she was about three weeks' old when I absolutely, actively detested my baby. I could not stand her because coming home at 7 'o' clock, that's when she got her colic and between 7 and 9 she used to do nothing but, you know, really give it some welly. And I, I….it was strange really….[ ] What I found, what I found then really weird, that it happened as soon as I came home (*'yehs' from everyone*). I'd come through the door, Beth would say she's been lovely all day and it was switch 'bang', off she went! And I kind of got this absolutely impression, must have been insane, that she hated me. That I was the cause of it.
>
> (Luke FG2:15-16)

In contrast to the candour of Luke's account, women are less likely to be open about not liking their babies. Such admissions are likely to result in medical labelling and subsequent treatment for postnatal depression. Although there is increasing evidence of men's experience of postnatal depression (Richman et al 1991, Ballard et al 1994, Areias et al 1996, Ballard and Davies 1996, Leathers et al 1997), expression of such emotions by men is less likely to be given the same status as similar ones expressed by women (Ballard et al 1994, George 1996). Other men also described similar although not as candid emotions as Luke. Joe, another novice father, contrasted his son's behaviour with his mother and with Joe:

> You just get paranoid, don't you? You know, he's there with Mum and he's laughing and he's giggling and you think 'Oh that's lovely, let me have a go?'. And he doesn't look at you, does he? You know, we put the Christmas tree up, he was looking at the lights, he's looking out the window and he's not giving you any eye contact and you think 'He hates me'.
>
> (Joe 3:21)

In contrast to the experiences of some of the novice fathers, learning the practicalities of baby care was less of an issue for experienced men who had learned these skills on previous occasions. So in this respect their fatherly competence (Entwistle and Doering 1988) was enhanced by their previous experience which gave them insight into the nature of the caring role. The authority of this caring role was even inverted on a few occasions, when the father was experienced and the mother a novice. Earlier in the chapter I discussed how Gary's previous knowledge of breast feeding helped him support his new partner. His previous experience of caring for his now grown-up children meant that he also felt more confident about handling the baby:

> I'm sort of like confident about handling her, picking her up. I don't feel I've got this tiny little fragile thing, 'What am I gonna do?', you know. I think maybe that worries Elaine a bit, cos I tend to be a bit more cavalier, you know, about carrying her around and sort of, whereas Elaine's sort of

> handling her like a tiny little eggshell or something, whereas I, I sort of, I've learned they're a bit more robust.
>
> (Gary 2:15)

Tim was also an experienced father, anticipating the birth of his third daughter. He was a care worker with the local council and described how he had always done 'women's jobs'. The knowledge he had gained from this privileged access to caring, normally considered a female activity, meant that like Gary above, he felt more confident than his partner:

> I felt much more confident about handling a baby than she (*his partner*) did. I felt much more, erm Jean was much more nervous about handling a baby. It was funny [ ] cos, I've always done women's jobs. I mean I like my job now, it's a woman's job and I'm a man, you know what I mean? Some people think it's really odd. But I've always done caring jobs.
>
> (Tim 1:16)

Other men, even though they felt novices with respect to practical care, described how they soon learned these skills. Experienced fathers were quickly able to refresh their skills and draw upon them for the new baby. Pat, for example, contrasted nappy changes and bath times with his first daughter and his new baby:

> I've myself a lot more confidence, erm. Chloe's straight away getting her nappies changed, into bath, washing them. And I remember when Eleanor was getting her first bath, there was the both of us there and, oh, the water….it's a real major exercise! Well it's not anymore. Chloe's just plonked in the bath and she's bathed and it, and she gets dressed and everything.
>
> (Pat 3:15)

All the men eventually learned most of the practical tasks of involved fathering and those with fewer work constraints were more able to put these into practice. The great majority of the men, however, felt that in terms of practical care their partners were more expert. Patrick, for example, said that his partner had 'definitely got the edge on me' (FG 2:19). The two couples who operated a role reversal were however different.

Barry, for example, described how prior to beginning their role reversal he was extremely anxious about being left alone with his son. He had some time off work though, in which he 'got to know him'. This familiarity with his baby, a sort of initiation into his new role, meant that he felt ready and equipped to begin caring for him full time:

> I had that week and a half off and now I feel as though I could handle....I got to know him and I think if you haven't done that then you miss out, if you don't do that, you miss out. Now....Anne's out all day and I'm happy but before I was terrified about being on my own with him, I thought 'How am I going to cope?'. Once you do it you do it, but you have to do it and its....actually not a problem at all [ ] But I feel much more confident now and you know, Anne's....We were watching a telly programme the other night. And obviously we're gonna reverse 'round (*swap roles*) and this bloke was saying that when the little kid falls and hurts his knee he runs to his Dad crying. And Anne said that 'I'm afraid that's going to happen', you know, she's gonna miss out on that. Cos obviously he will bond closer to me, you know. You know in a way it's good cos, I mean you don't often get that chance.
>
> (Barry FG 2:20-21)

This sense of loss indicated by Barry's partner was also present in Tim's accounts. He had been the main carer for his first two daughters but was now back in full-time employment. He described how his partner, who did not do as much practical caring for the older girls, wanted to be the main carer for the new baby. She wanted to do this so much, even though her giving up work would have major financial implications because she earned far more than Tim:

> And with this next child, Jean very much wants it to be her baby. She doesn't want me to be, to be the one who gives up work, even though I earn half of what she earns (*laughter*). She wants very much....she feels like she missed out a bit.
>
> (Tim 3:15)

Others

In addition to some of the men lacking confidence in their own abilities, some of the men described how their fatherly competence was also questioned by other people. Framed by contemporary constructions of fatherhood, others held up the imperative of involved fathering and yet at the same time challenged men's ability to care. This is a further problematic of fatherhood – a no-win situation – where the contemporary image conveyed in culture is endorsed as *the* standard and yet simultaneously fathers' competence is implicitly or explicitly undermined.

A few of the men described occasions when their competence as fathers was questioned by other people. Roger was an experienced father, although he was only in his early twenties. He described how an elderly lady came up to him and questioned whether he had got the baby wrapped up enough and how this is more likely to happen when 'you're a bloke on your own':

> Roger: Some old lady would come up and say 'Do you think you've got him wrapped up enough? – it's quite cold' or something.
>
> Janet: Is that what people did? Did people come up to you in the street?
>
> Roger: Well there was one time when we were sat out in the garden and he was asleep and I think it was, I mean had about 6 blankets or something but it wasn't that warm. I mean you can tell when they're hot or cold by feeling them but you do often get people saying, giving, especially if you're a bloke on your own.
>
> (Roger 2: 4)

Dave, an experienced father, also described an experience during the midwife's postnatal visit. He had been caring for his new son all morning and had negotiated with his partner to spend the afternoon watching rugby on the television. Giving each other space to do this was part of their approach to parenting, but this was not understood by

the midwife who made the judgement that Dave was absolving himself from his parental responsibilities:

> I got quite frustrated because the midwife would turn up and one day, I'd actually said 'Look this afternoon, I'm going to have an afternoon off'. We used to take it in turns and Karen, and I wanted to watch some rugby on the television. So it was a real treat because I normally work, work Saturdays and I'd, and I'd, at that time and I thought I'm going to have this afternoon off. And the midwife made a point of coming and plonking Sam down with me and saying 'He needs to be changed'. And I felt like saying to her 'I've changed him 9 times out of the last 10 and I'm doing my bit, why don't you accept that all men don't need to be pushed to do this'. And I got really annoyed about it and Karen was quite sort of upset, she said 'Well you have, you've been doing everything you possibly could'. And I just felt it was just assumed that the man wouldn't have been playing his part and I got really frustrated about that to the extent to....next time the midwife came 'I've got to get out of the way, or else I'm going to say something' (*laughter*). I'm going to say something, say something or really do something daft here (*laughter*), so I got out of the way!
>
> (Dave 1:13)

Some of the men therefore were made aware of the value of new involved fatherhood and the encouragement to embrace its concepts and yet at the same time faced either implicit or explicit questioning of their ability to rise to its demands: 'trouble if they're there and trouble if they're not' (Edwards 1998:260). In contrast to negative experiences of men and their babies, some of the fathers described how when they went out in public with their children, they were often praised or put on a pedestal (Russell 1987) for 'doing their bit' and regarded as almost a sort of luxury (Taylor and Daniel 2000). Dave described how he found other people, often other mothers, helpful when he was out with his two children:

> When I take Sam to places, if I take him off for the day, people are always incredibly helpful, and probably more so than if you were a Mum because they tend to think that you're not as capable as a Dad of looking after him [ ] When you're out shopping or something with him, then other mums are very helpful too. So they do sort of recognise, you know, immediately think, you know, 'Man with child. Open the door for him' and things like that, very helpful. He's doing his bit, he's doing something!
>
> (Dave 1:11)

Bill also described how he would receive some complementary comment from passers-by in the street when he was out with his three children, which his partner would probably not receive (Russell 1987):

> You know I was pushing, or out with all three of them and I'd be out with all three of them quite a few times. I had people saying things to me like 'Oh, you've got your hands full'.
>
> (Bill 3:15)

So contemporary fatherhood, the image of the new involved father, was endorsed by both the men themselves and other people. And yet the men recounted experiences when their credentials and competence to be involved fathers was questioned or when they were not really taken seriously (Smith 1995). The issue of competence, whether as perceived by themselves or other people, was a strong feature of the early days of involved fathering. Fatherly competence was simultaneously desired and questioned. So just as men are now expected to feature in the labour room and yet simultaneously given a peripheral role, involved fathering has similarly become a goal or bench mark which social structures and practices militate against.

Support

A factor in men's transition to fathering was their relative lack of preparation for (Entwistle and Doering 1988, Dragonas et al 1992) and support in fatherhood (Henderson and Brouse 1991, Barclay and Lupton 1999). Although involved fathering increasingly appears to converge with a model of mothering (Richards 1982), Jordan (1990b) argues that women have had greater support in their movement out of the home than men have in their movement into the home. Men as fathers do not have the same spaces or forums at individual and institutional levels for mutual and societal support as mothers (Oakley 1979, Russell 1987, Edwards 1998, Williams 1998).

Hegemonic masculinity perpetuates the image of the strong and independent sturdy oak (Brannon 1976 in Sabo and Gordon 1995), where men take pride in not having needs, especially emotional ones (Seidler 1994, Seidler 1997, Sharpe 1994). In fact suppressing and controlling emotions is central to proving manliness (Seidler 1988, Stinson et al 1992, Seidler 1994, Harris 1995, Peterson 1998). In addition to the hegemonic taboo on men showing vulnerability, emotion and their trained incapacity to share (Oakley 1979, McKee and O'Brien 1983), there is therefore little opportunity within culture for men to talk (Barbour 1990) which consequently allows little space for men to support other men.

During the transition to parenthood which can be stressful for both partners (Anderson 1996), men therefore have few support networks. Their partners are often their usual source of emotional support, but in the busy early days men are unlikely to receive the same support from them (Richman et al 1991, George 1996, Barclay and Lupton 1999). During this period they are more likely to bury or deny their own concerns and may hesitate to share worries with their partners (Jordan 1990b, Mercer and Ferketich 1990, George 1996) in order to support them (Henderson and Brouse 1991). New fathers may therefore feel isolated and unsupported. Those men that stay at home may be even more isolated than women staying at home (Russell 1987) so in role reversal families for example, Russell (1987) found that return to the traditional model was due in part to lack of support and implicit criticism of male peers.

Limited support was also highlighted by the men in the study. Matthew, a novice father, wanted to meet other fathers in a similar position but described how there were no forums for new fathers to meet each other:

> I mean I'd like to be sort of able to go places where there are other fathers in a similar position. But I don't know how much of that there is really, cos you've got like, babies don't really go to that many things when they're at that age and when they do it's mothers that take them [ ] But I think it is a shame that there isn't a place for new fathers to go and meet.
>
> (Matthew 2:13)

Dave did not feel that there was any support and felt consequently that men were still on the periphery of parenthood. He described how all the postnatal support networks were directed towards mothers, a point argued by Edwards (1998) and Taylor and Daniel (2000). He contrasted the 'old' model of fathering based on hegemonic masculinity with his own contemporary model. However, his account shows that in the process of trying to shape a way into involved fathering, social support serves ironically to exclude him:

> I didn't feel that there was any erm, support or….you know you get these various networks for baby's that are crying and….for various other problems that babies might have had. And they're always directed, you know, it's clearly, all the pictures, shows a Mum and a baby and everything is to do with Mum ringing up and getting support from another woman. There's never erm any support for the husband, erm. And I think in some ways it's very negative cos it's not, it's not helping the husband to feel he's part of the process as well. And it's sort of, but you know it was worse, even, you know 20 years ago or 30 years ago, it would have been a lot worse and the man would have said 'Well that's your job. Get on with it and I'm back off to work and down the pub'. And we're still not moving very quickly to sort of change that perception really.
>
> (Dave 1:14)

Few of the men felt able to talk to other people about their experiences of fathering (McKee and O'Brien 1983). However, Dave felt that after the birth, other fathers became more supportive, in contrast to other men without children. At least other fathers, who had made the rite of passage to fatherhood before, could empathise with broken nights for example, in a way that men without children could not. In this way transition to fatherhood set men apart from other men (McKee and O'Brien 1983).

Although men as fathers were more likely to talk about fathering, Dave described how baby talk was not a usual topic of conversation for men:

> Within work, you don't tend to talk about, it doesn't....Once the baby's come along then dads can be quite supportive. Only other dads are supportive. You know, other men without children have no conception of what you are talking about at all. Erm, but other men who've got children who've been through it, you know, if you come in one day and say 'Oh we had a really bad night', they tend to be, you know, they tend to be supportive. But is doesn't tend to be a major topic of conversation.
>
> (Dave 1:10)

Roger described how he was more likely to talk about pregnancy, birth and fatherhood with female rather than male friends:

> Roger: I mean I could talk to a girl about it, like some of my girlfriends a lot easier about it than blokes.
>
> Janet: So it's not like you'd go out to the pub to talk about having kids....(*laughter*)
>
> Roger: No, no not really at all. I suppose there's a couple that I could but I just wouldn't.
>
> (Roger 1:13)

A little earlier in the interview he contrasted different styles of talking between male and female friends. Whilst talking about being a father with female friends may have included the practical aspects of baby care, talking with other men was highly unlikely to involve chat about nappies, for example. Talk was more 'laddy', less serious. He knew another student who like himself had experienced an unplanned pregnancy:

> Roger: It's more a thing you didn't actually really talk about it. Just sort of er like 'You got caught out as well' sort of thing! More sort of laddy thing, you know 'You got caught out but it'll be alright' sort of thing. I suppose it's male ego, you're hardly going to go....
>
> Janet: what kind of nappies are you going to use....
>
> Roger: Exactly (*laughter*)
>
> (Roger 1:12)

Throughout my interviews with Roger, he alluded to the concept of the involved contemporary father. However his accounts above indicate that in tandem with this new contemporary image are resilient social structures and practices which preclude him from fully entering into the full force of parenthood. Conversations with his male friends are still framed by hegemonic masculinity and are 'laddy', whilst talk about child care is something he engages in with female friends. The extent to which hegemonic masculinity influences the content and style of male talk was indicated by Dave. He described how talk about fathering is excluded from the normal male sphere, which remains more concerned with 'the normal men things' like football:

> If you went out for a drink with you're friends you'd probably do your darndest not to talk about your babies but to talk about, you know, the normal men things that you talk about, you know, football or whatever. So you don't, it doesn't, it's not seen as a very....acceptable topic of conversation for an all male group, normally.
>
> (Dave 1:11)

Postnatal support is predominantly a female affair (Edwards 1998, Taylor and Daniel 2000) which men can find difficult to penetrate. Dave described how, as an occasional visitor to the local postnatal group, he felt very much an outsider. The chit chat at the group was breastfeeding oriented which he found excluding. In attempting to gain access into this predominantly female world, he also indicated that not only men but women find it uncomfortable. Only true role reversal, a kind of going over to the other side, may incorporate them fully into the club:

> I've been here a couple of times when we've had NCT meetings and it tends to be quite, erm, excluding for a man, because you know it's very much, you know, it's very much concerned with breastfeeding and how you're getting on and erm, this, that and the other. And you don't feel it's particularly relevant to you. And a lot of the time a lot of the mums don't feel very comfortable I think with a man about, when they want to chat about their problems. Er, so you sort of tend to feel well I'm probably best off not being here.
>
> (Dave 1:10)

Conclusion

Many of the men in the study encountered difficulties as they attempted to adapt to their new roles as contemporary and involved fathers. Their fathering practice was challenged and constrained by the pressures of both their traditional role and lack of support for their new. So despite embracing the image of the contemporary involved father there is evidence here (and elsewhere) that the extent to which this image 'is driven through into fathering practice' is limited (Clarke and Popay 1998:202). There therefore appears to be a disparity between beliefs and behaviour (Pleck 1987, Entwistle and Doering 1988, Sanchez and Thomson 1997, Clarke and Popay 1998, McKie et al 1999).

The concepts and practices of contemporary fatherhood appear difficult to embrace in the context of little change in hegemonic masculinity. The persistence of hegemonic masculinity brings with it a number of contradictory and competing demands for men taking on the practice of involved fathering; for example those of breadwinner and nurturer, tough and gentle, hard and soft (Harris 1995) and Segal (1990:26) suggests that 'the weight of male tradition must prove burdensome'. White (1994) argues that

> The failure of the men to live up to the expectations they hold for their own performance illustrates the contradictory strands of negotiated understandings and practices of fathering in which the personal or biographical intersects with social structure and ideology.
>
> (White 1994:129)

As men negotiate their passage into fatherhood, this transition is therefore made within a broader social context which is itself undergoing change. In contrast to women, whose transition to motherhood within Western contemporary societies is now framed predominantly by medical science, men's transition to fatherhood and the associated rituals are far less structured and understood. The men in the study were attempting to

shape and make their rite of passage into fatherhood by drawing upon concepts of new masculinities. However, this was tempered by the persistence of the old traditional hegemonic masculinity, evident in their experiences of isolation, poor support and competency questioned. Just as women reaching out into the public sphere are increasingly confronted by the challenges of combining work and motherhood, so these men reaching into the private sphere were challenged by the tension between fatherhood and their traditional provider roles (Daly 1993). I argue therefore that because of the instability in meanings of contemporary fatherhood, men's rite of passage into fatherhood is less clearly defined. In the conclusion which follows I refer back to men's experiences of this transition, as analysed throughout the chapters of this thesis, and draw together the nature of the rite of passage these men were both making and shaping.

CHAPTER 11

Fathers in the making: reflections on men, bodies and babies

Introduction

This thesis has critically examined men's passage into contemporary fatherhood. Engaging in anthropology at home (Jackson 1987, Rapport 2000) I have identified and analysed their insider experience of this transition. While this everyday taken-for-granted affair may seem unremarkable, a strength of the thesis has been its use of the theoretical framework of rites of passage which has provided a useful lens through which to understand men's transition to fatherhood. In a literature which has little concerned itself with the experience of rites of passage from the inside (Vizedom 1976). use of the theory within this thesis has facilitated discussion of both the *components* of passage and the way insiders *experience* it. Lupton and Barclay (1997), in their formative research on contemporary fatherhood, are critical of some research on fatherhood:

> Neither psychologists nor sociologists appear very much interested in the emotional and embodied dimensions of fatherhood; that is, the ways in which the discourses, meanings and practices of fathering are experienced by men themselves at a visceral, sensual and affective level.
>
> (Lupton and Barclay 1997:22)

Drawing on a range of theoretical frameworks – transition theory, masculinity, visuality, theories of the body and embodiment – and using a longitudinal method, I argue that this thesis by addressing these omissions, contributes to understandings of the meanings and practices of fatherhood. With reference to both the *outcome* (data) and *process* (method) of the research, this concluding chapter highlights its main contributions to

contemporary understandings of the experience of transition to fatherhood, discusses strengths and limitations of the research, suggests implications for further research and practice and, in the spirit of reflexive ethnography (Coffey 1999), reflects upon the research process.

Fathers in the making

Historically traditional stereotypes, framed by hegemonic masculinity, have clearly differentiated women's and men's roles and portrayed the father as an authoritarian and bread winner figure. His transition into this fatherhood was based on an old rite of passage, characterised by images of smoke filled waiting rooms with anxious expectant fathers nervously pacing up and down the corridor. The birth would be publicly marked by the ceremony of wetting the baby's head. Their transition to fatherhood, their movement between statuses, was therefore produced through the enactment of the rituals associated with this old rite of passage.

Cultural and political changes over the last twenty years (discussed in chapter 2) such as changes in family practice, employment and the divisions of domestic labour, have led to the blurring of roles and to changing notions of fatherhood. So a new rite of passage is emerging, the contemporary man's pregnancy ritual (Heinowitz 1977), characterised not only by men's invitation and involvement into pregnancy and birth but also into the previously considered female realm of physical and emotional care of children. This construction of involved fatherhood (Lupton and Barclay 1997) and its associated contemporary rite of passage is framed by changing masculinities and the new man discourse (Barclay and Lupton 1999).

Through analysis of the discourse of expectant fathers, I have identified and elaborated throughout the thesis the nature of men's transition to fatherhood and suggested that within contemporary Western culture there are a number of sites which appear to give shape to their transition.

Body transitions

Contemporary Western culture is a culture in which the presence of the body is privileged (Lupton 1994, 1998), occupying a focal point within every day life (Davis-Floyd 1990a). In the context of woman's transition to motherhood, it is the embodied experiences of pregnancy and birth which are privileged. The woman's pregnant body is therefore fore-grounded in her transition to parenthood. Over the past fifty years increasing medicalisation, regulation and normalisation of the pregnant body (Ettorre 1998) have generated a new rite of passage to motherhood:

> Childbirth moved from the hidden all-female sphere, where the presence of men was taboo, into the open medicalised sphere where men were present and in control. This altered the social experience of childbirth for succeeding generations of women both as mothers and midwives.
>
> (Hunt and Symonds 1995:4)

This technological model of birth (Davis-Floyd 1987, 1990a, 1990b) emphasises bodily surveillance and control and by means of hospital ritual procedures 'deconstructs birth, then reverses, inverts, and reconstructs it as a technological process' (Davis-Floyd 1990b:284). This medicalised rite of passage includes: increasing regulation of women's pregnant bodily behaviour, for example pre-conceptual health, diet, alcohol and risky food avoidance (Lupton 1995); antenatal screening; the commodification of the perfect baby (Davis-Floyd 1987, Petchesky 1987, Boulter 1999); labour and delivery in hospital and the rituals associated with assuming patient status (Helman 1994);

increasingly technological interventions in the management of conception, pregnancy and birth; and ultimately the definition of birth as normal only in retrospect (Davis Floyd 1990b). So forceful is this medical hegemony that rites of passage into motherhood are almost exclusively shaped by these medical rituals. Over the last twenty years, in response to concerns about increasing medicalisation, an alternative discourse has been developing, generated predominantly from within feminist and lay perspectives. This alternative and sometimes opposing discourse, for example in the case of home birth, still privileges the body and constitutes only a variation on the ritual.

I argue that within this discourse of medical hegemony, the privileged medicalised female body provides a site of transition for the expectant father as well as for the expectant mother. In contrast to the woman however, he is unable to directly experience the fundamentally embodied nature of pregnancy and birth. Nevertheless the contemporary father is invited into this medicalised space of female bodies. However, despite his invitation into this world, the experience of the men in the study and those elsewhere (Richman and Goldthorpe 1978, Lupton and Barclay 1997) indicate that he remains an outsider. Yet in spite of this sense of marginality, I have argued that there is evidence of the way men generate an experience of transition to fatherhood. During pregnancy he does so by engaging in a range of body-mediated-moments. Shaped by the familiar masculine instruments of science, vision and performativity, these body-mediated-moments (the pregnancy test, the annunciation, the ultrasound, quickening and birth attendance) helped men to reframe the unfamiliar territory of pregnancy and birth.

However, with respect to labour and delivery many of the men in the study experienced differences between their expectations and the realities. Many felt tensions in their labour role, for example tensions between their need to provide and yet not being fully

able to do so, tensions between being a supporter and yet needing support. So despite the developing contemporary man's pregnancy and childbirth ritual (Heinowitz 1977) there are indications that this ritual is as yet underdeveloped, a point to which I shortly return.

Socio-cultural transitions

In addition to those 'new' rituals associated with the fore-grounded body, the new rite of passage also involves a range of social rituals which I have argued also generate a sense of men's transition to fatherhood. These social rituals draw upon the contemporary concept of men's and women's shared emotional and physical involvement with children, evident not just in pregnancy and during birth but also after birth when men began the practice of fathering. These social rituals were predominantly (although not exclusively) drawn from the new man discourse (Lupton and Barclay 1997) and included: sharing experiences with other men during antenatal classes; informing friends and family of the birth; exchanging presents between existing children and the new baby; freezing moments of transition on video; wetting the babies head, a resilient feature of hegemonic masculinity; and making preparations for the home coming. These rituals marked their passage to fatherhood. Once home, men began the practice of fathering and came face to face with the sometimes competing challenges of the new involved fatherhood and their provider roles (Daly 1993).

A new rite of passage?

So a new rite of passage into fatherhood is emerging, one which is characterised by men's involvement. However, these social rituals were played down in comparison with those associated with the 'big event' of labour and I argue that woman's embodied

transition to motherhood, framed by the medical institutionalised setting, remained privileged over that of her partner's. The resulting experiences of marginalisation, exclusion, and confusion felt by the men in the study, mirrored by those in other studies (Jackson 1983, Lupton and Barclay 1998, Barclay and Lupton 1999), reveal that this rite of passage is as yet underdeveloped, fragmented and incomplete. So whilst the rituals associated with women's transition to motherhood remain forcefully dominant (Machin and Scamell 1997), many of the features of the transition to motherhood are absent for men. Although writing over twenty years ago, little appears to have changed since Richman and Goldthorpe (1978:164) wrote that 'the woman's status passage to birth is biologically and culturally visible. Men's pregnancy careers are primarily opaque, often more diffuse'.

Out of a sense of being on the periphery, men, particularly experienced fathers, nevertheless appeared to resist this marginalisation and generate a sense of transition to fatherhood. For some this meant moving the territory of birth either into the home or into a 'half-way' house, for example a small birthing unit, and for others it involved being more assertive and confident in their roles in subsequent labours. For some it involved opposing the normal rules of visiting and staying the first night in the hospital and for others it meant resisting the questioning of their fatherly competence. Some men spoke about the need to create spaces within which men could talk with other men about their experiences of fatherhood and yet they also recognised the difficulties inherent in this. Some men talked about the need for videos specifically designed for men which might involve 'famous' fathers. One man, conscious of the need to widen access to men's participation in antenatal classes, suggested that advertisements for these classes should be placed in football programmes:

> Perhaps you do it by putting the insert into football programmes or something, something like that (*laughs*).
>
> (Dave 3:15)

So despite feeling on the edge or 'in limbo' men were nevertheless able to shape a passage into fatherhood. They achieved this in the context of changing notions of masculinity and fatherhood. Men therefore made the transition to their new status via a rite of passage which is itself relatively new but were also making a transition to a status which is itself as yet not completely understood. In the context of her research on expectant fathers' experiences of role models, Daly (1993) uses the metaphor of a changing map to describe the shifting understandings of contemporary fatherhood:

> Without a clear sense of direction from the traditions of the past, they were in a position of sorting through the good and bad examples of fathering behaviour among their contemporaries. What was missing in their lives was the father mentor who could help them read the map for how the work of fathering should be done. Like any map, however, it would appear that history quickly dates the information about the best way to reach the destination. For these fathers, not only were they without a map-reading guide, but the contours of the map had changed in that they were faced with the challenge of putting together in a balanced way the competing demands of the residual provider role and the emergent cultural demands that they be a different kind of father from their own fathers.
>
> (Daly 1993:527)

It can be seen therefore that in making their individual transitions men also contribute to collective and cultural meanings of fatherhood, although the men themselves may not be aware of their contribution to this individual/cultural dialectic. This dialectic, introduced in chapter 1, proposes that ritual not only marks individual passage but that it creates and sustains social meaning. In this way there is a reciprocal making and marking of ritual at both individual and cultural levels so that the individual shapes the collective and the collective shapes the individual. With respect to fatherhood, Jackson (1983) expresses this succinctly:

> it is not evolution which makes future fatherhood. It is present fathers [ ] who change the quality of our culture.
>
> (Jackson 1983:13)

Supporting fatherhood

Present fathers, active in their negotiation of fatherhood and the agents responsible for the continued development of the culture of fatherhood (Jackson 1983, LaRossa 1988), will require support in this task. This can be achieved at a number of levels. Firstly, it can be provided by those practitioners in close proximity to men who are actively making their transition to fatherhood. The results of the research reported here and elsewhere, most recently by Lupton and Barclay (1997), indicate that some men feel unsupported and ill-informed during pregnancy, labour and in the early days of fatherhood. Midwives, obstetricians, ultrasonographers, childbirth educators and postnatal supporters are key personnel who can provide sensitive and evidence based support and advice for men. Key findings from this study such as: men's sense of detachment from the pregnancy; their involvement in body-mediated-moments; the significance they attached to the ultrasound and the ways in which they constructed this as a social event; their feelings of uselessness and redundancy in labour; their desire to be active and 'doing' in labour; the concept of the labour meridian; men's sense of limbo in between 'coming home' and the 'home coming'; the differences between expectations and realities of practical fathering and the questioning of their competence, should inform the nature of this support. In particular, antenatal classes which effectively address the needs of men (Nolan 1994), increased awareness of the significance of the ultrasound for men's involvement in pregnancy and labour support tailored to the individual needs of men not only inform practice recommendations but also future research agendas.

Supporting fatherhood is also required at a cultural level in the form of public policy. Paternity leave immediately after the birth and the recently introduced parental leave are examples of such policies. Supporting fatherhood in the workplace by developing and valuing alternative work schedules (Moss 1995) which are family friendly and flexible (Burghes et al 1997) is also necessary:

> Public policy can play a part in supporting and encouraging movement towards fatherhood that is more involved and participatory [ ] Together with workplace policies from employers and trades unions, public policy can contribute to cultural change, for example bringing discussion of fatherhood and caring for children into public discourse.
>
> (Moss 1995:xxii)

Reflections on theoretical frameworks

In seeking a greater understanding of how men make their transition to fatherhood, I have, within this thesis, drawn on a wide range of theoretical perspectives. In the context of an overarching framework of transition theory, I have drawn upon theories of masculinity, the body and embodiment, and visuality. Exposing men's narratives to analysis within these theoretical perspectives I consider to be a strength of the research. I now briefly reflect upon the usefulness of rites of passage.

Transition theory has helped me illuminate the insiders' experience of the contemporary rite of passage into fatherhood in a number of ways. With reference to Van Gennep's tri-partite nature of rites of passage – separation, liminality and reincorporation – transition theory has enabled analysis of the rituals associated with this contemporary rite of passage. The theory was also able, alongside the concept of masculinity, to facilitate analysis of the shifting cultural understandings of fatherhood. Together with sociological discussions of the body and an analysis of the primacy of visual knowledge

particularly with respect to ultrasound, the theory also enabled examination of bodies in transition.

As explained in chapter 1, the theory's structural functionalist roots viewed rites of passage as a means by which individuals could make changes between statuses, for example, whilst simultaneously protecting and maintaining the status quo of social structure. However, it has been demonstrated throughout this thesis that despite its rigid roots, transition theory also has the capacity to 'hold' or allow for structural change. Like Froggatt (1997:126) I argue that 'there is still a place for a rites of passage framework in contemporary study'. I suggest that my use of rites of passage in the present context demonstrates the present-day relevance of the theory.

Reflections on method

Informed by limitations of previous research on fatherhood, I made a number of decisions concerning method, outlined in chapter 3, which I argue were strengths of the study. Approaching men directly rather than via their partners and interviewing them alone clearly indicated to men that it was their experiences in which I was interested. I suggest that this technique encouraged men to talk openly and honestly and therefore enhanced the rigour of the study. Occasionally it revealed interesting strategies used by the women to gain access to these 'men only' interviews. Using a longitudinal approach enabled me to 'capture' men's experiences over time and forcefully demonstrated the tension between men's antenatal expectations of labour and fatherhood and the realities of their postnatal experience. This became a major focus of the research explored in detail in chapters 6 to 10. Piloting the interview guides using focus group interviews not only allowed me to determine whether I was asking appropriate questions and to

practice interview technique but also generated valuable data. These group interviews allowed access to a particular setting, usually unavailable, in which men were able to share together their experiences of fatherhood. In this context the focus groups were almost a 'shop window' into fatherhood, facilitating a kind of participant observation. In this way it can be understood that the focus groups and the interviews were part of the context of men's project of involvement in fatherhood.

Like the men, I also occupied part of this context. My own personal experience of motherhood and that of a childbirth educator positioned me at the heart of this project of involved fatherhood. I have already described (in chapter 3) how my position as an insider enabled rather than disabled my interpretations. However, as well as giving me an affinity and understanding for men's accounts, this approach also presented some challenges. Despite the reflexive nature of the ethnography, because I was part of the culture of involved fatherhood, I sometimes found it difficult to stand back and be analytical about my position as a researcher. It was relatively easy to *identify* similarities between my position and the men's but less easy to be *analytical* about them. A simple example of this was my assumption, at the writing up stage, that men's accounts spoke for themselves. I tended to leave these accounts 'par boiled' and consequently I had to work hard to develop a style of narration which clearly elaborated these data.

The resulting (re)presentation of their accounts constitutes this thesis. As discussed in chapter 3, what is represented here is my interpretation of the men's accounts and I acknowledge that my position as researcher is integral to this process and that in this way I am co-author, with them, of the text (Dey 1993). As co-author not only did I influence interpretation but, unable to include the breadth of all the data in the thesis, I

also made decisions at the writing-up stage about which concepts to elaborate. Therefore, although I was mindful of concepts of rigour, someone differently positioned might produce different data and therefore a different interpretation.

The ethnography presented here reflects the predominantly middle class and tertiary educated nature of the sample. A different sample of men from a more diverse range of social backgrounds may have produced a very different ethnography. Additionally the relatively small sample size as well as its homogenous nature, mean that the findings are not necessarily representative of all men. However, I have argued that their experiences are situated within a wider social context in which the project of involved fatherhood, informed choice (DoH 1993) and rejection of the medicalised childbirth culture (Machin and Scamell 1997) are now common. This wider social context enables theoretical connection between the experiences of the men in the study and the broader understandings of contemporary fatherhood.

Reflections on my own rite of passage

In conducting this research I too negotiated a rite of passage and in the spirit of reflexive ethnography I present here some observations of this personal rite of passage. Sharing the context of their project of involved fatherhood and with some previous 'exposure' to men's accounts, the data generated by the study were perhaps routine and unremarkable. However, I found the theoretical analysis of these everyday and ordinary accounts a particularly intriguing exercise. Previously unfamiliar with the literature on for example, rites of passage, anthropological approaches to research, masculinity, visuality and the sociology of the body, I found exploring the terrains of this literature illuminating. I was extremely interested by the sociological literature on the

body/embodiment and in particular pregnant embodiment. As a result, and aware of the increasing literature on the sociology of the body within nursing, I have now incorporated this interest within my lecturing to nursing students.

However, I found theoretical analysis of men's accounts of ultrasound to be the most intriguing aspect of the study. These accounts led me to explore the visuality literature in order to better understand the roots of the primacy of vision within contemporary culture. I suggest my analysis of men's accounts of ultrasound within this theoretical framework offers new and original insights into the meaning of the ultrasound scan within contemporary fatherhood.

The findings of the research were fascinating, and although I stopped teaching antenatal classes approximately half way through the course of this project, if I were to resume, my approach to teaching would be significantly influenced by the experience of the research. I would, for example, alter the focus of classes away from the processes of labour and toward the practice of fathering/parenting. Informed by the challenges men experienced after the birth, between the competing demands of home and work, I would seek to prepare men for these tensions. The use of vignettes to bring into sharp relief the potential difference between the ideology and practice of involved fathering would be a useful approach. I suggest these are strategies that practitioners involved in antenatal education could similarly use.

A further finding of the research was that expectant and new fathers experience little in the way of informal and formal support. Postnatal support, within both medical and lay settings, remains mother focussed. Relatively recent developments in postnatal support by organisations such as the National Childbirth Trust have incorporated for example

postnatal exercise and breastfeeding support. Whilst no doubt of benefit to the mother, I argue this perpetuates the privileging of the woman's body. So even in the postnatal period, the woman's body continues to rule. Postnatal support for men, which adequately meets their needs therefore needs to be established. Although there is some indication that this is slowly happening, for example organisations such as Father`s Direct and Inspired Fatherhood, this needs to be more wide spread.

Conducting the research has also identified areas for future research. In addition to that already identified with respect to antenatal education, more detailed exploration is needed of men's experiences of their labour role. Presently existing research is unclear about the extent to which men improve labour outcome (Niven 1985, Hall 1993) and whether birth attendance is universally beneficial for all men. A move away from enforcing prescriptive assumptions about men's attendance is recommended. However for those men that do want to attend, research which investigates the effectiveness of men's ability to take on semi-trained labour companion roles is also needed. Fascinated by the concept of body boundaries, further work which explores the possible threats of women's potentially unbounded bodies on men's experiences would be helpful. Of particular interest, like the work of Laws (1990) on men's attitudes towards menstruation, would be men's attitudes to the breaking of body boundaries seen in breastfeeding.

The research reported within this thesis presents a picture of men's passage into contemporary fatherhood. What it reveals is that despite changes in the image of fatherhood, traditional social structures and in particular dominant forms of masculinity, remain remarkably resilient. The men therefore encountered challenges between the ideology and practice of fatherhood, an observation also made in other studies (Lupton

and Barclay 1997, Williams 1998, Barclay and Lupton 1999, Daly 2000). The findings of my study and the suggestions for practice and further research, contribute to this increasing body of literature on contemporary fatherhood. I hope that in the future this will enable expectant fathers to more effectively shape their passage into fatherhood.

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APPENDIX 1

Biographical details

Individual interviews

Mark (and Gill)
Mark, in his late twenties, was a teacher and a father of twin boys. His partner Gill was also a teacher and worked part time. After the birth of their third child, Gill stopped working. They had attended NHS antenatal classes. They were planning a hospital birth.

Tim (and Jean)
Tim was a part time care worker with Social Services. His partner Jean worked full time. In his early thirties, he was an experienced father of two girls, Rosie and Clare. When Rosie and Clare were very young he had looked after them whilst Jean continued to work full time. They had attended NCT antenatal classes. They planned a home delivery.

Matthew (and Elizabeth)
Matthew was a novice father, in his mid-twenties. He and his partner Elizabeth were both nurses. After the birth, Elizabeth returned to full time work. They had attended NHS antenatal classes. They planned a hospital birth.

Rhys (and Carol)
Rhys, in his early thirties, was an engineering consultant and worked full time from home. He had a daughter – Kate. His partner Carol had given up paid employment after the birth of Kate. They planned a hospital birth.

Steve (and Liz)
Steve, a novice father in his early thirties, was a sales representative for a large company. His partner, a University lecturer, was intending to return to full time work after the birth. They had gone to NCT antenatal classes. They planned a hospital birth.

Roger (and Jo)
Roger, a student in his early twenties, was the father of son. His partner was also a student. They were both completing their studies. They had attended NCT antenatal classes. They planned a hospital birth.

Ken (and Sarah)
Ken was a novice father in his early thirties. He worked for a local pharmaceutical firm. His partner, Sarah, did not work outside the home. They had attended NHS antenatal classes. They planned a hospital birth.

Joe (and Alison)
Joe was a novice father in his early thirties. Both he and his partner Alison were nurses. She was not intending to return to work after the birth. They had attended NHS classes and planned a hospital birth.

Dave (and Karen)
Dave was an experienced father in his mid thirties. He had a son. He worked for a company selling electrical equipment. His partner, Karen, worked part time outside the home. They had attended NCT classes and planned a hospital birth.

Pat (and Angela)
Pat, in his early thirties, was the father of a daughter. He was a river boat pilot. Angela did not work outside the home. Angela had attended NHS antenatal classes and they planned a hospital birth.

Rick (and Hilary)
Rick was a novice father. In his early thirties, he worked for the probation service. His partner, Hilary, also worked full time and was intending to return to work full time after the birth. They both attended NCT antenatal classes and planned a hospital birth.

Chris (and Karen)
Chris was a civil engineer in his early thirties. His partner, Karen, was a nurse currently working full time. They were expecting their second child and Karen was intending to return to work part time. They had attended NHS classes and were planning a hospital birth.

Nigel (and Ruth)
Nigel was a novice father. He was a teacher in his early thirties. His partner Ruth did not work outside the home. They had attended NHS classes and planned a hospital delivery.

Bill (and Jennifer)
Ben was a training and development officer for a large local firm and was in his mid thirties. He had two children. His partner Jennifer did not work outside the home. They had attended NCT antenatal classes and were planning a domino delivery in the local cottage hospital.

James (and Sue)
James was an experienced father and was expecting his third child. He worked in the adoption service and was in his mid thirties. His partner Sue did some part time work outside the home. Their second child had been born at home but they were planning a hospital birth for their third child.

Tim (and Di)
Tim was in his late thirties and was a manager for a local frozen food company. He had two daughters. His partner, Di, was a lawyer but was not working outside the home. They had attended NHS classes and planned a hospital birth.

Bruce (and Sally)
Bruce was an experienced father of three boys. He was self employed. His partner worked full time. They had attended NHS classes and planned a hospital birth.

Gary (and Elaine)
Gary was in his early fifties and Elaine was his second partner. He was expecting his third child, but the first in this relationship. His previous children were now adults. They both attended NCT classes and planned a home water birth.

Focus Group Interviews

Focus group 1
Maurice: in his late twenties, was a university lecturer. He was a novice father.
Richard: in his early thirties. He had a daughter. He worked for the Methodist Church.

Focus group 2
Barry: in his early thirties. He was a novice father. He worked for the post office but was planning to stop work and look after his baby whilst his partner returned to full time work.
Luke: in his later twenties. He was a novice father.
Jack: in his early thirties. He had one daughter.
Patrick: in his late twenties. He had one daughter.
Howard: in his early thirties. He had one daughter.

Focus group 3
Malcolm: In his late fifties. He had a family from his previous partnership. In this relationship he was father to twins.
Max: in his late thirties. He had four children.
Julian: in his mid thirties. He was father to twins.
Bernie: in his late thirties. He had two children

APPENDIX 2

Interview Guides

Interview 1

Had you always expected to be a father?

Tell me about when the pregnancy was confirmed?

Tell me about your involvement in the pregnancy?

What is your strongest memory of the pregnancy so far?

How has the pregnancy affected your relationships?

How do you imagine the birth will be – what are your expectations?

Describe how life is going to change after the baby is born?

Interview 2

Use Interview 1 guide to check out changes since last time

Can you describe your over-riding thoughts and feelings when you think about labour?

What do you think labour will be like?

How would you describe a good father?

How would you describe your baby?

What relationship do you think you will have with the baby?

Have your thoughts about being a father changed during the pregnancy?

What sources of information have been useful?

Interview 3

Tell me about the birth (as if you were there now)

Describe to me your initial feelings and reactions

How was it when you first came home?

What is it like providing care for the baby?

Can you tell me about what life is like now? – describe what a good day and a bad day is like

What have been the major changes and how has this made you feel?

How does the reality of being a father correspond with your expectations?

If there was one thing you could pass on to a prospective father what would that be?

APPENDIX 3

Data analysis categories

PREGNANCY

Confirmation
Announcement
Timing
Relationship with the baby (eventually collapsed and incorporated into Involvement and The reality of the baby)
The pregnancy experience
Relationship with the partner
Emotional talk
Preparation for fatherhood
The reality of the baby
Information
Involvement

LABOUR

Knowledge
Role
Professionals
Relationship with the partner (eventually collapsed and incorporated into Labour beliefs and Labour accounts)
Expectations
Control (eventually collapsed and incorporated into Knowledge and Beliefs)
Anxiety/fear
The baby
Beliefs
Accounts

Labour accounts

EARLY DAYS

Parenting style
Changing relationships (eventually collapsed and incorporated into Lifestyle changes)
Coming home
Becoming a family
Practical fathering
The expectations
Relationship with the child
Fathering tips
Other people
Lifestyle changes