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**PRE-BIRTH EXPECTATIONS OF THE PATERNAL ROLE
BY FIRST-TIME EXPECTANT PARENTS**

By

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A DISSERTATION

Michigan State University
in partial fulfillment of the requirements
for the degree of

DOCTOR OF PHILOSOPHY

Department of Family and Child Ecology

1984

ABSTRACT

PRE-BIRTH EXPECTATIONS OF THE PATERNAL ROLE BY FIRST-TIME EXPECTANT PARENTS

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The major purpose of this qualitative study was to gain deeper understanding into paternal role formation with a special emphasis on how age at role entry affected paternal role development. The study examined patterns of variation and congruence in first-time expectant fathers' and mothers' pre-birth perceptions of the paternal role.

Eight married, primiparous couples served as respondents. The research frame consisted of four couples in which husband and wife were 22 years of age or younger, and four couples in which husband and wife were 30 years of age or older.

Minimally structured ethnographic interviews, both conjoint and individual, composed the data collection instrument. All of the conjoint interviews were co-conducted by the researcher and a male colleague; all of the individual interviews were conducted solely by the researcher.

The study employed an emergent indexing scheme and thus data collection and analysis were done concurrently and dialectically. Data collection and analysis focused on interdependencies and interactions among multiple units--intrapersonal, familial, and social--and emphasized how these system dynamics tended to support or obstruct plans for paternal involvement in infant and child care. Hypotheses to account for differences and similarities within and

Donna Warner Manczak

between couples were generated for the extended family, intrapersonal, and marital systems.

Dedicated to the memory of Dr. Beatrice Paolucci

ACKNOWLEDGMENTS

I first wish to acknowledge my committee chairperson, Dr. Donald Melcer, whose strong commitment to healthy family life inspired the topic of this investigation, and whose steadfast support sustained me through the entire research effort.

With my deepest gratitude and respect, I am especially indebted to Dr. Linda Nelson who introduced me to the fascinating world of ethnography. She was extraordinarily generous with her wisdom and experience, and provided invaluable guidance and stimulation from the earliest stages.

I also extend sincerest appreciation to Dr. Lawrence Schiamberg not only for his assistance in incorporating a systems approach into my research study, but also for his careful and critical readings of my drafts.

My Denver-based committee member, Dr. Richard Anstett, deserves special mention for cheerfully blazing the trail within the medical system leading to respondent couples.

I wish to express my appreciation to my co-interviewer, Roger Mellott, for grasping quickly the essence of ethnographic interviewing, and for providing creative energy during the interview sessions.

A most special thanks to all of my respondents who taught me about the transition to parenthood by openly sharing their experiences and expectations.

I am deeply grateful to my parents, Burke and Natalie Fossee, for their unfailing love and confidence in me.

Finally, I wish to recognize my husband, Richard Manczak, who supported me unselfishly and lovingly in countless ways, and who now wholeheartedly welcomes me back into the family circle.

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CHAPTER I

INTRODUCTION

Statement of Need

Paternal role opportunities are expanding rapidly as distinct parental role divisions based primarily on gender continue to diminish. The emphasis on father-as-provider is yielding to encompass greater affection, caregiving, and emotional expression. Parenthood is no longer necessarily synonymous with motherhood. As Fein (1978) observes:

We find ourselves . . . in the midst of a series of reconsiderations [where] previously accepted models of womanhood, manhood, of work, of family life . . . are being scrutinized, examined, remade. (p. 327)

Nowhere is this state of individual and couple disequilibrium more acute than in family systems experiencing the transition to parenthood. Even under optimal conditions, unprecedented role adaptations are necessary if family stability is to be maintained. The marital dyad transforms, rather abruptly, into a markedly more complex family triad. Each partner approaches this transition with a more or less articulated set of paternal role expectations; although paternal attitudes and behaviors evolve over a life-time, patterns

begin to form during pregnancy as the interplay among husband, wife, and unborn child begins to shape the parental reality. Particularly with the broadening array of paternal behaviors considered appropriate, it should not be assumed that expectant mother and father share the same assumptions concerning the father's future parenting role. Prospective parents' expectations may be congruent or not with respect to whether the father will likely adopt a traditional, more detached breadwinner style or a less conventional more involved, nurturer-caregiver mode.

It is assumed in this study that congruence between a couple's pre-birth expectations is desirable but that, in general, consonant pre-birth assumptions of fullest father expression lead to optimum family functioning and effectiveness. Reiber (1976) aptly expresses this attitude:

Shared nurturing can allow enjoyment of and with children by both parents. . . . Mostly, it allows greater tenderness to be a part of family life, if the members choose to develop that component of human emotion. And, lastly, with all of its proposed joys, child care is a drain on a single human being--whatever the sex. (p. 369)

Despite an encouraging trend toward fuller father involvement, sociohistoric influences on contemporary role expectations cannot be ignored. Historically a unidirectional model of fatherhood was valued. Theorists and researchers focused narrowly and exclusively on the father's breadwinning responsibilities; he was assumed to have no significant relationship to his infant other than through his wife (Lamb & Lamb, 1976). Nurturant father behaviors, in fact, were even

considered "inappropriate" (Josselyn, 1965). Bettelheim (1956) embraced this philosophy:

Today's father is often advised to participate in infant care as much as the mother does, so that he, too, will be as emotionally enriched as she. Unfortunately, this is somewhat empty advice because the male physiology and that part of his psychology based on it are not geared to infant care. . . . The relationship between father and child is built around a man's function in society: moral, economic, and political. (p. 124)

Jessner, Weigert, and Foy (1970) optimistically observe, however, that the evolving social structure is redefining and emphasizing the participant role of the expectant father and new father with many factors contributing to this redefinition: changing family structure, shifting cultural definitions of masculinity, and increasing recognition of the emotional impact of fatherhood. Research evidence points increasingly to the significant role of the father during the perinatal period and to the fact that men serve far-reaching functions beyond breadwinning for their infants. Yet, as Jessner and her colleagues (1970) also note:

Becoming a father is, to a great extent, still covered with the dust of stereotypes and conventions. This stereotype is mainly built up by the role assigned to the father by others: his wife, parents, in-laws, and peers. (p. 230)

The traditional paternal role pattern is still dominant in our society to a large extent and far less caretaking is still expected from men (Sawin & Parke, 1979). Present-day expectant fathers continue to report feeling useless, inept, and jealous (Waletzky,

1979); excluded and competitive (Brazelton, 1981); and isolated, frightened, and resentful (Obrzut, 1976) of their secondary role status. Suppressed conflict may surface as non-interest and non-involvement. Moreover, Bettelheim's (1956) assumptions continue to be illustrated vividly even in more contemporary transition-to-parenthood literature. The researchers of a study, "Father Participation in Infancy," one of the first to acknowledge the possibility of interactions between father and infant, admitted that the study might have been improved if they had actually observed or interviewed fathers (Pederson & Robson, 1969). Similarly, a multidisciplinary team of researchers, in a study entitled, The Firstborn (Senn & Hartford, 1968), collected data from eight families over a two-year period and concluded that "lack of information about other family members, especially the father, was certainly an important limitation of data. . . . [W]hat we learned about the fathers came mainly from the mothers" (p. 27).

Research still largely emphasizes how pregnancy affects women (LaRossa, 1977). Investigators note that more attention has been given to the intrapsychic and hormonal processes of pregnancy than to the social, interpersonal exchanges (Gladieux, 1978). The overwhelming majority of transition-to-parenthood studies have given the mother-infant dyad focal consideration with little concern for the father and even less for the dynamic interactions among mother, father, and unborn child or neonate (Rapoport, Rapoport, & Strelitz, 1977). Rarely do researchers consult fathers directly even when investigating the relationship between father and infant. Most of the information has been obtained by way of the wife's perceptions

(Benson, 1968; Nash, 1965). LeMasters (1974) hypothesized that the reason might be an assumption that the father is unimportant in the childrearing process. Another possible explanation may lie in the relative inaccessibility of male subjects.

Fein (1976) claimed that despite a growing interest among men in pregnancy, birth, and infant care, little is known about men's experiences before the birth of a first child. He pointed out that most existing studies of the expectant fatherhood experience which are published in clinical and social literature tend to emphasize pathological experiences with such titles as, "Fatherhood as a Precipitant of Mental Illness" (Wainwright, 1966), or, "Paranoid Psychoses Associated with Impending or Newly-Established Fatherhood" (Retterstol, 1968). In large part, the research problem has been expressed in individualistic, non-systems terms and has been one of finding out what there was about expectant and new fathers that made them disturbed and anxious or uninterested and uninvolved.

In order to increase understanding of the determinants of father-infant involvement, therefore, it is necessary to study pre-birth dynamics in the system of marriage. The pregnancy period has been inadequately studied and research in this area may be productive in providing insights into anticipation processes (Rapoport, Rapoport, & Strelitz, 1977). This study will respond to the need for research examining both husbands' and wives' perspectives and will focus on the perceptions and interactions that tend to support or obstruct fullest anticipated paternal nurturance and care. An attempt will be made to make explicit prospective parents' value and belief systems relevant to the issue of paternal involvement.

The study of reciprocity is also crucial to learning more about the new family role fathers will play. Limited studies indicate, for example, that when wives fail to convey clearly the significance of their husbands' involvement with their children, there is reciprocal failure on the part of the husbands to become involved (Reiber, 1976). Support from wives appears to matter considerably. Despite fathers' apparent interest and competence in infant care (Parke & Sawin, 1976), men do not tumble effortlessly into their new roles of nurturer and caregiver. Research suggests that wives' acceptance or rejection of husbands' caretaking responsibilities significantly affects paternal adjustment and paternal care (Wandersman, 1980). Further, women's pre-birth choices for father-involvement have been shown to influence actual involvement more than men's pre-birth choices (Fein, 1976; Reiber, 1976). Wives, so central to husbands' participation, may respond with ambivalence toward their husbands' perceived interest in caretaking:

For women have been so strongly socialized to believe that childrearing is both their responsibility and their unique way of demonstrating worth that their husbands' ability in this role may be threatening to them, taking away the conventional means of demonstrating their worth and competence at a time when alternative means are not fully available. (Berger, 1979, p. 641)

Conversely, women may respond with enthusiasm and a high level of active support. Men's healthy postpartum adjustments and full participation in infant activities have been linked to dynamics within the marital system as well (Caplan, 1960; Wandersman, Wandersman, &

Kahn, 1980). This study will examine reciprocal dynamics within the expectant family system.

Age of the expectant parents also may have critical relevance to the manner in which families assign and assume parental responsibilities, in general, and paternal responsibilities, in particular. Couples who marry young and have their first child soon after may be especially likely to be "locked into" traditional child caretaking roles (Ahammer, 1973). Parenthood may conflict with personal identity needs, for example, and may compound new fathers' lack of involvement during the perinatal period and beyond. On the other hand, couples who have their first child later in life may be more willing to experiment with parental role assignments due, perhaps, to a greater sense of confidence and self-esteem, or, they may, in fact, be more rigid in their decisions as a result of their more established family patterns. This study will explore how age may affect paternal role expectations.

Another important source of influence on paternal role perceptions and behaviors is one's family of origin. Family specialists are increasingly noting the power of intergenerational connections (Boszormenyi-Nagy & Spark, 1973; Guerin & Pendagast, 1976; Satir, 1967). As expectant parents begin to add parenting to their repertoire of family functions, they tend to fall back on one of the few sources of thorough parent education--their own parents. A new father, for example, may adopt a parenting style quite similar to his own father's, or he may wish to alter his father's approach. Berger (1979) highlights the difficulties inherent in a radical generational shift in fathering philosophy.

Few men . . . receive validation from their parents for the excellence of their . . . child care. Instead, these efforts are ignored or disparaged. . . .[U]ntraditional sex role behavior on the part of men is likely to be interpreted by their family of origin as an indication that they are not sufficiently manly. . . . Moreover, the adoption of new family roles is likely to threaten their parents, to call into question the parents' own marriages, and the parents' sense of appropriate gender and family roles. (pp. 642-643)

Berger remarks further that however understandable the causes of these difficulties, they increase the cost incurred in the assumption of new family roles:

Support from one's family of origin is crucial for men in helping them feel rooted and helping them feel all right about the changes they are endeavoring to make. It is hard to live outside the old social forces and not feel crazy. (p. 643)

This study will additionally respond to the need to discover how past injunctions and prevailing patterns interact among three generations to influence both prospective mothers' as well as prospective fathers' expectations of the paternal role.

Statement of Purpose

The major purpose of this study is to gain deeper understanding into the less apparent family issue of paternal role formation with a special emphasis on how age at role entry may affect paternal role development by: (a) describing, in detail, variation in first-time expectant fathers' and mothers' pre-birth perceptions of the paternal role; (b) examining patterns of congruence and incongruence occurring

within and between couples; and (c) suggesting hypotheses to account for differences and similarities within and between couples.

Statement of Questions

Throughout the research process, there was consideration of questions, and those finally developed for analysis for both ages of families were:

1. How do past and present inputs from families of origin affect paternal role expectations?
2. What factors occurring within the expectant father's personal system influence expectations of paternal involvement?
3. How do wives affect their husbands' anticipated paternal involvement through implicit and explicit attitudes and behaviors?
4. How do prospective mothers and fathers view themselves as similar or different in future interactions with their infants?
5. What types of marital dynamics foster or impede equitable anticipated paternal involvement?

Definitions of Important Terms

Family: a unit of interacting and interdependent personalities; both an environment for the individual and also a subsystem of the larger bio-social environment (Hook & Paolucci, 1970).

Fathering: the process of providing directly and indirectly for the physical, emotional, spiritual, and psychological needs of one's offspring by a male parent (Obrzut, 1976).

Role: the designation of the sum total of the cultural patterns associated with a particular status. It thus includes the attitudes, values, and behaviors ascribed by the society to persons occupying the status (Linton, 1945).

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

The basis of this study is formed by bringing together transition-to-parenthood literature, both pre- and post-birth, which has application to the study of paternal role expectations. The purpose of this review is to cast some theoretical and empirical understanding on personal and family dynamics underlying father-infant involvement.

Comparisons and summaries of transition-to-parenthood studies are difficult because of variation in unit of study, sampling time, and theoretical and methodological approach. The studies which are most relevant to this research focus on husband-wife dynamics during emerging parenthood, yet investigations in this area are quite sparse. This literature will be supplemented, therefore, by studies having less direct relationships but important implications nonetheless.

The literature will be reviewed in relation to three levels of systems--intrapersonal, marital, and intergenerational. The review will be limited to studies using either husband-wife dyads or male respondents explicitly as units of study. Studies will be grouped according to perinatal stage in which data were collected: pre-birth, pre- and post-birth, post-birth. With rare exception, these studies

were selected for review because they employed non-clinical samples and used a developmental, non-crisis approach to the event of a first birth.

Each of the following characteristics was considered in the selection of the respondents in at least one pre-birth or pre- and post-birth study included in the review: marital status, gender, income, geographic location, stage of pregnancy, number of previous children, participation in prenatal education program, degree of pregnancy complications, degree of birth complications, and level of emotional functioning. The numbers of selection criteria for each pre- and post-birth study were small, probably due, at least in part, to a desire for more expeditious execution of the research. Profile characteristics are cited and discussed in the review only when they appear in the researchers' analyses and have relevance to the study of paternal role expectations.

Because expectant fathers' personal feelings about impending parenthood are crucial to their expectations of future participation, a review of the research specifically addressing the experience of the expectant father will be given first. This will be followed by an examination of studies which address interactions between the marital and parental systems, with particular emphasis on how these dynamics relate to the emerging paternal role. Finally, while it is not the intent of this study to research the paternal-infant relationship per se, several major studies related to this topic will be included in this review in order to gain insights into the formative aspects of this relationship. A complete inventory of selection criteria for respondents participating in post-birth studies is not included

because it is not pertinent to the study of pre-birth expectations. Some selection and profile factors are cited and discussed, however, when they do appear to have relevance to the study of paternal role expectations.

Pre-Birth Studies

Expectant Fathers as Respondents

One of the first studies to explore expectant fathers' interests and apprehensions relative to their entry into fatherhood was conducted by Bernstein and Cyr (1957). They assert:

A more precise appraisal of what happens to the father in relation to his child, his wife, and himself seems imperative if we are to begin to understand him in his role in the mother-father-child unit which constitutes the basic family pattern in most areas of American society. (p. 473)

Thirty-one first-time prospective fathers were interviewed in-depth. The fathers mentioned concerns related to themselves, their marriages, and families of origin twice as frequently as environmental problems, such as financial or work arrangements. Additionally, they appeared to be significantly interested in perinatal activities. The researchers suggested that more attention should be devoted to finding out why initially high interest was not sustained. Profile data revealed that two-fifths of the respondents were barely out of adolescence. The researchers discovered that some of the younger and less financially secure men were most confident about impending fatherhood; some of the older men were most questioning of their abilities. For some men in the study, approaching fatherhood prompted thoughts of unhappy and emotionally deprived childhoods. They were

determined to provide a different, healthier family environment for their own children, even though they questioned their capacity to provide the climate they considered necessary for a happy childhood.

Based on the results of the interviews with 64 "normal" first-time expectant fathers, Liebenberg (1969) concluded that "pregnancy is a period of heightened dependency for a man, a time when he needs mothering himself" (p. 267). Despite the fact that non-clinical respondents were selected, many of the prospective fathers in her study reacted to their wives' pregnancies in extremes by either denying that their wives were pregnant, or by almost fusing with the pregnancy and experiencing pregnancy-like symptoms themselves.

Also to learn more about first-time expectant fathers' needs and concerns, Marquart (1976) interviewed 15 married men whose wives were in their third trimester of pregnancy. As in the Bernstein and Cyr (1957) and Liebenberg (1969) studies, most of the respondents felt that pregnancy was "personally stressful." In addition, most expressed that they had become much more protective of their wives and, thus, their children.

Twenty first-time expectant fathers who were residents of a metropolitan area were interviewed when their wives were in their last trimester of pregnancy in order to gain insight into how they defined fathering (Obrzut, 1976). The study was descriptive with no hypotheses. Data from open-ended questions were placed into emergent content categories and percentage frequency of responses was tabulated. Thirty-nine percent of the respondents indicated that "breadwinner" was the primary role subsumed in fathering, while only 21% identified "nurturer-caregiver" in this way. When asked their

perceptions of the most important aspects of fathering, however, "nurturing" was cited by 33% of the sample, "teaching" by 31%, and "providing" by only 11%. Fathers-to-be identified the following areas of concern: "infant care skills" (80%); "adequacy as a father" (68%); "financial security" (35%); and "baby's effect on marriage" (30%).

Obrzut's (1976) finding that the majority of the respondents were concerned about infant care relates to a study by Knox and Gilman (1974) described by Knox (1979). Of a sample of 102 first-time fathers, only 25% had discussed fatherhood with another male on several occasions during their wives' pregnancies, and over 40% had never fed a baby or changed a baby's diapers. Knox suggests that it would be inaccurate to assume that expectant fathers already know what to expect from the father role.

May (1982) conducted a qualitative study of factors which contributed to first-time expectant fathers' readiness for parenthood. Twenty prospective fathers were interviewed in-depth. The following factors were identified as contributing to readiness for fatherhood: stability in the couple relationship, relative financial security, and sense of closure to the childless period of the couple relationship.

A mailed questionnaire designed to tap changes occurring during first pregnancy was completed by a cross-section of 83 men whose wives were in various stages of pregnancy (Dodendorf, 1981). Unlike the studies cited previously, responses to close-ended questions revealed that all of the men reported quite positive feelings and attitudes regardless of where they were in the transition. It could be argued that the percentage of expectant fathers who returned the questionnaire (75%) were among the most content or, perhaps, the

instrument was not sensitive enough to tap the range of emotions experienced by the subjects. Notably, the men displayed a strong preference for the baby to be like their wives, rather than like themselves. Several demographic profile characteristics were highly related to positive scores, including father's age and length of marriage. Dodendorf posits that these two factors may represent a greater degree of maturity and breadwinning abilities.

Expectant Couples as Respondents

In the single study found which focused predominantly on a comparison between husbands' and wives' pre-birth perceptions, 128 first-time expectant fathers who were attending LaMaze classes in an urban community were given a 63-item questionnaire which asked them to respond to statements associated with marriage, pregnancy, and fatherhood (Wapner, 1976). Wives rated their husbands on the same issues using essentially the same questionnaire. Regrettably, Wapner failed to include sufficient data from the wives, thereby making specific husband-wife comparisons over a broad range of topics impossible.

Wives rated their husbands statistically significantly lower on nurturant statements than husbands rated themselves. Wapner suggests that the differences may be explained, to some degree, by a gap between expectant fathers' more nurturant feelings and lack of expression of those feelings. Significant differences also appeared around the issue of the traditional role of the expectant father. Wives rated their husbands as more of a supportive figure than husbands perceived themselves. Wapner posits that first-time expectant mothers may need to feel that their husbands are supportive

and responsible, but not overly involved in the pregnancy. Although their actions were viewed as secondary by their wives, the men viewed their activities as central to their experiences as expectant fathers. Examination of the data revealed another discrepancy between intense positive feelings on the part of the prospective father and amount of actual behavioral involvement. As with Knox and Gilman's (1974) respondents, Wapner's expectant fathers displayed little behavioral involvement. The majority (61.7%) had never talked to their wives' physicians during the pregnancy nor read about pregnancy and childbirth to any significant extent (83.6%). Over 38% of the men indicated that they would "almost always" or "often" enjoy the child more when older. Wapner suggests that fathers may have few socially acceptable ways of translating their deep feelings about pregnancy and childhood into meaningful activities and may accept the cultural expectation that the father's role expands once the child shows evidence of the socialization process. In response to the statement, "I feel closer to my own father now that I am going to be a father myself," the majority (56.3%) checked "never"; 26.6% checked "sometimes"; 10.2% selected "often"; and a slight 4.7% checked "always."

Gladieux (1978) studied 26 married, primiparous couples in research having as one focus sex-role behavior and intergenerational linkages. Three interviews were conducted with the women during their pregnancies. Men were interviewed at the first session only. Results showed that women with "modern" sex role conceptions had more distant connections and more often lacked close ties with their families of origin than women with more "traditional" orientations. The modern

women were more apt to experience greater dissatisfaction about the pregnancy experience and had more conflicting attitudes and expectations. They were often married to men who shared their reservations and hesitations about childbearing. Gladieux explains:

These women were sometimes cast adrift without the moorings or connections that might make their experience more valuable, special, and gratifying. . . . [On the other hand], for a traditional woman, pregnancy is not simply an isolated event. . . . Instead childbirth is valued and takes on extended meaning. Conveyed to the parturient woman by her relations, in part, is the wisdom that comes with seasoned experience. She senses connection to her heritage and recognizes contributions to future generations. (p. 293)

Unfortunately, little research attention was devoted to the husbands' relationships with their families of origin.

LaRossa (1977) conducted multiple, in-depth conjoint interviews with 16 married couples during their first pregnancy in an attempt to study the reciprocal effects between pregnancy and marriage. The selection procedure was non-purposive with the only criteria being "primiparous women whose babies were due within a specified time frame" (p. 22). The interviews were scheduled during the 12th, 20th, 28th, and 36th week of pregnancy and were conducted in the couples' homes for approximately one and one-half hours per session. It was not LaRossa's intent to isolate variables and test hypotheses.

Rather, two general questions guided his inquiry:

1. How does the husband-wife system work during pregnancy?
2. How does the husband-wife system work in general?

Analytical categories were developed using an emergent category scheme. After synthesizing interview transcripts into a coherent framework, LaRossa concluded that marriage, and marriage during first pregnancy in particular, is best understood from a conflict perspective whereby the marital dyad is conceptualized as a "system in which confrontation (conflict of interest) is inevitable and agreement problematic" (p. 29).

Pre- and Post-Birth Studies

Deutscher (1970) conducted a study of normal progressive development through the transition to parenthood with 10 couples before and after the birth of their first child. Each spouse was interviewed individually during the second trimester, and both spouses were interviewed together three months after the birth. Deutscher identified an "alliance of pregnancy" based on the need for a working interaction of communication and emotional sharing. He declared that the continuation of this alliance was decisive for the positive course of pregnancy and delivery and critical to the new beginnings of family life. Further, he identified a "rehearsal aspect" of pregnancy where each spouse tried out his or her own and the other's sense of family and parenting style to achieve one that blended the many differences and perceptions each brought to new parenthood. In addition, most of the couples could be characterized by "intensive scanning" of their early family life as they disclosed early memories of family relationships and feelings.

Wenner et al. (1969)--all psychoanalysts--attempted to evaluate a variety of responses to pregnancy by interviewing 52 married, pregnant women weekly from the beginning of the second trimester until three

months postpartum. Additional data were obtained from two interviews with the husbands, one during pregnancy and the second following birth. Numerous factors were found to affect the psychological course of pregnancy, the most significant being the quality of the marital relationship. Husbands were found to be much more supportive and useful during the perinatal period than their wives assumed them to be:

The relative ease with which the husbands could be mobilized to activity when seriously asked for help seems to indicate that the vague image of the husband's role in the minds of both men and women in our society plays a part in his frequent lack of involvement. (p. 408)

Wenner and her colleagues reflect Bernstein and Cyr's (1957) assertion that further study is needed to delineate reasons underlying the neglected role of the husband in the childbearing process.

Likewise, to investigate why men experience a relatively low level of involvement in all phases of childrearing, Reiber (1976) studied nine couples expecting their first child. Multiple methods were used to gather data, including conjoint pre- and postpartum interviews. Reiber's major finding was that the females dictated paternal role assignments to a large degree. If during the prenatal interview wives indicated apparent interest in having their husbands involved in future infant care, husbands agreed they would be. Conversely, when the wives said that they wanted to provide most of the infant nurturing and caregiving, their spouses indicated that they would be involved to a much lesser extent. Follow-up interviews

revealed that what actually occurred in family systems postpartum was consistent with prenatal expectations. Reiber postulates:

Could it be that some women, just as influenced by social and other forces as men, cannot permit intrusion of the male into the nursery wanting to keep the infant bond their own? (p. 368)

Reiber also discovered that the fathers she interviewed tended to model nurturing behaviors toward their infants after their wives. Similar modeling behavior was reported by Knox (1979) who found that women who reacted favorably to their roles as new parents influenced their husbands to respond in comparable fashion.

In one of the first in-depth studies to provide information about emerging fatherhood using a normal, developmental approach, 30 middle-income husbands and wives from the greater Boston area were interviewed together in their homes for two and one-half hours four weeks before and six weeks after the birth of their first child (Fein, 1976, 1978). The purpose of this exploratory field study was to learn more about the couples' transition into parenthood with a special focus on the men's experiences. All couples participated in some form of child-birth preparation education. Interview data were gathered using a variety of projective and self-report techniques. When first asked to describe their feelings during the prenatal period, the men usually answered in terms of their wives' experiences and feelings. When encouraged to respond with their own perceptions, the prospective fathers seemed to share those of their wives with some mentioning that they thought of themselves as part of a "pregnant couple." In the last month of pregnancy, husbands expressed significant concern about how to care for a baby and how to parent. Twenty-three of the men

brought little or no child care experience, particularly with babies, into their new roles as fathers. One expectant father expressed his apprehension in the following way:

When I was little, my father never really took care of me. He was the breadwinner and I guess he demanded respect more than he gave. But now the norms seem to have changed. Men are expected to take care of children. I feel I ought to care for children, but I don't really know how. I'm afraid I won't be a good father. (Fein, 1978, p. 333)

When interviewed initially, the seven men with child care experience expected to be more involved with their babies and, at the post-birth interview, were, indeed, more active than other men. Further, while feelings of exclusion from family life were relatively common, a comparison of pre- and post-adjustment data indicated that men who shared in infant caretaking more actively with their wives experienced reduced infant-related anxiety and greater satisfaction compared to other men.

Another factor that appeared to be central to new fathers' functional postpartum adjustment was the adoption of a coherent role set; that is, a pattern of behavior that met their needs and the needs of their wives. Nineteen men seemed to adapt in a healthy fashion to their new roles as fathers and most of them adopted one of two mutually agreed upon roles: breadwinner (distinct role division) or non-traditional father (equal partner in infant care). On average, wives of breadwinner husbands appeared to enjoy full-time mothering and wives of non-traditional men wanted to combine mothering with employment activities. The men who had more difficulty adjusting to

postpartum life seemed to be unsure about how much they wanted to be involved with their infants. Their wives shared this uncertainty and desired, on one hand, full husband involvement and yet, on the other hand, wanted to protect their role as principal caretaker. One father spoke of not having much in common with his baby until the child could talk, yet felt pressured by his wife to participate more actively in infant care. Another father wanted to be involved with his child to a greater degree but did not want to upset his wife who was ambivalent about how much she wanted to share parenting with him. The researcher observed that wives' pre-birth expectations of their husbands' infant-related roles predicted post-birth involvement more accurately than husbands' own perceptions.

Fein also discovered considerable variation in men's feelings and participation during pregnancy and infancy even though all of them attended childbirth preparation classes and assisted during the birth of their babies. He suggested that any simple relationship between childbirth preparation and later fathering is unlikely and that paternal participation is affected by interactions within the marital system to a greater extent. He hypothesized that husband and wife make explicit "deals" during pregnancy as to the division of infant-related responsibilities after birth.

With respect to families of origin, many men in Fein's study mentioned that they did not want to be as emotionally distant from their children as their fathers had been from them; yet, they felt they had no role models from their childhoods for their more nurturant, desired paternal role. This finding was identical to Bernstein and Cyr's (1957) almost two decades earlier.

In another exploratory study, eight couples experiencing their first pregnancy were followed by the researchers from early in the pregnancy until their infants were approximately six months old (Cowan, Cowan, Coie, & Coie, 1978). The purpose of the study was to learn more about the natural history of becoming a family. Questionnaires administered at the beginning and completion of the study were used in conjunction with extended interviews. One of the focal issues addressed by the instruments was social role behavior related to infant care. During pregnancy, each individual rated his or her predicted level of responsibility for a number of baby care responsibilities using a nine-point scale spanning "solely one's responsibility" to "solely partner's responsibility." The couples' division of roles ranged from virtually no perceived role differentiation to extensive perceived traditional role differentiation. As illustrated in Fein's (1976) research, partners with congruent orientations felt they had an equitable division of labor; partners with incongruent orientations experienced more dissatisfaction and conflict over role divisions. The researchers observed that partners who entered parenthood with a spirit of "coupleness" were better able to cope with infant care tasks if their family style continued to stress mutuality. Of significance, prior to the study, few couples engaged in a discussion in which they communicated their attitudes and expectations about future parenthood.

Post-Birth Studies

In a now classic study of parenthood, LeMasters (1957) interviewed 46 urban, middle-class couples whose first child was not over five years. Eighty-three percent of the couples reported the birth

as precipitating what the researcher and couple jointly agreed to be "extreme" or "severe" crisis. LeMasters suggested that the impact of becoming a parent was more profound for the husband than the wife, with most fathers feeling that they had no preparation for their new role whatsoever. One noteworthy profile factor related to the severity of crisis was found to be associated with women's employment status. LeMasters discovered that the mothers with professional work experience suffered "extensive" or "severe" crisis in every case. He believed this was the result of women giving up an occupation which provided them deep gratification.

Essentially replicating LeMasters' study, Dyer (1963) used much the same type of respondents--32 middle-class couples whose first child had been born within the previous two years. Unlike LeMasters' study, however, a Likert-type scale was used to measure the couples' crisis levels. Fifty-three percent of the couples indicated that they experienced new parenthood as "extreme" or "severe" crisis. Significant negative relationships were discovered between "crisis" and marital adjustment rating, preparation for marriage courses, number of years married, and planned parenthood.

Hobbs' (1965) random sample of 53 couples who were more recent first-time parents reported considerably different experiences from those of LeMasters and Dyer. In response to a 23-item checklist, no couple checked that they had been "bothered" to a "severe" or "extreme" level of crisis during the transition and, in fact, 87% of the couples selected the "slight" crisis category. The coefficient between father's income and crisis score (-.37) was statistically significant.

Similarly, a random sample of 271 urban lower and middle social class couples whose first child had been born within the previous six to 56 weeks completed the same 23-item checklist used by Hobbs (Russell, 1974). Recognizing positive aspects of childrearing, Russell included a 12-item gratification checklist as well. Crisis scores of fathers and mothers were analyzed separately and revealed that only 3.1% of the mothers and 4.8% of the fathers reported experiencing "extreme" or "severe" crisis. The lower the role of "father" in a self-described hierarchy of roles, the greater the reported stress in the transition, however. Of note, the support of the wife was found to play a significant role in paternal adjustment. Preparation for parenthood by attending classes, reading books, or caring for children was also significantly associated with men's parenthood gratification scores, but not with women's. The range of ages represented in the same was 17 to 47 for men, and 16 to 39 for women. Younger fathers were more likely to report a favorable reaction to parenthood than older fathers.

Miller and Sollie (1980) postulate that the discrepancy between earlier and later "parenthood-as-crisis" studies may be explained, in part, by the focus on different aspects of the transition; earlier research tended to emphasize the changes and behavioral patterns themselves, while more recent research focused on the couples' perceptions of the changes. Additionally, both LeMasters' (1957) and Dyer's (1963) studies can be faulted for the length of time elapsing from the birth of the first child to the date of data collection and, in LeMasters' case, for experimenter effects.

In a preliminary study of healthy and unhealthy parental response to the crisis of premature birth, in-depth case analyses were done with 10 families (Caplan, 1960). Husbands' and wives' responses were analyzed separately and patterns of response with healthy and unhealthy outcomes were delineated. Healthy patterns were characterized by mutuality; that is, sensitivity to the other's needs and feelings, flexibility in the role of comforter and helper, and relative lack of rivalry between mother and father:

In the cases where the husband has well-marked nurturant impulses toward the baby, the wife encourages them and freely accepts his help with baby care. (p. 372)

In contrast, a common pattern associated with less healthy outcomes took the form of competition between husband and wife, particularly when both had "nurturant impulses." Instead of collaboration, competition ensued when the husband attempted to become involved more actively with his infant:

Nurturant tendencies in the husband are seen by the wife, in these cases, as threatening, and she defends herself by ridicule and derogatory statements about his feminine qualities. (p. 373)

The effect of husband-wife dynamics on paternal involvement was also one area of study by Wente and Crockenberg (1976). Forty-six Caucasian men in three phases of the transition to parenthood were studied by means of a questionnaire and semi-structured interview. Two of several areas addressed by the questionnaire were type of baby care provided by the father and adjustment difficulties in the marital relationship. A total adjustment score was computed. Immediately following the completion of the questionnaire, the

interview was conducted to clarify and expand upon the questionnaire responses. The wife was often present but did not participate. The questionnaire items which dealt most directly with the marital relationship all correlated at a high level of significance with the total adjustment score ($p < .001$). Lack of knowledge of parenting also correlated with total adjustment at the .001 level. Several fathers mentioned that they had expected to be more involved in infant care than they actually were, and cited work demands and their wives' breastfeeding as possible reasons for this discrepancy. No significant differences in postpartum adjustment difficulty were found in matched samples of LaMaze fathers contrasted with non-LaMaze fathers. Wives' emotional support seemed to have a more positive effect on husbands' postpartum adjustment than husbands' childbirth education and involvement.

Forty-seven first-time fathers, all from the middle class, completed self-reports addressing their sense of competence as parents, feeling of well-being, marital relationship, view of their babies' temperaments, and social support systems at approximately two, five, and nine months after delivery (Wandersman, 1980). Fathers attending parenting groups ($n = 20$) exhibited essentially the same pattern of adjustment as did fathers who did not participate in the groups ($n = 27$). As in Wentz and Crockenberg's (1976) and Fein's (1976, 1978) research, fathers' general well-being and sense of paternal competence were strongly positively associated with the quality of the marital relationship. The investigator cited a study by Belsky (1979) which found that fathering was more related to marital interaction than was mothering.

Questionnaires were completed by 18 fathers and 23 mothers attending postpartum parenting education classes, and 24 fathers and 23 mothers in a control group when their infants were approximately two and nine months of age (Wandersman, Wandersman, & Kahn, 1980). This was the first baby for all of the parents. Several types of support, including parenting group support and marital support, were assessed and related to new parents' self-appraisal of parental sense of competence. Membership in parenting groups did not play a key role in predicting postpartum adjustment. Consistent with Wandersman (1980) and Wente and Crockenberg (1976), the perceived marital cohesion did predict fathers' reports of parental sense of competence. It did not, however, affect mothers' reports of parental sense of competence.

Measures of changes of perceived stresses during the transition to parenthood were studied (Miller & Sollie, 1980; Sollie & Miller, 1980). Although data were collected both pre- and post-birth, this study is included in the post-birth section of this review because the researchers elected to discuss post-birth findings almost exclusively. One hundred and nine couples recruited through three hospital-based childbirth preparation courses completed questionnaires at three different points in time: when the wife was in mid-pregnancy, when the baby was approximately five weeks old, and when the baby was approximately seven months old. The questionnaires contained both open-ended and closed-ended questions. Quantitative data revealed that husband-wife integration was strengthened through the discussion of each spouse's expectations of their own and the other's role after the birth of their child. It is unclear from the description of the

study whether the discussions took place before or after the birth, or both. Responses to the open-ended question, "Would you please write just a few things, both positive and negative, about what the baby has meant in your life?" indicated differences between new mothers and fathers. Mothers described the special mother-child love they experienced; fathers were more likely to write about strengthened feelings for their spouses and feelings of love for their families rather than a special father-child love. Fathers did not comment on fatherhood as specifically as mothers responded about motherhood. Instead, they discussed parenthood in general and sense of "family." Most of the comments related to the physical and emotional demands of the infant were made by the mothers. Men's participation in caretaking activities was viewed as "helping" by their wives. No data were reported with respect to whether fathers also perceived their activities as "helping"; hence, no specific comparisons can be made. In addition, new parenthood seemed to lead to a greater appreciation of the respondents' own parents.

Fifty-two new fathers completed a questionnaire addressing their feelings toward their newborns (Leonard, 1976). Profile data showed that most of the men had little or no experience in taking care of children and none of the men had experience in taking care of infants. The factors which had the most significant positive correlation with fathers' levels of involvement with their infants were enjoyment of their young children and experience with them. Another significant, positively-correlated factor was fathers' knowledge of baby care.

Open-ended in-depth interviews were conducted conjointly with 20, Caucasian, middle-class couples during the third, sixth, and ninth

month after the birth of their first or second child (LaRossa & LaRossa, 1981). The general research goal was to discover how infants change families. Each interview lasted one to one and one-half hours. An ethnographic research approach was used with full opportunity for parents to raise issues that were important to them. Data revealed that homemaker-mothers spent approximately seven times more time in infant-related activities than fathers; employed mothers spent approximately twice as much time as fathers. When men did engage in infant care, they tended to use words like "helping" rather than "sharing" to describe their involvement. Likewise, women considered their husbands' involvement in terms of "helping" in much the same way that Sollie and Miller's (1980) respondents did. The researchers also discovered that the first signs of fathers' "role-distancing" and mothers' "role-embracing" appeared before the baby was born. The expectant mothers bought the infant care books, for example, and expectant fathers participated in the pregnancy under their wives' directions. After the birth, a greater proportion of males expressed interest in expanding their family roles; yet, women tended to want to remain chiefly responsible. LaRossa and LaRossa contend that the central issue is not "task equality" but, rather, whether the role arrangement is "equitable" to both new mother and father.

Parke and Sawin (1976) describe a series of observational studies of father-infant interaction during the newborn period and arrive at several conclusions. The following section will list each of Parke and Sawin's four conclusions and describe, in brief, selected studies from their review. This will be augmented by several additional related studies.

1. Fathers are interested and, if provided the opportunity, do become involved with infants. Numerous studies report that fathers who participate in the process of birth describe the experience as one of the most important events of their lives and feel an accompanying sense of fulfillment and accomplishment (Deutscher, 1970; Wente & Crockenberg, 1976). In a ground-breaking study, two groups of 15 first-time fathers from three British maternity hospitals completed written questionnaires which addressed their feelings toward their newborns two to three days after delivery (Greenberg & Morris, 1974). One group had been present at the time of their babies' births and the second group had contact with their babies shortly after birth. In addition to the written questionnaires, a series of clinical interviews was conducted with half of the total group. No highly significant differences were found between the two groups. A trend was discovered, however. Fathers who had been present at birth felt more comfortable picking up their babies and felt they could distinguish their baby from others all of the time, whereas fathers who were not present felt they could do this only some of the time. All of the fathers reported a profound feeling of "engrossment" with their infants--a sense of preoccupation, absorption, and deep interest. They felt they could easily distinguish their infants from others, perceived their babies as beautiful and perfect, and experienced extreme elation and strong attraction toward their infants. Many fathers expressed surprise at the degree of positive feelings they felt toward their babies. Similar to the Klaus and Kennell (1976) studies of maternal and infant bonding, Greenberg and Morris hypothesize that there is a basic, innate potential in fathers

to become engrossed by their infants and that the earlier the physical contact with the newborn, the more likely the engrossment phenomenon will be released and maintained. This is consistent with findings in a study reported by Phillips and Anzalone (1978) where fathers who spent 30 minutes with their newborns spent more hours playing with them at three months of age than fathers who had not been granted 30 minutes of contact.

Parke and Sawin (1976) cited two studies in their review related to father's interest in his newborn. First-time fathers and mothers were observed interacting with their infants in the mother's hospital room shortly after the birth of their first child (Parke, O'Leary, & West, 1972). All parents were middle-class Caucasians and all fathers but one had been present at delivery. Evidence suggested that fathers were just as involved and eager as mothers on most measures of infant-parent behaviors. Fathers even tended to hold their infants and rock them in their arms more than mothers. To overcome limitations inherent in an entirely white, middle-class sample, Parke and O'Leary (1976) observed first-time fathers from a lower socioeconomic class who were not present at delivery. The fathers were observed with their infants in two contexts--with and without the presence of the mother. As in the earlier study, the fathers appeared highly interested and actively involved with their infants. In fact, fathers tended to hold their infants and visually attend to them more than the mothers when observed in the triadic context. Fathers were equally active when observed alone with their newborns.

Miller and Bowen (1982) examined the relationship between fathers' participation in preparenthood classes and delivery and the development of father-infant attachments by observing 46 men and their

infants in the wives' hospital room within 48 hours following birth. Twenty-nine of the fathers had been present at delivery and 17 had not. The observer and raters were naive as to whether or not the father had attended childbirth preparation classes or had been present at delivery. Six father behaviors were grouped into two sets: those which were relatively distal (inspection, verbalization, smiling) and those which were more proximal (tactile response, face-to-face or enface, holding). Results of an overall multivariate analysis of variance were not significant at the .05 level, but separate one-way ANOVAS did reveal that highest distal behaviors were exhibited by fathers who had been present at delivery. Total attachment scores were also higher for the group who had been present at delivery. Contrary to common expectation, none of the proximal behaviors was significantly different between groups.

2. Fathers are as nurturant as mothers in their interactions with infants. Scrutiny of the types of infant-related activities in which new mothers and fathers engaged provided little support for the proposition that fathers may be less nurturant than mothers. In studies cited by Parke and Sawin, middle-class fathers exhibited affectionate behaviors just as often as mothers (Parke, O'Leary, & West, 1972). A study of lower social class parents (Parke & O'Leary, 1976) revealed even more nurturant behavior on the part of the father than the mother in the triadic context. Moreover, early and frequent father involvement with infants has been reported to be important for a subsequent nurturant relationship with children (Rendina & Dickerscheid, 1976).

3. Fathers do apparently spend less time in feeding and caretaking activities. Parke and Sawin highlighted a study which compared specific infant caretaking activities of mothers and fathers alone with their infants (Parke & O'Leary, 1976). Data provided some evidence of role differentiation between mother and father in the feeding context. Mothers spent more time feeding than the fathers even when both parents were available and the babies were bottle-fed.

Manion (1977) studied 45 fathers by means of questionnaires shortly after the birth of their first child and at six weeks of age to determine the levels of their participation in infant caretaking and factors influencing such participation. Manion found that even though fathers had relatively early and frequent contact with their newborns, hospital staff rarely included them in instructions about infant care. Results indicated that fathers who attended prenatal classes had higher activity scores during labor and delivery than other fathers. Furthermore, fathers who participated more actively in the birth process had a higher degree of involvement with their infants six weeks later. For the most part, however, less than one-third of the fathers provided more than occasional caretaking of their six-week-old infants, although new fathers who remembered their own fathers as nurturant had higher infant participation scores than other men.

Minimal infant caretaking was also reported in a study described by Knox (1979). Degree of participation in infant care by 102 first-time fathers of six-month-old infants was assessed by asking, "How many times have you fed your baby in the last week?" Of those babies who were bottle-fed, "five" was the average number reported by the fathers. Fathers were also asked how many times they had changed the

babies' diapers during the last week and "six" was the average reply. (A six-month-old baby requires feeding approximately 28 times per week and diaper changing approximately 42 times per week (Knox, 1979).)

In another caretaking study, 40 Caucasian fathers and their first-born infants were observed in two and one-half hour home visits (Rendina & Dickerscheid, 1976). Interactions fell into the categories of "caretaking," "affective proximal," and "social involvement." In general, findings disclosed that fathers spent more time playing with and giving affection to their babies than in providing routine physical care. In like manner, Dodendorf (1981) found that the most frequently checked activity in her questionnaire relative to new fathers' infant caretaking was "playing with/talking to." "Feeding" and "bathing" were the two least frequently checked activities.

There are data to suggest a relationship between sex role concept and fathers' participation in child care during infancy. Twenty-six fathers were interviewed in their homes when their infants were three months of age. Responses to 16 open-ended questions were analyzed using 10 six-point rating scales developed for the study (Cordell, Parke, & Sawin, 1980). Examples of interview questions included, "What is a father in your view?" and, "How are you and your wife the same in relation to your baby and how are you different?" The rating scales measured many dimensions: the number of child care functions and activities father felt they should perform, the degree to which fathers viewed themselves as same or different in relation to mothers, and the extent to which fathers viewed infant care as part of their role repertoire. Several significant associations were found among fathers' views. The degree to which the father viewed the mother and

the father as similar relative to their infant was positively correlated with their willingness to assume an active role in infant care ($r = .49, p < .02$) and also with their positive affective responses to their infants ($r = .57, p < .01$). Thus, the less difference men perceived between gender roles, the more willing they were to assume infant care activities. A relationship also existed between the fathers' willingness to assume infant care and the timing of their first significant fatherhood involvement ($r = .42, p < .05$). Fathers who became involved early in the process, that is, during pregnancy, were more willing to become actively involved in infant care. Further, a significant association was found between fathers' presence in the delivery room and number of functions they felt fathers should serve with their children ($r = .40, p < .05$). Moreover, the extent to which new fathers identified with their own fathers was positively correlated with their assessment of the quality of that relationship ($r = .39, p < .05$), and, in addition, the more positive the recollections, the more willing they were to assume infant care responsibilities ($r = .50, p < .02$). Positive experiences as a child seemed to be linked to positive child care activities as an adult. The researchers believe that nurturant parental behavior helps develop a greater identification with the parent on the part of the child (citing research by Heatherington and Frankie, 1967).

4. Fathers can be capable and competent in infant caretaking activities. In one study, parental "competence" was measured by parents' sensitivity to infant cues in the feeding context (Parke & Sawin, 1976). Fathers and mothers were found to be strikingly similar in sensitivity to babies' feeding cues.

To determine whether parent-infant interaction is more a function of who is fulfilling the main caretaker role than intrinsic qualities associated with gender, Field (1978) videotaped segments of interactions of 36 infants, four months of age. Twelve were observed with their primary caretaker mothers, 12 with their primary caretaker fathers, and 12 with their secondary caretaker fathers. All parents were Caucasian, middle-class, and college-educated. Videotapes were analyzed by coders naive to the design of the study. A comparison revealed that primary caretaker mothers and fathers were much more similar in their infant interactions than were primary and secondary fathers.

Age also may be a critical factor in determining level of parental competence and interest. deLissovoy (1973) studied 48 married adolescent couples. Profile data revealed that 46 of the couples were expecting a child at the time of their marriage. Parents' knowledge of child development norms was one area of study. Both adolescent mothers and fathers held highly unrealistic conceptions of developmental norms for their infants. Fathers, particularly, displayed disturbing unfamiliarity with infant behavior patterns. They estimated, for example, that babies should be able to speak and be toilet trained by six months of age.

Summary

Based on these studies, the major implications for further research are twofold: first, studying both husband and wife and discovering how each defines future parenthood recasts the concept of paternal involvement to one of family systems involvement and has the potential for making a significant contribution to the field of family

and child ecology; second, as a research area, pre-birth expectations of the paternal role remain largely unexplored--concepts and hypotheses have yet to be discovered; hence, a qualitative, generative research approach appears warranted.

While far from conclusive, the literature suggested that expectant and new fathers were likely to be deeply concerned about personal issues, particularly their parenting abilities and, in turn, were likely to place great importance on the ability to relate to the emotional and physical needs of their infants. Studies indicated that men's concerns became more specific during the third trimester as the reality of the pregnancy increased with time.

There were discrepant findings as to whether or not expectant fathers found the prenatal period "personally stressful." One reason for this discrepancy may be that limited attempts were made to discover how respondents personally defined terms such as "stressful." Understandably, the more child care knowledge and experience the men brought to their emerging paternal roles, the greater their sense of confidence and, consequently, the higher their anticipated and actual levels of participation with their own infants. In general, however, the vast majority of men appeared to be dismally prepared for parenthood. Studies revealed that men apparently were profoundly absorbed and interested in their newborns, yet most studies pointedly emphasized the enormous disparity between levels of infant care provided by mothers contrasted with fathers.

The positive influences of childbirth classes, attendance at delivery, and post-birth parenting groups on paternal adjustment and involvement have been examined with contradictory findings. Some

researchers did not attribute father-infant participation to any perinatal preparatory activity external to the marital system; others found slight differences favoring LaMaze-educated fathers; and still others did show significant differences in father participation related to the degree of perinatal involvement and also to the timing of the involvement. In some studies, men who were actively involved during pregnancy tended to participate more fully in the childbirth process than other men and, in turn, men who attended the birth of their infants appeared to have significantly higher levels of infant involvement than men who were not present. Thus, it seems that the earlier the father became involved in the process of parenthood, the sooner a positive communication feedback system was initiated and, therefore, the more inclined he was to feel essential to the parenting process. Concomitantly, Sawin and Parke (1979) speculate that the exclusion of the husbands during earliest stages of parenthood leaves them uninformed about infant care and causes them to feel incompetent and ignorant and likely to defer most parenting responsibilities to the assumedly more knowledgeable wife.

Above all, qualities and interactions within the marriage system appeared to have the most potent effect on level of paternal adjustment and behavioral involvement pre- and post-birth. Initial studies suggested that wives' pre-birth expectations of husbands' parenting roles were more pivotal in predicting actual involvement than the husbands'. In most families, pregnancy and parenthood still seemed to be defined by both husbands and wives as the "wife's domain." This is illustrated by findings which revealed that expectant fathers responded to interview questions in terms of their

wives' experiences at first, rather than their own; they wanted the baby to be like their wives rather than like themselves; they deferred to their wives in most infant-related decisions; along with their wives, they viewed their infant-related participation as "helping," not "sharing"; and they spoke of "family" rather than "infant" when asked what the new baby meant in their lives. With the father role currently expanding, it is reasonable for expectant and new fathers to look to the child care "experts"--their wives--for direction and confirmation of their parenting competence.

Recognizing the bio-psycho-social importance of an "alliance of pregnancy," it is useful to know to what extent husbands and wives share a common expectation of the paternal role. The literature suggested that couples had differing perceptions of what constituted a desirable level of husband identification and involvement during pregnancy and infancy. Men appeared to be more identified with pregnancy and more desirous of perinatal behavioral involvement than their wives perceived them to be. Incongruence between expectant couples' role orientations led, at times, to conflict and competition.

Poor communication has usually been shown to be at the core of family difficulties (Watzlawick, Beavin, & Jackson, 1967). Effective communication between husband and wife during pregnancy, therefore, may be the most important step toward preventing major discrepancies in role expectations; yet, studies revealed that few expectant couples discussed the role changes and adaptations the birth would necessitate. It may well be that much of the preparatory process is implicit and not part of a couple's daily awareness. This provides rationale for a methodology that enables the researcher to uncover

some of the more subtle, more complex, interactions. The need for studies which grasp the dynamics occurring within the marital-parental interface was repeatedly noted, and is viewed as support for this study. Investigators have expressed a need for research which elucidates implicit and explicit negotiating processes between husband and wife; indirect and direct effects of marital interactions; and patterns of couple decision-making as they relate to the transition to parenthood. In-depth research attention directed toward husband-wife dynamics occurring during the earliest stage of parenthood--pregnancy--is crucial in order to gain an understanding of the foundation for later father care.

Research that clarifies and compares perceptions between expectant parents and delineates factors that potentially modify or enhance father involvement may have practical implications for family interventionists as well. These data could enhance helping professionals' sensitivity to pre-birth marital dynamics and could aid caregivers in facilitating more meaningful, thoughtful discussions between expectant parents, thereby providing the first step toward more equitable paternal involvement.

Overall, studies suggested that qualities and interactions within the marital system were associated with degree of paternal involvement; age of parents and relationships with families of origin were less suggestive, but priorities for future research as well. Age, with one exception, was not an independent variable in any study reviewed for this research. While some of the respondents in the studies spanned a broad range of ages, data were not analyzed according to this characteristic to any extent. The extremely limited

research highlighting paternal differences based on age was contradictory. Some researchers found younger fathers more confident and seemingly better adjusted to impending or newly-established fatherhood, while others found young fathers highly unrealistic and woefully unprepared for the responsibilities of fatherhood. More than one in 10 adolescents gets pregnant each year, and the proportion continues to rise; over half of all teenage births occur within a marital context (Alan Guttmacher Institute, 1981). Moreover, since 1950, there has been a 68% rise in the birth rate among women expecting their first child after the age of 30 (Census Bureau, 1979). These demographic trends may have important implications for the assumption of paternal role divisions and bear further investigation.

Recollections of childhood experiences from families of origin inevitably surfaced in most studies employing an open-ended research format and seemed to contribute to prospective fathers' emerging definitions of their paternal roles. In some cases, expectant fathers felt they had no nurturant, caregiver males from their past after whom they could model and, for the most part, fathers-to-be expressed a desire to be better fathers than their own fathers had been. The new fathers who remembered their own fathers as nurturant, however, tended to be more involved in the care of their infants than other fathers. In like manner, the more new fathers identified with their own fathers, the higher their levels of infant involvement. It is also necessary, therefore, to study how past and present inputs from both families of origin may affect paternal role perceptions of the expectant mother as well as expectant father.

In general, studies in this review which gathered data through interview techniques tended to highlight a greater range and intensity of responses than that obtained through questionnaires. Interview data yielded less comparable data, however. With few exceptions, interview methodology was reported relatively superficially; degree of interview structure, method of data analysis, characteristics of researcher, recording techniques, and justification for conclusions were not discussed to the extent necessary for the reader to draw conclusions about the validity and reliability of the data. Additionally, the great majority of studies investigating couples in the transition to parenthood by means of interview methodology used a conjoint interview approach exclusively. Only one employed a complement of individual and conjoint interviews. Further, no study utilized a male-female team of interviewers which would have coincided with the gender combination of interviewees. Based on studies which found that sensitive data crucial to the study were elicited only after additional exploration by the researcher, a methodology that permits in-depth exploration of responses seems essential for further study.

Finally, in most cases, factors considered in the selection of the respondents were not evident in the analysis of research results. Several profile characteristics, however, including length of marriage, age of parent, and employment status of wife appear significant in the analyses. Further investigation is warranted into how these factors may affect paternal expectations.

CHAPTER III

METHODOLOGY

Introduction

This study used two age groups of respondents to discover expectations with respect to the paternal role. The research was intended to produce a qualitative analysis which would reveal family patterns underlying future paternal involvement and to generate hypotheses for further research. The method consisted of a series of ethnographic interviews, both conjoint and individual. Data were collected from eight couples and analyzed using an emergent category scheme. In the following sections, the procedures performed in the study will be discussed in relation to research approach, field notes, respondents, recruitment, setting, instrumentation, researcher characteristics, research team, and data analysis.

Pilot Study

A pilot study consisting of a conjoint interview utilizing a male-female interview team was carried out to pre-test the collaborative functioning between the researcher and her male colleague, to examine the challenges inherent in an ethnographic research approach, and to determine the general nature of the generated data as well as the feasibility of employing an emergent data analysis procedure (see Appendix A).

Research Approach

Qualitative versus Quantitative

Glaser and Strauss (1967) maintain that there is no fundamental clash between properties and capacities of quantitative and qualitative methods of data collection. These methods do not produce "equivalent" kinds of data nor should they be expected to. Each, simply, has a different focus: qualitative research emphasizes generation, quantitative research stresses verification. Different kinds of data are designed to answer different kinds of questions (Trow, 1970).

The essence of ethnography is learning from people rather than studying them (Spradley, 1979). More importance is placed upon understanding behavior than on predicting it; the fundamental goal of this "experientially rich social science" is to interpret events as do members of some group (Agar, 1980). Spradley (1979, p. 30) specifies the differences between traditional social science "subjects" and ethnographic "informants":

<u>Research with Subjects</u>	<u>Research with Informants</u>
1. What do I know about a problem that will allow me to formulate and test a hypothesis?	1. What do my informants know about their culture that I can discover?
2. What concepts can I use to test the hypothesis?	2. What concepts do my informants use to classify their experience?
3. How can I operationally define these concepts?	3. How do my informants define these concepts?

- | | |
|---|--|
| 4. What scientific theory
can explain the data? | 4. What folk theory do my
informants use to explain
their experiences? |
| 5. How can I interpret the
results and report them
in the language of my
colleagues? | 5. How can I translate the
cultural knowledge of my
informants? |

In sum, research with informants implies an asymmetrical relationship in which the researcher, not the respondent, is in the "one-down" position (Agar, 1980).

Because no other study had explored, in-depth, processes between expectant father and mother that affect the emerging paternal role, the topic of investigation dictated a qualitative method of study as interactional patterns had yet to be examined. Further, a major goal of this research was to formulate a series of hypotheses for later testing. Therefore, qualitative methodology in this study could complement a quantitative approach by generating theoretical statements as a stimulus for further research.

Reliability and Validity

LeCompte and Goetz (1982) elegantly delineate the problems of reliability and validity in ethnographic research. In addition, they describe strategies to reduce threats to research credibility. These strategies have been incorporated throughout this investigation, and will be described in more detail in the following sections of this chapter.

LeCompte and Goetz contend that because of the unique nature of each ethnographic situation, the phenomenon under study cannot be

duplicated precisely. As a result, external reliability is approached rather than attained. They believe, however, that threats to external reliability can be reduced by the researcher's identification of several factors: a description of the researcher's role and status within the group studied, a delineation of types of respondents who provided data, a description of the social situation and conditions under which data were gathered, identification of analytic categories and premises, and a presentation of research design and methodology. Moreover, internal reliability in ethnography is concerned with multiple observers agreeing on the description of events rather than the frequency of events. LeCompte and Goetz' strategies to enhance internal reliability include a presentation of excerpts of verbatim accounts, the presence of multiple observers, and mechanical recording of the data.

Ethnographic data collection and analysis techniques tend to enhance credibility; validity may be the major strength. Increased internal validity is derived from such techniques as collection of data through minimally structured interview methodology in a natural setting. Both of these factors tend to approximate respondents' realities closely. Internal validity is further enhanced by the researcher's continual self-monitoring. Further, external validity is concerned with comparability across groups, yet statistical sampling is inappropriate in ethnographic research when the research task is to generate descriptions and hypotheses related to little-studied phenomena. Among the factors which strengthen a study's credibility and transferability are documentation of population characteristics in quantitative terms, description of the setting under investigation,

and use of a research team so that generalizations are examined rather than assumed.

Field Notes

The ethnographic record consisted of observational, theoretical, and methodological field notes as well as a field work journal. Schatzman and Strauss (1973) claim that observational field notes should contain as little interpretation as possible and be as reliable as the researcher can construct them. Observational material in this investigation included fully transcribed tape-recorded interviews in addition to written observations of non-verbal behavior. Two small tape-recorders were used during each interview to make a verbatim record of the interview and to allow the researcher to devote more complete attention to the respondents. Although Spradley (1979) warns that a tape recorder may threaten or inhibit respondents, all of the respondents in this study readily agreed to have their sessions taped when the need for audio recordings of the sessions was introduced during the initial meeting with each couple.

The purpose of theoretical field notes was to derive meaning from the observational notes (Schatzman & Strauss, 1973). This part of the study's ethnographic record contained the researcher's interpretations, insights, hypotheses, linkages to previous material, and information to be gathered in future interviews. Methodological notes reflected the operational decisions, planned or completed (Schatzman & Strauss, 1973). They consisted of a critique of tactics such as the use of a research team and the timing and sequencing of questions.

Because the researcher was the "major research instrument" (Spradley, 1979) and played an active, direct role in the data collection processes, the field work journal contained the researcher's ongoing narrative which captured personal perceptions of the setting, methodology, participants, and self. Further, the opportunities for introspection helped the researcher become more explicitly aware of personal biases. Additionally, the research tasks inherent in the ethnographic method were emotionally and physically draining at times. Writing in a journal helped calm the researcher's fears and lessened feelings of being deluged by a torrent of observations and research tasks.

Respondents

Respondent Characteristics

While open-ended interviews often yield rich response material, they often involve expensive and time-consuming coding and analysis procedures (Richardson, Dohrenwend, & Klein, 1965). Therefore, the number of respondent couples was limited to eight. The eight cases of expectant parents were selected according to the following criteria: (a) all were married, (b) all were born in the United States, (c) all were primiparous, and (d) all were in the second or third trimester of pregnancy.

Eight cases of expectant couples were too small to support more than a few comparison groups (LaRossa & LaRossa, 1981). For the purpose of this study, age was more important than racial or socioeconomic characteristics. The research frame was compromised of (a) four couples in which husband and wife were 22 years of age or

younger, and (b) four couples in which husband and wife were 30 years of age or older.

All respondents were at least 18 years of age in order to insure that they had attained legal adult status.

Respondent Description

The following tables indicate profile characteristics of the respondents. The characteristics were gathered by means of a demographic profile information sheet (see Appendix B). While profile information in general is useful to readers, it will be presented in a way which tends to preserve the anonymity of the small number of respondents. For example, Tables 2, 3, and 8 are arranged in ascending order according to the husbands' age, education, and geographic distance to parents rather than according to the characteristics of each individual couple.

Table 1. Approximate Length of Time Married at Conception

Younger Couples		Older Couples	
Premarital Conception		One Month	
Premarital Conception		Six Months	
Premarital Conception		Four Years	
One and One-Half Years		Twelve Years	

Table 2. Age at Interview

Younger Couples		Older Couples	
Husband	Wife	Husband	Wife
18	18	32	31
18	18	32	32
19	21	33	35
22	20	35	32

Table 3. Education

Younger Couples		Older Couples	
Husband	Wife	Husband	Wife
HS	HS	PC	PG
HS	HS	CG	PC
HS	HS	CG	CG
HS	HS	GD	CG

HS - High School Graduate
 PC - Partial College
 CG - College Graduate
 PG - Partial Graduate School
 GD - Graduate Degree

Table 4. Occupation

Younger Couples		Older Couples	
Husband	Wife	Husband	Wife
Salesworker	Clerical	Professional	Professional
Unemployed	Service Worker	Professional	Professional
Semi-Skilled	Service Worker	Professional	Craftsperson
Laborer			
Salesworker	Clerical	Service Worker	Professional

Table 5. Race

Younger Couples		Older Couples	
Husband	Wife	Husband	Wife
Hispanic	Hispanic	Caucasian	Caucasian
Caucasian	Caucasian	Caucasian	Caucasian
Caucasian	Caucasian	Caucasian	Caucasian
Caucasian	Caucasian	Caucasian	Caucasian

Table 6. Religion

Younger Couples		Older Couples	
Husband	Wife	Husband	Wife
Catholic	Catholic	Jewish	Jewish
Catholic	Catholic	Jewish	Jewish
"Christian"	"Christian"	Catholic	Jewish
"Christian"	"Christian"	Protestant	Protestant

Table 7. Parents Living or Deceased

Younger Couples				Older Couples			
Husband		Wife		Husband		Wife	
F	M	F	M	F	M	F	M
L	L	L	L	L	L	L	L
L	L	L	L	L	L	L	L
L	L	L	L	D	L	L	D
L	L	L	L	D	L	D	L

F - Father

L - Living

M - Mother

D - Deceased

Table 8. Approximate Geographic Distance from Parent(s)

Younger Couples		Older Couples	
Husband	Wife	Husband	Wife
Same City	Same City	100 Miles	1,000 Miles
Same City	Same City	500 Miles	Same City
Same City	1,000 Miles	1,000 Miles	Same City
100 Miles	Same City	1,000 Miles	1,000 Miles

Pseudonyms

Pseudonyms have been used for all respondents. Names of younger respondents begin with the letters A through D, names of older

respondents begin with the letters E through H, and spouses' names begin with the same letter. Although it is not the intent of this study to present a case study analysis, interview excerpts have been identified by respondents' names to allow the reader to trace patterns among the responses.

Recruitment

Locating Respondents

All respondents meeting the criteria were included in the study until eight couples were obtained. Several recruitment plans were employed. The first involved contacting a colleague who was a physician in a family practice clinic. The researcher described the study and respondent selection criteria. Permission was granted for the researcher to go through the obstetrical medical charts to obtain both the names of women initially meeting the criteria and the names of their attending physicians. Next, the physician-colleague contacted the attending physicians, explained the study in broad terms, and obtained permission for the researcher to follow-up with the physician and then with the respondent-couples. All of the physicians contacted at the clinic were willing to assist in obtaining respondents, however, the clinic yielded but one respondent couple who met the criteria and were accessible.

The second recruitment plan entailed the physician-colleague contacting another physician who headed an obstetrical department in a hospital. Again, the researcher followed-up with the hospital physician who gave her the name of his department's head obstetrical nurse. She, in turn, provided to the researcher the names, addresses, and telephone numbers of obstetrical patients initially meeting the

selection criteria. Potential respondents received letters (see Appendix C) and follow-up telephone calls from the researcher. Two respondent couples were recruited.

Next, the head obstetrical nurse linked the researcher to the clinical director of a nurse midwifery program. The nurse midwife appeared willing to help locate respondents, but needed the permission of her medical director. Permission was denied, apparently because another hospital-based research project was being conducted with expectant mothers. The head obstetrical nurse served as another bridge to her counterpart at another hospital. The researcher met with the other nurse who then discussed the study with her floor nurses and her medical director at a weekly staff meeting. It was agreed that the nurses would insert a copy of the body of the letter (see Appendix C) into appropriate medical charts and channel names of interested potential respondents to the researcher. No names were forthcoming.

Concurrently, the researcher contacted a social worker at a hospital-based family practice clinic. The social worker described the study to two physicians associated with the clinic but who also had private practices. The researcher followed-up with a letter (see Appendix D) and then a telephone call. Both physicians provided the names and telephone numbers of patients appearing to fit the criteria. Potential respondents were telephoned by the researcher, and two respondent couples were secured.

Another couple was recruited serendipitously. The researcher mentioned her study to a nurse who worked for a corporation. The

nurse linked the researcher to a female employee. A respondent couple was recruited.

To obtain additional respondents, the researcher contacted another colleague who was a family therapist. He provided the names of eight physicians from whom he received referrals. Letters were sent to two of the physicians (see Appendix D) by the researcher who used the name of the family therapist as an introduction. The researcher called to follow-up, and the physicians provided prospective respondents' names and telephone numbers. Two respondent couples were recruited thus completing the respondent frame.

Although most of the health care professionals who were contacted by the researcher appeared willing to help recruit respondents for the study, the selection criteria proved to be more challenging than anticipated. Tables 9 and 10 present the summary of reasons why obstetrical patients initially appearing to meet the selection criteria did not become final respondents.

**Table 9. Reasons for failing to become respondent
(Females 22 years of age or younger)**

Reason	Number
Husband 23 years or older	3
No phone	2
Geographically inaccessible	1
Separated from husband	1
Husband not interested	2
Moved--no forwarding address	2
Wife's mother's phone number (mother to relay message)	<u>1</u>
Total	12

**Table 10. Reasons for failure to become respondents
(Females 30 years of age or older)**

Reason	Number
Wife not 30 until after delivery date	1
Wife not born in the United States	2
Couple too busy	1
Wife not interested	1
Baby born prematurely	<u>1</u>
Total	6

All of the couples with whom the researcher met for an initial home visit agreed to participate in the study. All of the interviews took place between September 1982 and March 1983, and, at the completion of each set of interviews, each couple was paid a fee of \$25 as a gesture of appreciation, motivation for compliance, and reinforcement of the research role.

Initiation of Relationship

Vidich (1970) claims that every field situation necessitates the researcher to assume some position in a structure of relationships; image formation begins by the way the researcher presents self and the research project. The interview process began with the first telephone call or letter to the respondent couple's home. The initial presentation of self and research task was kept brief and understandable. The suggestions of Schatzman and Strauss (1973) were followed in regard to the types of information to be shared initially: identification, referral source, topic area, length and type of commitment, confidentiality, and learner role of the researcher. In addition, information relating to setting, fee, and presence of a male

interviewer were mentioned. (Research setting and presence of male interviewer will be described in later sections of this chapter.)

If the couple appeared interested and continued to fit selection criteria, the time and place for an initial meeting were arranged. During the initial meeting between the researcher and the respondent couple, the interests and intentions of the researcher to gather information on pre-birth experiences of couples awaiting the birth of their first child were clarified, and items on the consent form were fully explained (see Appendix E).

Some of the techniques to be used to obtain information during the research interviews were similar to those typically employed in psychotherapy sessions, such as the Rogerian techniques of reflective listening and unconditional positive regard (Rogers, 1961). Therefore to clarify the boundaries of the research experience, the respondents were told explicitly prior to the interviews that the interviews were not intended to be therapeutic or educational; the sessions were intended for research purposes exclusively. Respondents were also told that the researcher was solely interested in learning about their life experiences as expectant parents and would not provide any intentional interventions. Further, they were told that while it was not the intent of the research to ask emotionally-charged questions, one risk inherent in any open-ended research situation is that any question or response may inadvertently produce a highly-charged emotional reaction. Moreover, respondents were informed that they were free to withdraw from the study at any time as well as free to decline to answer any of the questions. (No respondent dropped out of

the study, nor did any respondent decline to answer any of the questions.)

Finally, the role of respondent as "teacher" was stressed. The fact that both interviewers were childless provided additional rationale for their roles as "student" of the expectant parenthood experience, and appeared to make their "naive" interview questions more plausible to the respondents. Gathering preliminary demographic data during the initial meeting offered abundant leads for the subsequent encounters.

Setting

All but one set of interviews were conducted in the respondents' homes. The other set of interviews was conducted in the researcher's office because the respondents preferred to meet there. The interviews were held in living rooms, kitchens, porches, and on backyard decks. The home setting was chosen as the location in which data were collected because a clearer picture of family life could be gleaned by observing the couples in their everyday environments. Household items such as family photographs, expectant parent books, children's drawings, and baby items provided natural leads into interview topic areas. The home was also selected as the site for the interviews for practical reasons: the respondents needed to commit large blocks of time to the interviews and the home setting added to their psychological comfort and convenience.

The researcher exerted much less control over the naturalistic location than would have been possible in a laboratory setting. The couples were studied on their own territory, and consequently, the researcher and male interviewer continually needed to remain flexible

and adapt to new study surroundings. Telephone calls, visitors, and pets briefly interrupted several of the interview sessions. In the case of one conjoint interview held in the couple's backyard, airplanes flying overhead caused sections of the interview tape to be barely audible. For this reason, the succeeding individual interviews were held within the couple's home.

LaRossa, Bennett, and Gelles (1981) raised several ethical considerations associated with studying families in their natural milieu: the informal atmosphere may lull families into treating the interviewer more as a houseguest than as a researcher and lead them into disclosing more than they anticipated, and the serendipitous quality of the interview setting may produce unexpected telephone calls or visitors who may sidetrack family members unwittingly causing them to share more of themselves than they originally planned. The researcher made the decision at the outset of data collection to turn the tape-recorders off should the interview proceedings be interrupted by a third party. This occurred during two of the interviews; the subsequent interactions were not used as data.

Instrumentation

Introduction

Multiple, ethnographic interviews composed the data collection instrument. Each individual respondent participated in two interviews--one conjoint session followed by one individual session--for a total of three interviews per couple; a minimum of six hours was spent with each couple. All interviews were scheduled during the second or third trimester of pregnancy.

Whyte (1960) contends that "non-directive" is a grave misnomer when applied to this interview process because the interviews are, in fact, structured in relation to a research problem. Ethnographic interviews are not fixed, however, by a predetermined sequence of questions or topics. One of the distinguishing features of an ethnographic approach is its ability to remain flexible and open to unanticipated material in addition to covering areas of relevance to the researcher. The goal of this research was to tap data that were meaningful to the respondents within a general framework. Spontaneous responses from the couples in this study often provided critical information and valuable leads and insights for further exploration (Richardson, Dohrenwend, & Klein, 1965). Paradoxically, the less the researcher attempted to control the interview, the more fruitful the outcome tended to be. Throughout the investigative process, respondents' personal attitudes and perceptions about the paternal role were discussed openly in a relatively non-threatening, minimally-directed format. The openness of the respondents added to the depth and thus the validity of their responses.

On average, the ethnographic method did not work equally well with all respondents. Younger respondents did not reflect upon their observations nor describe to the degree characteristic of older respondents. Older respondents were more inclined to pursue their own responses and associations and provide lengthier narratives.

Funnel Approach

A funnel approach described by Agar (1980) was used during the series of interviews. The earlier interviews were characterized by less economy and a broader range of data than the later ones. One of

the most difficult aspects for the researcher in employing the funnel technique was remaining patient and allowing the ethnographic process to unfold naturally rather than becoming concerned that seemingly irrelevant data were being generated. LaRossa and LaRossa's (1981) instructions to their ethnographic interviewer depict the challenge inherent during the "wide end" of the funnel approach:

The key to [an ethnographic] study is to listen. At first, you will feel that you are getting data on anything and everything. Few things may seem relevant. It will be difficult for you to decide when to let the couples ramble and when to change the subject. . . . Look upon their family system as you would look upon any social system--a complex of interrelated parts that is difficult to comprehend. (p. 240)

A deductive process gradually led to increasing specification of interview content and a more formal, narrowed interview framework.

Several broad, predetermined topic areas guided the exploration into paternal role expectations: family of origin, socialization for parenthood, marital relationship, and support systems. The order in which these topics were introduced was not fixed, however. The mode of interviewing was sufficiently flexible to allow planned and spontaneous topics to be pursued as they surfaced during the course of the sessions. Prior to the implementation of the interviews, the researcher developed exemplary questions for each chosen topic to help guide the interviews if necessary (see Appendix F). As the interviews progressed and the researcher's confidence in the ethnographic research method increased, the interview "guide" merely contained a few key phrases to remind the researcher of general issues to be

addressed. Moreover, in spite of the fact that respondents were told that they would teach the interviewers about the expectant parenthood experience, they still tried to "read into" the interview sessions. With time, respondents' doubts about the ethnographic method also appeared to subside:

Everett: Erica and I talked about [the conjoint interview,] and we tried to read into it, I guess, a little bit, but we really weren't able to. . . . I know you probably have a few specific angles you're working on, and you'd probably prejudice our answers by disclosing that right now, and that's fine. I'm dying to know, of course!

Erica: I thought [the questions] were real interesting because they were so open-ended. What I was curious about was [do] you want to see what people will pick up on? . . . [When] you are being interviewed, there's a [tendency] to say what [the interviewer] wants me to say. But I just [sat] back and realized that [wasn't] the point.

Spradley (1979) points out that a free flow of respondent information parallels the development of rapport and trust between researcher and respondents. He contends that the rapport process in ethnographic interview usually proceeds through four stages: apprehension, exploration, cooperation, and participation. Confirming this view, the first phase of all the conjoint interviews tended to be characterized by responses that were polite, superficial, and brief. Similarly, when a new topic was introduced by the researcher rather

than by the respondents themselves, initial comments tended to be brief. It was recognized early in the study that respondents and interviewers alike needed time to adapt to the interview situation. As the relationship between interviewers and respondents evolved, so did the level of participation.

Long pauses after some of the questions were common as respondents considered the questions and formulated their thoughts and responses in a way that fit their perceptual world. To gain fuller understanding of the internal perspective of the respondents, their responses were often followed by questions from the researcher or male interviewer that probed for such matters as chronology, detail, clarification, and explanation (Schatzman & Strauss, 1973).

Interview Format

In the past, most family research has been based on the wife's answers only, with various inferences about the husband (Safilios-Rothschild, 1969). Not only was it essential in this research to gather the perspectives of expectant fathers, it was equally important to observe the marital system directly. Allan (1980) argues that a conjoint interview mode is not inevitably superior to interviewing people individually; the quality of the marital relationships and the nature of the topic under study also guide the decision. A combination of conjoint and individual interviews was employed in this study because of its ability to draw upon distinct characteristics of each format and yield more complete data as a result. Gathering data using multiple techniques strengthened validity as well.

Wente and Crockenberg (1976) conclude that the marital relationship is too sensitive an area to investigate by interviewing

spouses together. Perhaps this perception is one reason conjoint interviews have not been fully utilized by family researchers. In this study, the conjoint interview modality generated data that could not otherwise have been obtained through the use of an individual format exclusively. Almost all of the respondents indicated that they had not considered most of the issues raised in the interviews as individuals, to say nothing of discussing them together as a couple. The dyadic interviews afforded an opportunity to gain insight into the couples' pre-birth patterns of interactions. Spouses modified and supplemented each other's accounts. Responses by one partner often sparked comments or questions in the other. More serendipitous material arose from the conjoint sessions as well. The reactions of respondents to their partners' comments invariably were mixed with surprise, amusement, delight, and disappointment. By and large, a livelier exchange occurred during the collective interview. Non-verbal cues added to the interactive quality. The researcher or male interviewer acknowledged gestural responses of the couple which indicated agreement or disagreement, and the respondents clarified.

In most cases, after a short period of formality in which husband and wife politely allowed the other to speak without interruption, spouses began to interact with each other as well as with the interviewers. A few of the younger couples, however, rarely interacted during the conjoint session; they confined their responses almost entirely to the interviewers. One challenge of the dyadic interview was to draw responses from the quieter spouse. In several instances, spouses tended to be more guarded during the conjoint

interviews than they were in their individual sessions. Gentle probes usually elicited greater specificity during the conjoint session.

Interviewing spouses privately also proved to be of benefit. For example, the private sessions allowed the perceptions of each respondent to be aired without interruption, interception, or intimidation. On whole, they also seemed to be a factor in the disclosure of more sensitive material. Male respondents, especially, expressed more doubts and uncertainties about pregnancy when interviewed alone. Moreover, lengthier personal narratives usually occurred during the interviews with one spouse only, although in one case a quiet, young, male respondent became even more reserved in his separate session.

With the exception of one couple, the private interviews of each couple were held within one week of their conjoint interview, and most followed the day after the conjoint. Most separate interviews for each couple were scheduled on the same day, usually following one another. All respondents respected their spouses' need for privacy during the individual interview, and either remained in another part of the house during the interview, or left the house entirely. Respondents differed in their perceptions toward the conjoint and individual interviews. For example:

Amanda: I liked the questions better [in the individual interview] . . . because I think they were more-- what do you call it? Straightforward.

Everett: You probably asked more complete questions [in the conjoint interview] because each of you had the other to think ahead a little bit . . . and I

thought things were probably brought out a little bit better.

Interview Sequence

Several advantages to sequencing the conjoint interview before the individual one became apparent. First, the family systems orientation of the research was reinforced immediately by the fact that the expectant parents were being interviewed together as a family unit. Second, that the male interviewer was a critical participant in the conjoint session affirmed the value of male involvement in the subject of early parenthood. Third, the four-person composition of the interview sparked content rich in texture and variety and provided abundant material for amplification in the individual sessions. Fourth, after participating in the first interview, the curiosity of the couples regarding the interview process was somewhat assuaged and thereby lessened the likelihood of spouses disclosing interview content between private interviews. Further, more contact with the researcher contributed to greater rapport and also likely reduced the temptation between spouses to discuss interview material between individual sessions. Finally, individual follow-up interviews were easier to arrange because the male interviewer's schedule did not need to be taken into account.

Debriefing

Despite the fact that couples largely guided the direction and depth of their responses, sensitive material and conflictual interactions periodically surfaced during the interviews. To neutralize possible adverse consequences, debriefing was an integral part of all study interviews, and ample time was allotted for

processing. Some form of debriefing took place at the end of each conjoint and private interview as well as at the end of the set of interviews. To some extent, it also occurred before each individual session (i.e., to address any residual issues remaining from the conjoint session). While the researcher's desire to offer support, especially to the younger couples, was generally suppressed during the sessions themselves, it was allowed to emerge during the final debriefing session with husband and wife. At the completion of the interviews, the researcher discussed both the investigation's emphasis on the paternal role and the researcher's perceptions of the couple's parenting strengths. In addition, respondents were asked explicitly about the research experience and thoughts and feelings that had been generated as a result. All respondents apparently viewed their participation in the research experience as positive. As several respondents said:

Foster: I don't know how much fun you've had, but this has been a lot of fun for us. It's put us both to thinking, and we enjoyed the stimulation. It's nice to be forced to sit down and try to verbalize thoughts. That's fantastic!

Carol: You're telling us that you're learning from us, but we're still getting a lot from you to think about, too!

Researcher Characteristics

The researcher was actively involved in all phases of data collection and analysis; the male interviewer was actively involved in selected phases of data collection. Personal characteristics of the

researcher and male interviewer had an effect on the openness of the responses and thus the validity of the collected information. Several commentators on ethnographic methodology cite a number of characteristics an ethnographic researcher should possess to secure scientifically valid data: the willingness to make mistakes and a tolerance for ambiguity (Agar, 1980); an ability to penetrate a world different from one's own (Blum, 1970); and an ability to conceptualize, analyze, and translate concepts into meaningful data and insights (Richardson, Dohwenrend, & Klein, 1965). Further, Richardson and his colleagues comment that these characteristics are likely found only in the principal investigator or a close colleague with whom the researcher has fully shared thinking.

It is not unusual for the researcher to adhere to an "insider-outsider" position which is experienced simultaneously at times (Spradley, 1980). In Agar's (1980) view, "detached involvement" characterizes a successful ethnographic role. Strong bonds of mutual interest developed during the numerous contacts with respondents. To advance the role of researcher and lessen the role of friend, several distance regulation strategies were utilized: the researcher and male interviewer did not socialize with the respondents outside of the interview sessions and they disclosed limited information about themselves and their personal viewpoints. Personal information was limited to marital status, parental status, location of home, and general career thrusts. This also had the effect of lessening the likelihood of respondents adjusting their answers to align with their perceptions of the interviews' expectations. The researcher's earlier apprehension that respondents would probe for more information proved

to be unfounded. Similarly, Komarovsky (1964) found that respondents rarely asked personal questions, and immediately perceived the essence of the researcher's role. She believed that the respondents' reserve was "neither awe of the interviewers nor lack of curiosity about them as people, but rather the norm of discretion" (p. 19).

Research Team

All of the conjoint interviews in this study were co-conducted by the researcher and a male colleague; all of the individual interviews were conducted solely by the researcher. There is evidence to suggest that most respondent inhibition occurs when interviewer and respondent are approximately the same age but of different genders (Sax, 1979). Accordingly, an ideal researcher-respondent modality for this study would have been a collaborative approach whereby the researcher and a male colleague both would have met with the respondent couples during the initial home meetings and then co-conducted all of the subsequent conjoint and private interviews. Risken and Faunce (1972) believe that under ideal circumstances, a team of interviewers should work with each family in interactive family research. They point out that although control of the interview is shared to a greater degree, more meaningful data are likely to be generated due to the clearer understanding of family dynamics. Funding restrictions precluded employing a team modality throughout. The male interviewer was paid \$25 per conjoint session.

Distinct advantages of utilizing a heterosexual interview team in this investigation emerged: the strategy helped define the study as a collaborative male-female project, a complementary male perspective broadened the pool of possible questions and responses, and topics

were pursued that otherwise would have been neglected because they were outside the researcher's experiences as a female. The fact that two people were involved in data collection processes enhanced validity--another "observer" was added. Input from the male interviewer stimulated responses from both researcher and respondents alike. Consequently, all eight conjoint sessions contained an element of vitality due, in part, to the presence of a second interviewer. In addition, the presence of two interviewers enabled one to paraphrase or clarify when the other's question appeared confusing to the respondents.

Brent and Marine (1982) comment that co-therapists need to learn the interpersonal and non-verbal styles of their partners so that cues can flow freely. So, too, with co-interviewers employing minimally structured techniques. In general, an open, flexible exchange seemed to characterize the interview team. This observation is supported by a respondent's comments during a debriefing session:

Erica: [I] was impressed with the way the two of you worked together. It seemed real easy--not "my-turn-to-ask." If you haven't worked with somebody a lot doing that, it's difficult.

Because the male interviewer seemed comfortable generating questions from responses rather than approaching the interviews with a standardized set of questions, he contributed to the emergent quality and spontaneous atmosphere of the interview sessions. The researcher, however, guided the direction of the interviews to a greater degree than the male interviewer, and asserted more control over topic changes. Nonetheless, the researcher's plans to pursue or change a

topic were thwarted, at times, by the male interviewer (or respondents) choosing another path. Daniels and Weingarten (1982) gathered information for their research using psychological research interview methodology which included the technique of "tracking":

[Tracking is the] disciplined art of holding all the loose ends in one's head, making mental notes of what one needs to find out, clear up, or come back to . . . until somewhere in the interview, the interviewees tie them up of their own accord--or the researchers make sure that they do. (p. 321)

Similarly, attempts were made in this research to track responses during the conjoint and individual encounters and thereby minimize interference with the natural flow of responses. Tracking was particularly important during the four-person conjoint interviews.

A debriefing session between the researcher and male colleague took place immediately following each conjoint session. These sessions assisted the researcher in formulating additional lines of questioning for subsequent interviews with members of the same couple as well as future interviews with succeeding couples. Perceptions and associations were shared, tentative hypotheses were created, and differences were confronted. In Laslett and Rapoport's (1975) discussion of interview team debriefing sessions, they point out as one benefit the fact that the ground is cleared for a more productive second interview. Although an attempt was made to suppress researcher biases from the respondents, the existence of these feelings was recognized by the researcher and taken into account during the collection and analysis of the data. Feedback from the male interviewer increased researcher self-awareness and led to a fuller

perception of how personal values entered into the interpretation of data.

The most challenging factor associated with the use of an interview team was related to the mechanical aspects of scheduling. The male interviewer was a private consultant, and received more out-of-state consulting assignments during the data collection phase of research than anticipated. Consequently, his unavailability necessitated the delay of data collection by several months. (The collection of data was originally scheduled for September 1982 through December 1982.)

Data Analysis

A theoretical perspective was needed in order to gain conceptual entry into the subject matter (Whyte, 1960). A systems framework which focused on interdependencies and interactions among multiple units was applied to the data collection and analysis procedures.

Unlike more traditional social science research, data collection and analysis were done concurrently and dialectically rather than in a linear fashion (Agar, 1980; Spradley, 1979; Schatzman & Strauss, 1973). Five major research questions guided the overall division of material into categories:

1. How do past and present inputs from families of origin affect paternal role expectations?
2. What factors occurring within the expectant father's personal system influence expectations of paternal involvement?
3. How do wives affect their husbands' anticipated paternal involvement through implicit and explicit attitudes and behaviors?

4. How do prospective mothers and fathers view themselves as similar or different in future interactions with their infants?

5. What types of marital dynamics foster or impede equitable anticipated paternal involvement?

Copies of the typed interview transcripts were made, and excerpts were put on approximately 300 5 x 7 index cards which were color-coded according to conjoint, female-individual, or male-individual interview format. Next, color-coded stick-on labels were placed in the upper left-hand corner of each card to indicate different issues. In this way, cards were easily sorted and rearranged according to common topics.

The study employed an emergent indexing scheme as used by LaRossa (1977) and LaRossa and LaRossa (1981). That is, as the analytic system evolved, an ever-increasing density of linkages of things, persons, events, and their properties appeared (Schatzman & Strauss, 1973). The following semantic relationships were used for beginning the data analysis (Spradley, 1979):

- | | | |
|---|---------------------|--|
| 0 | Strict inclusion | X is a kind of Y |
| 0 | Spatial | X is a part of Y |
| 0 | Cause-effect | X is a result of Y;
X is a cause of Y |
| 0 | Rationale | X is a reason for doing Y |
| 0 | Location for action | X is a place for doing Y |
| 0 | Function | X is used for Y |
| 0 | Means-ends | X is a way to do Y |
| 0 | Sequence | X is a stage in Y |
| 0 | Attribution | X is a characteristic of Y |

Responses were categorized according to several criteria. One criterion was time sequence. Responses fell into six groups: (a) respondent's childhood, (b) pre-pregnancy, (c) pregnancy, (d) labor and delivery, (e) infancy, and (f) later childhood. Another criterion was the primary system focus of the response--personal, marital, extended family, and community. Responses were not evenly divided into all system categories; most of the responses fell into the category of "marital system" followed by the category of "extended family system." This was apparently due to the interactional family focus of the research. Finally, underlying themes of paternal involvement or detachment were extracted from the data. The categories of responses in the data analysis were judged negative, positive, or neutral as to their potential effect upon paternal participation in infant care.

Examples of data analysis worksheets (Spradley, 1979) are provided in Appendix G. See Appendix H for definitions of terms used in the worksheets.

CHAPTER IV

ANALYSIS AND FINDINGS

Introduction

This chapter presents findings based on data collected from eight primiparous couples. The findings presentation will be divided into five major sections each of which will address one of five research questions. The research questions are:

1. How do past and present inputs from families of origin affect paternal role expectations?
2. What factors occurring within the expectant fathers' personal systems influence expectations of paternal involvement?
3. How do wives affect their husbands' anticipated paternal involvement through implicit and explicit attitudes and behaviors?
4. How do prospective mothers and fathers view themselves as similar or different in future interactions with their infants?
5. What types of marital dynamics foster or impede equitable anticipated paternal involvement?

The division of material into five sections is oversimplified; therefore, an attempt will be made to reflect the inter-connections among the sections. For each section, a comparison between younger and older couples will be presented. Salient pre-birth concepts will be illustrated with interview excerpts, wherever possible. All of the

quotes will be from conjoint interviews unless otherwise noted. In addition, findings from this study will be linked to the results from other investigations after illustrative excerpts have been presented. Finally, theoretical notes focusing on implications for the paternal role will be considered after the presentation of observational data for each sub-section.

Section I: How Do Past and Present Inputs from Families of Origin Affect Paternal Role Expectations?

The theoretical position assumed in this research is that a three-generational focus is crucial to gain a broader perspective of the psychological and social dimensions of paternal role expectations. Because each couple is the product of two extended families, the family of origin perspectives of both male and female respondents will be considered. This section is divided into two parts: the first part examines respondents' perceptions of the relationship they had as children with their own fathers and discusses how these perceptions influence expectations of paternal involvement with their children; the second part deals with current three-generational patterns and discusses how these dynamics affect impending fatherhood.

Historical Patterns

Children serve apprenticeships for parenthood within their original families, and, accordingly, parents act as unintentional role models (Hill & Aldous, 1969). The expectations of the fathers-to-be were found to be shaped significantly by historical patterns within their families of origin. Wives' paternal expectations also appeared to be affected by childhood memories of parenting dynamics. Broad role patterns of paternal detachment or involvement emerged from the recollections of the respondents. For some male respondents, the

image of fatherhood garnered from their parental families clashed with the vision they had for the paternal role in their own nuclear families. The relationship between these respondents and their fathers seemed to be characterized by a high degree of separateness--they spoke of sharing little time and few activities with their fathers, and feeling emotionally distant. Despite the fact that these respondents tended to report more initial reluctance to have children, they generally were aware of what they did not wish to repeat within their own families and were determined to approach paternal participation differently. By and large, they seemed to be adopting different values about fatherhood. For instance, some male respondents wished to spend more time with their infants and thus develop stronger father-child ties early in their children's lives; others desired to expand the repertoire of fathering behaviors observed in their families of orientation. One young expectant father expressed it this way:

Aaron: I wasn't nearly as close to my dad as a lot of kids were. We didn't go out on hunting trips because my dad just wasn't into that. He was a little older, and not the athletic type. We didn't get together on a regular basis. . . . I'm sure everybody, you know, if they've missed out on something in their lives [wants] to make it better for their son. . . . [I]f I had a kid, I'm sure I'd probably do a lot more than I did with my father--I think because there would be a closer age difference. . . . [My father] didn't really

know where I was coming from. I will still be in the same [generation as my child] because I'm only 22.

deLissovoy (1973) found that the parenting views of early childbearers were highly influenced by their families of origin, and their attitudes tended to be unrealistic. This is observed in the comments of one young prospective father who was asked if he would do anything differently from his own father:

Clark: [I would] spoil him . . . give him anything and everything I didn't get . . . anything he needs or wants.

An older expectant father's description of his early home life illustrates the feelings underlying his initial reluctance to have a child of his own:

Hugh: I really didn't like my upbringing. I don't think my parents put much effort into it. My father was a physician--I never saw him. And my mother was not really interested in raising children, so I didn't have a very good experience. I think that being aware of that will influence how I raise my own child. . . . I'll try to spend more time, and have more input into what is going on. . . . [I'll try to] work less. . . . I think I've been more reluctant to have children because I don't feel I have much that I can base much on. . . . I never felt like I saw "family." . . . [M]ost of my upbringing was by other people, especially people

who were hired to do that job. I just never felt much attachment. . . . After my father died when I was 18, I had a lot of mixed guilt and anger [because I felt] deprived of a lot of things we needed to deal with that we never really worked out. . . . I was real reluctant [to have a child] for quite a long time. [Hope] and I have been married for almost 12 years, and we just never even thought we'd have children. . . . And I'm a little more reluctant, but certainly I'm optimistic. I don't have any regrets about that. I was a little unsure that I could handle it myself, but I think especially with [Hope's] support that it will work out. My feeling is that you don't have to repeat what other people did just because you experienced that situation. . . . I think that's one thing we learned from our hippie years--the choices are there if you want them.

It is considered relevant that a paternal role model with expressive qualities did not appear necessary for respondents to report expectations of nurturant father involvement. Older expectant fathers, especially, were explicit about what they wanted to change in their relationships with their own children. This may be indicative of Bowen's (1976) belief that unresolved emotional issues within one's family of origin are played out within one's current nuclear family. As Kantor and Lehr (1975) also suggest:

[A]n individual may choose a part or seek to play a combination of parts in the new intimate relationship that he or she felt was missing in the interactions of the family of origin. (pp. 244-245)

Strategies which respondents planned to employ to achieve the desired changes will be explored in Section IV of this chapter.

Despite the fact that all the younger female respondents mentioned that they were angry with their fathers much of the time during their childhood due to their fathers' authoritarian qualities, all of them expected their husbands to be firm authority figures with their own children. In all, the statements made by the older female respondents also tended to highlight authoritarian and provider aspects of their fathers' roles. Their comments reflected an understanding of the social forces underlying a detached style of fathering and the limitations on the paternal role these social norms imposed. Accompanying comments indicated that they did not wish to have their husbands repeat the patterns of their fathers. Examples are:

Hope:	My father--it's hard to remember when you're growing up--my father really played a third part. . . . My mother was the dominant force. I don't know if my father even ever diapered my sister and me. . . . I never talked to him about that. . . . He was very much alienated from those [behaviors], and I really don't think he was . . . chauvinistic as much as he was at a loss in those positions. He had a similar personality
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to Hugh, but just because of the generation and his rearing and his age bracket and what his friends did, [he probably felt] those [behaviors] were not quite what he should experience as a man or as a father. . . . If he were around today and growing up, he could be very much like Hugh. . . . [M]y mother never took the time to say, "This is what you do." . . . [M]y mother assumed those were her roles, and my father assumed those were my mother's roles. I don't think [Hugh] will ever be like that. Like I said, he has a lot different male ego based on our generation, and the awareness that those aren't women's jobs. . . . I think if my sister and I had been boys, [my father] would have been more active with us. I remember him playing tennis with me and teaching me how to ride a bike and [getting involved in other] outside activities--swimming. But as far as sitting and reading me a book, I don't remember that. Now maybe it did happen and I just can't remember that because my mother was so dominant. . . . It would be good to talk to my mother about that now. (Individual interview).

Frances: I would be hard pressed to say that I love my mother more than my father. . . . It's just that I was always able to communicate more with her. I always adored my father, but there wasn't that

communication--he wasn't one of those easygoing dads that you could sit down and talk to when mom was being unreasonable. He was just the ultimate authority figure. He was away on trips a lot. I think little kids freaked him out because he was not there day-to-day with us during our younger years. He was a lot of fun when he was around, and he taught us an awful lot during the later years when he was there more. But for the early stages, it was my mom who lived with us day in and day out, and I think our personalities are more attuned to communicate more easily with her negatively and positively [because of that].

Gabrielle: [My father] was not involved in the everyday happening in the family and I think that was just because he was building a business and couldn't be there much. . . . [I would like Garrett to be] the same as my father [with respect to] the genuine love that my dad has for us. [I would like Garrett to be] different in the area of discipline. [With my father], it was, "you don't do this," but he did not explain why you don't do that. I'd rather have [Garrett] do more talking to the children--why this is a good thing, or why that is a bad thing. (Individual interview)

Some male respondents remembered their fathers with fondness and affection. They recalled positive interactions and a sense of

connection even though their times together were limited. These respondents chose to discuss how they wanted to be similar to their fathers with their own children:

Foster: My father is probably the closest thing to a role model or an idol because he's so mellow. He's got a real temper on him, but it's a guided temper, and he always explains. . . . [As a result], I didn't go as far out in left field as [Frances] did when I had an opportunity to do so, because I really felt that if I talked it over with him, he'd explain it to me. . . . I'm a cop, and by the mere occupation I'm in, most people assume I lead a very black and white existence--right or wrong. I think I can utilize what I've learned [from my father] about tolerance. I think I can [instill] the kid with a great deal of tolerance in his beliefs and hopefully guide his beliefs on a positive path. . . . I'm a big one on positive reinforcement. . . . I think the big thing is teaching [children] the understanding of the rule . . . why you don't do something, [rather] than, "you just don't do something because mom and dad tell you." I know as a kid, I always wanted to know why. . . . It made me feel like a decision-making member of the family.

One expectant father described how the emotional attachment between him and his father compensated for his father's prolonged absences from home:

Garett: I remember [my father] putting in very late days, so that sometimes days would go by when I wouldn't see him. . . . I don't know if it was intentional or just worked out that way, but the times when we were all together were good times. . . . And during the period when I was older, I would go down whenever I had free time to his store, and work in the store. . . . I [don't] have a whole lot of criticism of the kind of father he was other than it was difficult the times I couldn't see him for a few days. . . . I would try not to do that with my children. He was always pretty understanding about problems we had or mistakes we made. . . . I don't remember him getting upset for more than a few minutes about that sort of thing. . . . [As a father], I think I, too, will be pretty tolerant and patient. It would take a lot to set me off, I think.

Hetherington and Frankie (1967) found that sons modeled the nurturant behavior of their fathers. Everett appeared willing to adopt a nurturant style of parenting. His most vivid memory of his father with a baby depicted a gentle man:

Everett: I remember my father once [with a baby]. . . . [H]e wasn't holding it, but someone else had one,

and they were giving it the old through-the-legs-and-up-and-over routine, you know, really giving the kid a ride. I remember the old man kind of cautioning the guy about rough treatment--he was really worried for the kid.

Yet, Everett held even higher expectations for himself as a parent:

Everett: I guess all of us in relation to what we experience try to filter it out, and take the best and throw away the rest, and improve upon from the way we were brought up, and doing it in the same good faith they did for us. All of that just passes on, and I'll probably be a lot more affectionate and touching with my kids.

Younger male respondents' positive recollections of their fathers tended to center around sports activities. One young expectant father recalled:

Daniel: Well, me and my dad, we'd just go out and play ball. We'd take off and go to the river and swim for the day. . . . We were just real close.

Another noted:

Burke: I don't really remember too much. . . . The way he got involved with my playing baseball Ever since I was seven, he's been encouraging me to play ball. He comes to every game he gets a chance to see!

It is not surprising that all of the younger fathers-to-be mentioned some type of physical sports activity when they described what they

expected to enjoy most of all with their own children. Other spontaneous comments about their fathers portrayed more detachment. For example, one young respondent said of his father at the close of his private interview:

Burke: [When you] asked what my father was like--like how he treated me and if I would do that with my own child--I never really thought of it because I don't remember that much about [him]. (Individual interview)

Current Patterns

This study also investigated the nature of current intergenerational dynamics to delineate how these interactions affected paternal expectations. As Boszormenyi-Nagy and Spark (1973) aptly state:

If one accepts the premise that it is essential to study the interconnectedness between an individual and his family system, then the boundaries of the family must be extended to include the interlocking between a nuclear family and families of origin, including the in-laws. (p. 216)

Goldfarb (1965) suggests that the field of psychiatry rarely is concerned with family interactions among three generations because only 3% to 4% of the population was chronologically old when psychodynamic theories were developed. Advances in environmental and medical technologies, however, have contributed to a considerable increase in the average life span in the United States. Three-generational family systems are now the rule rather than the exception. As shown in Table 7 (p. 52), all 16 parents of the younger

respondents, and 12 of the 16 parents of the older respondents were still living.

Geographical distance appeared to interact to a high degree with age of the respondent. As observed in Table 8 (p. 52), the parents of all the younger respondents resided in the same state as the respondents, with the exception of the parents of one young woman. Twelve parents resided within the same city. Conversely, the majority of older respondents were separated from their extended families by a considerable distance; only five of the parents of older respondents lived in the same state, and three dwelled within the same city.

Research studies confirm that geographical distance is the most important antecedent of the amount of face-to-face interaction among relatives (Leigh, 1982; Lee, 1980). Such a finding may border on the trivial, Lee contends, except that the degree of geographical proximity may interact with a number of other variables and produce or obscure the relationship between these facts and extended family interaction.

Younger respondent couples also differed from their counterparts in their fund of material resources, consistent with Wilkie's (1981) finding that couples who begin parenthood early in life have less savings and income than older couples. Correspondingly, the provision of emotional and material assistance from extended kin varied significantly. In large measure, younger couples did not appear to be functioning independently and achieving new kinds of relationships with their families of origin. When asked to whom they would turn for emotional support, for instance, all of the younger respondents cited one of their parents rather than their spouses. (The opposite was

true for older respondents.) In addition, all of the younger couples had almost daily contact with at least one side of the family, and spent much of their leisure time with relatives. As one respondent put it, "We're over there most of the time. We're going over there right after this interview ." One younger couple did not own a phone and a large amount of outside communication was channeled through the extended family. Another younger couple shared a dwelling with the wife's brother and his family; the wife's parents resided a block away. The feedback some male respondents received from their extended families tended to reinforce their status as children rather than fathers-to-be. For example:

Burke: I'm more fearful of [Beth's] parents interfering in parenting than mine. . . . [H]er dad is always giving me advice about everything, you know, "When are you going to change the oil in the car?" That kind of stuff.

It has been suggested that parental assistance may reduce financial pressures and enhance feelings of security; it has also been found to thwart independence, create greater personal anxiety, and lessen the motivation to achieve (Sussman, 1965). Inasmuch as young male respondents in this study cited their parents as their primary source of support, they may be less inclined to view their wives as a supportive source after birth. Therefore, they may be less likely to risk new fathering behaviors. In addition, Soule, Stanley, and Copans (1979) found a statistically significant negative linear correlation between measures of father identity and expectant fathers' perceptions of current parent support. They elaborate:

While it is commonly assumed that supportive relationships with parents are manifested in healthy, successful relationships and adaptive functioning, there is evidence that men with a strong sense of themselves as fathers may be psychologically distant from their families of origin and looking forward to constructing emotional ties with new families in which they will be the parents. Conversely, close ties with one's own parents may be restrictive or a distraction to one's initiation or ability to build new emotional bonds. (p. 261)

A statement by an expectant father concurs with Soule and his colleagues:

Hugh: I think one thing that's helpful, in some ways, is not having parents around. I know an awful lot of people who try to do something [for their children], and their parents are almost right next door saying, "You shouldn't do that!" (Individual interview)

The potentially negative effects of parental support on paternal identity notwithstanding, extended family support appeared to have multiple benefits as well. This was elucidated by a young father-to-be when asked what advice he had for other expectant fathers:

Burke: I would say to get all the help you can from other people because, man, it would be so hard to be going through all this alone without people to encourage me and tell me that I'm doing the right thing, that I'm doing okay. . . . [I]n our situation, we had to go and tell our parents that

[Beth] was pregnant. . . . It would have been real easy for them just to say, "Well, you did it, so you go and take care of it yourself." And neither one of our parents did that. Both of our parents were really encouraging and helpful. That helps a lot. . . . We're really lucky. (Individual interview)

Family boundaries in younger couples between nuclear units and extended families were highly permeable. Of particular note was the discovery that mothers of young female respondents were most integrated within the young expectant parents' newly organized lives. The intensity and depth of the mothers' involvement was substantial. Most of the support was contained within the mother-daughter subsystem, and the major type of support given by the mothers to their daughters took the form of advice-giving on pregnancy, birth, and infant care. Other types of assistance included providing baby showers, presents for the baby, suggestions for medical care, and suggestions for names for the baby. It was common for young women to report that their mothers felt as if the babies were their own. Other comments indicated that the eager anticipation of the expectant grandmothers sometimes overshadowed that of the expectant couples'. In the words of one young woman:

Denise: My mom is so excited. . . . [S]he's got everything! I haven't bought anything for the baby yet, and I've got a box full of stuff downstairs for the baby. I haven't had to put out a dime. . . . I don't think I'm going to have to

worry about finding a crib or a cradle for a few months because my mom just might end up buying one for me the way she's been going!

The broader social context cannot be overlooked. Although none of the younger women wanted to work during their babies' first years, they believed the current economic situation would likely force them to return to the workplace to obtain additional family income. Younger couples did not have sufficient income to afford day care should the wives return to work. Promised future support from the wives' mothers included sizeable child caretaking services even in one family where the young husband was unemployed and potentially available for primary, full-time involvement with his infant.

For all of the younger female respondents, marriage caused the first physical separation from their mothers. Their adjustment to new intimate environments appeared difficult; some wives had not yet "left home" emotionally. Indeed, in many areas of family life, the mother-daughter dyad appeared more powerful than the husband-wife unit, particularly around parenthood issues. A daughter's primary attachment to her mother is illustrated by the following exchange:

Carol: I wanted my mom to go with me [to LaMaze] because, you know, I figured she'd probably know more than [Clark]. But she said, "No way." She didn't want to go and see the pain, [so] then I said [Clark] could go.

Interviewer: (to Clark) How did you feel about that?

Clark: I don't mind.

Interviewer: Do you want to be there?

Clark: Yeah, you know, it's going to be a miracle!

Interviewer: (to Carol) How do you feel about [Clark] being there?

Carol: At first I didn't think he'd be much help, but now with the classes, maybe I'll trust him more.

In the individual follow-up interview, more reasons for initially excluding her husband surfaced:

Carol: [My mother] said she didn't want to see me go through the pain--that if she could have the pain, then she would [go] in with me. She said she'd probably cry more than I would.

Interviewer: Did you think of [Clark] being with you then?

Carol: [Clark] wanted to go in all along! The only reason I didn't want him there was because I thought I'd hate him even more with all that pain. I said, "No, you can just stay out!" . . . But it's just that I'm going to go through the pain whether he's there or not.

The highly visible role of the expectant grandmother has implications for the new father role. If it can be assumed that prospective fathers' infant care expectations are significantly molded by the messages communicated to them in their family environment, then the semi-closed mother-daughter subsystem may imply that infant care is not within a man's domain. Paternal expectations of less active involvement will likely prevail. Most younger males did not appear to be asserting themselves into the mother-daughter-infant triad. One young husband, however, attempted to strengthen the autonomy of his

nuclear unit by differentiating between his wife's family of origin and her current nuclear family. He planned to close the external boundaries of his family to a greater degree even though according to Rosenblatt, Johnson, and Anderson (1981), rules for family visits tend to be redefined more flexibly around the time of birth as more intense family contact is expected. This is illuminated in the following sequence:

Interviewer: Will anyone be coming over to stay with you right after you bring the baby home?

Amanda: My mom said if I needed somebody for a couple of days, she would.

Aaron: I don't think so, really. I'll be around. I plan to take a little time off and I can help out until she recovers.

In addition, Aaron's perception of maternal interference was different from his wife's:

Interviewer: Do you anticipate any problems with your parents interfering?

Amanda: Yeah, they might because they may get overly excited or something.

Interviewer: How would you handle that?

Aaron: Tactfully. I've already . . . had a skirmish with my mother-in-law. . . . She was . . . trying to take over things, and I . . . said, "Don't push me!" in kind of a subtle way. It didn't go over too well. We wound up getting into an argument and said things we didn't mean. It happens that

way when you're pushed. Especially like me--I try to be as independent as possible, and she says I'm too proud. I'm more independent than she thinks I am.

The literature reveals that married daughters have closer ties and more frequent contact with their families or origin than married sons with their families (Leigh, 1982). Moreover, most support available to new parents has been found to come from the female relatives (Lein, 1979). The phenomenon of dominance by female kin during the transition to parenthood was demonstrated in younger and older couples alike. For example, the extended families of three of the four older women lived a considerable distance from the respondent couples. In all three cases, however, a female member of the wife's family planned to stay with the couple during the weeks following birth. A sense of the special female bond is conveyed by the comments of an older pregnant woman:

Frances: [My mother] will come immediately after the baby is born, and will stay as long as is necessary. It may be a week, maybe two, maybe a few days. . . . I would have been horrified if she didn't come, and she would have been horrified if I hadn't asked. My brother has a little three-year-old girl and I asked [my mother] if it was different . . . to have a daughter have a child rather than have a son and a daughter-in-law have a child. And she said, "I always told you that there were never any favorites with the three

of you. . . . However, I guess I feel more proprietary towards this child than I did toward the other one. And it's . . . because it's my daughter going through it."

The fact that a female relative was ignorant about infant care appeared irrelevant. As one mother-to-be said:

Hope: My sister's coming out to visit [following the birth], and she's saying, "Well, what good am I going to be? I've never had a kid!" . . . We've never been around babies--either one of us.

The parents of one older female respondent lived nearby, and the expectant grandmother planned to assist the couple after birth. A sense of displacement is shown in the expectant father's response.

Garett: We'll be getting a lot of help from [Gabrielle's] mom who will be coming over to help out . . . [so] it's not going to be so much a matter [of my] having to be around here to help out a lot, although, you know, I'd like to do that.

In general, the husband's side of the family was less accepted into the nuclear family during the weeks surrounding birth. The female side of the family took precedence. The following exchange reveals this important difference:

Interviewer: (to Everett) Is your mother going to fly out [after the birth]?

Everett: Oh, yeah.

Erica: Later, not right (pause) not right away.

Everett: Yeah, she'll give us a break.

Interviewer: When is she expected?

Everett: Probably a week or two weeks later.

Erica: My sister's coming out right after the baby's born which will be nice.

Interviewer: (to Everett) How long will your mother stay?

Everett: Jesus! (laughter)

Erica: We really haven't discussed that, have we?

Everett: If it were up to me, I'd say five days, but I suspect ten is probably more likely, maybe just a week.

Erica: A week (pause) a week is okay!

When one young prospective father was asked if his family would visit soon after the birth, he replied:

Aaron: I don't really know. I imagine they may want to come up. I really don't know for sure if they'll be here.

An older expectant father asked whether he had discussed his LaMaze involvement with his parents, responded:

Garett: Honestly, I couldn't say that we have talked to them about it. Our conversations with my parents are on the telephone for a few minutes every week--we interact much more with [Gabrielle's]. . . That whole subject hasn't come up, we've never discussed it. I would doubt very much that we'll ever discuss it, or that it will ever come up.

Similarly, Tognoli (1980) found that even though men claimed strong ties with their offspring, their kinship ties were much weaker

than those women had with their daughters. An investigation by Fischer (1981) reported that a daughter's transition to motherhood brought changes to the mother-daughter relationship along several dimensions including the change from role complement as mother-daughter to role colleague as mother-mother. In this study, the role-colleague dimension appeared to be lacking in the father-son relationships; all of the expectant grandfathers seemed to play a negligible role in the couples' transitions to parenthood. None of the out-of-town expectant grandfathers planned to accompany their wives or daughters on the extended postpartum visits. The greater the gathering of the female clan, the more pronounced an expectant father's parenting doubts are likely to be as he perceives the female system as all-knowing with respect to infant care. Female relatives' ever-present assistance with infant caretaking around the time of birth and beyond may detract from a new father's budding identity as someone crucial to his infant's development.

While generational differences in paternal role expectations exist, each generation affects and relates to the other. Although Berger (1979) believes that men's efforts at cooking or child care are usually ignored or disparaged by their parents inasmuch as they tend to view such activities as inappropriate unmanly behavior, Bengston and Troll (1978) argue that if one generation adopts new behaviors and values, it is possible that these will influence and modify the prior orientation of the parent generation through feedback loops within the systems. It was observed in this study that support from family of origin for non-traditional family caretaking tasks was selective. A feedback loop reinforcing expressive fathering behaviors was being

formed in one family as the otherwise traditional expectant grandfather apparently had begun to affirm the nurturant expectations of his son-in-law. In the words of his daughter who was expecting twins:

Gabrielle: My mom [said], "When you were just an infant, [your father] loved you, but he wouldn't pick you up. It was as if he were afraid you'd break." . . . I think he'd be real comfortable seeing [Garett] taking over . . . because if there's anything he regrets, it's that he didn't have the time to spend with us watching us grow up. . . . I think he'd interpret [Garett] caring for the babies as getting that opportunity. . . . Whereas something like cleaning or cooking, he thinks it's fine that [Garett] helps, but [he feels] if [a woman] wants to keep her husband, [she] has to be the kind of wife who does most of it. I think he sees my brother-in-law's involvement with his children--things that I don't think would have ever occurred to him. I don't [think] his peer group . . . did those kinds of things. I just remember when my sister had her first baby and it was then common for the father to go into the delivery room and [my father] could not fathom that. He comes from [the generation where] you wait in the waiting room, and the

person comes out and says, "You have a daughter,"
and that is that!

Comments by another respondent indicated that if his father were still alive, he would have ambivalent feelings about changing sex-role expectations:

Hugh: I think that the concept of childrearing 40 years ago was probably different. I would think that the participation of the male figure has changed a lot. [For example], [Hope] earns a living, and I earn a living, and we're both going to be pursuing our careers. . . . There'd be conflicts [with my father] because I'm not sure that he'd agree that that's what the roles should be. (Individual Interview)

Perturbations supporting fuller father involvement spread downward through the generations in the family systems as well. For example, the parents of one young male respondent had participated in husband-assisted delivery during the birth of their youngest child. They, in turn, encouraged their son to assist actively in labor and delivery. During the initial stage of pregnancy, this male respondent and his wife were the only young couple who expected to participate in father-assisted birth. This is an example of "image transmission" where a thematic continuum is created from one generation to the next (Kantor & Lehr, 1975).

Section II: What Factors Occurring within the Expectant Father's Personal Systems Influence Expectations of Paternal Involvement?

This section considers how expectant fathers themselves define their paternal involvement. The intra-system of the expectant father

will be given special emphasis, and unlike the four other sections in this chapter, all of the material in this section is derived solely from responses by expectant fathers. The material is divided into the categories of age of father, interest in father-assisted birth, reading expectant parenthood books, anticipation of interaction at different children's ages, ability to prepare for the child, differential gender expectations, rationale for non-involvement, multiple births, advice to other expectant fathers, and peer support.

Age of Father

Respondents were making the critical status transition to fatherhood at different stages in their life cycles. One factor that was identified in this research as a strong determinant of expectations of paternal role behavior was father's age at role entry to parenthood. Efforts were made to discover how male respondents viewed their age at entry to parenthood since the issue of paternal age has rarely been addressed in research focusing on the pre-birth period. All male respondents had predominantly favorable attitudes toward their age at role entry. They identified certain dimensions of their youth or maturity which they perceived as enhancing their future interactions with their children. Most of their age-related responses did not center around their perinatal function per se, but rather emphasized general issues related to fatherhood and their involvement later in their children's lives. Younger fathers-to-be stressed "growing with their children" as one advantage of their youthfulness. They cited other positive features: energy, active games, similar values, and less of a generation gap. For example:

Aaron: [At 22], I think you're close to the age level [of your child] and there's not much of a generation gap between you and the kid. . . . I don't foresee any disadvantages [to my age] . . . maybe a little less experience . . . but I'm sure anybody who's never had a kid before won't know [much] either.

Older fathers mentioned the qualities of wisdom and maturity as advantages of their older entry into fatherhood. Financial security appeared to foster a sense of confidence in older prospective fathers as well. In the words of one father-to-be expecting twins:

Garett: I'm feeling more confident financially--not having to worry about the burden. If we were having twins at 21, I think we would have been in a panic. So there are probably a lot of fears that we don't have that we would have had. Just feeling confident that it's something we can really handle and all that experience we have behind us is something we can offer to the children.

One recent study suggested that one factor contributing to first-time fathers' readiness for fatherhood was the completion of certain life goals that were best met before beginning a family (May, 1982). This sense of readiness is conveyed in the following comments by several older male respondents:

Everett: [I'm now] more responsible, more capable, more able to correctly devote my time. I was pretty crazy when I was 23. You should have seen me--I

was a loon! [The decade] allowed me to mature. . . . God! I was a bachelor leading a good rich bachelor's life. I will never be able to look back over my shoulder and say, "Gee, I wish I had done this. Gee, I wish I had done that."

Foster: [Fatherhood] would have been too much for me [10 years ago]. I don't think I would have had the patience to [help] a child work through problems. It would have been too easy to say, "Hey! I said that was wrong! Knock it off or else!" because when I was 18, I was not tolerant. . . . I can put up with a little more [now], and take a little more time with something. . . . I can't think of anything I'd rather be doing at this point in my life. . . . I think I'm finally ready to attempt the endeavor of raising a child.

Another older father reflected how personal changes as well as changes in the features of society over the last 10 years would influence his involvement with his child:

Hugh: I think [10 years ago] we would have been more influenced [to give] our child this "freedom concept" . . . you go to a free school, and you run around naked, and you don't put any limitations on your child because you're inhibiting their ability to grow and develop. I think that is part of the reason we never thought

about having a child at that time. . . . I was more interested in my own ego at that point. . . . I really do think the world situation is going to influence some of [how I raise my child]. . . . [T]here are some real structural things that people need to learn in the educational system. You need to know how to read and write these days. . . . [Ten years ago] there were an awful lot of people [who] taught [their children] at home. They said , "Well, we'll teach them organic gardening." I'm not saying that a lot of those things won't influence me. . . . I still have a lot of rebellious hippie ways.

Interest in Father-Assisted Birth

Another factor related to expectations of paternal involvement was personal interest. The general impression conveyed is that expectant fathers responded with enthusiasm to the prospect of becoming actively involved in the birth preparation process. All of the expectant fathers in the study planned to assist in labor; they either were enrolled in programs generally called childbirth preparation courses, or anticipated enrolling closer to the delivery date. The depth in which they participated, or planned to participate, could be considered one index of their desire to become involved in perinatal activities.

Initial expectations about father-involvement during birth varied between age groups. Older fathers were likely to say that "there

never was a question" about becoming involved in husband-coached delivery. In contrast, three of the four younger expectant fathers reported initial unfamiliarity with father-assisted childbirth, or initial reluctance to participate. This changed, however, and all responded favorably to invitations from wives and medical caregivers to become involved. As one expectant father put it:

Aaron: I really didn't know too much about [LaMaze] at the time [of pregnancy]. I thought that there should be some way [of] learning [what] you're supposed to know in order to be a good parent, but I really didn't know how to go about that. Then I heard about [LaMaze] and thought it was a pretty good deal . . . something I'd be interested in.

Young prospective fathers, especially, were highly positive about being present at birth. Indeed, they tended to describe childbirth preparation activities in more detail than their wives. At the time of the interview, another male respondent who early in pregnancy objected to being present at birth appeared convinced of his irreplaceable value during labor and delivery:

Burke: I'm supposed to just coach her through the whole thing and [make sure] that she's always doing good breathing, and help her relax during the contractions. Just being there is a big thing. . . . Most of the talk [in class] was what fathers should be doing. . . . They were saying, "Husbands, you should be doing this." . . . It

helped a lot, because I knew practically nothing about being pregnant.

From all of the men's responses, it became apparent that the focus of the prepared childbirth classes was largely on the anatomy and physiology of pregnancy, labor, and delivery. None of the male respondents who was enrolled in childbirth classes during the time of the interviews mentioned special class attention directed toward his personal needs and concerns. The respondents' observations tie in closely with the results from one investigation in which new fathers indicated that childbirth classes were beneficial in preparing them for the roles they were to play during labor and delivery, but did not address their pregnancy-related worries, nor their roles as fathers following the actual arrival of their children (Wente & Crockenberg, 1976). Despite the lack of focused attention on men's personal needs, childbirth preparation classes seemed to contribute directly to male respondents' knowledge and sense of inclusion in the family event. In the words of one expectant father:

Everett: I've learned an awful lot about not just anatomy, but a lot of [other] medical stuff, and nothing that happens in [birth] will be mystical. Whereas before you know, [it was] reading those stale copies of Time Magazine, just like they say, [and sitting] out there wondering, "What in the world are they doing to my wife?" . . . Before LaMaze, I had more questions than answers, and now it's more balanced.

This respondent appeared to identify closely with the birth process as evidenced by another of his comments:

Everett: [A]nd I haven't gone through it--I haven't gotten to the end yet of having a baby--but, at this point, I would heartily recommend LaMaze to anyone.

One older expectant father was a physician, and planned to attend a childbirth preparation program located a considerable distance away from his home and medical practice to help insure anonymity and an emphasis on his involvement as a father rather than a medical caregiver. His statements express his wish to have the preparation sessions focus on the emotional side of his transition to parenthood:

Hugh: I want to be a parent. I don't want to be a doctor in [the LaMaze program]. . . . I think [physicians] understand . . . physiological aspects, but I need to really learn about the emotional aspects [because] I've always been in the non-emotional role.

Likewise, he wished to remain in the parent role at home:

Hugh: When [Hope] has a problem related to pregnancy, she comes to me and says, "What do I do?" Well, I say, "I'm not your doctor!" . . . I would like to be the parent.

New medical technologies are creating opportunities for expectant father involvement during the earliest stage of pregnancy. One expectant couple elected to have amniocentesis, and the expectant

father chose to remain at his wife's side during the procedure. His participation changed as the procedure progressed:

Everett: I was holding her hand, first in a standing position, and then in a sitting position, and then practically in a reclining position. (Individual interview)

Reading Expectant Parenthood Books

Another way men reported becoming involved in birth preparation was by reading. Despite the fact that few books were evident in the homes of several younger couples, younger expectant fathers mentioned reading about prenatal growth and development in books made available to them through their childbirth preparation programs. In fact, several young fathers-to-be commented that they had read more about pregnancy and childbirth than their wives. None of the books the male respondents read was written specifically for the expectant father. Much like their observations of their prepared childbirth programs, male respondents' comments tended to highlight the physiological phenomena of pregnancy and childbirth. For example:

Aaron: [W]e got a book from a [prenatal] class that . . . explained different things that happen during and after pregnancy, and different emotional feelings that are going on [in the woman]. . . . I brought it to work with me through a shift and read most of it. . . . [I]t's pretty intense and . . . I don't really understand all the stuff right now.

Clark: [I've been reading about] prenatal care and the birth of your child and . . . different changes through [the] months. . . . I already read through one of the books and [saw photographs] of how big the baby gets--it starts out to be a little thing in there, and then it gets to be a great big baby! (Individual interview)

Foster: Frances has bought a lot of books on pregnancy. They were all written for the woman, but it's great as a father to read them because we can't actually go through the sensation, [but] we can at least understand what . . . they are going through. I think it makes it a little easier for them, and if it makes it easier for them, it makes it easier for us. (Individual interview)

Expectant fathers appeared to welcome environmental inputs which enhanced their image as participants in the birth process. Information from childbirth classes and reading materials seemed to increase their confidence and desire to become involved in prenatal and birth activities. Although male respondents acquired knowledge and skills that helped prepare them for the day of birth, little of the input they received through these media, however, was oriented beyond birth, or expressly related to the skills necessary for active parenting.

Anticipation of Interaction at Different Children's Ages

Differences in expectations in regard to father-infant feedback loops also emerged during the interviews. One expectant father whose wife underwent amniocentesis expected pleasurable, interactive involvement during the period of infancy:

Everett: [F]or the first three months . . . they aren't as much fun, and then they start to communicate, at least in the sense that they make expressions that you realize are directed at you, and you're making them at them, and there's a response going on there that wasn't there before. . . . [I'm looking forward to] looking at her face, sitting there and going, "Ooo, ooo, ooo," . . . and getting a little feedback, because what-the-hell, [we] can't go to the ball game, and [we] can't laugh at jokes together, but we can still have a good interplay.
(Individual interview)

Another expectant father anticipated more gratifying interactive feedback when his child was much older:

Hugh: I think the first couple of years, even though they understand, they can't interact in a lot of ways. . . . [W]hereas when they get older . . . you are both stimulating each other--[they] do something, you respond, and vice versa. . . . I think both of us are looking forward to when the child gets older and we'll be

able to relate on different levels. That will be easier.

Ability to Prepare for the child

One attitudinal dimension on which expectant fathers differed was the degree to which they believed they could actively prepare for the arrival of their children. One expectant father said:

Hugh: I don't know whether there's anything to do until the baby's here. . . . [It] isn't like I can go home and practice diapering a doll.

Another expectant father believed he could consciously prepare for the transition to fatherhood by imagining himself as a parent:

Everett: I'm kind of psyching up for [fatherhood] now, and I visualize myself in the situation more. When I come home now I think of coming home to two people instead of one, so when it happens, it won't be a complete shock!

Additional comments indicated that he also was interacting with infants in preparation for parenthood. He was determined to master some aspects of baby care, and sought change-producing feedback through new activities:

Everett: [Powdering a baby] is foreign, but I think it can be gotten used to. It's all in knowing how, and that's easily picked up. Lately, I've paid a little more attention to that one. I've handled [friends'] babies differently. . . . [I] close [my] eyes and think, ["I'm] going to have about that package going."

Differential Gender Expectations

All of the younger fathers-to-be expressed differential paternal expectations based on the gender of their children. They overwhelmingly desired a boy, and, correspondingly, sports involvement was a notable common feature of their responses. One interview question in particular provided responses on which this generalization is based: What are you looking forward to doing with your baby? A clear distinction between genders surfaced during the interviews as the following exchanges with younger male respondents demonstrate:

Interviewer: What are you really looking forward to doing with your baby?

Clark: Depends on what it is.

Interviewer: What if it's a girl?

Clark: I don't know--take it shopping every week, I guess.

Interviewer: What if it's a boy?

Clark: Take it all over! You could take him more places . . . to the ball games, basketball games, and football games.

Daniel: [What I'll enjoy doing most with the baby] depends if he's a boy or girl.

Interviewer: In what ways?

Daniel: [T]he things that we do would be different [like] as he gets older, just throwing the ball around. That's what my dad did with me and that

was a lot of fun. . . . I hadn't even thought about a girl . . . probably go to the zoos a lot.

Aaron: [A boy] would probably be more fun for myself. Just that he'd probably be doing more things with me later on. I would have to show him the basics in sports. . . . He'd be welcome to do anything he wanted with me.

Younger male respondents demonstrated a traditional longing for a boy in other ways, such as citing boys' names exclusively when asked if they had selected names for their babies, and using the pronoun "him" repeatedly when referring to their future children. As one father commented, "We'll have fun having a little guy around and watching him grow up." Members of the extended family systems expressed their desire for a boy as well. For instance, the brother of a young expectant mother had purchased a tiny football jersey for the baby, and the mother of another young female respondent had a "hunch" about the sex of the baby as evidenced by the following comment:

Aaron: Now just the other day, [Amanda] said that she thinks it's going to be a boy. That's what her mom thinks because she's ready for a grandson.

Cronenwett and Kunst-Wilson (1981) ask, "What forces influence the level of father involvement with children? What are barriers to an active father role?" (p. 197). It appeared in this study that one barrier to a high level of father-child interaction was gender. Self-imposed restrictions on father-child interactions based on gender were forming before birth for younger expectant fathers. One implication

is that the initial adjustment of younger fathers-to-be to parenthood may be more difficult if they strongly desire a son, yet have a daughter. Similarly, their involvement with their infant daughters may be obstructed by their feelings of disappointment or beliefs of innate gender capabilities. In studies reported by Gilbert, Hanson, and Davis (1982), fathers made more sex-role distinctions than mothers in their interactions with their children. They were also found to have more extreme sex-role stereotyped judgments of their newborns; they perceived their daughters as more delicate, weak, and inattentive; they viewed their sons as firm, large-featured, and coordinated. As one young prospective father in this investigation said, "I'm scared of babies--they're so little and fragile." This respondent, for example, may view a female baby as even more fragile than a male infant, and thus perceive her caretaking as even more the province of his wife.

Conversely, none of the older expectant fathers identified gender as a determinant of the types of involvement they anticipated or desired with their children. When probed about their desire for a specific sex, a typical older male response was, "It really doesn't matter." One older expectant father, however, envisioned raising a female child as more formidable than rearing a male child:

Foster: I think it would be more challenging to raise a girl . . . to try to bring a girl up so that [she felt] she wasn't second to anybody else and more able to set her own goals.

The one couple who elected amniocentesis knew they were the parents of a daughter. The expectant father appeared to respect his daughter's individuality as witnessed by his flexible role expectations for her:

Interviewer: [N]ow that you know that you're going to have a little girl, [do] you ever find yourself looking into her future?

Everett: I wouldn't want her joining a motorcycle gang, unless I knew most of the guys! (laughter) I don't know. Jesus! What can you hope for people? That they're healthy, that they're happy, and you can't define that happiness for them. . . . I would like our relationship to be the way [it was between my dad and me], and I would do everything I could to make it so, but you've got two people to deal with and not just one.

Younger male respondents could well have been more candid than older male respondents about their preference for a son. Older male respondents may have harbored a desire for a son, but may have been more sensitive to social pressures to remain neutral. Further, the fact that two of the older wives expressly stated a preference for a girl may have inhibited the men from displaying a preference for a boy.

Rationale for Non-Involvement

Younger male respondents mentioned specific tasks in which they did not expect to become involved. As rationale for their non-involvement, they called attention to distinct family role responsibilities. This is shown in the following responses:

Daniel: We probably both will [change diapers], but [Denise'll] probably do the majority of it . . . because she'll be home, and she'll probably want to do it more than I would.
(Individual interview)

Aaron: We really haven't discussed [who will be getting up with the baby]. I will get up, you know, it won't bother me too much, I don't think, unless I'm really tired or something and I have to get up the next morning early [for work], or whatever the case may be.

A young father also cited infant-related anxiety as a reason for his selective involvement:

Interviewer: Do you see yourself feeding the baby?

Clark: I'd like to do that. I'm not scared of that.

Interviewer: What are you scared of?

Clark: Oh, changing diapers. (Individual interview)

An emphasis on the difference in family role responsibilities or perceived parental competencies could well be a tactic by which male respondents hoped to avoid performing disagreeable infant tasks. This is discussed in more detail in Section IV of this chapter. Older expectant fathers were likely to say that they would be involved in all parenting activities, pleasant and unpleasant:

Foster: [T]he diaper changing and the odd hours and the fact of being tied down to a kid are negative, but it is not something I'm really not looking forward to--I think I'm ready for it. . . . As long as the

kid's normal, I don't see anything that I'm not looking forward to. (Individual interview)

Everett: I'm open to take care of whatever the baby needs. It's easy for me to say that here and now, isn't it? And perhaps that will change, but I'm going into this with the best intentions, and I'm sure [the] relationship [between mother and daughter] will certainly be different as we all grow up together--they might be able to shop for dresses better than I--but I'm willing to try it all. (Individual interview)

Multiple Births

One older couple had wrestled with infertility for over three years; as a result of fertility drugs, the couple was expecting twins. Multiple births appeared to be a determinant of expectations of fuller father involvement as observed in the following statement:

Garett: [Infertility] has certainly made us . . . really appreciate the pregnancy because we had to work at it so hard. . . . I think there's going to be differences in the amount of care that [twins] will take. . . . We've talked to a number of people who have had twins . . . [and] just looking at others' experiences and books we've read, it makes sense to us that I'll be more involved than if it was just one--just out of necessity [I]t's going to take two of us to deal with two!

Advice to Other Expectant Fathers

In their private sessions, the men were asked what advice they would offer other expectant fathers. As illustrated below, younger men tended to place their feelings in the background and focus entirely on the woman's pregnancy experience:

Daniel: [I would] tell them that the wife goes through a lot of changes and not to be hurt . . . if she snaps back at you. She's tired and doesn't want to do things, [so] just be considerate of that.

Clark: [I'd advise him to] be patient with his wife because she'll have a lot of moods--pamper her mostly.

Interviewer: Should expectant fathers expect any pampering?

Clark: No!

The advice offered by older expectant fathers typically contained a reference to the couple as a unit in addition to comments about changes the woman was experiencing:

Foster: [I'd advise them] to go for it! . . . I'm no exception from other fathers--we worry about the financial end of it . . . but if you let that override everything else, then you have problems. You really need to take the time to sit back and say, "Hey, wow! What do we have here, and what can I do to jump in and help?" . . . You try to keep the money worries away from the wife because she is pregnant, [but] I think you need to share

every experience so everybody [is] on the same level of understanding.

Everett: I'd say, "Loosen up, don't be scared. . . . The women change a little, you know, they can be short in temper. . . . [D]on't fight back because it's just nature in there." . . . In the second month, I'd say, "Plan a trip for a month from now because you're going into the second trimester and that's just past the critical miscarriage point of the pregnancy. . . . [A woman] is still able to enjoy herself physically and she's got pretty good stamina" . . . [and] I'd say, "You'd better just keep telling her how good she looks because if you don't, maybe somebody else won't!"

Peer Support

As noted in the previous section on families of origin, the extended families of some of the prospective fathers offered little support for a more involved role as a father. Berger (1979) states:

The impact of lack of support from family of origin is intensified by the fact that few men espousing new roles have contact with other men who support them in new roles and will discuss with them issues that arise as a consequence of those new roles. (p. 643)

It was apparent that younger prospective fathers were entering fatherhood with limited adult male friendships and few sources of peer support for an active role in fathering. Younger fathers-to-be mentioned that they rarely, if ever, talked to anyone about pregnancy

and fatherhood. Most said that they were the first of their friends to be married and expecting a child. A typical comment was, "My friends talk to me mostly about how it feels to be married."

Wandersman, Wandersman, and Kahn (1980) claim that often new parents are socially isolated and lack appropriate models for parenting; their peers have difficulty identifying and empathizing with new parenthood. This is illuminated in the following sequence:

Interviewer: What are the reactions of your friends to the baby?

Aaron: Oh, you know, they're happy for us.

Interviewer: Do you have any close male friends?

Aaron: A few. A few friends. I really don't think I'm too close to them as far as friendship goes. I'm really busy, so I don't get to see my friends as much now.

Interviewer: Do they ever tease you or ask you questions?

Aaron: No, not really--just, you know, [how] I'm feeling and how's my head.

Interviewer: Do any of them have kids?

Aaron: No. Well, one of my friends is divorced, and his wife has the two kids, so he kind of knows what's going on.

Younger male respondents appeared to have a narrower range of fathering role models and less exposure to examples of an active paternal role in child care than older men. In reviewing selections for parenting role models, a clear difference in role possibilities emerged between younger and older male respondents. One young father-

to-be spoke of a negative role model. Correspondingly, his ideal, more involved relationship with his child still contained elements of distance and detachment as he planned to "give his wife a hand":

Aaron: I could say that I could not be like a few parents I've known. . . . As far as caring for a kid, I had a friend who never really bothered to pick up any of his kids. He had two little babies and he just didn't enjoy being around them as far as holding them or playing with them. . . . He left it up to his wife pretty much. . . . I think I'd like to give my wife a hand, at least a little more than he did.

Tognoli (1980) observes that men tend to seek out friends less than women when the basis of friendship is personal or therapeutic in nature. Yet, the behaviors of older expectant fathers appeared to contradict Tognoli's observation. In contrast with young prospective fathers, the variety and depth of the social networks of all of the older prospective fathers seemed to reinforce their feelings of connectedness and entry into the larger community of fathers. The circle of friends with infants was large, and accordingly, the pool of fathering models was broad. Trusted male friends deeply involved with their infants acted as potent reinforcing agents. They seemed to provide valuable social contact by offering perspective and insight into fatherhood as well as the opportunity for direct interaction with infants. As older expectant fathers said:

Garett: I guess I feel a lot more confident [at my age]
having seen a lot more parents and just drawing on

those experiences--this is the sort of parent I'd like to be, and this is the kind I don't want to be.

Everett: [The friends of mine] who've been through [pregnancy], of course, have infinitely greater amounts of knowledge than those who have not. They're more fun to talk to because they know what questions to ask: "Are you having Braxton-Hicks contractions?" And I can say, "Yes!" And only six months ago, I didn't know myself what that was. . . . Guys are great backslappers as far as pregnancy is concerned. . . . And it's been positive however you want to qualify that positive. The guys have been into it, yeah. You have the caring ones and the (pause) cruder element. They all share the enthusiasm. . . . I like to hear the guys' angles. That's more pertinent to me because I am a guy, and I can talk to all the women I want and hear what they say, but in that certain male sense, there's no correlation.

Foster: [M]ost of the people I run with are in my age group. A lot of us are first-time fathers. It's a baby boom [at work]. . . . [W]e're at various stages, and it's amazing when you get a group of guys together how it used to be talking about going hunting and fishing. I think it now all

comes to diapers. . . . [We also] get into formulas . . . the 2 o'clock, 10 o'clock, 4 o'clock feedings. . . . And then, what kind of car seat to get . . . and discussions about cribs and playpens. and, when you're sleeping during the day [because you work all night] and the kid's awake, how are you going to develop any kind of rapport with the kid? . . . Guys really get animated about it. . . . [We also discuss] putting black and white photographs of the parents in the crib with them so that they start to focus their eyes a little more quickly.

Section III: How Do Wives Affect Their Husbands' Future Paternal Involvement Through Implicit and Explicit Attitudes and Behaviors?

When viewing expectant fathers and their social environments ecologically, primary consideration needs to be given to the marital system and wives' definitions of male interest and involvement in early parenting. Preliminary studies suggest that wives' pre-birth perceptions of the paternal role predict husbands' involvement with their infants to a greater extent than husbands' expectations (Fein, 1976; Reiber, 1976). Further, support from spouse has been found to play a central role in paternal adjustment (Russell, 1974; Wente & Crockenberg, 1976).

By asking female respondents in this investigation such things as what would make their husbands good fathers and their perceptions of what their husbands were looking forward to with their babies, it was possible to obtain a relatively complete picture of spousal expectations of the paternal role. The women exhibited a range of

attitudes and behaviors toward their husbands' perinatal involvement. Some respondents fully expected and encouraged an active nurturing and caregiving paternal role; others anticipated and supported a more traditional, detached style of fathering; and another subset of women held ambivalent feelings toward paternal involvement. Wives' responses fell into several content categories: husbands' anticipated competency in infant nurturing and caregiving; husbands' LaMaze involvement; and husbands' current pregnancy involvement.

Husband's Anticipated Competency in Infant Nurturing and Caregiving

The balance of power within some marital relationships appeared to be shifting as the couples prepared for the addition of a new family member. The impression was given that the leverage in the family systems of younger female respondents in particular stemmed from the perceived power inherent in their parental role competence. Their capacity to accept their partners' potential competency in infant care was low; they tended to believe that their husbands lacked infant caretaking abilities. They began to construct boundaries around parenting roles as early as pregnancy, and to stake the infant domain as their own. For example:

Interviewer: If you and [Aaron] had a disagreement about something related to the baby, what would happen?

Amanda: I don't know. I don't think there would be, really. He doesn't know that much about babies. You know, he's held them, but he's never done other things. (Individual interview)

The comments of some women indicated that they held the power position and began to regulate their husbands' access to their infants. This

is consistent with findings from a study of the perinatal period where some wives appeared threatened by their husbands' competence in infant care (Reiber, 1976). In this research, it was found that negative feedback loops limiting the amount of change in traditional parenting patterns were formulating even before the arrival of the children. Some younger wives explicitly compared their level of caretaking skills with their husbands'. They tended to view themselves as the "infant specialist." As one woman anticipated:

Beth: [W]hen [Burke] gets home after I've been with [the baby] all day, he'll probably just kind of take over from then with the baby, and play with it until it cries or something, and then he'll give it to me. (Individual interview)

The paternal expectations of the younger female respondents seemed to reflect two predominant societal expectations: first, fathers interact more meaningfully as their children grow older; and, second, men primarily engage in play activities with their children rather than those related to physical caretaking or nurturing. Their acceptance of these traditional social norms was reflected in some of their statements:

Interviewer: What do you think [Aaron's] looking forward to most of all [with the baby]?

Amanda: Probably when [the baby] gets a little older . . . [like] when its walking . . . and then Aaron will come in and play. I'll be doing most of the stuff with the baby [before then] because I

think [Aaron] will be nervous. (Individual interview)

Interviewer: What's going to make [Clark] a good father?

Carol: I don't know. He's scared to hold babies. (pause)
Probably just the way he treats the younger kids--
I don't mean baby-babies, but the younger ones.
He treats them real good. . . . He plays with
[children] when they are baby-babies, you know,
but he can't hold them. . . . I watched my mom
pretty well, and I watched my friends with their
newborns, and I'm not scared. I think I have a
pretty good idea what it's going to be like.

Comments such as these may communicate however implicitly that an asymmetrical caretaking relationship is expected with the infant. It appears that the question of paternal involvement is linked to the issue of maternal self-concept. The status of young women in the family hierarchy seemed dependent upon their competence as mothers. Motherhood appeared more central to the younger females' sense of self and, in turn, they tended to define their worth largely on the basis of their parent identity; hence, they did not seem to desire active father participation in daily child care activities. This finding is consistent with the results from various investigations of new parenthood. For example, one study found that only 10% of new mothers felt that having their spouses also attend postpartum support groups would be of benefit (Cronenwett & Kunst-Wilson, 1981). Sawin and Parke (1979) believe, based on the results of their research, that

fathers need to be provided with opportunities to practice caretaking skills during the infancy period so that they will view the greater sharing of caretaking responsibilities as role consistent. They conclude that denial of permission during pregnancy to explore co-parenting options may contribute to the distancing of new fathers from their infants. Further, May (1978) asserts that if a man is detached from the pregnancy and childbirth experience, he may experience greater difficulty "breaking into" the maternal-infant dyad which tends to be firmly established after the first month of an infant's life. This points to the conclusion that significant paternal involvement during the perinatal period is crucial for the initiation of deeply-involved, on-going father-infant interactions.

In some families, wives had broader experience with infants and children than their husbands; nonetheless, they appeared willing to share this resource in a non-threatening way. One young respondent illustrated:

Beth: I don't know about other families. [I guess it depends] on who in their family has experience. I think [Burke] would come to me for a little help, you know, about changing diapers, or feeding. . . . I [would] try and teach him. That's what's probably going to be nice, just teaching him in the beginning--[Burke] and me.

Other comments particularly by older expectant mothers appeared to foster a sense of personal competence in their spouses by playing down the women's experience with children thus making the parenting role positions more symmetrical. As one mother-to-be put it:

Frances: I've had a fair amount of [babysitting] experience, but it's been about 10 years. . . . I won't know until we go through infancy what I will know that Foster might not know, because he knows a lot more than I sometimes think he knows.

A new father who feels support from his spouse is more likely to risk experimenting with new infant-related experiences in his new family role as nurturer and caregiver. The following comments taken from a conjoint interview with a couple expecting twins reinforce this:

Garett: I know that [Gabrielle] . . . has had a lot of experience with kids. I would anticipate that maybe she would make a better mother than I would make a father, just because my experience is so limited. . . . I could deal with a problem if somebody said, "This is the problem, and here's what you do, but I think [Gabrielle] is going to be [an] especially good [parent] because she'll recognize what [the problem] is and [know] what action to take . . . and from that standpoint, she can help teach me, too.

His wife, in turn, relabeled his lack of experience with children positively:

Gabrielle [S]ometimes having . . . education in the area of childrearing is somewhat detrimental because you freak out when the kid isn't rolling over. I think [Garett] will be a lot more spontaneous because he's not going to know what kind of

expectations to have. He might be able to enjoy watching them grow up [whereas] I'll be [more] likely to [think], "when are you going to start walking?" . . . I think that once we have children in the house, [Garett] will intervene . . . whereas I can do that more [now] because of the background I've had. . . . I was scared then--it just took practice.

In another expectant family, the wife freely admitted mutual lack of infant experience:

Hope: We were in the hot tub the other day, and I said, "Is there anything we have to buy?" [Hugh said], "I don't know. Is a bassinet something you sleep in or take baths in?" [Hugh said], "I don't know." . . . [W]e're both fairly lame . . . as far as what to do with a little baby.

Some wives desired even greater involvement and flexibility from their husbands and sought to enrich the parenting options of their spouses by opening parenting boundaries. As one mother-to-be expressed it:

Frances: I've got to believe that there's something neat and satisfying about holding this little person and feeding it. That has got to be a fairly fulfilling experience for [Foster], too. . . . I'm probably the one who verbalized [supplemental bottles] . . . I asked him about it, and he seemed

to be very enthusiastic about it. (Individual interview)

Another prospective mother said:

Erica: [I would like Everett to] read more books about child development. . . . would [like] him to be saying, "Well, what do you think of this or this about children?" rather than me saying that, which I see more in pregnancy. (Individual interview)

Erica applauded her husband's perinatal participation as witnessed by the following exchange:

Everett: [A]nd then we have a breastfeeding class after [the LaMaze sessions].

Interviewer: Do you attend that as well?

Everett: Apparently.

Erica: Oh, great! That's good!

Another way wives confirmed their acceptance of their husbands' nurturing potential was to make positive comments about their husbands' tender, expressive behaviors:

Gabrielle: [T]his is going to sound weird, but even having a [dog] has brought out something different in both of us. . . . I've always seen [Garett] . . . as someone sort of affectionate towards adults, but not with children, because we're not around that many kids. . . . But with the dog, [I] see an affectionate [man]. . . . I see a different part of him than I've ever known. He sees a different

part of me that he wishes he didn't see.

(laughter)

Frances: I feel that [Foster] is an extremely sensitive man for his age, for his profession . . . [and] I don't question his masculinity one wit. I don't know how [his parents] did that, but if I have a son, I'd like to do the same thing because Foster's such a neat blend. He's been all these macho things--he's worked on a ranch . . . been a cowboy . . . a soldier in Viet Nam, and he's a cop now [T]he roles are stereotyped as fairly macho . . . but he is an extremely tolerant, sensitive man .

Husbands' LaMaze Involvement

There was considerable variation in women's perceptions of the benefits of LaMaze. A number of younger women made no positive reference to their husbands' participation, but rather referred to the practical information that LaMaze classes offered, such as how to save money on baby items and where to find car seats. A coercive rather than collaborative quality also tended to pervade their statements:

Amanda: The hospital suggested [LaMaze], and I got into it through them.

Interviewer: How do you feel about [Aaron] being there with you?

Amanda: He'd better!

Carol: And then a lot of my friends said it's better that [Clark] go in [during labor and delivery] to see what it's like--to see the pain I'm going through.
(Individual interview)

The observations of these women were in sharp contrast to the popular view of the benefits of LaMaze reflected in another respondent's comments:

Erica: [T]he one thing that I really like is our working together with the LaMaze. . . . I would think that could carry over into child raising, because that's what we're talking about--helping the baby be born, and then working on that together.
(Individual interview)

Husbands' Current Pregnancy Involvement

In their private interviews, wives were asked what advice they would offer other couples about their marital relationships during pregnancy. The predominant theme of their responses was what husbands could do to assist their wives. No reference was made to the dynamics of the marital relationship, nor to the emotional needs and concerns of the expectant father. This observation was not confined to the younger half of the sample, but was one that older female respondents also made. One mother-to-be was probed specifically about the needs of the father-to-be:

Interviewer: Do you have any advice related to what wives could do to help their husbands during this time?

Carol: No! I think the husbands should help the wives because they're the ones who need more attention--

they're the ones who're pregnant! (Individual interview)

Other attitudes and behaviors of female respondents reinforced paternal involvement. All couples in the study planned to participate in husband-coached delivery, but differed in the degree of male involvement during pregnancy. The depth of husbands' involvement was found to be influenced significantly by wives. For example, some wives initiated their husbands' early entry into the medical system by inviting their spouses to accompany them on prenatal medical visits. They wanted to make responses from their unborn children also accessible to their husbands:

Denise: I wanted [Daniel] to hear the heartbeat. I was really excited when I heard it . . . and I asked [Daniel] if he wanted to go [to the doctor's] because he felt the baby move a couple of nights [ago]. (Individual interview)

All of the husbands responded with enthusiasm to wives' expressions of acceptance and encouragement. There is growing evidence that the earlier men become involved with their infants, the more likely they are to assume infant care (Cordell, Parke, & Sawin, 1980). The following interview sequence provides insight into how one expectant father's sense of involvement during pregnancy was deepened through feedback from his unborn child:

Burke: I remember at first when we found out that [Beth] was pregnant--after we decided what to do and everything--[Beth] said, "Well, you're going to be in there with me [during labor and delivery]

aren't you?" I said, "No!" I really didn't want to at first. . . . But now, I would hate not to be there.

Beth: It's just as things go by, you know, like when [Burke] started feeling the baby kick, and hearing the heartbeat, he'd get excited.

Burke: I went with her to the doctor's a lot of times and heard the heartbeat on the little machine.

Beth: (to Burke) It's really pretty loud, huh?

One couple was able to share the joyous moment of discovering they were expecting twins. During their individual interviews, they reported high agreement in their perceptions of the value of paternal involvement in prenatal visits:

Gabrielle: [I]t's me physically, but it's us together. [Garett] just can't have the baby, or feel the movement inside, and the changes in the body, so this is my relating that. . . . said that I would really like him [to accompany me to the doctor's] because if we would hear [the heartbeat]--this was before we knew we were having twins--that's not something I could explain in words. . . . When I went in for the ultrasound, it was just really neat that we found out at the same exact time that we're having twins.

Garett: I go to every doctor's visit with [Gabrielle] . . . and it's been valuable to go along. . . . [T]he second time we went, we heard

one of the baby's heartbeats, and I could have stayed at the office [and] I wouldn't have heard that! . . . We didn't expect that [the medical staff] were going to try [to hear the heartbeat] because we just assumed it was too early. . . . [N]ow we just don't assume anything. . . . [I go all the time] because there may be something new to learn that I just might not hear!

Section IV: How Do Prospective Mothers and Fathers View Themselves as Similar or Different in Future Interactions with Their Infants?

The development of family roles is a continuous process; consequently, family role formations established prior to birth will likely influence the organization of parental roles following birth. Respondents' viewpoints concerning the general division of family role responsibilities will be presented first. Their perceptions concerning the division of parental roles will follow.

Kantor and Lehr (1975) contend that recurring patterns of interactional sequences or "strategies" help people learn skills and control situations better. By and large, expectations for family role "strategies" coincided to a remarkable degree between spousal partners, but differed substantially between younger and older couples. The data described in this section tended to fall into natural divisions based on age; therefore, the material will be divided into the categories of role divisions in younger couples and role divisions in older couples.

Role Divisions in Younger Couples

Younger couples were more likely to follow a conventional path and polarize their family roles. Accordingly, they brought a more traditional definition to their role expectations as parents--the projected role of mother was considerably differentiated from the projected role of father. This held true even in one young family in which the husband was unemployed, and the wife planned to return to her job when their infant was three months old. In the words of the wife:

Carol: I will probably do most of everything [around the house]--watch the baby, cook, clean. Well, [Clark] could help me sometimes. (Individual interview)

The level of job training and experience of the younger male respondents was far more limited than that of their counterparts. For example, one young expectant father who conceived premaritally began his first job two days after he was married. New family and work responsibilities appeared to weigh heavily upon him and most of the other younger expectant fathers; they were apparently concerned about their adequacy as providers. Consequently, the precarious financial state of most young family systems seemed to consume most of the men's physical and emotional energies. In many ways, the role of provider tended to eclipse the role of parent. While some investigators researching the transition to parenthood argue that the importance of the male provider role should not be underestimated (May, 1982), in this study, a father's excessive desire to be a good provider appeared

to diminish expectations of active father involvement. This is shown in one expectant father's comments:

Interviewer: Does the book [you are reading on pregnancy] talk about expectant dads?

Aaron: Oh, yeah, feelings and what happens to fathers. Sometimes they're feeling as if they're not providing sufficient income, they're not able to provide for their wife and family. Sometimes they go through a kind of dilemma [because] they're worried about it and try to make changes, and sometimes it gets worse.

Interviewer: Do you anticipate any changes in your work schedule after the baby is born?

Aaron: No, I'll probably have to work even a little harder, I think. I'll have to make a little more money, so I may even go back to school if I have to and possibly go into another field . . . I [will] have to work probably twice as hard as I do now and I [will] have to give 125% to my job so I [can] make ends meet.

This is an example of "ironic displacement" (Kantor & Lehr, 1975) in which the goal of providing for a family is benign, but becomes disabling to the father-infant relationship. However, despite an uncertain financial future, none of the three employed prospective fathers wanted nor expected his wife to return to work (even part-time) until the baby was at least several years old even though all of the young wives left jobs to which they could return easily. The

younger male and female respondents largely supported the view that the majority of a father's attention should be focused on wage-earning, and a mother's on infant care-taking. Comments emphasized that mothers were entitled to experience first-hand the joys of their infants' developmental breakthroughs:

Denise: I'm going to enjoy just being home. . . . I'd hate to have a babysitter experience the first steps instead of me.

Interviewer: How about you? It sounds like you're going to be pretty busy.

Aaron: Yeah, I'm sure I will be, you know. Hopefully, I'll have some time to catch the good things, though.

Virtually all of the younger fathers doubted their abilities to care for their infants. They perceived their wives as more competent in baby care despite the fact that the majority of the younger women had no previous experience with infants. Younger wives seemed to share that perception as evidenced by some of their responses reported earlier in Section III of this chapter. This difference in perceived capabilities is illustrated by the remarks of one father-to-be:

Interviewer: Have you thought about who will be doing what with the baby when it's tiny, like a few months old?

Aaron: Yeah, that'll be more along the lines of [Amanda]. . . . I don't really know how to act around little babies, and I'm sure [Amanda doesn't] know too much either, but I'm sure it'd

be easier for her than for me to hold it. You know, a really little baby and know what to do for it.

Due to their respective sibling positions, the expectant father in one couple had considerably more infant care experience than his wife; yet, he and his wife desired a more conventional division of role responsibilities. A comment by the expectant mother indicated that they had devised a way to contend with the disparity between their levels of experience: "He said that he's already had his share, and it's my turn now!" Furthermore, in his private interview, the expectant father underscored the biological imperative of motherhood:

Daniel: [F]rom what I've seen, this taking care of the little child is really mother-instinct, you know. Like my mom . . . never really had anybody [to babysit], but she knew what to do, you know--just kind of instinct. . . . The mother is more careful, more concerned [about the baby]. . . . [Whereas] the father, he's either not aware so much, or not so concerned.

Similarly, his wife declared in her individual session:

Denise: There's this girl at work, and I think she got in trouble, and I just wanted to go and hug her. I know I wouldn't have done that if I wasn't going to be a mother. You know, if I see somebody crying or hurt, I just want to go and put my arms around them and mother them.

Role Divisions in Older Couples

Conversely, a loosening of traditional gender boundaries was encouraged to a considerably greater degree in the family systems of older expectant couples. The family life ideology of all of these couples generally tended to promote an equal division of household responsibilities. This philosophy, in turn, appeared to extend into parenthood:

Hugh: [T]he fact that either one of us can fulfill any role in the house will make infant care a lot easier. . . . I don't have any problems with cleaning diapers and making dinner. I mean, it's not like I expect [Hope] to be doing most of it. Our roles are such that . . . we can just adapt to whatever we need to do. . . . I think at this point, [Hope] wishes I could nurse. It would save her a lot of hassle.

Hope: He's a great wife! He does a lot more around the house than I do. If he were to be a good mother, too, that would be wonderful (laughter). . . . We've always wished that I had been the doctor and he had been the wife because he knows a lot more about that. He cooks all of the time. . . . It's real fifty-fifty. It's more fifty-fifty on his part. He doesn't think anything of coming home and picking up the vacuum or the clothes. It's just like second nature to him. (Individual interview)

Garett: I don't feel uncomfortable, or feel like it's out of the scope of my world to be doing a lot of things that I hear other guys complaining about--whether it's cleaning the house or cooking, it doesn't bother me. . . . I was recently talking to [some men] that said they had never had to change a baby's diaper and how lucky they were to have gotten out of that. [Their wives] had to do it all. . . . It's not like [I'm saying], "Oh, boy! Changing diapers--this is going to be great!" but I definitely don't feel that those are Gabrielle's tasks and that she has to do everything bringing up the baby-babies--and then on the weekend I'll play with them for 15 minutes.

One older mother-to-be, however, did desire more involvement and adaptability from her husband with respect to family and infant chores:

Interviewer: What do you see, in terms of household tasks, once the baby arrives?

Erica: (to husband) I just say, I hope that it will change a little bit, that I hope you will do more around the house.

Everett: And I wouldn't worry about it. We'll probably have a diaper service so the laundry won't increase.

Erica: The laundry will still increase, [Everett]! The service only does the diapers.

Everett: That's about all they wear for the first three months anyway.

Erica: No, they wear other things. You don't wrap their little bodies and heads and shoulders in diapers!

Most older respondents viewed outside work as the primary force which necessitated a democratization of home and child care. The linkage between enlarged household responsibilities and expanded parenting responsibilities is illustrated by the following remarks:

Foster: I think that in [this] society . . . it's almost mandatory for both members of the family to work to survive. Work is really the great balancing factor. . . . [By "balance" I mean] there're more husbands now that are willing to do the laundry, or help clean the house. . . . After the child comes, it's not [the mother's] responsibility to raise the child. It's a joint responsibility. . . . rather than the old passive [paternal] role that was more [prevalent] in affluent generations.

His wife agreed:

Frances: I fully anticipate that [Foster] gets to play "half-sies" or "share-sies" on the diaper-changing . . . and though I intend to nurse, I'm going to do . . . a bottle as well, so he'll have the option of coming home at his odd hour and, hopefully, that will jibe with when the child is in there screaming so he can feed him.

Although all of the older couples generally supported equal infant care role-sharing, previous studies have found that regardless of their initial task orientation, all couples shifted toward a more traditional division of family and child responsibilities when questioned six-months postpartum (Cowan, Cowan, Coie, & Coie, 1978). Even couples who expected to share fully in infant care activities, such as night feedings and pediatric visits, tended to find that the woman assumed more of these tasks irrespective of other factors, including her employment status. This traditional shift is in accordance with findings that "the presence of a child in the family system invokes societal pressures that magnify sex-typed traits in a spouse's personality" (Imig, 1971, p. 50).

Section V: What Types of Marital Dynamics Foster or Impede Equitable Anticipated Paternal Involvement?

The basis for exploring the marital relationship from several dimensions was to understand better how expectant couples interacted as spouses and thus provide insight into their future interactions as parents. For example, a study of new fatherhood by Soule, Stanley, and Copans (1979) suggests that a man's role as a parent is an extension of his function as a husband. There is also evidence to support the notion that the happier the marriage, the better the father's relationship with his children (Benson, 1968). further, Wandersman, Wandersman, and Kahn (1980) observed that "marital cohesion" (a sense of commitment and togetherness) positively predicted reports of parental competence on the part of new fathers. Wente and Crockenberg (1976) found the marital relationship to be more significant than LaMaze in relation to paternal involvement. All of this suggests that a strong marital alliance is critical for positive

functioning in the new role of father. The material in this section is divided into several dimensions of the marital relationship: conflict resolution strategies; anticipated changes in marital life; and "marital" versus "parental" orientation.

Conflict Resolution Strategies

Younger respondents appeared to have a low capacity to deal with interpersonal issues occurring in their marital systems; consequently, negotiation over parental roles was limited. They seemed to be forcing their relationships into a state of "pseudomutuality," a term used to describe a "fitting together at the expense of differentiation of the persons in the relationship" (Olson, Sprenkle, & Russell, 1979, p. 8). Satir (1967) believes that child-rearing is one area of family life which particularly taxes a couple's ability to consider the individuality of the other. She writes of spouses becoming disillusioned when they discover that the other is different from what they expected during courtship. Their tolerance for "different-ness" is low because they tend to believe that differences in attitudes and beliefs lead to disagreements and evidence of being unloved. Thus, the suppression of conflict is one strategy to increase the couple's sense of togetherness. Likewise, in a study of family dynamics, Lewis, Beavers, Gossett, and Phillips (1976) found that individuation was tantamount to rejection in some families--couples equated acting and thinking alike with human closeness.

Similarly, in this investigation, one young female respondent regularly employed a mode of conflict resolution during the conjoint session in which disagreements were denied. Virtually without exception, she responded to her husband's comments with the statement,

"It's about the same for me." Several times during the conjoint session, her husband responded, "I don't know how she feels about that." Nonetheless, the spouses did not attempt to clarify their positions for one another. Another young couple appeared to be struggling as well with communication and individuation issues. In the words of the husband:

Burke: We've never had a fight. . . . There are . . . stretches of time when we don't really talk that much. We're always together, but it seems like we never talk. (Individual interview)

In her individual interview, his wife was asked what would happen if she and her husband disagreed about something related to parenting. She replied:

Beth: I don't know. I think we'd probably talk it over, but [Burke's] the type, I don't know why, he just says, "Okay, that's fine." He'll go with my decision on just about anything.

That the husband found it easier to confide in a friend rather than his wife is revealed in a quote from his private interview:

Burke: One of my best friends came home [from college] last weekend, and I just went over there and spent the day with him and we talked a lot. I got pretty much off my chest--not really things that were bothering me, but just to talk about being married and stuff. It's kind of weird to be married and just out of high school.

On the whole, the role expectations of the younger couples did not seem to be approached through negotiation. There was a tendency to make assumptions about their partners without testing or questioning the assumptions. This observation is supported by a comparison of private interview responses which addressed parental responsibilities. Husbands and wives' versions of desirable role responsibilities were somewhat different. For example:

Burke: [W]e decided--I think we decided--that we don't want to go sticking our baby with a babysitter. . . . That's an important time just for the mother to be with the baby a lot.

Beth: [Burke] doesn't want me to work for a long time. See, I think he wants to get all the family over with--five kids, whatever--before I even work, whereas I don't know about that. . . . I'm home all the time. I'm not out learning and being with people. . . . I like being with people.

New patterns of father involvement require negotiation and open communication. Failure to consider parenting expectations openly increases the likelihood that each partner will lapse into the role offering least resistance. In contrast, the impression is given that older respondents were not as hesitant to acknowledge their "different-ness" from their spouses. For instance, a common response from an older respondent was, "I know there will be differences related to infant care because we do a lot of things differently," whereas a typical response from a younger respondent was, "I don't

think there will be any disagreements about infant care because we pretty much agree on everything else." Complementary role assignments, however, did not necessarily foster expectations of traditional role divisions. One expectant father elaborated:

Hugh: I think if I had some weaknesses and Hope had some weaknesses, we could teach each other how to improve those weaknesses, or how to tap into each other's strengths. I think that's what happened in [our] relationship. . . . I think that's what [will] also happen with the child. There've got to be aspects that one of us will be better at than the other. (Individual interview)

Older respondents appeared to accept conflict as an inevitable feature of family life. They were not as apt to approach marital communication as tentatively as their counterparts. One expectant father described this in the following terms:

Foster: [W]e are the best of friends so we can sit down and discuss things with each other, or we can yell at each other and it doesn't harm the relationship because you can't have a good friend without being mad at a good friend. (Individual interview)

Waletzky (1979) discovered in her research that greater communication between spouses lessened negative postpartum and breastfeeding experiences between partners. It would appear that couples who broach areas of conflict during pregnancy increase the chance of communicating directly about infant care after the arrival of the baby; hence, progress in fuller father involvement may be more

successful when husband and wife come to understand, during the earliest stage of parenthood, how the other one feels about parenting.

Anticipated Changes in Marital Life

For the most part, younger couples had spent less time together as husband and wife than older couples. An interval of at least one year between marriage and pregnancy is shown to be an important factor in marital stability (McGoldrick, 1980); joint planning for pregnancy appears to be another important consideration. Pregnancy precipitated the marriages of most of the younger couples--expectant parenthood and marriage occurred almost simultaneously. The challenges of preparing for a new family member were compounded by the demands associated with beginning a marriage. Yet, the younger couples exhibited a strong tendency to deny the long-term responsibilities inherent in parenthood. McGoldrick (1980) aptly states, "It is unfortunately possible to misunderstand the enormous life-long commitment to relationships and invisible loyalties in the simplicity of the moment of marriage or conception" (p. 114). Groups of interview questions were devoted to respondents' perceptions of how their family lives would change after the birth of their children. These questions yielded striking differences between younger and older respondents. It became apparent that none of the younger respondents anticipated major changes in their lives after the baby was born. As one father-to-be said:

Burke: I don't think that [the baby] will really change our everyday lives that much because we're together all the time anyway.

In contrast, it is assumed that older respondents did not "misunderstand the commitment" of parenthood based on comments such as the following:

Hugh: [w]e both really care about what we've done, and I think it's been done in a way that we've really waited a long time until emotionally and financially and physically we decided to do it. We certainly did not go into it saying, "This is going to be wonderful!" It's like you sit down and list out positives and negatives, and the positives seemed to be more than the negatives.

Hope: I look at the first year in terror . . . just knowing how much responsibility [there will be] and that [parenthood] really is a full-time thing. . . . The people that I know that have the most problems are people who went into the whole thing pretty naive . . . that it was not going to produce any stress on their lives or that it was going to be a major expenditure of time and energy. All of a sudden, a month-and-a-half after the kid's born, [they're] going through traumatic depression realizing, "God, I'm really stuck with this kid all the time . . . and I never get to see my husband!" My answer is, "What-the-hell did you expect?" That's why I've not done it for so long.

"Marital" versus "Parental" Orientation

In addition, themes of "infant-as-marital-stabilizer" versus "infant-as-marital-agitator" emerged from the data. The younger couples tended to view themselves mainly as expectant parents rather than married partners; they looked to their infants to enhance the cohesion and stability of their marital relationships. For example:

Daniel: [The]baby is going to make our family more complete, it seems. It seems like it will be more of a family that way.

Beth: I think the [pregnancy] got us closer, knowing that we're gonna have a baby. You know, sometimes in your life you think there's nothing to look forward to, and this gives us something to look forward to. . . . Our baby's coming. . . . We just think that it'll bring us a lot closer. Nothing negative at all. [The baby will] help us love each other a lot more.

Further, the living space in respondents' homes seemed to contribute to the blurring of separate marital and parental boundaries. The dwellings of the younger couples tended to be much smaller than those of older couples, and no separate rooms were available for the baby, unlike the homes of all of the older respondent couples. On one hand, the infant could well facilitate intimacy between young husband and wife by providing them with a powerful force around which to bond; on the other hand, their developing marital coalition could be jeopardized after the baby is born if they allow the infant to draw

most of their energies away from their new marriages. In regard to the paternal role, expectant fathers who anticipate that their infants will strengthen their marital relationships are apt to feel disappointed and disenchanted with fatherhood when confronted with the new realities of a three-member nuclear family. This, in turn, could well lead to diminished paternal involvement.

As stated earlier, a high level of marital satisfaction has been shown to be associated with a positive entrance to parenthood (Deutscher, 1970; Hobbs & Cole, 1976; Wente & Crockenberg, 1976). It was also found in this study, however, to contribute to spouses' resistance toward incorporating a new member in the family circle. Several older respondents exhibited difficulty making the transition from the "closed intimacy" between spouses to the "open intimacy" among family members (Green, 1978). They tended to view their infants as intruding upon their intimate bonds of marriage. The timing of pregnancy in the marital careers of the couples appeared to be one significant factor related to the degree of openness in marital boundaries. Several responses highlight this issue:

Hope: If anything, I think being married 12 years is almost detrimental because our relationship is . . . very set. And all of a sudden, it's going to change dramatically. And that is going to be a shock. I think that if you're married five years, it's a little easier to change that relationship. . . . I think it's scary when you're older and you know what you're getting into, and you've seen and looked and watched and it's

finally become a decision. We thought about it for about three or four years.

Hugh: Those are the toughest issues, I think, since you can't really know what's going to happen. I think we're really basing a lot of this on the fact that we get along really well, and, hopefully, we are going to be able to add this in.

Another older respondent had misgivings about the timing of pregnancy which followed two months after the wedding:

Frances: [W]e wanted to spend just the year being the two of us, being married, because never having been a parent, I know that once you are, you always are, period. . . . [I]t was going to be the two of us with no extra bodies hanging around, and then to suddenly get used to the idea that, indeed, we were pregnant (exhale)--I was a little hostile about it.

It should not be assumed that husband and wife shared a common perception of pregnancy. In one case, spouses differed significantly in their response to the news:

Frances: Discovering that I was pregnant . . . was quite a shock. . . . [The symptoms] were slightly iffy enough that I just chose to believe that that was not the case, because we weren't--I wasn't--ready for this. [Foster] was really excited, and I was sitting there going, "That's fine, you don't have to go through all of this, all of the changes."

Foster: I was extremely [happy with the news]. Then, it wouldn't have bothered me if the news hadn't come. You know, I would have really enjoyed our year together as we planned, but when it goes--when it gets out to the point beyond your control like that--then you deal with it, you play with it.

Furthermore, the expectant mother foresaw a higher degree of family disequilibrium than her husband after the birth of their child:

Frances: I don't know how long it's going to take [for me to adjust to parenthood]--the shortest time possible, I would hope. I would like to . . . find a way to handle it . . . without being aggravated and furious and resentful all of the time, but just incorporate it and learn how to . . . control it, rather than being controlled by it . . . [T]here's going to be that initial period where . . . it's going to be like the old "Alice in Wonderland" movie where the plates start flying around, and [I will be] sitting there wondering, "When is this going to stop, and when [am I] going to get on top of this again?"

Foster: I see the same changes as [Frances] . . . I see a lot of negative [too], but [if you] approach negative in the right manner, you can get positive . . . [For example], colicky babies--as my mother used to call them--kids that will be up for hours and hours and hours crying and you have

to rock them or carry them around. That's extremely negative, especially if you are working on a minimum of sleep, . . . but by the same token, it's very comforting to finally get the kid to sleep and you look at the accomplishment. . . . [Also], you readapt. . . . It's just a matter of readjusting and preparing for the changes before they arrive.

That an expectant father may respond to the developing mother-child dyad with jealousy and resentment is well accepted (Brazelton, 1981). Far less evident, although perhaps more prevalent than assumed, is the phenomenon of an expectant mother acting with displeasure over her husband's growing involvement with his child. This phenomenon is illuminated in the following responses:

Frances: [A little while ago], I was just sitting there overflowing and being a little emotional person, just being so delighted to see [Foster] that [I gave him] this big passionate hug, and he's going, "I hear the best diapers are Huggies," and I'm going, "What?! What?!" A major emotional scene immediately follows. . . . [T]he first thought I had . . . was . . . he must have been triggered by the hug to say "Huggies." that must have been what brought that to mind. And then, I was . . . just absolutely furious that he would bring this little (expletive deleted) in between us when it wasn't even fully showing on my body.

Hope: I'm not romantically attached to the idea of having children. It's not something real wonderful . . . I think [Hugh] is more patient with kids than I am . . . [H]e's great with kids. I've never been interested in kids. I don't even look at babies now.

These examples appear to relate to Berger's (1979) contention that "changes in men's family roles are likely to create difficulties. As men seek to become more nurturant with their children . . . they face dangerous consequences if they fail and also if they succeed" (p. 140). Particularly important to consider is the fact that a wife's perceptions toward impending parenthood will affect the perceptions of her husband. Cronenwett and Kunst-Wilson (1981) posit that the greater a new mother's distress in adapting to the parental role, the less emotional support available to a new father. As emphasized in Section III of this chapter, an expectant father's interest and involvement in pregnancy and infancy is nourished by his wife's positive reinforcement. Likewise, her lack of encouragement may mute his enthusiasm and thus his future participation in infant care. Interactional system dynamics are observed in the following sequence:

Hope: All of a sudden the only thing that's going on in my mind . . . is that I'm pregnant. That's very dreadful. [I'm glad I'm] past the first couple of months because that's all people wanted to talk to me about. And it's like, "You [had] plenty of other things to talk to me about before I got

pregnant, why all of a sudden do you just talk 'baby'?" I really went through a period of a lot of crying and upset.

Hugh: I think [Hope] gets really [angry] because when we go out somewhere, people . . . focus on "Oh, you're pregnant now!" . . . And it's like [Hope is saying], "Gee, my [career] is going really well," and [they are saying], "What about your baby?" . . . I think that's been a real hard aspect. I mean, people are starting to categorize us as being a "mommy" and a "daddy."

The marital systems of some of the other couples appeared somewhat more capable of varied responses to changing circumstance. While some of the activities they enjoyed together before pregnancy were no longer suitable, other intimate and not-so-intimate activities were found to replace them. This is illustrated by the following comments:

Everett: We like to go out and get smashed together and just have a good old time . . . by ourselves or with friends. Or go to a party and just get wild. So that's aside for now. . . . We get off on different things now, you know. Oh, hell, we're not going to boogie down to the wee hours, but we can sit there and watch her stomach instead, and go, "Ohhh!," and that's a hell of a lot more valid reason to get excited in the first place, really. . . . [W]e seem to have a built-in

closeness which revolves around [Erica's] stomach. That would be real nice to keep going [after the birth] and not necessarily by continuing to reproduce--I'm sure there are other ways. We are "cutesy," I'm sure, at times, and it probably makes other people sick. I look at myself from afar and go, "God! You're too much!"

During her individual interview, Erica was asked what she thought would be the best quality Everett would bring to parenthood. She replied:

Erica: I think probably that he has such a positive outlook on life, in general. He's just a real positive person. He doesn't get depressed easily. Life is good--take advantage of it all. I think that's a wonderful feeling.

Everett did not share all of his feelings with Erica. A greater insight into his pregnancy experience is extracted from a statement made at the close of his individual interview. His narrative thus concludes this chapter.

Everett: [T]he whole child-birthing experience as far as I have lived it, which is only into the eighth month of pregnancy, is a two-edged sword because it is a wonderful feeling of impending joy, and yet there is the creeping feeling that just somehow something could go wrong and devastatingly so and we could lose the baby, or, my God, [I] could lose both of them. That's something I worry about in

my quieter moments. [You feel] as you would feel climbing a mountain--you know you could fall, but it's very exhilarating going on up. So, it doesn't trouble me all that much, but you expose yourself to some possible real--not really present but possible--dangers. I certainly wouldn't want any of those to happen, but Jesus, what's anything without the risk? . . . I worry if Erica is picking something up, or if she's doing too much. She was warned of her blood pressure at one point, and she has this numbness in her arms. I didn't even realize until now that pregnant women get this, and it's not really harmful or chronic if it seems to pass when the pregnancy is over, but it hints at toxemia which can occur and cause trouble for mostly the baby. You know, amniocentesis is wonderful and they tell you everything is cool, but I don't categorically know for sure that everything is just fine. Those are the things that bother me. But on the other hand, my goodness, isn't it going to be an interesting life now. It's going to take a little left-handed turn.

CHAPTER V

SUMMARY AND IMPLICATIONS FOR RESEARCH AND INTERVENTIONS

Introduction

The purpose of this study was to gain deeper understanding into the phenomenon of paternal role development during the pre-birth period. Specifically, the intent was to determine variation in first-time expectant fathers' and mothers' pre-birth perceptions of the paternal role, and to examine patterns of congruence and incongruence occurring within and between couples. Hypotheses to account for differences occurring within and between couples were generated, and are delineated in a later section of this chapter.

The questions addressed in this study were:

1. How do past and present inputs from families of origin affect paternal role expectations?
2. What factors occurring within expectant fathers' personal systems influence expectations of paternal involvement?
3. How do wives affect their husbands' future paternal involvement through implicit and explicit attitudes and behaviors?
4. How do prospective mothers and fathers view themselves as similar or different in future interactions with their infants?
5. What types of marital dynamics foster or impede equitable anticipated paternal involvement?

Issues related to ethnographic data collection and analysis techniques were examined by conducting a pilot study in the setting in which the research study was conducted. The research investigation was then carried out with eight, married, primiparous couples, four of whom were 22 years of age or younger and four of whom were 30 years of age or older. All but one of the couples responded in their homes. The study employed an emergent indexing scheme and thus data collection and analysis were done concurrently and dialectically. Data collection and analysis focused on interdependencies and interactions among multiple units and emphasized how these system dynamics tended to support or obstruct plans for paternal involvement in infant and child care.

Summary of Findings

Extended Family System

Throughout the interviews it became apparent that childhood memories figured prominently in the development of the paternal role. Respondents identified distinct historical role patterns in their families of origin of either paternal involvement or paternal detachment. Men who described their fathers in positive terms were more willing initially to become fathers than their counterparts. Exposure to an involved paternal role model, however, did not appear critical for male respondents to report expectations of active paternal involvement. Men who described unsatisfactory relationships with their fathers were determined to approach fatherhood differently with their own children. They specifically mentioned a desire to spend more time with their offspring and to become involved in a broader range of parenting activities. Older expectant fathers tended

to be more specific about plans and preparations necessary to adopt a more active style of parenting.

Although all of the younger female respondents expressed displeasure over their fathers' strong role of authority within their families of origin, they expected and desired their own husbands to assume an authoritarian paternal role in their current nuclear families. In contrast, older female respondents uniformly desired a greater degree of paternal nurturing and caregiving than was observed in their families of origin.

This study also examined respondents' current relationships with their extended families. In general, younger respondents resided considerably closer to their extended kin than older respondents did; correspondingly, they received significantly more material and emotional support from their families. Unlike older respondents, they appeared more dependent upon their extended kin than upon their own spouses. The mothers especially of all of the young female respondents provided considerable assistance largely within the mother-daughter subsystem. In like manner, the female side of the family dominated the older couples' transition to parenthood, albeit to a lesser degree than observed in younger families. Female relatives of all of the expectant mothers planned to assist the couples following birth regardless of the relatives' prior infant-related experience or their ongoing work commitments. For the most part, the relatives of expectant fathers were minimally involved in transition-to-parenthood activities. Expectant grandfathers played a negligible role, with the exception of one male respondent's father who had participated actively in the birth of his youngest child. He

explicitly encouraged his son's involvement in husband-coached labor and delivery.

Intrapersonal System

One personal factor which appeared central to the formation of paternal role expectations was age of the expectant father. All respondents viewed their age at role entry favorably. Younger expectant fathers identified energy level, active games, and similar values as positive qualities of their youthfulness. Accordingly, the paternal expectations of younger male respondents centered around sports activities. Older expectant fathers cited maturity, wisdom, and financial security as positive features of their later entry into fatherhood. Their paternal expectations tended to emphasize cognitive interactions with their children. With one exception, younger fathers-to-be indicated initial reluctance to become involved actively in labor and delivery. As the pregnancies progressed, however, all of the younger prospective fathers eagerly accepted invitations from spouses or health professionals to become participants in the birth process. In contrast, all of the older male respondents reported expectations of active involvement during labor and delivery from the moment the pregnancy was confirmed.

Expectant parenthood books also contributed to male respondents' expectations of perinatal involvement. Indeed, younger prospective fathers reported reading more pregnancy and birth-related material than their wives. The entire group of male respondents observed that the focus of the prenatal classes and birth-related literature was physiological. Despite the substantial perceived benefits derived from these educational tools, a number of younger expectant fathers

expressed special interest in programs and materials directed specifically toward men's personal needs and concerns prior to and following birth.

The expectations of male respondents varied from those who anticipated highly pleasurable interactions with their offspring during infancy to those who expected more gratifying father-child dynamics to begin around the school-age and latency periods. Respondents who anticipated a high level of enjoyable interplay during infancy tended to believe they could prepare actively for the arrival of their infants; respondents who expected pleasurable interaction with their offspring once their children were older were more likely to dismiss the possibility of active pre-birth preparation.

As a group, younger fathers-to-be held differential expectations based on gender. They unequivocally desired sons, and thus projected higher levels of involvement with male children than with female children. Younger prospective fathers also foresaw relatively little involvement in tedious infant care tasks such as diapering and middle-of-the-night feedings. Conversely, all older expectant fathers said that their anticipated paternal involvement was not influenced by gender of their children. Moreover, they expected to be involved in all early parenting--pleasant and unpleasant.

When male respondents were asked what advice they would offer other expectant parents, the comments of younger expectant fathers focused exclusively on the woman's pregnancy experience. The advice of older expectant fathers typically contained a reference to the man's pregnancy experience as well.

Finally, peer support seemed to contribute to expectations of paternal involvement. The supply of active paternal role models was more abundant among older prospective fathers than among their counterparts. Older men not only had larger circles of male friends with infants and young children but also had more male friends who assumed active and nurturant roles with their infants.

Marital System

Specific research attention was directed toward wives' support or obstruction of their husbands' paternal involvement. Some wives valued and encouraged full father participation; other wives supported a traditional, detached paternal role; and still others held ambivalent attitudes. Consistent with previous sections, the framework of age proved useful in ordering and understanding wives' contributions to the developing paternal role. In large measure, the responses of younger wives reflected a desire for minimal paternal involvement during the infancy period. Younger women tended to protect their role as primary nurturer and caregiver. They highlighted their own infant-related experiences while downplaying their husbands' experiences and potential competencies. They further appeared to support a disengaged early paternal role by stating that not only do men become more involved in parenting once their children are older, but also men engage in recreational play to a considerably greater extent than physical caretaking or nurturing.

Most of the positive influences supporting fuller father participation tended to emerge from older female respondents who put forth one of three strategies: minimization of their experiences with infants if they surpassed that of their husband's, positive relabeling

of their spouses lack of infant-related experiences, or a focus on their shared naivete in regard to infant care and development. In addition, all older expectant mothers positively reinforced their husband's tender, expressive qualities. Unlike younger expectant mothers, they also planned to supplement breastfeeding with bottles to enable their husbands to participate directly in feeding activities. However, when female respondents were asked what advice they would offer other parents, without exception they mentioned how husbands could help wives cope better with pregnancy.

Husbands' and wives' perceptions of role similarities and differences were also studied. Younger spouses defined themselves as distinctly different from each other not only in their current family roles but also in their future roles as parents. They explicitly compared one spouse's set of work and family routines with the other's. Virtually all of the younger prospective fathers mentioned that one of the consequences of assuming greater responsibility in providing for their new families was exclusion from most infant activities. Younger male and female respondents believed it was far more important for mothers than for fathers to supervise their babies' ongoing development as well as experience their infants' developmental breakthroughs. Congruent with this attitude, all younger respondents questioned the husbands' abilities to care for their babies regardless of their previous experience with infants, and reinforced the wives' maternal instinct and infant caretaking skills regardless of their prior experience. In contrast, older couples in the study supported a sharing of work and family roles. Their comments indicated that current household responsibilities tended to be divided equally.

Accordingly, the couples valued and expected to follow an androgynous division of labor with their infants.

The final research question focused on the types of marital dynamics that fostered or impeded equitable paternal involvement. Specifically, conflict resolution strategies, anticipated changes in marital life, and "marital" versus "parental" orientation were examined. On the whole, younger spouses did not express their differences of opinion openly to one another; intracouple conflicts were minimized or denied and, instead, emphasis was placed upon maintaining a conflict-free family life. Younger respondents appeared to perceive attitudinal differences as threats to the stability of their marriages. As a result, communication about the paternal role was limited. In addition, none of the younger spouses expected major changes in family life to result from the arrival of a first child. Indeed, they tended to look to their infants to strengthen and stabilize their marriages.

The overall attitude of older respondents, however, was that conflict and debate inevitably surfaced in marital life. Older respondents were more likely to question personal and societal paternal role assumptions and to try to negotiate an equitable arrangement. They also were more likely to anticipate dramatic changes in family life after the birth, and to look upon their infants as potential threats to the intimacy of their marriages.

Models

The model depicted in Figures 1 provides a circular and dynamic framework demonstrating the interactive nature of all components

derived from this study. Figure 2 summarizes the factors affecting paternal role expectations discovered in this research.

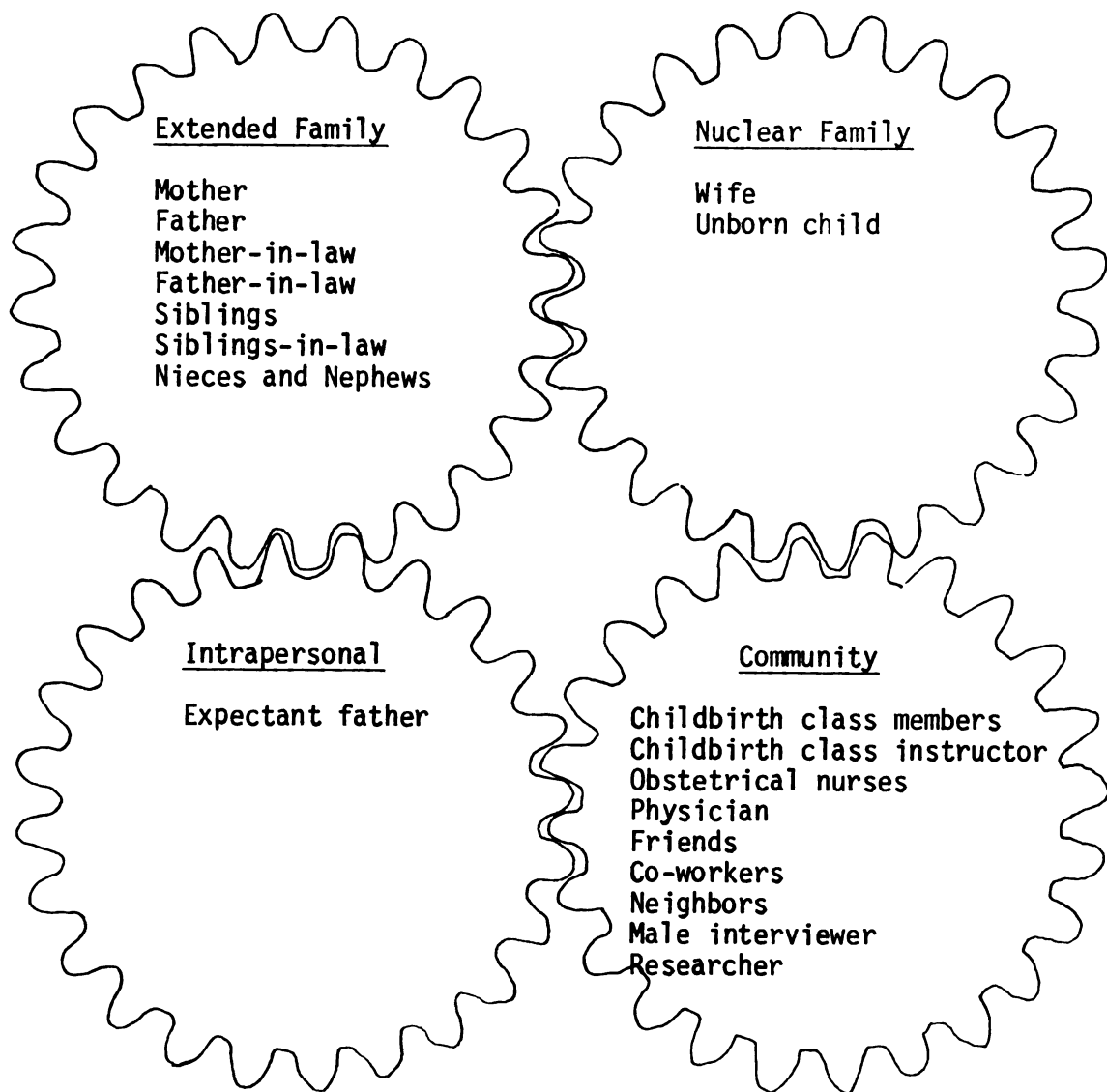


Figure 1. Units Interacting with Expectant Fathers

Extended Family	Nuclear Family	Interpersonal	Community
Historical Role patterns	Attitudes and behaviors of wife toward paternal involvement	Sociodemographic characteristics	Invitations from medical caregivers to become involved
Past relationship with father	Length of marriage	Expression of personal needs	Involvement in prenatal visits
Family life cycle stages	Timing of conception	Experience with infants	Participation in childbirth course
Geographical proximity	Style of conflict resolution	Input from unborn child	Focus of childbirth class and materials
Mother-daughter coalition formation	Tolerance for individuation	Desire for specific sex	Interaction with friends with infants, and without infants
Current emotional and material support	Family role philosophy	Visualization of paternal role	Participation in research study
Anticipated emotional and material support	Infertility	Reading books on pregnancy and birth	
Anticipated perinatal involvement	Multiple births	Desire to be active participant	
Parental attitudes toward paternal involvement	Career patterns of spouses		
Permeability of family boundaries	Amniocentesis		
	Permeability of parental role boundaries		

Figure 2. Factors Affecting Paternal Role Expectations

Implications for Research

Future Studies

This quantitative study employed a small number of respondents; research emphasis was placed on generation rather than verification. Within their own age categories, respondents were remarkably similar with respect to socioeconomic level and geographical proximity to family of origin. In addition, all of the respondents were involved in father-assisted childbirth programs, and all but two were Caucasian. Therefore, more research in the area of paternal role development is indicated utilizing respondents with diversity along these dimensions. More diverse respondents are especially important in light of the fact that research data suggested an unusually strong relationship between chronological age and level of anticipated paternal involvement. The precise nature of this relationship is difficult to assess. It becomes confounded by other variables which appear to contribute to paternal expectations such as educational background and level of income. Expectations of full father participation in infant care, for example, may be due to the numerous system characteristics surrounding chronological age such as higher socioeconomic status and considerable geographical distance to extended kin generally found to a greater degree among older couples. Controls need to be introduced to isolate factors so that independent effects can be investigated. In sum, given the pronounced differences in expectation patterns which emerged between younger and older respondents, further quantitative research is warranted to verify the preliminary findings. Generalizations based on age at birth of first child could be made with greater confidence.

Although all of the respondents in this study were at least 18 years of age, a better knowledge of parental expectations among adolescent parents is also needed. An examination of findings from a recent study on pregnant teenagers' knowledge of infant development indicated that pregnant adolescents severely underestimate infants' needs (Epstein, 1979). Most research studies on adolescent pregnancy and birth have focused on the adolescent mother with little attention to the young father. Yet over half of more than 400,000 first births to women aged 15 to 19 in 1978 were either legitimated by marriage or postmaritally conceived (Alan Guttmacher Institute, 1981). Therefore, also important to consider are the paternal roles and expectations of fathers in adolescent families.

The phenomenon of female-dictated paternal role assignments was observed in this study especially among younger couples. It would be beneficial to know whether similar dynamics operate when primiparous fathers are considerably older than their wives. Perusal of medical records and direct contact with potential respondents revealed that many younger expectant couples met all research criteria except "husband's age." (Husbands were older than the criterion allowed.)

The majority of respondents for this investigation were obtaining prenatal care from family practitioners. Another area of interest is whether significant differences in paternal role expectations are associated with different types of obstetrical care. Do the paternal expectations of couples who select home births, for example, differ from couples who select hospital births? Do discernible attitudinal and behavioral differences exist among family practitioners, obstetricians, and nurse midwives toward paternal perinatal

involvement? These questions are unanswered, and are crucial to increasing knowledge of the medical system determinants of the developing paternal role.

Next, there appeared to be some evidence that sibling position and whether or not the pregnancy was planned contributed to the development of paternal expectations. These respondent characteristics are also worthy of additional consideration.

Finally, this research focused on the development of paternal expectations during pregnancy; all data were gathered pre-birth. As yet, little is known about the relationship between pre-birth expectations and actual post-birth realities, and thus longitudinal data need to be obtained. Respondents from this investigation could be studied further (or new respondents could be enlisted) to gain insight into pre- and post-birth patterns. Multi-method qualitative and quantitative tools could be constructed utilizing material generated from the minimally-structured interviews and observations.

Hypotheses

One goal of this study was to generate hypotheses as a stimulus for further research. Hypotheses were not framed in advance of the collection of data, but rather followed directly from the data analysis. Hypotheses were postulated for the extended family, intrapersonal, and marital systems. Theoretical statements follow, and will be presented in the order in which data appear in the dissertation.

Extended Family System:

- Historical paternal role patterns in the family of origin will contribute significantly to expectations of the paternal role by first-time prospective parents.
- The parenting views of early childbearers and their parents will coincide to a greater degree than the parenting views of later childbearers and their parents.
- Support from family of origin during the transition to parenthood is a function of age, geographical proximity, and socioeconomic status.
- The greater the interaction between a mother and her expectant daughter, the less involved a new father will be with his infant.
- The greater the support from extended family immediately following birth, the less involved a new father will be with his infant.
- The more the families of origin embrace an early, active fathering role, the more likely a man will be to adopt an active parenting style during the transition to parenthood.

Intrapersonal:

- Expectations of an active paternal role are a function of age and socioeconomic status.
- The younger the expectant father, the more initial reluctance or unfamiliarity he will display toward husband-coached childbirth.
- Material distributed through childbirth preparation programs does not directly address expectant fathers' personal needs.

- First-time expectant fathers who participate in transition-to-parenthood interventions designed specifically for them will be more involved in infant care than their counterparts.
- Differential paternal expectations based on gender of the child will appear as early as pregnancy.
- Men will view caretaking of a female infant as more a part of their wives' domains than the caretaking of a male infant.
- Multiple births are a determinant of active, perinatal father-involvement.
- Peer support for an early, active fathering role will be positively related to age of prospective father.

Marital:

- First-time expectant mothers will perceive themselves as more competent in infant care than their husbands regardless of the wives' previous levels of experience with children.
- The higher a wife's level of self-esteem, the more she will encourage her husband's involvement in infant care.
- First-time prospective mothers' expectations of active paternal involvement are a function of age and socioeconomic status.
- The degree of an expectant father's involvement in pregnancy will be associated to a significant degree with his wife's encouragement.
- The greater the support from wives for their husbands' infant caretaking activities, the more new fathers will become involved in these activities.
- Family role formations established prior to birth will be associated with the organization of parental roles following birth.

- Expectant women who plan to return to work shortly after birth will anticipate greater husband-involvement in infant care than expectant women who do not plan to return to work after the birth.
- First-time expectant fathers will perceive their wives as more competent than themselves in infant care regardless of the wives' previous levels of experience with children.
- The more energy an expectant mother anticipates infant care will consume, the more she will desire paternal involvement in infant care.
- The degree of perinatal parental role negotiation is a function of age and socioeconomic status.
- Pre-birth expectations of the paternal role will predict post-birth realities.

Recruitment of Respondents

Based on the recruitment experiences of this study, several recommendations are offered. First, researchers who desire to obtain respondents from medical care settings should enlist the support of behavioral science colleagues who work closely with key health providers. It was found that their opinions regarding the use of subjects for behavioral science research were respected by professionals who were not behavioral scientists. Second, it was discovered that the sooner and more directly the researcher became involved in the recruitment process, the more productive the recruitment outcome. The least effective recruitment method involved obtaining permission from several levels of hospital staff before recruitment procedures commenced with potential respondents. In addition, the researcher was dependent upon hospital staff members to

introduce the study to potential respondents. No respondents were recruited from this site. Conversely, the most effective recruitment strategy entailed the researcher sending a letter to a physician in private practice and including the name of a behavioral science colleague as an introduction. Upon a telephone call from the researcher, the physician provided names and telephone numbers of potential respondents in his or her practice, and the researcher followed-up directly with the potential respondent-couple.

Interview Team

A heterosexual interview team appeared to be an effective data collection strategy. The research experience pointed out, however, that a researcher interested in utilizing a team strategy to gather data should recruit a colleague who is committed to one location for the duration of the data collection phase. This would avoid unnecessary delay of data collection due to prolonged unavailability. Another recommendation would be for the researcher to draft a contract stating the terms of agreement. Items such as the necessity for weekend or evening work and anticipated timeline might be included.

Implications for Practice

Introduction

The data have implications for practical interventions with expectant families as well. Groups for which these data appear appropriate are:

- Family life specialists
- Childbirth preparation instructors
- Obstetrical nurses
- Family practitioners

- Obstetricians
- Directors of medical education

In light of this, the following considerations are offered for professionals working with expectant couples.

Prenatal Visits

The perinatal period is a significant time for building a strong foundation for a loving relationship between mother, father, and infant. Consequently, the earlier an expectant father is welcomed into the family triad, the likelier he is to feel essential to the parenting process. This study found that the needs and interests of some of the expectant fathers were underestimated by their spouses and by medical caregivers. Some men were entering parenthood feeling ill-prepared and inadequate. During the recruitment process, it was found that the medical charts of some of the expectant mothers contained no information on the expectant fathers. Therefore, it is recommended that medical caregivers obtain demographic information on the prospective father as well as psycho-social information on the expectant couple during the first prenatal visit in order to facilitate meaningful interactions with the family system. Furthermore, it was discovered that some expectant fathers only became involved in prenatal visits and childbirth preparation programs after input to expectant mothers by medical caregivers. Based on this finding, it is recommended that health care providers take an active role to insure opportunities for early male involvement in pregnancy. One male respondent who was also a family physician offered advice to his colleagues:

Hugh: I'm not sure men feel real comfortable [accompanying their wives on prenatal visits]--most men don't go to physicians anyway. . . . [I]t really requires that you as the physician continually say [to the expectant mother], "I'd like to have your husband come in." . . . And eventually if something's really going wrong, you have to say, "Your husband has to come in." . . . [The physician] needs to have available time. You can't schedule men to come in from work at 3 o'clock in the afternoon. You have to have Saturday hours or evening hours. . . . [E]ncouraging husbands when they do come in to participate--to feel the baby, and to listen to the baby, and to actively have some kind of touching experience with it--is really important.
(Individual interview)

Expectant Father Groups

This research additionally pointed out that younger fathers-to-be in particular had few traditional outlets for the discussion of transition-to-fatherhood issues. This would indicate a need for a program of mutual education and support designed specifically for prospective fathers. Existing childbirth preparation programs, while of considerable and unquestionable benefit, simply cannot directly address expectant fathers' needs for a number of reasons: the focus is essentially on labor and delivery, the orientation is primarily informational, and the group is composed of both men and women.

Fathers-to-be are likely to feel hesitant about revealing deep-felt concerns or asking seemingly trivial questions in this environment. Strong, well-considered programs for expectant fathers might have long-term beneficial impact upon the men's identities as fathers. Male respondents in this study responded favorably to interest expressed in their experiences, and provided suggestions for expectant father interventions:

Aaron: I think . . . classes [just for expectant fathers] would be . . . helpful--just to see where everybody else is coming from, and chances are maybe some of them have [had children] before and could tell you what to look forward to and what not to do. . . . You don't really learn that kind of stuff in high school. . . . They say you can get pregnant and all that, but they don't really say what happens after you do get pregnant.

(Individual interview)

Burke: [I would have liked] an all-husbands class [where] just the dads would meet and you could . . . just talk and find out what's going on with other fathers--find out if you're different or if you're the same, and maybe [find out about] the psychology of raising kids, too. (Individual interview)

Hugh: [Childbirth preparation programs] need to have a special session for dads . . . a session where men could have a group and express their fears and

thoughts. . . . [Presently], it's always a woman presenting a woman's class. . . . [Men] would probably feel more comfortable [with] another group of men expressing emotions than perhaps a mixed group. . . . As it is, the focus [now] is always on what you can do to help your wife deliver the child. (Individual interview)

Marital Interventions

This study also provided an opportunity to examine the dynamics between husbands and wives and between generations. It was possible to identify family interactions which tended to impede equitable anticipated paternal involvement. These data are suggestive of a number of additional directions for family interventions. In most cases, it is unrealistic to expect prospective parents to seek professional help at this early stage of family life. It may be more practical to assume that parents-to-be would take advantage of educational or therapeutic interventions if the interventions were offered as an option along with obstetrical prenatal services.

It would appear from some of the findings in this investigation that the family or origin network in which couples were embedded was of vital importance to the attitudes and behaviors each partner brought to expectant parenthood. Some husbands and wives needed to negotiate new family roles without interference from their extended families. This would suggest that family interventionists need to be sensitive to the ease with which extended family support can deteriorate into extended family interference, especially among young couples. Thus, it is recommended that interventionists assist couples

in differentiating from their families of origin and redefining boundaries between nuclear units. With some families, it may be appropriate to include expectant grandparents directly in the interventions.

In addition, the family lives of the interviewed couples were about to change dramatically and irrevocably within a few short months; nevertheless, it was discovered that all of the couples had not discussed most of the issues raised during the interviews:

Aaron: [Your questions] brought to mind a lot of things I really hadn't thought of . . . what I'm going to do, and how it's going to change my lifestyle after the baby's born. . . . I've just been thinking about it now, really. (Individual interview)

Beth: I'd never heard [Burke] say anything about what he thinks I'd be like as a mom. You know, he's never told me. I don't know if he's ever really thought about it either. (Individual interview)

Burke: It's the first time that we ever really talked that much about having a baby and what we're going to do. (Individual interview)

Carol: [Y]ou're telling us that you're learning from us, but we're still getting a lot from you to think about. . . . There were a lot of questions that

you asked that I hadn't thought about before. . . . [The conjoint interview] was different because that way I knew what [Clark] thought, and he probably got some idea of what I thought about things we really haven't talked about. Weird, but a neat experience. (Individual interview)

Denise: It is neat because usually people just ask me how I'm doing, and I'm not around when they ask [Daniel] how he's doing, so it was neat hearing his feelings just come out and express what he wanted to say. (Individual interview)

Everett: [I]t was great to hear what [Erica] had to say. We probably learned a little about each other at the same time, as well as ourselves . . . I thought you explored a lot of different angles, probably many I certainly wouldn't have thought of. You made me look at some things I might not have otherwise. In the realm of self-examination, I may never have asked myself those questions. It's probably a good discovery process for me as much as it is for your research. (Individual interview)

- Erica: [W]e both thought that it was real interesting to do [the interviews] . . . [T]here were a lot of questions that brought up things that both of us need to think about. . . . It made us aware that there were a lot of things that [we] have no idea [about] such as what it's going to be like [after the baby is born], or how we're going to be as parents. (Individual interview)
- Frances: I often find that even as much as we talk back and forth, if we get in a group of different people, [Foster] will always come up with something I haven't heard before which gives me the extra added insight. (Individual interview)
- Gabrielle: [A]fter you left last night, [Garett] and I were talking about what would make us a good father and mother. And those are things that we never really discussed. I always felt real good that [Garett] would be a good father, but I hadn't really let him know that I felt that way. (Individual interview)
- Hugh: [W]e really haven't talked a great deal about a lot of things [raised in the interviews]. I don't think these are things that you necessarily sit down and say, "Gee, how are you going to be a good parent, [Hope]?" . . . It's a real scary experience

for both of us. . . . [W]e both probably will start discussing a lot of the realities that are going to occur so we can be better prepared. We haven't brought them up to a conscious level to discuss them. (Individual interview)

Based on the above responses, it is recommended that family interventionists assist parents-to-be, whatever their age, in developing capabilities for coping with changed family situations. If couples can be helped to anticipate and discuss changes in their lives, and challenges to their relationships, prior to the actual arrival of their infants, they will be better armed with insight and information. Consequently, they likely will be better able to capitalize on the transitional crisis to strengthen their family lives. As one older expectant mother put it:

Frances: [I]'m just trying to get ready for whatever is going to be possibly thrown at me. That way I can stay on top of it, or at least be ready for it. And there won't be the added impotence of not only is this horrible thing happening to me, but also the surprise that it's happening to me. . . . If I can somehow start play acting in my own mind how I'm going to react to it, maybe I won't be quite so abominable to deal with when it actually comes about.

Family interventionists could also help improve the quality of family communication by helping expectant couples gain knowledge and comfort in handling disagreements in a constructive manner. One goal

of the interventions would be to open communication by providing couples with techniques and experiences that would begin to address controversial as well as more mundane parental issues in a direct, yet supportive fashion. Moreover, the marital coalition of some couples could be strengthened by working on attitudes and activities that promoted the couple's image of themselves as "husband and wife." In other families where the infant was perceived as encroaching upon the marriage, feelings of resentment would need to be processed thoroughly. Based on findings from this study, the assumption cannot be made, for example, that because a woman is over 30 years old, in a stable marital relationship, and willing to have a child at some point in her life, she will respond with happiness when she learns she is pregnant. If initially antagonistic feelings are not adequately explored, they may be suppressed temporarily only to surface with more intensity later.

Finally, couples who anticipate full infant role-sharing who are made aware of the traditional impact a child usually has upon a marriage can better anticipate the pressures from multiple systems to lapse into a more conventional division of roles once the baby is born.

Numerous questions surfaced during the research interviews which could stimulate discussion during family-centered interventions:

- What was your response to the news of pregnancy?
- What are your feelings now?
- What was your family's/in-law's response to the news of pregnancy?
- How are they involved in the pregnancy?

- Can you think of some ways that you might be similar to your own father with your baby? Different?
- How is your married life different now?
- Have you talked much with each other about infant care responsibilities and the daily routine of child care?
- How might you be alike and different as parents?
- What areas of child care might cause you to disagree?
- What do you do now when there is conflict between you?
- What kinds of things make you a team?
- What kinds of things help you maintain your individuality?
- What qualities does your spouse have that will make him or her a good parent?
- Have you given any thought to how the baby might affect your relationship with each other?
- Have you given any thought to what you're going to do together that's playful--not parent-centered--both for the rest of pregnancy as well as after the baby's born?
- How does having a baby fit in with work, school, and other plans?
- What will you probably enjoy most/least about being a parent?
- What challenges do you anticipate once the baby arrives?
- What are some things you feel are important for parents to do with their babies?
- To whom do you look for support?
- What types of support do you need right now?
- What questions do you have right now?

- If I were to sit in the back of a room full of first-time parents, what would I hear them talking about?

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APPENDICES

APPENDIX A

APPENDIX A

Pilot Study

Introduction

A pilot study consisting of a conjoint interview with a male-female interview team was carried out in order to pre-test the collaborative functioning between the principal investigator (PI) and her male colleague, to examine the challenges inherent in an ethnographic research approach, and to determine the general nature of the generated data as well as the feasibility of employing an emergent data analysis procedure. In the following sections, a description of selected features of the pilot will be presented, along with implications for subsequent study interviews.

Respondents

A married couple in the post-birth stage of the transition to parenthood, and thus not eligible for the study, was recruited for the pilot. At the time of the interview, both husband and wife were in their late twenties, Catholic, college-educated, and the parents of a two-month-old daughter and a two-year-old son. They lived less than five miles from the husband's parents and approximately 1,500 miles from the wife's parents. Unlike the study respondents, no fee was

paid to the pilot couple; instead, a small gift was given as a token of appreciation.

New parents were selected as respondents for the pilot because of the insights they potentially could provide into how marital and kindred dynamics occurring throughout the transition to parenthood could affect the paternal role. Most of the study areas, such as socialization for parenthood or effect of pregnancy on marriage, could be pre-tested with the pilot couple and additional areas for inquiry with the study respondents could be developed.

Interview Team

Several weeks before the pilot study, a male interviewer with training and experience in the field of family and child science was recruited to co-conduct all of the conjoint interviews. He was provided with a copy of the dissertation proposal and a list of substantive topic areas with examples of accompanying open-ended questions. A few days later, a two and one-half hour training session was conducted, during which time the principal investigator further clarified research content and processes. The training session soon evolved into a reciprocal learning process.

Psychodynamics between co-interviewers are an important element in ethnographic research because of the unquestionable impact upon respondents. A cooperative, flexible style needs to be sustained. On the whole, the interactive mode of the team seemed to be effective during the conjoint pilot interview and the co-interviewer relationship tended to be complementary rather than competitive. The principal investigator initiated most of the subject transitions; the male interviewer largely probed for clarification. Toward the end of

the interview, however, the male interviewer began to raise more questions on his own and the questions tended to yield productive responses from the couple.

As a result of the pilot experience, the male interviewer became more familiar with the type of subject matter to be explored as well as the type of interview structure to be maintained. The principal investigator also became more confident of the team's inquiry abilities, consequently, question-asking will be more balanced between interviewers in future study interviews.

It has been suggested that co-therapists doing conjoint family therapy engage in a continuous process of examination and clarification of their relationship (Holt & Greiner, 1976). Analogously, the pilot benefited from a similar system of reciprocal feedback. After the pilot interview, the principal investigator and her colleague shared their perceptions of family and team dynamics, enabling the principal investigator to gain enhanced insight and a clearer understanding of interactional processes. The team will have similar discussions after each of the conjoint study interviews.

Setting

The pilot interview was conducted in the couple's home. All study interviews will be conducted in respondents' homes, if possible. The home setting was more unpredictable than anticipated. For example, the interview was interrupted several times by the ringing of a telephone; in this case, the couple had decided beforehand not to answer any of the calls. In addition, the children unexpectedly were a noisy, but delightful, part of the interview and thus provided an endless supply of opportunities for direct observation of parent-child

interactions. Field work journal notes indicate that the children also caused the principal investigator to ponder her role:

My researcher-houseguest identities blurred, at times. Out of the corner of my eye, I saw Peter methodically poking crayons through a cane-backed chair. Should I intervene and perhaps make Paul and Patricia more self-conscious? Should I ignore the behavior? A rule emerged: Do nothing unless somebody is in danger or something is about to be irreparably destroyed. (Pilot study field work journal notes, hereinafter "Field work journal notes.")

The pilot underscored the fact that the interviewers' adaptive capabilities are likely to be tested as they become visitors in many respondents' domains.

Interview

Soon after entering the respondents' home, a preliminary trial of an ethnographic explanation was performed:

Principal Investigator: I wanted to get more comfortable with Roger and this interview process . . . and cover topics similar to the ones we'll be addressing with our group of expectant parents. I'm interested in finding out more about what it's been like for you being parents. I don't want to make this interview artificial, so I don't want you to pretend to be anyone other than yourselves.

Husband: Well, we are parents! (laughter)

Principal Investigator: My dissertation will be exploratory.

Male Interviewer: Yeah, really open-ended.

Wife: So we can say anything, then?

Male Interviewer: Anything!

Pilot respondents did not need an elaborate explanation of purpose before allowing themselves to be questioned. Similarly, the ethnographic explanation to study respondents will be concise.

(Observational field notes)

Daniels and Weingarten (1982) opened their minimally-structured psychological research interviews of parents with the question, "How did you meet?" They observed that this simple, factual question was an effective opener--reflection came later. This question was posed in the beginning of the pilot interview as well. The couple responded with ease and amusement and amended or supplemented each other's version. In so doing, an interactive response style was launched. The couple's answers also provided natural leads for other questions which were introduced throughout the interview.

The principal investigator needed to "warm up" as well. Researchers have indicated that tape recorders tend to inhibit the interviewers more than the respondents (Laslett & Rapoport, 1975). The principal investigator's reaction concurs:

The minute I pushed the tape-recorder buttons, I felt awkward and stilted--kind of like a mechanical interviewer. I did get out the first question through and, to my amazement, Paul and Patricia actually started responding. In fact, they seemed rather to enjoy being questioned. I had a chance to catch my

breath as they answered and then was on my way. (Field work journal notes)

For these reasons, this non-threatening, simple question will be used as a lead in the study interviews.

Content Substance and Implications

The pilot produced a wealth of unanticipated material. Some was related to how sibling relationships affected the paternal role; other unexpected material was related to the profound influence of religion on family life, with specific implications for the paternal role. Probes for the discussion of these topics will be incorporated into interviews with the study respondents.

Interactions in the conjoint interview were rapid and complicated, at times. The presence of an interview team provided some protection against being overwhelmed by the constant stream of material. The pilot also alerted the interviewers to the fact that couples' research and couples' therapy are not disparate entities. Several times during the session, the couple's interchange became increasingly conflictual and dysfunctional to the purpose of the interview. When this occurred, the interviewers redirected it into more of a positive exchange. For example, when the couple appeared to be growing more and more upset with each other as they recounted ways their children had affected their marriage negatively, the male interviewer neutralized the situation by asking, "What has enhanced your relationship as a result of being parents?" A healthy stability was regained.

A review of the transcript reveals that the husband spoke almost twice as much as his wife and tended to dominate the interview in

1. The first part of the paper is devoted to the

2. The second part of the paper is devoted to the

3. The third part of the paper is devoted to the

other ways: for instance, by responding first to most questions, or by saying, "Go ahead," to his wife. This reinforced the need for supplementary private interviews as well as unobtrusive measures to counteract a dominant spouse. A few of the wife's responses were inaudible over her husband's. In future conjoint interviews, one recorder will be placed closer to the quieter spouse. Moreover, during the pilot interview, the tapes in both recorders were turned over at the same time causing a minute or two of material to be lost; hereafter, the tape change will be staggered.

The pilot also demonstrated that one spouse may be more enthusiastic about the interview experience than the other:

Husband: Once you get the people rolling, all types of issues you raised are really good ones and people, some of them anyway, will "click" like that.

Wife: [The interview] was enjoyable from my end, but I felt like maybe we were talking too much sometimes. (Observational field notes)

Despite the fact that the pilot couple largely guided the direction and depth of their responses, sensitive material and conflictual interactions arose during the interview. To neutralize possible adverse consequences, ample time was devoted to debriefing during the pilot, and will also be treated as an integral part of all study interviews. The interviewers will try to provide an atmosphere in which respondents can air their doubts and reservations freely. Debriefing will take place after each conjoint interview and will occur before each individual session as well, so that residual issues remaining from the conjoint sessions can be addressed.

That the husband and wife experienced some discomfort during the interview did not negate the fact that they felt the session had been a positive experience for them overall. They both expressed that they had enjoyed the process and had learned about themselves and each other as well. They invited the researcher to remain and ask more questions, if she desired, and to get back with them at any time to gather more data. They also volunteered a couple for the study who, regrettably, did not fit the criteria.

Material continued to flow well after the end of the "formal" interview. The tape recorder continued to run, capturing additional comments related to respondents' ideas for question development and data analysis:

Husband: Now what, just as far as your research thing, what's your premise? . . . Let me ask you a question about your research. You said that you were going to get the 22 and unders and the 30 and overs, is that related to different ages viewing parenting differently, length of time being married, or what? . . . It might be good for you to consider that just because someone is 22 doesn't mean they couldn't have been married six or seven years, and just because someone is 31 doesn't mean that they have been married all those years. . . . I guess if I were doing the research, it would be interesting to ask, "Does [adjustment to parenthood] have to do with the age of the people, does it have to do with the time they've

been married, or does it have to do with all kinds of other things?" (Observational field notes)

These comments point to the utility of enlisting respondents as "teachers" in the interview process.

After the set of interviews is completed in the actual study, the couple will be brought together for the purpose of discussing some of the specifics of the study that could not be disclosed earlier as well as allaying some concerns they may have regarding the "real premise" of the study.

The pilot demonstrated several advantages to conducting the conjoint interview initially. First, the team approached the session with a greater naivete about the family, thus allowing couple interactions to unfold more naturally without the interference of researcher preconceptions. Further, the husband and wife related to a male-female team immediately, tending to cast the subject matter into a family sphere rather than limiting it to a female domain. Finally, rich, complex data emerged out of the four-way interaction; in future interviews, themes uncovered in conjoint interviews will be pursued in more depth in the private discussions.

An examination of the transcript discloses that a few basic questions emerged as the orienting framework for the interview. These questions follow:

- How did you two meet?
- What was it like for you as a kid growing up in your family?
- Do you remember any particular incident between your dad and you?
- Have you discussed as a couple, in terms of your past, how

it's doing to influence how you raise your children?

- What do you think your parents' and in-laws' expectations are for you now (as parents)?
- If you could change the timing of the first birth, would you, looking back?
- What changes did Peter create?
- When you were a kid, did you ever think what it would be like [to be a parent?] Has that happened?
- If I were to sit in the back of a room full of new parents . . . what might I hear them saying?
- Do you remember the day you got the word you were pregnant?
- How was it for you to go through the Lamaze experience together?
- Before you had Peter, that is, during the pregnancy, did you talk together about who would do what once the baby was born?
- You talked earlier about a lot of childrearing ideas you shared. Are there areas of childrearing in which you disagree?
- I'm curious about a question that we won't be able to ask other couples because they will not have had children. What have you learned to like about each other now that you're parents and you get to see each other as parents? What has enhanced your relationship as a result of being parents?
- [I]f you found yourself in a crisis situation within your family . . . what are some of the means you'd be open to

explore in order to keep your family a healthy, functioning unit? (Observational field notes)

Non-verbal communication also provided important insights into family patterns. The couple's non-verbal behaviors with their children and with each other tended to validate or disconfirm their verbal cues. For example, the wife mentioned that she was more relaxed than her husband with respect to the children's behaviors and, indeed, during the interview, the husband monitored their son's behavior much more closely. Written observations of non-verbal behavior will be a part of the observational field notes as well.

The following excerpts, taken directly from the interview transcript, are illustrative of the types of raw data obtained in the pilot using this research approach.

Topic: Family of Origin

Husband: If I could convey to you my relationship with my family, every question you'd ask would have an obvious answer . . . because they wouldn't even think of not going along with my dad's point of view.

Husband: Mostly I thought about parenting in the negative sense when I was young . I thought about all the things my parents were doing to me and that when I was a parent, I was going to remember all that and do it differently. I thought, "Now just catalog this stuff so when you are a parent in this situation, you'll be a little more reasonable and a little more understanding."

Wife: According to my in-laws I should get up at six in the morning and iron children's clothes and iron their shirts--which I do not do--and cook a good breakfast. In fact, they told me the kinds of things to cook and how to cook them, because Peter needs this and Peter needs that--just total female stereotype perfect housewife and perfect mother. . . . My parents are a lot more laid back. My mom would be more concerned about how you relate to them.

Topic: Timing of First Birth

Husband: My biggest problem was going from being a (pause) a bachelor to, within the space of one year, a husband and a father. I mean, that just blew me away. I was just at the point of saying, "Well, okay, being a husband I can handle and all that goes with that." We had plans to have kids after three or four years of marriage after going to Europe and all that stuff. So when we found out [about the pregnancy], I, at least, had very mixed emotions.

Topic: LaMaze

Husband: And an hour-and-a-half after we got to the hospital, we had the kid. (Emphasis mine)

Topic: Effect of Child on Marriage

Wife: I think our relationship suffered a lot in the first three months. I mean, after three months,

we just said, "You know, he's in our lives, he's here now, and we'd better get used to it." Three months--I can't believe it took me three months to come to that. I kept thinking things would change, but we kind of pretended like everything was fine.

Husband: [W]e heard in LaMaze that the best gift you can give your kids is a good marriage, and I think too many people get so totally caught up in children that it's not easy to remember to do things for each other.

Topic: Preparation for Parenthood

Husband: I don't feel old enough to be a parent , so it's almost as if we're doing it in an unconscious kind of stumbling way--if we have kids, we must be parents! (laughter)

Topic: Support

Husband: If you admit you need therapy or counseling to family of origin , it's just this side of going into a mental ward. (Observational field notes)

Finally, preliminary steps in a domain analysis were performed using Spradley's (1979) domain analysis worksheet. The included terms were taken from the manuscript.

1. Semantic Relationship: means-end
2. Form: X (is a way to) Y
3. Example: Reviewing notes (is a way to study)

<u>Included Terms</u>	<u>Semantic Relationship</u>	<u>Cover Term</u>
(Couple) going through Lamaze training together	Is a way to	Enhance paternal involvement
(Husband) restructuring job		
(Family of origin) expecting son to be ideal father		
(Couple) practicing Catholic religion		
(Infant) making voluntary responses		
(Husband) feeling calmer about parenting		
(Wife) returning to work after birth		
(Husband) seeing friends with babies		
(Couple) not planning pregnancy	Is a way to	Diminish paternal involvement
(Husband) going from "husband" to "father in one year		
(Wife) breastfeeding		
(Husband) feeling physically exhausted		
(Husband) feeling insecure with infant		
(Grandfather) acting as if he were father to grandson		
(Couple) having no formal preparation for marriage or parenthood		

Figure 3. Pilot Domain Analysis Worksheet (Spradley, 1979)

APPENDIX B

APPENDIX B

Demographic Profile Information Sheet

Length of time married at conception	_____	
Age	H _____	W _____
Education	H _____	W _____
Occupation	H _____	W _____
Race	H _____	W _____
Religion	H _____	W _____
Wife's Mother	H _____	W _____
Wife's Father	H _____	W _____
Husband's Mother	H _____	W _____
Husband's Father	H _____	W _____
Geographic Distance (Wife's Parents)	_____	
Geographic Distance (Husband's Parents)	_____	

APPENDIX C

APPENDIX C

Letter to Respondents

October 15, 1982

John and Mary Doe
100 First Street
Denver, Colorado 80201

Dear John and Mary:

I am a doctoral student in Family and Child Ecology, College of Human Ecology, Michigan State University, and am doing my dissertation research on expectant parenthood. I am interested in learning more about couples' experiences as they await the birth of their first child. To locate participants, I am working through American Medical Center.

The research would involve three interviews, each approximately one and one-half hours long. The interviews would be scheduled at times that were convenient to you, and would take place in your home. All information obtained from the interviews would be treated with strict confidentiality. If you were interested in participating, you would be paid \$25 dollars upon completion of all three interviews as a gesture of appreciation.

I will give you a call in a few days to tell you more about the study, and to answer any questions you may have.

I am looking forward to talking with you.

Sincerely,

Donna Warner Manczak
3807 E. Seventh Avenue
Denver, Colorado 80206

APPENDIX D

APPENDIX D

Letter to Physicians

November 5, 1982

John Smith, M.D.
200 Second Street
Denver, Colorado 80202

Dear Dr. Smith:

I am a doctoral student in Family and Child Ecology, College of Human Ecology, Michigan State University, and am doing my dissertation research on first-time expectant parenthood. I am interested in learning more about couples' experiences as they await the births of their first children.

Ms. Social Worker/Dr. Family Therapist suggested that I contact you regarding possible couples for my study. My selection criteria are proving to be much more challenging than I anticipated:

- Primiparous married couples 22 years or younger,
- Primiparous married couples 30 years or older.

The research would involve three interviews, each approximately 1½ hours long. The interviews would be scheduled at times convenient to the couples, and would take place in their homes. All information obtained from the interviews would be treated with strict confidentiality. As a gesture of appreciation, the couples would be paid \$25 upon completion of the set of interviews.

I have completed interviews with several couples in both age groups, and the experience seems to have been an enjoyable and worthwhile one for them as well as for me.

John Smith, M.D.
November 5, 1982
Page Two

I will give you a call in a few days to answer any questions you may have, and to find out whether you may have some potential participants for me in your practice.

Thank you very much.

Sincerely,

Donna Warner Manczak
3807 E. Seventh Avenue
Denver, Colorado 80206

APPENDIX E

APPENDIX E

Consent Form

We _____ (name) _____ and _____ (name) _____
the undersigned husband and wife, being individually at least 18 years
of age, consent to participate in one individual research interview of
approximately 1½ hours as well as one couple research interview of
approximately 1½ hours. It has been explained to us and we understand
that:

1. The purpose of the research is to gather information on pre-
birth experiences of couples awaiting their first child;

2. There is the possibility that information might be uncovered
in the interviews which could produce discomfort or result in
disagreement between us;

3. The interviews are not intended to be therapeutic or
educational and no claims of beneficial therapeutic or educational
effects have been made;

4. We may discontinue our participation at any time;

5. We may choose not to answer any particular questions;

6. All information obtained will be treated with strict confidentiality and the identity of participants will remain strictly anonymous; and

7. Results will be made available to us upon request.

Our consent to participate is freely given, without coercion by anyone.

Signature

Date

Signature

Date

APPENDIX F

APPENDIX F

Topic Areas and Examples of Interview Questions

Family of Origin

- Can you tell me a little about what it was like growing up in your family?
- What are your most vivid memories of your mother? Your father?
- Can you think of some ways you might be similar to your own mother or father with your baby? Different?
- What has been the reaction of your family to the news of the pregnancy? Your in-laws' reaction?
- How might your family help during your baby's first year? Your in-laws?
- What do you think your parents' expectations are of you as a parent? Their expectations of (name of spouse)?
- What do you think your in-laws' expectations are of you as a parent? Their expectations of (name of spouse)?

Socialization for Parenthood

- Is there anyone you'd like to be like as a parent? What kinds of things make you want to be like that person?
- Is there anyone you'd like (name of spouse) to be like as a parent? What kinds of things make you want him/her to be like that person?
- Did you ever have any thoughts and feelings while you were growing up about what it would be like to be a mother or a father? How have they changed?
- Have you ever seen parenting you didn't like?
- Can you tell me about any interesting experiences you've had with children?

Expectant Parenthood in General

- If I were to sit in the back of a room full of expectant parents, what types of things might I hear them talking about?

Effect of Child on Marriage and Household

- Is your married life any different now than it was before the pregnancy?
- What kinds of changes do you think your baby will create in your household? Your marriage?
- Have you talked about this with (name of spouse)?
- How might having a baby fit in with work or school or other activities?

Support during the Transition to Parenthood

- Is there anyone in particular you confide in or talk to about the pregnancy or future baby care?
- What kinds of contacts are you maintaining with your family? Your in-laws?
- What types of things would you like to know about babies?
- How do you feel about talking to (name of spouse) about any concerns you might have related to becoming a parent?
- How do you think (name of spouse) feels about sharing concerns with you?

Similarities and Differences between Mother and Fathers (General)

- What do you think mothers and fathers have most in common with each other? How are they most different?
- What are some things you feel are important for fathers to do with their babies? Mothers?

Similarities and Differences between Mothers and Fathers (Specific)

- Can you describe what you think you might be like as a parent? What your spouse might be like?
- What will you probably enjoy most? Least?
- What will (name of spouse) probably enjoy most? Least?
- After the baby is, say three months old, what might a typical day be like for you? For (name of spouse)?

- What would you say are your major areas of agreement with respect to parenting? Areas of disagreement?
- Assuming that your ideas about parenthood aren't identical to (name of spouse), how have you gone about resolving your differences?
- Do you anticipate any times you might feel uncomfortable or awkward with the baby?
- What types of preparations, if any, have you been making for your baby?

Closing

- Is there anything you'd like to add that we didn't talk about?
- What do you think about the types of questions that were asked?
- How do you feel about participating in this study?

APPENDIX G

APPENDIX G.1

Domain Analysis Worksheet

1. Semantic Relationship: Attribution
2. Form: X (is a characteristic of) Y
3. Example: A breed (is a characteristic)
of a dog

<u>Included Terms</u>	<u>Semantic Relationship</u>	<u>Cover Term</u>
Age	Is a characteristic of	Respondents
Income		
Ethnicity		
Religion		
Length of marriage		
Race		
Education		
Occupation		
Number of previous children		
Geographic location		
Stage of pregnancy		
Marital status		

Figure 4. Respondent Domain Analysis Worksheet

Figure 5. System Domain Analysis Worksheet

APPENDIX G.2

Domain Analysis Worksheet

1. Semantic Relationship: Strict inclusion
2. Form: X (is a kind of) Y
3. Example: An oak (is a kind of) tree

<u>Included Terms</u>	<u>Semantic Relationship</u>	<u>Cover Term</u>
Wife	Is a kind of	Unit interacting with expectant father
Unborn child		
Mother		
Father		
Mother-in-law		
Father-in-law		
Brother		
Sister		
Brother-in-law		
Sister-in-law		
Grandparent		
Friend		
Co-Worker		
Employer		

<u>Included Terms</u>	<u>Semantic Relationship</u>	<u>Cover Term</u>
Employee		
Childbirth instructor		
Expectant parent group members		
Obstetrical nurse		
Physician		
Male interviewer		
Researcher		
<hr/>		
Intrapersonal	Is a kind of	System interacting with expectant father
Marital		
Nuclear family		
Extended family		
Health care		
Peer		
Work		
University		

Figure 6. Extended Family Domain Analysis Worksheet

APPENDIX G.3

Domain Analysis Worksheet

1. Semantic Relationship: Means-end
2. Form: X (is a way to) Y
3. Example: Reviewing notes (is a way to) study

<u>Included Terms</u>	<u>Semantic Relationship</u>	<u>Cover Term</u>
Remembering historical role patterns in family of origin	Is a way to	Influence paternal role expectations
Remembering past relationship with father		
Living close to extended family		
Living far from extended family		
Forming a mother-daughter coalition		
Obtaining emotional support		
Anticipating future emotional support		
Anticipating future material support		
Receiving advice from extended family		
Receiving input reinforcing adult status		

<u>Included Terms</u>	<u>Semantic Relationship</u>	<u>Cover Term</u>
Receiving input reinforcing child status		
Anticipating extended family involvement around birth		
Anticipating extended family involvement during infancy		
Being in particular stages of the family life cycle		
Receiving input regarding paternal involvement during pregnancy		
Receiving input regarding paternal involvement during birth		
Receiving input regarding paternal involvement during infancy		
Extended family desiring specific sex		
Constructing family boundaries between extended and nuclear units		

Figure 7. Expectant Father Domain Analysis Worksheet

APPENDIX G.4

Domain Analysis Worksheet

1. Semantic Relationship: Means-end
2. Form: X (is a way to) Y
3. Example: Reviewing notes (is a way to) study

<u>Included Terms</u>	<u>Semantic Relationship</u>	<u>Cover Term</u>
Participating in father-assisted childbirth course	Is a way to	Influence paternal role expectations
Having focus of childbirth course be on labor and delivery		
Reading books on transition to parenthood		
Desiring to be an active participant		
Visualizing father role		
Desiring a specific sex		
Holding differential expectations based on child's gender		
Receiving input from unborn child		
Being employed		

<u>Included Terms</u>	<u>Semantic Relationship</u>	<u>Cover Term</u>
Being unemployed		
Having experience with infants		
Knowing infant care skills		
Expressing personal needs		
Anticipating pleasurable infant interactions		
Responding to invitations to become involved in pregnancy		
Interacting with friends (with and without children)		
Participating in individual and conjoint research interviews		

Figure 8. Spouse Domain Analysis Worksheet

APPENDIX 6.5

Domain Analysis Worksheet

1. Semantic Relationship: Means-end
2. Form: X (is a way to) Y
3. Example: Reviewing notes (is a way to) study

<u>Included Terms</u>	<u>Semantic Relationship</u>	<u>Cover Term</u>
Holding neutral or negative attitudes toward father-assisted childbirth	Is a way to	Influence paternal role
Holding positive attitudes toward father-assisted childbirth		
Being self-absorbed during pregnancy		
Holding negative attitudes toward pregnancy		
Holding positive attitudes toward pregnancy		
Perceiving spouse as competent in infant care		
Perceiving spouse as incompetent in infant care		
Constructing boundaries around expressive role		
Opening boundaries around expressive role		
Fostering sense of paternal competence		

<u>Included Terms</u>	<u>Semantic Relationship</u>	<u>Cover Term</u>
Inviting spouse to prenatal visits		
Supplementing bottle feeding with breastfeeding		
Expecting peripheral paternal involvement		
Expecting full paternal involvement		
Becoming more powerful in family hierarchy		
Reinforcing husband's nurturant behaviors		

Figure 9. Marital Domain Analysis Worksheet

APPENDIX G.6

Domain Analysis Worksheet

1. Semantic Relationship: Means-end
2. Form: X (is a way to) Y
3. Example: Reviewing notes (is a way to) study

<u>Included Terms</u>	<u>Semantic Relationship</u>	<u>Cover Term</u>
Tolerating individuation in marriage	Is a way to	Influence paternal role expectations
Timing of conception in marital career		
Dealing with conflictual issues in a passive way		
Constructing boundaries between marriage and parenthood		
Opening boundaries between marriage and parenthood		
Anticipating changes in family life		
Anticipating few changes in family life		
Applying "helping" or "sharing" orientation to household responsibilities		

<u>Included Terms</u>	<u>Semantic Relationship</u>	<u>Cover Term</u>
Having a previous infertility problem		
Integrating parenthood with both careers		
Being the expectant parents of twins		
Perceiving spouse as strongest support		
Perceiving parent as strongest support		
Electing to have an amniocentesis		
Maintaining "motherhood-mystique"		

APPENDIX H

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Definition of Terms Used in Data Analysis Worksheets

Domains: any symbolic category that includes other categories; the first and most important unit of analysis.

Cover terms: the first element in the structure; names for a category of cultural knowledge.

Included terms: folk terms that belong to the category of knowledge named by the cover term.

Single semantic relationship: in a domain, the semantic relationship which links a cover term to all included terms in its set (Spradley, 1979).