Understanding the Experience of Early Pregnancy for First-Time Parents

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Abstract

Title: Understanding the Experience of Early Pregnancy for First-Time Parents

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There is a scarcity of discussion in the literature on the experience of a normal first pregnancy. The purpose of this exploratory, descriptive study was to investigate selected aspects of the normal experience of the first trimester and to develop and define a beginning list of emergent categories for both men and women. Transcriptions of a subset of audiotaped interviews, previously collected by Imle (1989), were analyzed using grounded theory methodology. This volunteer sample included three men and three women recruited from childbirth classes and the obstetrics clinic of a health maintenance organization. Constant comparative analysis revealed some similarities and some differences in the experiences of the men and women. In addition, four categories were unique to the experience of the women and one category was unique to the men. Implications for nursing practice were suggested.

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Chapter I

Introduction

Pregnancy and childbirth are among the most normal and natural functions of human life. Indeed, through the ages the exquisite complexity of these processes has resulted in mankind's ability to travel through the generations. These processes have been the stuff of inscrutable mystery, poet's dreams and mother's musings. Now, in the age of science and medical technologies, the process of procreation has become a fertile field for scientific inquiry. Many of the layers of mystery have been scraped clear, and the light of human understanding has been allowed to filter in. Yet much of both the physical and mental terrain of procreation remains hidden from our eyes. This project is an attempt to glean understanding and meaning from the experience of normal first pregnancy from the perspective of those living it.

Comprehensive efforts to understand the psychosocial aspects of pregnancy have been published in works now considered to be classics, (Deutsch, 1945; Rubin, 1975; May, 1980; Lederman & Lederman, 1984), but this reviewer of the literature found a dearth of recent publications exploring this dimension of normal pregnancy in light of technological advances. Indeed, scientific interest is scanty in any aspect of normal pregnancy as indicated by the number of citations listed in the OHSU

Medline database at Oregon Health Sciences University. Key word "pregnancy" shows 40,416 citations. When the word "normal" is added the number drops to 5,654, and "uncomplicated" brings the listed citations to an even smaller 296. The bulk of work is being conducted in the arena of complicated and compromised gestation, with a lesser interest in the uncomplicated "normal" gestation.

Although there is a scarcity of discussion on the common concerns, needs and joys of those undergoing a normal and uncomplicated pregnancy, most who are familiar with the phenomenon would agree that pregnancy and childbirth represent a major life change. Perhaps this emphasis on the abnormal is due to a desire to uncover the places where medicine and science can make a positive impact with technical interventions. However, early prevention focusing on anticipating and meeting individual needs and concerns before there are complications may make the most significant contribution to the majority of parents experiencing a "normal" pregnancy by strengthening the boundaries of normalcy. A first step in that direction is a clear understanding of just what that "normal" is and what it means to those in the midst of it, hence the rationale for this study.

This author's thinking was also influenced by those whose work has examined the adverse impact on birth outcomes of negative

psychosocial factors such as stress, anxiety (Istvan, 1986), and lack of social support (Norbeck & Tilden, 1983). Conversely, the consideration of possible therapeutic effects from enhancing the normal positive aspects of the experience should be considered. The concept of normal first must be well understood and grounded in the context of individual meaning and experience.

In light of the many changes that technology has wrought on childbirth, such as prenatal diagnosis, fetal monitoring and advances in anesthesia and analgesia, it is reasonable to wonder if the boundaries and meanings of the normal experience have been substantively rearranged. The answer to this query could have significant implications for nursing practice. This study is designed to answer the question, "What are the experiences and concerns of first-time expectant parents who have a pregnancy they define as normal?"

Chapter II

Review of the Literature

The literature examined in this review included classic thinking on the psychosocial aspects of pregnancy with emphasis on the first trimester, as well as a look at other selected aspects of the experience as they are explored in the literature.

Psychosociology of Early Pregnancy

Female perspective. Nearly 50 years ago, intrapsychic theorists began to delve into the psychological phenomena that accompany the biological processes of pregnancy. Early thinkers such as Deutsch (1945) recognized a tremendous upheaval in the total being of the female following conception. Deutsch posited that physiologic occurrences sent impulses to the psyche, which then gave expression to pre-existing emotional tensions. She described an ambivalence experienced by gravidas in the first part of pregnancy and related this to oral manifestations such as the food cravings and aversions often seen at this time. She believed these were displays of a conflict of desires between destruction and preservation of the embryo. Although considered by many to be a pioneering theorist, Deutsch's conclusions are not reported with the methodological procedures used to reach them.

Rubin (1970), a nurse, proposed a theory of cognitive styles she considered unique to pregnancy to explain what she described as a change toward the "less predictable". She described a major impetus of thinking in the first trimester as the uncertainty about the reality of pregnancy being thrust into the reality of the present, "Now?". Rubin believed that intertwined with the question of timing was the question of identity and believed conception, even when it was the desired outcome of intercourse, generally resulted in a "Who, me?" response. Rubin believed the interplay of these two questions, "Now?" and "Who, me?" provided the dominant stimuli for behavior in the early stages of pregnancy. Although Rubin is considered to be a classic developmental maternity theorist, methodological details were not provided with her work.

At the time Rubin was writing, the inability to objectively verify pregnancy in its early stages supported the notion of uncertainty and enhanced what Rubin described as the introversion of early pregnancy. Introversion involved reality testing verified by the only means possible at this juncture, a discovery of the subjective symptoms of pregnancy such as nausea and fatigue and preceded objective verification, such as auscultation of the fetal heart beat.

Rubin (1975) later described pregnancy as "...a period of identity reformulation, a period of reordering interpersonal relationships and interpersonal space and a period of personality maturation" (p. 143). She delineated four tasks to be accomplished by the pregnant woman during the course of her pregnancy and assigned different aspects of these tasks to each of the three trimesters of pregnancy.

The first task, seeking safe passage through this period, was expressed in the first trimester primarily as a concern for safety of self, since the concept of the baby remained rather abstract at this point. The second task was concurrent with safe passage and was securing and assuring acceptance of the child by the persons in the mother's social network. Interest in this task was high in the first trimester because security in acceptance was a condition necessary to produce and sustain energy for all the other tasks. Rubin held that binding-in, the third task of pregnancy, also began in the first trimester, before the baby had been made real by the experience of quickening. Binding-in was the internal work the mother did to reformulate her own identity to incorporate a new relationship into her entire self system: into her body image; her self image; and her ideal image. During the first trimester, according to Rubin, the primary task was to bind-in to the idea of the pregnancy itself, as a precondition to any binding-in to the child and was reflected in the

struggle between acceptance and rejection of the pregnancy. The last task, giving of oneself, was a most intricate task. In the first trimester this last task was expressed as energy spent in an evaluation and assessment of the demands of pregnancy and mothering, a cost analysis of the various possibilities. Rubin concluded that the tasks worked through during pregnancy were transformed after delivery into the "qualitative matrix of mothering" (p. 152). Interpretation of Rubin's conclusions is limited, however, by the sparse reporting of methodological details.

Rubin's developmental model stressed the basic assumption that each successive stage of pregnancy built on the foundation achieved in previous stages and was reinforced in an essay published by Tilden (1980). Tilden described the crisis of pregnancy as a many-faceted event: a biological event causing profound metabolic changes; a psychological event with a significant impact on intrapsychic processes, especially ego functions; a social event in which interpersonal relationships and social roles are influenced; and a transitional event seen to bridge the life stages between youth and adulthood.

Carnes (1983), a behavioral scientist, reported in a published narrative based on his clinical practice with patients who experienced psychosocial disturbances during and after pregnancy, that most

emotional problems related to pregnancy occurred during the first trimester, or not until the postnatal period. He suggested that a transient emotional response in the woman, often manifested as anxiety or depression, is not unusual during the early stages of pregnancy, although he did not report data to substantiate this conclusion.

Lederman and Lederman (1984), a maternity nurse and a psychologist, concluded after conducting qualitative research interviews with 32 gravidas during the last trimester of pregnancy, that all women experienced some conflict in relation to childbearing. This notion, although based on a skewed sample of 32 mostly white, married, middle class women whose ages ranged from 20 to 32 years old, lends credence to the concept of emotional upheaval, conflict and ambivalence as part of the "normal" terrain of this time in life. This work was limited somewhat by the collection of data during only the final trimester, which caused responses about early pregnancy to be strictly based on retrospective recall.

Affonso and Sheptak (1989), both nurses, reported a preliminary exploratory study on a convenience sample of 50 women with normal pregnancies who were recruited from a private obstetrical practice. The mean age of the women was 30 years (range 19-41) and the mean education was 14 years (9th grade through college). Most of the

subjects were white, married multigravidas in the third trimester of pregnancy. A 56 item Likert type questionnaire was designed to assess cognitive adaptation. Reliability and validity were not reported, as the instrument was in the developmental phase. The investigators found that the process of normal pregnancy posed a challenge to a woman's coping abilities in a general way that could encompass all facets of life. Affonso and Sheptak also found that pregnant women perceived, interpreted and judged all other events in a manner relative to the situation of being pregnant.

Mercer (1986) conducted a longitudinal, three-group design, exploratory study with cross-sectional analysis of specific time periods to determine whether there were age differences in responses to the maternal role. Comparisons were made between mothers aged 15 to 19 years, mothers aged 20 to 29 years and mothers aged 30 to 42 years, grouped from a sample of 294 women. Inclusion criteria, in addition to age, included fluency in English, residency in the San Francisco Bay area and having given birth to a first live-born infant without a diagnosed anomaly. The sample included Asian, Hispanic, Black and Caucasian participants. Interviews were conducted using both open-ended and structured questions. A set of instruments was mailed to each participant to fill out prior to the scheduled interview. These measured

various operationalizations of maternal role attainment, such as perceptions of the childbirth experience and gratification in the maternal role. Mercer found that there were differences across maternal ages in the experience of pregnancy and motherhood role attainment. The older the woman, the more positively she tended to view the pregnancy. The investigator posited that this may have been because the younger mothers had less time to assimilate body image changes from pubertal growth before having to incorporate the changes occurring with pregnancy. Body image was, however, a major concern in the entire sample across ages, as were feelings of vulnerability. The data regarding pregnancy were retrospective recall data since interviews were conducted after delivery. Responses may have been affected by subsequent events, nevertheless the need for awareness of the differing effects of maternal age was highlighted.

Male perspective. Valentine (1982), a social worker, concluded after a review of the literature on pregnancy published from 1956 to 1980, that pregnancy was a developmental process for fathers as well as mothers and this process was comprised of specific tasks. Valentine did not, however, assign these tasks to different trimesters. The first task for fathers was acceptance of conception and as the pregnancy progressed, formation of an attachment to the fetus. The second task was concerned

with practical issues such as finances and living arrangements, and development of a sense of being a good provider. Valentine described the third developmental task of the expectant father as resolution of dependency issues, although description of this concept remained vague in the literature. The final task for the expectant father was resolution of his relationship with his own father, as impending fatherhood uncovered memories and emotions about what it was like to be fathered.

Barnhill, Rubenstein and Rocklin (1979), all physicians, also examined the transition into fatherhood for successful parenting. They published a narrative report of their experience with the development and conduct of a program for expectant fathers. These authors concluded that the process of becoming a father was divided into six developmental tasks. The three tasks likely to occur in the first trimester included: decision making, that is deciding to have a child or accepting the reality that he was going to have one; mourning the loss of his non-father self; and empathic responding in a supportive and nurturant way to his partner. Specific design and measurement aspects of the project were omitted, as was a precise description of the sample, which limits generalizability. The decision making phase described by the authors may correspond to the ambivalence of mothers described earlier.

Jordan (1990), a nurse, used the grounded theory method to gather and analyze both longitudinal and cross-sectional interview data from a volunteer sample of 56 expectant and new fathers, all of whom were living with their mates. Constant comparative analysis revealed the essence of the experience of fatherhood to be laboring to perceive the paternal role as relevant to the father's sense of self and other life roles. According to Jordan, this was played out in early pregnancy in a grappling with the reality of the pregnancy and the child. While generalizability was limited, results appeared to be consistent with assumptions of the developmental model in that directional changes occurred across time.

In her work with fathers, May (1982), a nurse, used an exploratory design to examine the readiness of first-time fathers. Data were collected through semi-structured interviews and participant observation at childbirth classes and clinic settings from 100 expectant fathers and their partners. The mean age was 24 years and the socio-economic status of the subjects, who were predominantly Caucasian, ranged from urban lower to upper middle class. May found that fathers, like mothers, often felt ambivalent about the pregnancy, and for those fathers feeling unready or ambivalent about the pregnancy in the early phase, it was difficult or impossible to establish as much involvement in the pregnancy

as their spouses may have thought appropriate. This added interpersonal couple strain to the already emotionally-laden first trimester.

Subjective Experience of Pregnant Women

Although the psychological literature is becoming rich with regard to pregnancy, for those who actually experience it there is no abstraction of concepts and tasks, only a practical day-to-day reality. The next section will examine the experience of the first trimester from the perspective of pregnant women themselves, as it is described in the literature.

Maternal symptomatic experience. The first trimester of pregnancy is technically defined as the period of 12 weeks starting with the first day of the last menstrual period. Certain physical complaints are common during this period and include nausea, fatigue, upper backache, breast tenderness and urinary frequency (Varney, 1987). These physical annoyances may contribute to the psychosocial turmoil previously described.

Poole (1986), a nurse, compiled a descriptive, narrative summary of the phenomenon of first trimester fatigue based on a review of published literature and posited that fatigue in pregnancy may result from physiologic changes occurring during the first trimester, such as the demands of fetal growth and accompanying cardiovascular changes and

rising levels of progesterone, a natural sedative. Psychological influences, such as worries about miscarriage, also played a role, as did general health and the mother's new relationship with her partner. Poole proposed a regimen of rest and relaxation periods interspersed with daily activities to combat this fatigue, although no empirical evidence of effectiveness was presented.

Reeves, Potempa and Gallo (1991), all nurses, conducted an exploratory study of fatigue in early pregnancy with a convenience sample of 30 women, mostly married, white and middle class. Inclusion criteria included an uncomplicated pregnancy under 20 weeks gestation, at least an eighth grade education and an ability to understand written and spoken English. The purpose of the study was to describe the phenomenon of fatigue in early pregnancy, identify related variables and determine interventions used by pregnant women. Demographic data were obtained by self-report questionnaire and psychological variables were measured using three Likert type scales: the Fatigue/Stamina Scale with Cronbach's alpha reliability of .88 (validity was not reported); the Profile of Mood States with test-retest reliability reported as .51 to .78; and the Beck Depression Inventory (reliability and validity were not reported). Ninety percent of the Reeves et al. sample experienced fatigue severe enough to interfere with personal and social activities.

Fatigue correlated significantly and positively with nausea ($r=.39$, $p<.05$), feeling tired upon awakening ($r=.46$, $p<.01$), depression ($r=.55$, $p<.01$), anger ($r=.38$, $p<.01$), anxiety ($r=.38$, $p<.01$) and confusion ($r=.47$, $p<.01$), showing a clear relationship between a physical manifestation and psychological factors. There was, however, no significant correlation found between fatigue and the number of hours worked per week or number of other children, factors which would seem to increase physical demands. The use of a convenience sample limited generalizability of the results.

Nausea in early pregnancy, often referred to as "morning sickness", occurs commonly and is considered to be one presumptive sign of pregnancy (Varney, 1987). It is routinely discussed in the lay pregnancy literature and reported to manifest itself in 60 to 80 percent of all pregnancies (Hillard, 1990). Pregnancy folklore has been developed around remedies and preventions.

Murcott (1988) published results of ethnographic interviews with 37 expectant mothers in South Wales, most of whom were married and multiparous, recording the experience of alterations in appetite during pregnancy, notably food cravings and aversions. She emphasized the cultural element in morning sickness, noting that it is most common where it is culturally accepted. Food is part of the folklore of pregnancy.

A familiar stereotype is bizarre eating habits. Some participants reported aversions to a particular food or drink, others to food in general. These participants drew on their prior knowledge of the popular stereotype of pregnancy's disordered appetites to try and make sense of the bodily sensations they were experiencing. Attributing a meaning to being revolted by food was readily ascribed to pregnancy. Cravings on the other hand, suggested a need to guard against self-indulgences. Murcott conceptualized the data from her interviews as evidence of the gravidas' process of making sense of their altered perceptions of self and body, via the special question of the alterations of appetite.

Entry into prenatal care. An expression of Rubin's (1975) maternal task of seeking safe passage may be the gravida's arrangement for and induction into prenatal care. What factors influence the timing of this care seeking? Sociologists Marsiglio and Mott (1988), using a correlational design, analyzed panel survey data from the National Longitudinal Survey of Labor Market Experience of Youth, which consisted of a stratified cluster probability sample of 6,015 American women that included an over-representation of Black, Hispanic and economically disadvantaged Whites. They concluded that women who wanted their pregnancies were more likely to initiate prenatal care early. The wantedness concept was operationalized through a series of

questions asking respondents whether or not the reason they stopped using contraception prior to a pregnancy was because they wanted to become pregnant. The specific instrument used to gather this information was not reported, nor were the results of psychometric testing of the instrument. Eighty-four percent of those women who scored positively on the wantedness construct initiated prenatal care within the first three months of pregnancy. This finding was confounded somewhat by the use of retrospective reporting, and it must be remembered that correlation alone is not sufficient to imply causation. However, one may reason that acceptance of the pregnancy in the early stages represents not only a developmental task, but may have a direct impact on the outcome as mediated by prenatal care.

Young, McMahon, Bowman and Thompson (1990) delineated psychosocial factors that delayed initiation of prenatal care. They interviewed 140 women, all of whom delayed prenatal care until the third trimester, at a county health department in Pennsylvania. These northeastern United States participants were asked their reasons for late entry into care. Their qualitative responses were categorized by a social worker, using content analysis of the women's verbatim comments as recorded by the public health nurse during a home visit. The demographic profile of the entire group showed they had less than a high

school education, were in a minority group and were unmarried and unemployed. Ability to pay was not a factor in this study, since all subjects were eligible for free care. The results identified some important elements in the acquisition and maintenance of prenatal care which included: recognition of the physical signs and symptoms of pregnancy; acceptance of the reality of pregnancy; ability to make a decision related to the continuation of the pregnancy; an awareness of the need for early prenatal care; ability to schedule and keep appointments; availability of personal resources such as transportation and childcare; and lack of major personal and family crises during the pregnancy.

Stressors and concerns. Perhaps the most cogent examination of the concerns of pregnancy from the perspective of those experiencing it was conducted by Affonso and colleagues and published at successive stages in several reports. The first publication of the work (Arizmendi & Affonso, 1987) represented a preliminary attempt to identify the psychosocial stressors specific to childbearing as reported by women in the first trimester, the third trimester and in the postpartum period. A second purpose was to assess the magnitude of stress generated by these events and the degree to which the magnitude changed over the childbearing period. A convenience sample of 221 women was recruited

from an obstetrical outpatient clinic. Inclusion criteria were literacy in English, age between 18 and 40, and pregnancy in the first or third trimester or in the postpartum period. The majority of the participants were of middle class or above, and statistical analysis indicated no significant differences between trimester groups in age or education. Part one of the interview consisted of asking the subject to list events perceived as stressful during her childbearing experience. Part two asked her to then rate each of these events on an interval scale of 1-100 with 100 being maximum stress. Research assistants recorded responses verbatim along with the assigned ratings. While this represented preliminary work, the authors' tentative conclusions were that stressors were multiple and complex, tended to vary in their relative impact as the childbirth process unfolded and must be viewed not as discrete variables, but rather as continuous and dynamic.

Affonso and Mayberry (1990) published continuing analysis of the data, identifying stressors and their relative frequency and intensity, although generalization was limited by a sample skewed toward urban middle class American women. The most frequent stressors in the first trimester were physical distress, especially fatigue and nausea, weight gain and body changes, emotional instability and worries, concerns about job and career and concerns about money to pay bills. The most intense

stressors in the first trimester were worries about labor and delivery, concerns about the baby's welfare, fears of pregnancy complications and difficulties in relationship with baby's father. Affonso and Mayberry also found differences across trimesters in which stressors were most intense and which were most frequent, again giving credence to Rubin's concept of a dynamic psychosocial topography of pregnancy.

Subjective Experience of Pregnant Men

The experience of pregnancy is incontrovertibly a social experience, pulling separate lives and identities into a common cause, the creation of a new individual. Mother and baby-to-be share time and space, and under ideal circumstances the father-to-be is also a shareholder.

Paternal physical symptoms and health. The occurrence of physical symptoms in expectant fathers has been explored. Strickland (1987), a nurse, conducted a longitudinal study of 91 expectant fathers during different phases of pregnancy to investigate the occurrence of symptoms. The sample included 21 black men and 70 white men. Educational level ranged from 10 to 21 years with a mean of 14.4 years and the average age was 28.3 years with a range of 20 to 54. The men were classified as either middle class (49%) or working class (51%). Fifty-six percent of the sample had no prior fathering experience. The

participants completed and returned questionnaires that measured state levels of anxiety, depression and hostility (Multiple Affective Adjective Checklist). Validity of this instrument has been supported by demonstrated sensitivity to affectual changes. Internal consistency reliabilities were reported to range from .65 to .92. A somatic and psychological symptoms checklist developed by the investigator was administered which had an internal consistency reliability of .83. Strickland reported that 87% of the sample experienced one or more symptoms, with the most frequent being backaches, difficulty sleeping, irritability, increased appetite, fatigue and restlessness. Those with unplanned pregnancies reported a higher number of symptoms than the group with planned pregnancies and the working class group reported a higher number than the middle class respondents. There were no racial differences, but anxiety was found to be a significant predictor of symptoms. The study was limited by the lack of a control group, however it highlighted the experience of symptoms as a part of pregnancy for many fathers.

Nursing research by Fawcett and York (1985) explored the experience of symptoms in fathers in conjunction with symptoms in their partners. This cross-sectional descriptive study investigated the type and frequency of physical and psychological symptoms of pregnancy

experienced by 70 married couples, including 23 pairs in early gestation recruited from prenatal classes at an American suburban hospital. All subjects were white with the majority holding baccalaureate or higher degrees. Both spouses independently completed the Symptoms Checklist of 20 physical and three psychological symptoms that was developed for this study. Content validity was established by literature review and by review from experts in the field. Test-retest reliability was 73% for both the men and the women. The Beck Depression Inventory was also administered. Cronbach's alpha was reported here to be .76 for the men and .81 for the women. Evidence of validity was not reported. Physical symptoms most frequently reported by the women in the early pregnancy group were feeling tired, increased urination, less active than usual, sensitive to odors, and nausea. Psychological symptoms reported by this group were feeling anxious and feeling depressed. Most of the women indicated that the symptoms began with the first month of pregnancy. The physical symptom most frequently reported by men in the early group was increase in appetite and the most frequently reported psychological symptom was feeling better than usual. The findings of this study indicated that both spouses may experience some physical and psychological symptoms during pregnancy that could start in the first trimester. These symptoms represented a

disruption from the normal state of affairs, whether perceived as negative or positive. The data indicated that men experienced far fewer symptoms than women, and the reasons for male symptoms still are not clearly understood. Generalizability of these results is again limited by the small and narrow sample.

Ferketich and Mercer (1989) investigated men's health status during pregnancy and early fatherhood. They studied 147 men who could speak and read English, whose partners were at 24 to 34 weeks gestation, who were themselves 18 or older and who had no chronic diseases. These men, even if unmarried, were living with their partners. A number of instruments, all with reported reliability and validity, were administered to measure: perceived health status (General Health Index); anxiety (State-Trait Anxiety Inventory); depression (Center for Epidemiological Studies Depression Scale); mastery (Sense of Mastery Scale); parental competence (Parental Sense of Competence Scale); family functioning (The Feetham Family Function Survey); mate relationships (Marital Adjustment Test); social support (Inventory of Socially Supportive Behaviors); self esteem (Rosenberg's 10-item instrument); and stress (Life Experiences Survey). These investigators found that the earlier the man felt fetal movement, the more positive was his perception of his own health during pregnancy and that an intimate

mate relationship and/or greater involvement with the coming baby had a direct positive effect on the man's health perception.

Paternal stressors and concerns. In an article in the popular press, an obstetrician and gynecologist (Cherry, 1991) asserted that most men are not prepared for the demands of pregnancy on their wives or themselves, nor for the demands of parenthood in general. The author suggested it was not uncommon for fathers-to-be to experience new and conflicting emotions, in other words, ambivalence. The father could also feel somewhat rejected and left out of the excitement.

Shapiro (1987), a clinical psychologist and marriage and family counselor, published an essay based on his own experience as a new father as well as on interviews with 227 expectant and recent fathers. Specific demographics of this group were not cited, except to say that they mirrored the general American population, with the exception of higher than average income. Shapiro presented seven major concerns expressed by these men. They included: fear of the birth process itself; discomfort with the prospect of blood and other bodily fluids and a fear of fainting or getting sick; feeling burdened by the increased financial responsibility; a general discomfort with obstetrical and gynecological matters, and a feeling of embarrassment during contact with medical people; nagging doubts about the paternity of the child, based more on

feelings of insecurity to create life than actual suspicion of their wives' faithfulness; fears of the wife or child dying in the childbirth process; worries of being replaced in their wives' affections by the baby; and fears about their own mortality with regard to the need to raise a child. Shapiro stressed the importance of recognizing these fears by the fathers themselves as well as caregivers. He asserted that most fathers dealt with these worries on their own since they believed their worries were unique to themselves and they did not want to add to the burden of pregnancy for their partners.

Paternal attachment and involvement styles. May (1980) investigated detachment/involvement styles adopted during pregnancy by first-time expectant fathers. Results were reported from an exploratory study in which longitudinal and cross-sectional interview data were collected from a group of first-time expectant fathers and their wives. The volunteer sample consisted of 20 couples, predominantly middle class and Caucasian (13 couples) with ethnic minorities represented (1 Black couple, 3 Latino and 3 Filipino couples). The criteria for inclusion were that this be a first pregnancy for both partners, that the couple be in good health with an uncomplicated pregnancy, that they be living together in a stable relationship and that they be planning to parent the child together. Transcriptions of the interviews were analyzed using

constant comparative analysis. May concluded that first time expectant fathers established their own detachment or involvement styles during pregnancy, and that these styles differed across fathers. May also found that men who were emotionally involved in their wives' pregnancies reported a higher incidence of physical symptoms than did less emotionally involved men.

Weaver and Cranley (1983) explored paternal-fetal attachment behavior to determine whether or not men prepare for fathering by developing a relationship with their unborn infants during their wives' pregnancies. They also studied the association among fathers' prenatal attachment behaviors, the strength of the marital relationship and fathers' experience of physical symptoms. The sample consisted of 100 expectant fathers who were attending childbirth classes. All subjects had a pregnant spouse in the third trimester. The mean education level was 15 years and 90% were expecting their first child. Three scales, the Paternal-Fetal Attachment Scale (PFA), the Marital Relation Scale (MRS) and the Health and Physical History Scale (HPH) were used. The PFA was adapted from the Maternal-Fetal Attachment Scale (MFA) developed by Cranley. The MFA had demonstrated content validity, and internal consistency was established using Cronbach's alpha, which was .85. For the purposes of this study it was assumed that the man's process of

antepartal attachment was similar to that of the woman's. Cronbach's alpha for the PFA was .80. The HPH measured a wide variety of physical factors that resemble pregnancy symptoms and asked the father to rate his health before and during pregnancy and to rate his unborn child's health. Face validity was apparent, but no further reliability or validity data were presented. The MRS measured behavioral involvement of the husband during the pregnancy and feelings and attitudes concerning the marital relationship. Reliability was determined by an item analysis using the 100 subjects' scores, resulting in a Cronbach's alpha of .70. The investigators found that attachment behaviors were especially notable in three areas of paternal-fetal attachment: differentiation of self; role taking; and giving of self. There was also a positive correlation between marital satisfaction and paternal-fetal attachment. There was a weakly positive correlation between attachment and physical symptoms. This work supports the existence of paternal-fetal attachment behavior, however it was limited by the use of a highly educated, homogeneous sample, incomplete psychometric testing results on the tools used, and lack of support offered for the assumption that men's antepartal attachment matched with women's.

The Shared Experience

Marital adjustment and sexuality. Wallace and Gotlib (1990) studied marital adjustment during the transition to parenthood. Ninety-seven couples, recruited from private obstetrical practices and from a large urban hospital, who were expecting their first child were included. The mean age of the women was 26.9 years and of the men was 28.9 years. Mean education level was 14.5 years and the average length of marriage was 3.5 years. The couples were assessed at three points in time: during the fourth month of pregnancy; one month after delivery; and six months after delivery. At each of the three time points, the respondents completed questionnaires (all of which had reported reliability and validity ratings) to measure: parental bonding (Parental Bonding Instrument); marital adjustment (The Dyadic Adjustment Scale); parenting stress (The Parenting Stress Index); and infant temperament (The Infant Characteristics Questionnaire). The investigators found the following relationships between pregnancy and marital adjustment: lower marital adjustment during pregnancy was not "solved" or improved by the birth of a child; couples who reported high marital adjustment before birth maintained those feelings after the birth; fears of inadequacy about one's parenting competencies appeared to add additional strain and increased feelings of dissatisfaction with the marriage; and couples experiencing

considerable ambivalence about their pregnancy were likely to report low marital adjustment prior to delivery.

Pregnancy may be thought of as the ultimate expression of sexuality. Research has been done in this area to explore the effects, if any, of pregnancy on sexuality. In a study about changes in sexuality in women and men during pregnancy, Bogren (1991), a Swedish physician, conducted a longitudinal study of couples expecting their first child. Retrospective data from 81 couples randomly selected from a maternity clinic in Sweden were examined. All the women and all the men were interviewed twice. One interview occurred during the 13th to 14th week of pregnancy, and the second occurred during the week after parturition. Subjects were asked about their current social situation and sexual history and asked questions relating to the pregnancy, such as whether it was planned. The second interview inquired about sexual desire, frequency and satisfaction during the just concluded pregnancy. Results showed that during the first trimester 40% of the women experienced diminished sexual desire, with a corresponding decrease in frequency of intercourse, as compared with only 9% of the men. During this first trimester, 35% of the women also related a diminished sexual satisfaction as compared to 22% of the men. Although accuracy of recall data may be questioned, especially the data from the second interview,

placed one week after the transitional event of birth, it appears that this basic human function is disrupted by the changes that traverse early pregnancy, becoming another marker in the transition period of pregnancy.

Mercer, Ferketich, DeJoseph, May and Sollid (1988) studied the effect of stress on family functioning during pregnancy. They defined family as a dynamic system that functions as a whole but is made up of individuals (expectant father, expectant mother and unborn infant). The sample of 593 subjects were all 18 or older, fluent in English and, if unmarried, were living together and planning to parent together. They were divided into groups considered to be high risk, on the basis of hospitalization for pregnancy related problems, and low risk, and were further separated into male and female cohorts. Data were collected through a series of semi-structured interviews and a booklet of self-completed standardized instruments with reported psychometric testing that included the Feetham Family Functioning Instrument, Norbeck's adaptation of the Life Experiences Survey, Rosenberg's 10-item self-esteem scale, General Health Index, Sense of Mastery Scale and the State-Trait Anxiety Inventory. The results showed that the high-risk women and their partners both reported significantly less optimal family functioning than did the low risk group. Stress from pregnancy risk had

negative effects on social support, self-esteem and health perception. This work highlighted the potential for changes that may occur in the couple relationship, as an expression of family function, relative to the risk versus normalcy of the pregnancy.

Informational needs. Along with the need for prenatal care, expectant parents have certain specific learning needs and desires. According to Cranston (1980), a nurse-midwife, the first trimester can be an important time to initiate anticipatory guidance and preventive health teaching. Cranston maintained that an early prenatal program could alleviate anxieties, common concerns and misconceptions held by many childbearing women. She described a protocol used for initiating such a class in an American military hospital. While she stated that the program was worthwhile, she provided no empirical evidence to validate this.

A Canadian obstetrical nurse, (Ciliska, 1983), published a description of the format and content of early pregnancy classes conducted at a Canadian health facility. Ciliska advocated taking advantage of the "teachable moment" of the first trimester and described it as a moment when many couples experienced a unique state of readiness to learn. She advised using this window of opportunity not only to enhance healthy lifestyle choices for the duration of pregnancy, but for a lifetime. The health promotion in her model was directed

equally at the father and the mother and included content directed toward nutrition, smoking, exercise and change strategies. Although her intuitive sense was of the positive value of this, no empirical evidence was presented. Ciliska identified a need for formal recording and follow-up, ideally using a controlled experimental design, to assess degree of change and stability over time.

In addition to cognizance about what providers wish to teach pregnant clients, it is important also to be aware of what the clients wish to learn. Little is empirically known about what clients actually come to expect from childbirth education and whether any differences exist in those expectations between male and female clients. Maloney (1983) investigated the expectations of expectant parents about childbirth education classes in a comparative study. Questionnaires which were pretested for clarity and consistency, but with no reported validity, were administered to two groups of volunteers. The first group (23 male and 27 female) had registered but had not yet attended a prenatal class. The second group (20 male and 30 female) had attended classes and delivered a healthy baby about a month before the survey was conducted. All respondents were Caucasian and 83% of the mothers were primiparous. Pre-class respondents were asked about their interest in 19 common childbirth education subjects such as fetal growth and

development and breathing and relaxation exercises. Postnatal respondents were asked to rate the usefulness of each of these subjects. Teaching methods and supplemental programs were also addressed. Although specific results were not included in the publication to verify the author's conclusions, she declared fathers to be more interested in factual information regarding childbirth, labor etc., and mothers to be more interested in gaining confidence and improving their coping ability and less interested in hard facts.

Primiparas' prenatal concerns for learning infant care were explored by Bliss-Holtz (1988). A sample of 189 primiparas was divided into early (5 through 15 weeks gestation, n=63), middle (16 through 25 weeks, n=63) and late (26 through 39 weeks, n=63) pregnancy groups. Open ended interviews were conducted after which a Child Care Experience Scale and a demographic questionnaire were administered. No reliability or validity measures were reported for the Child Care Experience Scale, however. The transcripts were analyzed by separating their content into discrete units and labeling each "thematic unit" according to its content. Thematic units germane to the subject of infant care were then tallied by means of a grid overlay devised to calculate the number of child care thematic units relative to the total number of data units. All material relating to childcare was also

classified as either a psychological component or a pragmatic component of the construct. Chi-square analysis, using an alpha level set at .05, was used to compare the proportion of pragmatic component scores to psychological component scores for the groups. A significant difference was found among the groups (X^2=21.3, p<.005) with both pragmatic and psychological component scores increasing as pregnancy progressed. This finding suggested that appropriate subject matter for the "teachable moment" may vary across trimesters with respect to infant care.

Deutsch, Ruble, Fleming, Brooks-Gunn and Stangor (1988) investigated the relationship between information-seeking and maternal self-definition during the transition to motherhood. A cross-sectional sample of 670 women was randomly assigned to groups. Criteria for inclusion were that the women had no living children, that they currently lived with their mates and spoke English. Participants completed extensive questionnaires on a wide variety of topics pertaining to pregnancy and motherhood (Cronbach's alpha reliabilities were reported for the 13 scales that were used), such as previous experience with children, self-esteem and information received about pregnancy and motherhood as well as self confidence as a mother and self-perceived mothering characteristics. The results of the investigation suggested three primary conclusions: women actively seek information in

anticipation of a first birth; they use this information to construct identities incorporating motherhood; and primary determinants of self-definition after birth shift from indirect sources of information to more direct personal experiences with children. This work adds an important dimension to information gathering as an element in the expectant mother's conceptualization of herself as a mother.

Summary

In summary, the literature review showed a trend toward conceptualizing the psychosociology of pregnancy as a dynamic, unfolding process with developmental undertones, rather than merely as a life event. Evidence was presented for the validity of considering the trimesters of pregnancy as separate parts of the whole, with distinct developmental tasks and markers. The experience of the father was linked to pregnancy, and he was revealed to be much more than a distant observer of the process. He apparently shares similar developmental milestones with the mother. Practical, subjective considerations included physical and psychological symptoms, and the ramifications of these on the individuals and the couple, as well as entry into prenatal care and satisfying learning needs.

This literature review has attempted to give an overview of the experience of an uncomplicated, normal pregnancy with particular

emphasis on early pregnancy. It is a time of momentous change. It is an experience which is different across women and different across time for the same woman. It must also be seen as a pivotal time in the life of the expectant father. These experiences and their changing processes may have significant implications for nursing care, and as such warrant further investigation and deeper understanding.

Chapter III

Methods

Interview data were previously collected by Imle (1989) for a study entitled "Adjustment to Parenthood: Model and Scale Development". The purpose of that original study was to identify the normal learning needs and concerns of parents becoming parents for the first time, and to develop scales to assess their levels of concern about these issues.

This extension of the above study explored psychosocial aspects of the "normal" experience of the first trimester for first-time parents and to develop and define a beginning list of emergent categories for both the men and the women. This work focused on secondary analysis of transcriptions of a subset of the audiotaped Imle interviews, specifically those interviews with male and female partners in the first trimester of pregnancy.

Design

Identification of expectant parents' concerns required an exploratory, descriptive design wherein concepts could be identified, developed and defined. Concept identification and clustering of categories was accomplished. The grounded theory method was selected because it was well suited to the task of analyzing qualitative data, such as interviews, for the purpose of generating substantive

explanatory theory or furthering understanding of social and psychological phenomena. Grounded theory has been described as a way to "create meanings" (Chenitz & Swanson, 1986). Grounded theory methodology was used in the original Imle study to generate empirically grounded concepts for later scale development. The concept development capacity using this method was important to the present study, also.

Sample

The sampling method appropriate to grounded theory methodology is that of theoretical sampling, whereby sample selection is made on the basis of the concepts under study rather than on the population of persons (Strauss & Corbin, 1990). Criteria for inclusion in the original Imle study were: expecting the first viable normal child; female subjects being aged 18-36; male subject's partner being aged 18-36; not being hospitalized during the pregnancy; being in normal health; and males being aged 18 or older. Normal health for the expectant parent was defined as not having any chronic disease or complication which placed the mother or fetus at risk and subjects self-defined their normalcy. Subjects with conditions and symptoms commonly considered as normal discomforts of pregnancy were not excluded from the study.

Subjects were given an oral announcement about the study and the criteria for participation, after which they could self enroll.

The original volunteer sample was recruited from hospital clinics, childbirth classes, health department clinics and an obstetrics clinic of a health maintenance organization. It included nine females and four males for a total sample population of 13 informants. The subsample considered here consisted of three men and three women who were partnered couples. They were, however, considered as separate individuals for the purposes of this secondary study. Because of the limited nature of the study, the subsample was not a theoretical sample.

Demographics of the Imle group are summarized in Table 1 and demographics of the subsample for this study are summarized in Table 2. Both tables are in Appendix A.

Procedures

Data collection. Two to three audiotaped interviews (each lasting 30 to 60 minutes) with individual participants were obtained by Imle after informed consent was given. Interviews were done in homes, in the researcher's office or in the clinic, according to informant choice. Time intervals between interviews were variable and the second and third interviews were used by Imle to further elaborate on the experiences described in the first interview, or to explore new concerns raised by the

expectant parent. The data were transcribed from audiotape onto paper and double spaced. Interviews germane to the present study are those that were taken in the first trimester of pregnancy. This work, as a beginning investigation, analyzed only the first interview with each member of the subsample.

A limitation of secondary analysis of interview data was the inability to pose further questions for follow-up on emerging concepts. This limitation was addressed by identifying these as areas for further investigation.

Coding and analysis. Initial open coding was done line by line using the method described by Strauss and Corbin (1990) in an attempt to extract and name phenomena (formation of conceptual labels) with substantive labels descriptive of the process being described in each data section. Substantively coded data were then clustered using the criterion of similarity in processes being described. Constant comparative analysis was used to achieve the clustering. Questions were asked about the data, and ongoing comparisons were made for similarities and differences among pieces of data and their substantive codes. The data were then reduced by identifying and defining emergent concepts which seemed to account for the meaning in categories of clustered data. Categories were dimensionalized where appropriate.

Memos and theoretical notes were made throughout the coding and comparative processes to record thinking about potential categories, their properties and dimensions (Strauss & Corbin, 1990). Comparison with the literature resulted in a beginning description of categories grounded in the specific data and pertaining to the experience of the first trimester of normal pregnancy for men and for women. Theoretical sensitivity was enhanced throughout this process by returning to the literature as stimulated by emerging concepts.

Human Subjects Concerns

Approval was granted for collection of data for the original Imle study, by each sampling site and by the Oregon Health Sciences University Committee on Human Research. This extension study analyzed the original data for one part of the same purpose as that approved for the original project, therefore the original approval extended to this work as a continuation. Confidentiality of data and subjects was maintained. A copy of the original approval is included in Appendix B, as well as a copy of the Informed Consent form.

Reliability and Validity

Reliability of qualitative studies is judged by whether an independent researcher would generate the same constructs in a similar situation (Woods & Catanzaro, 1988). Given the same general rules for

data gathering and analysis, plus a similar set of conditions, another investigator should be able to come up with the same theoretical explanation about the given phenomenon (Strauss & Corbin 1990). This issue was addressed by collaboration with the original investigator during data analysis to verify emerging categories. Results from grounded theory methodology are generalizable only to the specific situations that give rise to particular sets of actions/interactions pertaining to the phenomenon. The results of this study, therefore, are generalizable only to a population similar to the subsample with regard to the phenomenon described, and would be transferrable only to a partnered expectant parent subpopulation. The original study sample was chosen using theoretical sampling of the phenomenon to discover the concepts representing normal concerns related to pregnancy and as such may be representative of experiences of the majority of expectant parents who also experience normal pregnancies.

Validity of the data analysis results from empirical grounding, producing credibility of the theory generated (Chenitz & Swanson, 1986). To ensure validity, data were continually analyzed and compared to refined and emerging concept definitions to ensure a match between researcher-defined categories and participants' reality (Woods &

Catanzaro, 1988). Repeated samplings of different portions of data from the same respondents was used for verification of the concepts.

Lincoln and Guba (1985) stated that use of an audit trail helps establish the credibility of findings, in that other investigators may use the same procedures to analyze the data and compare findings across the investigators. Auditability is achieved when the researcher leaves a clear decision trail concerning the study (Sandelowski, 1986). An audit trail including coding, memos and theoretical notes was evaluated by the original investigator to establish agreement about the conceptual meanings of the raw data, thus increasing the credibility of findings. The degree to which the original investigator's findings and those of the present study were similar was an indication of the validity, reliability and degree of theoretical saturation of conceptual categories.

Chapter IV

Results

Constant comparative analysis of the data resulted in clustering of coded data into categories that seemed to account for the meaning in the emergent concepts. Data from the men and the women were analyzed separately. In this chapter the identified categories will be defined, key aspects discussed and specific examples of each category will be cited from the data. Findings will be compared to relevant citations in the literature.

The Experience of the Pregnant Man

Accepting of the reality of pregnancy. Accepting of the reality of pregnancy is defined as the process of embracing the pregnancy as a true event, actually occurring in the present time in the context of one's own couple relationship. The internal realization or belief in the pregnancy as a reality seemed to occur across time as evidence accumulated. One father said,

> As things become more evident with her pregnancy,...more and more of a realization that, boy, it's really happening.

This seemed to be an individual rather than a couple phenomenon, and unfolded for each expectant parent separately. The

observation and acknowledgement of the subjective signs and physical symptoms of pregnancy may be a starting point for the process, and validation from an outside source, such as undergoing a positive pregnancy test or actually visualizing the fetus through ultrasound may provide the final evidence to make the pregnancy real. The significance of ultrasound visualization is supported by the work of Cox et al. (1987). They concluded that by directly observing the fetus, the male is provided with information not usually available to him, and the impact of this may be to increase his commitment to and understanding of the pregnancy.

There is an affective component in addition to the intellectual acceptance of the notion of pregnancy. Fathers described a sense of ambivalence at the beginning of the process and "an initial excitement" and "being pleased" as the pregnancy became real.

Physical symptoms of pregnancy. Physical symptoms are defined as the bodily manifestations of the physiologic and biochemical processes occurring as a result of the pregnancy. They are considered to be one of the most usual experiences of a woman's pregnancy, and are anticipated and watched for by some couples as evidence of pregnancy. They also become part of the experience of pregnancy for fathers. It may be a secondary experience as they observe and deal

with the symptoms felt by their wives, and in some cases, a primary experience with their own symptoms.

Data from this study revealed no descriptions of "couvade syndrome" (Trethowan & Conlon, 1965) or physical symptoms in the fathers themselves. A father explained,

> I don't have the feelings about it that a woman has...you know...changes in body chemistry.

All of the men were keenly aware of the symptoms experienced by their wives, however. These signs were seen as indicators, but not proof of pregnancy, and included breasts getting bigger, nausea, missed periods, fatigue and increasing girth. One father reflected,

> I wonder how reliable those tests are...there was some obvious sign that something was happening...

While the physical signs were a cause for excitement as an indicator of pregnancy and something for the father to "see", there was also a negative aspect since they were primarily discomforts for the women, and as such inspired in the men the empathic responding described by Barnhill et al. (1979). This was important since it gave the men something concrete to offer, that is nurturant and supportive behaviors.

One father expressed his anxiety,

> One concern with me is...for [wife's name]'s sake...how is morning sickness going to affect her...the nausea...the flights to the bathroom.

Some expected symptoms did not occur which meant less discomfort. A father said,

> She never got sick...that's just been great.

It also meant less evidence that the pregnancy was real.

The crucial notion about physical symptoms of the women, is that they gave the fathers something to experience, too. This experience was significant, even if vicarious.

Conceptualization of the baby-to-be. The conceptualization of the baby-to-be is defined as the mental picture developed of the child-to-be during the pregnancy. This picture could include an idealized fantasy image of the wished-for baby or the actual image of the child as it was presumed to be, although the identity was fairly abstract in early pregnancy. Experiences such as listening to the heartbeat and viewing ultrasound images contributed to the conceptualization. The baby may be pictured as an older child, sex preference may be assigned and certain personal characteristics of the self may be given to the

developing fetus. One father said,

> They're fun and they're really pretty intelligent, you know. They're really sharp...not dumb at all, you know, and they're fun...

Another father described the infant's characteristics,

> Billions and billions of cells, and right up here [touching his hair] give the baby this same little cowlick that its father had.

These findings were consistent with Stainton's (1985) work demonstrating that from the parent's point of view, each infant, although unborn, is a unique individual. This process of conceptualization of the infant before birth has special significance according to Lederman and Lederman (1984) who suggested that having a mental image of one's infant is a precursor to the developmental task of attachment.

Safeguarding the fetus. Safeguarding the fetus is defined as the practice of choosing certain behaviors, or eliminating other behaviors, for the express purpose of protecting the developing fetus. Although the mother may be seen by the father as the primary enactor of this role, since the fetus develops within her body, a clear paternal component emerged from the data. Fathers described themselves as being very aware of certain behaviors of their pregnant partners that were perceived

to have an effect on the fetus. One father reported monitoring his wife's alcohol intake,

> She might have a sip of wine and let it go. Once or twice a week, but that's as far as I would feel comfortable.

There was potential for the father to either approve or disapprove of the woman's safeguarding behaviors as he was monitoring them.

The ultimate purpose of this behavior was to ensure normalcy of the baby through risk reduction. Another father said,

> If there's any chance that it might be detrimental to the kid, why not more or less just knock it off?

Safeguarding may involve a change in lifestyle or habits, and information from outside sources may be sought to enhance fetal protection. The following father expressed concern about treatment choices when he said,

> [Wife's name] has allergies, and has been in very close contact with her allergist and obstetrician about what is safe to take, what's best not to take. What I feel comfortable with, is if there's any doubt, don't do it.

The extent to which fathers enacted the safeguarding role may be a reflection of their detachment or involvement style as explored by May (1980), and as such could be influenced by a myriad of factors, including

the man's age and developmental status, and the power balance in the marital pair.

Assuming the role of father. Assuming the role of father is defined as the cognitive and behavioral transition a man must make in order to become a parent. It includes his self perception as well as the image he presents to others. It is one way in which he positions himself to do what a father does. It includes an affective component which involves an optimism and confidence in abilities, as well as learned and instinctive components. It is a breaking away from the role of child of a parent to become the parent of a child. The ways in which this new role may be filled are influenced by the dynamic interplay between characteristics of the future child and oneself, and may be ultimately bounded by a willingness to assume responsibility for another. It may be restricted by a man's actual ability or willingness to parent only a certain type of child, such as one without handicaps. The role is developed through observation of other parents, experience with the children of others, and sometimes through fantasy and imagination.

The assumption of the role of father was illustrated by the following examples from the data. One father said,

> Well, it's something that sort of comes naturally and people have been doing it for millions of years so it's probably not terribly

difficult to pick up.

Another father said,

I see being a parent as a very complicated job...

These findings seem congruent with the work of Jordan (1990) describing the experience of fatherhood as laboring to perceive the paternal role as relevant to one's sense of self and one's other life roles.

Background experience and memories. Background experience and memories is defined as the father's recollection of events and the childhood experience of being the recipient of parenting behaviors. Each pregnant father brought a patchwork of lived events and recollections of those events to the pregnancy. These included memories of what it meant and felt like to be a child in a particular family. Concerning the environment of a large family, a father who expected no problems fathering said,

It's a whole different environment...I grew up in a house with five children.

He thought the big family environment would affect his parenting. Background experiences and memories were seminal to the type of person this potential parent was and were shaped by such factors as birth order and gender. The family in which a person is raised is thought

to be the earliest and most powerful source of influence in one's personality (Bochner & Eisenberg, 1987).

Another important component was memory of the experience of being parented. This included both experience and observation, and helped shape one's ideas about what parents do. A father described his memories of his parents,

> Images of them do come to mind from time to time...my dad is very good with children and helped out and I'm really glad for that sort of a background.

The fathers also recalled experiences with children, and seemed to consider them important foundations for the anticipated role of parenthood. The same father elaborated further,

> I have a little brother who's nine years younger...it was real interesting watching him grow up...I think that's given me an added insight that maybe some people won't have on children.

Information and affect derived from memory, while significant, may also be incomplete or biased due to the selective nature of memory, as reported by Cowan (1988).

Philosophy of family. Philosophy of family is defined as the set of outlooks an individual derives as a result of the common experience of

growing up in a particular family, as lived through the filter of that individual. The expectant father may seek to replicate certain positive aspects of his experience or avoid those aspects seen as negative. Components include assignment of appropriate roles, communication patterns, rules, habits and values. It becomes the backdrop against which all activities of daily living are conducted. It is of special significance to the new family constellation emerging with the pregnancy. According to Galvin and Brommel (1991), the socialization by parents serves as a major factor in determining children's family-formation behavior.

Data from the respondents indicated that a philosophy of family influenced such matters as the acceptance of babies into the family network,

> They tend to be really ga-ga over babies...

and willingness of parents to be facilitative in extending opportunities. One father recalled,

> The way my parents raised us, if you wanted to do something they would try every way they could to see that you could have that opportunity.

Another father remarked,

> I think there's a lot to be said for big families...

The philosophy of family could be of special significance as a potential source of conflict regarding parenting decisions between individual spouses, if their philosophies are not congruent.

The couple relationship. The couple relationship is defined as the way each member of the twosome feels about the other and is a state of mutual involvement. It is expressed in patterns of communication and behavior and in the general approach to daily life together. There is a strong affective component that is the heart of the relationship .

Pregnancy requires changes as the couple moves from a twosome to a threesome. The changes could begin before pregnancy as a natural evolution in the closeness of the members over time, and as such might be a factor in readiness to become parents. One father recalls,

> We started to spend more and more time around home...just moving in that direction, anyway.

Changes could also be a direct result of the pregnancy, as another father described,

> We started feeling a lot closer...emotionally as soon as I found out I was going to be a daddy, and we were going to be parents.

The fathers described the relationship with their partners in terms of "a

growing bond", feeling emotionally closer almost as though the fetus/pregnancy was a magnet drawing them together.

One father suspected his wife was giving him extra attention now, in preparation for the time after the arrival of the baby when he would get less. He said,

> She's been warming me up...

While he believed she was compensating for anticipated time commitments, this may also have been a manifestation of his wife's task of ensuring acceptance of the child (Rubin, 1975). Fathers described "empathic responding" behavior,

> Sometimes you hug your wife a little more often...giving one for the baby, maybe...

This is similar to that described by Barnhill et al (1979).

Changes in the couple relationship that occur with pregnancy may depend on many factors, such as past experience together and congruence of future plans. The changes described by these fathers were all expressive of increased closeness, with a positive affect.

Social support. Social support has been previously defined as the interpersonal transactions that provide affect, affirmation and/or aid (Kahn & Antonucci, 1980). It includes interactions with peers, family and the community in general. Pregnancy itself is a social experience,

involving at least a partner for conception, and resulting in the creation of a relationship with a new individual. Social support from friends and peers may have an influence on childbearing decisions, such as the timing of pregnancy. A father describes it as,

> Very much a social experience. I have lots of friends and my brother and his wife, and some other people pregnant...heard someone say children are in style right now.

Friends were one source of mutuality, someone to share the experience with. Another father expressed this hope,

> We'll have, hopefully, somebody that's under the same boat as we are, and that will make it easier.

Pregnancy may also have an effect on social support by changing the members of the social network and changing the activities which are appropriate for the parent. This may coincide with the lifestyle changes demanded by the pregnancy.

Community supportiveness may be enhanced by the selection of a particular community to meet needs and expectations of childrearing. The experience could be different in a small town versus a large city, for example, which was a consideration for one father in anticipating choices about a long-term location for his family.

The spouse in particular and family in general add to the social network in which one functions. Many factors may affect the dynamics of family social support, such as previous quality of the relationships with members of the family of origin, physical proximity and personal styles. Social support seems to be an important resource for the experience of pregnancy, as supported by the work of Norbeck and Tilden (1983) who demonstrated an adverse effect on the maternal and fetal outcome when it was lacking.

Lifestyle changes. Lifestyle is defined as the manner and habits of day-to-day existence and includes such aspects as fitting together day-to-day life with employment, entertainment and leisure activities. Lifestyle is influenced by social networks and economic and time resources. Lifestyle changes are expected or actual alterations made in the manner of day-to-day living, either required or voluntary, to facilitate the optimum outcome and experience of pregnancy and parenting. These appear to be related to changes in the social network also.

One father described fantasizing about his future lifestyle. He mused out loud,

> ...just trying to imagine what it will be like with a baby around here...

Which activities are engaged in, and when, may also be influenced. The anticipated changes require purposeful attention and some anticipation of loss, as one father said,

> Well, we better do this as much as we can, now. We won't be able to do that in a while...we're not used to that sort of living.

One father explained an expected change in the couple's lifestyle,

> Most of the people we associate with aren't gonna have children...and so that raises the question, how is your relationship with those people that you've become dependent upon for social activities going to affect you...I've pretty much resolved that...you can manage.

Some lifestyle changes made to safeguard the fetus, such as decreased alcohol consumption and diet modifications, also exerted a secondary effect on the male. Other lifestyle transitions at this time may be related to job and housing changes and financial lifestyle adjustments in anticipation of loss of the woman's income.

Although some changes at this time are expected, others purposefully planned and still others naturally occurring, they all required some form of adjustment. The man's ability to make these adjustments

successfully seemed to be related to his overall attitude about the pregnancy.

Financial adequacy as achieved through occupation. Financial adequacy as achieved through occupation is defined as the ability to provide for the material needs of the family in the desired manner with the monetary resources resulting from the father's employment. In the experience of these informants, the notion of financial adequacy is altered by pregnancy to become an area for reevaluation and transition in an effort to establish greater financial security for the family. The need for stability in this area may impose loss of freedom to shift jobs, require new commitment to the existing job, become a source of conflicts between partners and perhaps ultimately influence enactment of the parenting role.

The fathers saw themselves as the primary person responsible for finances, including planning and evaluating to accommodate for the loss of the woman's income, even if temporary, due to childbirth. Much of the data were concerned with financial considerations in light of the pregnancy, including changing jobs to enhance security and earning ability. Fathers forecasted the financial adequacy under imagined adverse conditions, as expressed by the following statement,

> I feel comfortable with the fact that meeting our house payments and our bills and all that...if the worst case scenario happened ...and she had to take an extended leave, that we could make ends meet.

Another father worried out loud about the loss of his wife's income,

> Financial consideration is that we're extended out far enough that we really need a certain amount of income...but with just my income it gets real tight...that's one of the things we really haven't worked out.

This father had just made a job change to a new company whose long term prospects were still uncertain.

The new commitment to financial security may represent a loss of freedom. One father described it this way,

> I think that is sort of a traditional way of looking at things in the business world, at least for a man, that high level people like to see the people working for them have families because it makes them more committed to their work and locked into it.

The area of financial security is significant because it has the potential for far reaching effects on the enactment of the parent role, particularly as the role is conceptualized by the fathers.

Physical environment suitability. Physical environment suitability is defined as the evaluation of whether the surroundings where one lives are adequate and conducive to carrying out family interactions and roles. The physical environment consists of the actual surroundings in which a person lives. One facet is the family's personal environment, which is the home. The concept of fit has been applied to people and their home environments. Lennard and Lennard (1977) describe the "fit" between the style of family interaction and the home environment. Isomorphic fit implies congruence between the family and its environment. It occurs when aspects of the environment are clear expressions of the family's identity. Saegert (1985) maintained that a house had a strong psychological and social meaning, and suggested that "it is part of the experience of dwelling - something we do, a way of weaving up a life in particular geographical spaces" (p.287).

Fathers described this as a time when housing adequacy was re-evaluated and changes were made, either moving to a new residence or making adjustments to the current domicile. These changes required planning and active involvement and seemed to be done to enhance the "fit" between the emerging family and its environment. There were social aspects to this process, and it represented a posturing about the future place in which to raise the child. One father described it this way,

> Thinking about getting a bigger house...it'll be a lot bigger than this, 'cause this is just a little crammed [sic]...later on, I think, when things get busy, grandparents start coming over and stuff. You wanna [sic] have room so they can stay longer.

The level of achievable housing suitability was determined by financial adequacy.

Another aspect of physical environment is the community setting, which may affect lifestyle, values, experiences, and social support, as mentioned earlier. One father described the advantages of living in a small town as opposed to a larger city,

> We spent hours out in the mountains...we could come and go, safely...you'd leave your houses unlocked.

The physical environment seemed to be more than just a backdrop for childrearing. It became an integral part of life that could affect the incorporation of the baby into the family/community network.

Readiness. Readiness is defined in The New Merriam-Webster Dictionary (1989) as the state of being willingly disposed or prepared. In the case of readiness for pregnancy and parenthood, there are financial, environmental, personal and couple components, and it is achieved through both active and passive means. The significance of readiness

seems to be its effect on the timing of pregnancy. Readiness also seemed to have one component suggesting the status of being ready to give up the life and style of the pre-pregnant self. Readiness facilitates pregnancy as a deliberate choice. The data indicated that personal readiness for pregnancy occurred on an individual level for fathers, for example,

> Part of the reason we kind of held off on having a kid for a while was...I wanted to feel like I had reached a certain responsibility level...I wanted to assure myself first of all that I could...be a responsible parent.

Accomplishment of personal readiness could be different for each partner in the relationship as expressed by this father,

> [Wife's name] kind of wanted to have...a kid ever since we've been married...and I was more...uh...let's kind of take it in stride and do all the proper planning and those kind of things.

Readiness progressed to a sense of yearning for the baby and events to unfold, as described by one father,

> Once I read all that stuff, I wanted it to happen right away.

A consequence of unreadiness could be decreased acceptance of the baby. One father put it this way,

> I feel more comfortable when things are structured...I wouldn't want to look at the baby as something like an intrusion into our lives.

Although achieving readiness was an individual process, it could be influenced by the quality and development of the couple relationship. A father stated,

> We'd say, well we're kinda [sic] holding off on having kids for a while...you need your time together...and unless you get that before you have a kid, it's a long time before you have that just going along togetherness.

The stories told by these fathers seemed consistent with the readiness factors described by May (1982). They included an intention to have children, stability in the couple relationship and a sense of closure to the childless period of his life.

Information gathering. Information gathering is defined as the process of seeking knowledge and understanding of the processes surrounding pregnancy and parenting. This knowledge and understanding were sought by a variety of means by all of the male respondents, as a result of the newness of the experience. Sources of

information consulted included the media, books and written materials, textbook learning in school, the health care system and organized childbirth education programs, as well as calling on past experiences and the experiences of others. This process had an active component which consisted of taking the initiative to find information and answers, and a passive component which seemed to be recalling memories of past experiences, and absorbing through observation and verbal interactions, the experiences of others.

The kinds of information sought in early pregnancy included advice about child care and parenting and facts about pregnancy development, labor and the childbirth process. One father explained reasons for seeking information,

> To face up to how little we know...

The father continued,

> So mostly what's on my mind is just trying to learn as much as I can, figure it all out and try to be prepared...try to know as much about the whole process as possible.

Other reasons for information gathering included correcting misinformation, and personal responsibility. A father stated,

> It's probably important that people study and learn a lot and not just sort of be swept along on the latest trend.

Interest in information gathering was high in this group and seems to support the assertion of Cranston (1980) that there are benefits to be gained by initiating prenatal education as early in pregnancy as possible. The desire for knowledge exhibited by these respondents seems consistent with Ciliska's (1983) "teachable moment".

Other potential categories . Two additional categories were suggested by the data, but remained underdeveloped. One father described concerns his mother-in-law expressed about early disclosure of information to outsiders about the pregnancy, when the risk of miscarriage was greater. The father himself was comfortable with the disclosure. This seemed to be a potential for reluctance to invest heavily in the pregnancy until it was a "sure thing", and although it did not reflect the feeling of this particular father, it could be an area of importance for further theoretical sampling in interviews. Unfortunately, that was not an option in the present study since data had been previously collected.

Another father's language seemed to represent a cognitive change as a result of pregnancy, a different way of looking at things that were previously known to him, when he said, "I'm sure I probably studied it [pregnancy] in high school...it's interesting [now] in a whole different way." This type of change in conceptualizing has been described by Rubin (1970) in women, and would be another area for further sampling.

The Experience of the Pregnant Woman

Accepting of the reality of pregnancy. Accepting of the reality of pregnancy is defined in the same way for the women as for the men, and is a cognitive and affective process of embracing the pregnancy as a true event. One woman described a sense of "knowing" that she was pregnant as the first indicator, even before the onset of symptoms,

> I kind of felt something...about three days before I was even due for my period. It wasn't that I had any warnings (symptoms)...but I had this feeling...what do you call it?...woman's intuition...maternal instinct.

The women described accepting the reality of pregnancy as a process that happened over time and carried a strong affective component. For those planning pregnancy, there was an initial anticipation that gave way to a sense of disbelief that had to be overcome. In the work of overcoming this disbelief, the women ran a gamut of emotions, from amazement and surprise to nervousness. These culminated in the acceptance of the pregnancy as really happening. Subjective symptoms were usually only an indicator and outside sources were consulted for "proof". The doctor's opinion and positive pregnancy tests were further, more compelling evidence, but the final conviction seemed to come with

the actual visualization of the developing, **alive** fetus. A mother described,

> You can see the heart and they saw it beating, so I know it's in there...now I definitely believe it totally.

Another mother related it this way,

> It's hard to believe right at this point...after having ultrasound yesterday, I can **now** believe it, but right at first, it's difficult to comprehend.

This period of reality development over time was congruent with Rothman's (1986) concept of the tentative pregnancy and may be an early manifestation of the same phenomenon whereby women delay emotionally accepting the pregnancy until genetic testing reveals it as a pregnancy that will be continued, as a form of emotional self protection. The women studied here were not undergoing genetic tests, but wanted the pregnancies to be real and may have been emotionally guarding themselves against disappointment. One woman described the affective-cognitive struggle,

> I kept not wanting not to be...not really certain that it was still true...those tests aren't 100% accurate...[kind of protecting yourself from being too hopeful?]...ya, I think that was it.

Another important aspect underscored by the words of these women is the significant effect the ultrasound imaging had on the acceptance of their pregnancies as real. The physical changes they were experiencing were indicators which the women recognized their husbands were not experiencing. One woman said,

> I know these are definite signs of pregnancy...I guess it's more fathomable for me...it's harder for [husband's name] to believe, he doesn't go through the sensations.

Physical symptoms of pregnancy. Physical symptoms are the bodily manifestations of the physiologic and biochemical processes occurring as a result of the pregnancy. Although the physical symptoms of pregnancy experienced by the women were seen as evidence of pregnancy, and as such were often hopefully anticipated, they were still perceived to be generally negative and unpleasant. They included fatigue, nausea, constipation, headaches, increased sensitivity to smell and nasal congestion. Employment of comfort strategies was common. Symptoms frequently intruded into the activities of daily living, prompting a need for outside help, and at times were severe enough to limit ability to function. As one mother described,

> I've got that feeling, and usually I'm real sick...and some real severe headaches...I'm actually making judgmental errors on the job...I'm being incapacitated.

These symptoms could be influenced by prior experience or conditions, and at times needed to be differentiated from symptoms of other etiology, such as allergies.

There was a general conceptualization of these unpleasant early symptoms as temporary and their cessation was something to be anticipated. As one woman said,

> Hopefully that just lasted a week as far as the vomiting...

She continued, describing herself as,

> Becoming a lot more physically comfortable.

The women's descriptions of the significance of their symptoms is consistent with the work of Affonso and Mayberry (1990), where physical symptoms were reported to be among the most frequent stressors in the first trimester.

Identification of self as a pregnant person. Identification of self as a pregnant person is defined as the taking on of a new self image as someone carrying a child. This new image involves not only adjusting to changes in bodily appearance, or what one looks like, but also a different conceptualization of role, or what one does as a pregnant person. The

familiar body, including the clothes it wore, is left behind. For some of these women, this change seemed to be burdened by the stereotypes of "pregnant equals fat", and "fat is negative". They worked on the need to differentiate, as shown in the following examples,

> Gaining some weight...I don't really want to get heavier...I'm wearing pregnant clothes, because I can't wear what I currently own. I'm not gonna wear **fat** clothes...do I want to buy fat blue jeans or pregnant blue jeans...it was a hard choice...I went with the pregnant self image, 'cause I realized that's what I was buying.

For the mothers, a portion of taking on this new identity involved letting go of the old one and accepting the loss of the pre-pregnant self. They explored the new role as a pregnant person with experienced others. There was a tendency to feel "silly" engaging in pregnant behaviors, such as shopping for maternity clothes and ordering milk with meals, before outwardly appearing pregnant. This discomfort may have represented insecurity in the new role which appeared to be taken on as a process over time. Data from the fathers implied that these men skipped this phase and projected themselves directly to assuming the role of father, which could be due to their tangential "experience" with the pregnancy itself at this point.

Conceptualization of the baby-to-be. Conceptualization of the baby-to-be is defined as the mental image of the future child that the mother develops during early pregnancy. This image includes components of the baby in the future, may or may not include sex assignment and embraces imagined activities together, as stated by this mother,

> Well, Junior's this and when he's a year older, we'll do that...

Another mother stated,

> Our favorite thing is the bet whether it will have a fishing pole in its hands or skis on its feet first.

Despite the imagining of the child of the future, the major thrust seemed to be what the growing baby was like in the **now**, and was highlighted by the revelations of ultrasound. A mother exclaimed in amazement,

> It's pretty little...they let you watch where it moves around.

She continued her description of the ultrasound,

> You could see it kicking and its heart beating...it looks like a gerbil.

A major concern was normalcy of the baby, again consistent with the findings of Affonso and Mayberry (1990) who reported concerns about the baby's welfare to be among the most intense stressors of early pregnancy. One woman revealed,

> I think about it...about the possibility of it having birth defects or something like that.

As a group, however, the women gave less overall attention to conceptualization of the baby than did their male counterparts, and focused much more energy around their physical symptoms.

Monitoring the pregnancy. Monitoring the pregnancy is defined as a close scrutiny of the biological processes of pregnancy and seemed to have multiple purposes including pinpointing milestones of the pregnancy, such as conception and development, in time. One mother stated,

> We'd look back on the calendar...we had intercourse...a couple times on that day that was midcycle plus within two days after...we had done it right in that time.

Understanding the physiology of what was happening, confirming reality and checking for normalcy of the pregnancy and baby were additional purposes. This category emerged from the women's data, but not the men's. There were subjective components such as the awareness and observation of symptoms and experiences as well as objective components where the help of outside monitors was enlisted, including doctors and ultrasound. Monitoring involved watching rather than taking action.

Safeguarding the fetus. Safeguarding the fetus is defined as the practice of engaging in certain behaviors, or eliminating other behaviors for the express purpose of preventing damage to the fetus. It included elements of safeguarding the fetus as well as safeguarding the woman as a carrier of the fetus. This category emerged only in rudimentary form in the women's data. This again may only represent an artifact of the group, and requires further investigation. Safeguarding was done primarily by the women themselves by altering intake and changing activities, however outsiders were also seen as potential safeguarders, as one mother expressed,

> Sciences these days, you know, they (birth defects) can be prevented...

Male partners were also seen as safeguarders in such ways as being available "if anything happens". As with the men, the enactment of the safeguarding role could be influenced by a multitude of factors including age, developmental status and relationships with others. Monitoring, as described in the preceding section, may also be thought of as a prelude to safeguarding.

Listening to the body. Listening to the body is defined as paying heed to signals from the body, especially in regards to intake, rest and certain activities such as exercise. This phenomenon was related to the

women's experience of pregnancy and was completely absent in the data from the men. This seemed to be a natural or instinctual expression of the need to safeguard the pregnancy and fetus. It was a message of "the body knows best" that the women heeded. This behavior benefitted the women themselves, by making them more comfortable, as well as protecting the fetus. A mother said,

> It's never been that strong...that my body would react this way...I can kind of convince certain foods to get in...I don't fight it too much...it just seems to be more of a thing to ride through.

There was an element of putting some of the responsibility for choices on the intuition of the body, as stated by one mother,

> My body's been fairly clear about what it wants and what it doesn't want and if it continues to be this strong through the rest of pregnancy I'll probably not be overdoing anything.

It was difficult to know from the data whether this represented a change in behavior with the pregnancy, or was merely indicative of the previous style of the women. It is another area that would benefit from expansion through selective interviewing.

Assuming the role of mother. Assuming the role of mother is defined as the behavior change a woman must make in order to become a parent and includes her own self perception as well as the image she

presents to others. It is a process that occurs over time and is influenced by a multitude of factors, including the process of identifying oneself as a pregnant person and remembering one's own mother. The woman's own definition of what a mother does is included in her assumption of the role, and this may influence decisions about how the role is enacted.

For the women studied in this work, the assumption of the mothering role was a process that happened over time, but clearly had it's beginning in early pregnancy. It was heavily influenced by the observation of other mothers, especially their own, and included a desire to repeat positive patterns and avoid the negative. One mother said,

> The whole idea of having moms is that you have someone who's going to teach you how...and the trick is, if you find yourself in bad patterns that you don't like...is to recognize them and be able to break them at that point in time.

The role change from child of a parent to parent of a child caused a change in the way one's own parents were viewed. They were seen more as peers, as expressed by this expectant mother,

> And one of the things that has come to me is that I suddenly feel...I've always thought my mom knew what she was doing when

> she was a mom and pregnant and had me as a small child...as I'm going through this initial feature of pregnancy it strikes me...I don't feel like I know even close to what I thought mom knew...so she probably didn't know...you think about your own and it humanizes them.

Although assuming the role of mother heralded a tremendous change in identity, it was also important to maintain part of the former self identity, as expressed by one mother,

> I'll still be running a youth group when it's over, when I have a baby in January...and after the baby is born I can go back to looking for real work...just because I'm having a baby doesn't mean I'm cut off from that.

Another part of the work of this process was defining what the mother role was, what her personal limitations were, and achieving congruence in this definition with that of the spouse who would share the parenting role. One woman, describing how she conceptualized the parenthood role said,

> We're going to have to mesh and we're going to have to talk a lot about that for the next however many months it is.

This entire process seemed to be congruent with Rubin's (1975) task of giving of oneself, whereby the gravida evaluates and assesses the demands of pregnancy and mothering. Rubin called this a cost analysis of the various possibilities.

Background experience and memories. Background experience and memories is defined as the recollection of childhood events and experiences of being a recipient of parenting behavior. Each pregnant woman brings a set of lived events and recollections of those events to the pregnancy. These include memories of being parented that influence what kind of a parent to be oneself, ideas about divisions of parental roles and the like. One woman described her parents' parenting,

> My father did not take a hand in child rearing, period...so my mom did all the parenting and disciplining and stuff...she always wanted the best for us, and she did a lot of stuff which I will probably do, too.

Another said,

> It's what we're bringing in of our childhood.

As with the fathers, these experiences were seminal in shaping the potential parent. The women spoke of certain key events remembered from childhood that created lasting impressions. One said,

> When I was in grade school, she [mother] had I guess it would be severe depression. She was admitted to a mental hospital and went through shock treatment and all that...there was a whole month that we weren't allowed to see her at all.

The experience of abuse also created a lasting impression of childhood for one woman who said,

> It wasn't a closet type thing...I think it was coming out as I was growing up...when you know you're getting slapped around a lot and your sister's not...you know something's not being fair...my mom probably would never admit that she hit us or anything like that.

One mother described the carryover effect of childhood experiences this way,

> I recognized that I had emotional luggage that I damn well better be aware of. I cannot ignore it...

The experience of being a child is different for every person, and has a profound effect on expectant parents as they contemplate assuming responsibility for the childhood of their future baby.

Philosophy of family. Philosophy of family is defined as the set of outlooks an individual derives as a result of the common experience of growing up in a particular family. The philosophy of family created the

atmosphere that daily life was conducted in: strict versus lenient; active versus reactive; and tolerant versus restrictive. It set the tone for the environment of the home on issues as divergent as housekeeping and discipline. It was generated by the family members themselves as they enacted their roles in the context of their situation and had a pervasive effect on the family members in areas such as values. These values were being carried to the next family generation. One woman said,

> My mom tried real hard to give us real strict standards...go to church and this and that...she wanted a real Christian home.

Philosophy of family influenced the way children were viewed, as expressed by this mother,

> I believe in the thing that you can't hide things from kids...they know, they feel...

The philosophy of family influenced socialization with others and had an influence on the type of activities deemed acceptable, as recalled by one mother,

> I could come home from school and she always had stuff...like we could make up our own pizza...or if we wanted to make cookies...just bring a friend home and do it...it's there.

The philosophy of family influenced the experience of childhood and therefore exerted a continuing effect as these children entered adult roles, including the potential to create conflict if the new co-parents had incompatible philosophies from which to develop their new philosophy of family. This category seemed very similar for both the men and the women.

The couple relationship. The couple relationship is defined as the way each member of the couple feels about the other and is a state of mutual involvement. The couple relationship is important because the spouse may be the primary source of social support. One woman said,

> I don't think I'd do any of it without [husband's name]...probably the best support system of all is my husband.

The data indicated several changes in this fundamental partner relationship that appeared to be related to the pregnancy, including an increased dependency of the woman on the man. Much of this increased dependency was as a result of the symptoms of early pregnancy, and if unanswered, was a source of obvious discontentment. This is consistent with the work of Cowan, Cowan, Coie and Coie (1978) who found that issues of childrearing and becoming a family generate significant amounts of disequilibrium for each individual and couple. One

mother expressed her unhappiness with her husband's lack of help this way,

> I don't want to knock him, but he won't do any housework at all...I'm tired now, and I want help and I'm not getting it...

Cowan and Cowan's (1988) further findings that both men's and women's satisfaction with the "who does what" in life are consistently related to individual and couple adaptation, is especially significant to this issue of increased dependency needs.

There was also a dependency need that seemed representative of enlisting help with safe passage, which, in this early part of pregnancy, according to Rubin (1975), meant a concern for the safety of self.

> ...that's my only worry...where's my husband gonna be if something happens...

Outside helpers were sought if the spouse could not be trusted to meet these dependency needs. Ironically, when dependency needs were addressed by the man, sometimes by a change in the division of roles, one woman, expressed guilt at the extra burden being placed on her mate and dissatisfaction with herself,

> I felt very much like a drain on him, you know...I don't like being impassive...

There appeared to be an increased need for communication expressed in the form of "keeping tabs on one another". This resulted in a potential loss of feelings of independence and freedom.

There was a potential for conflict surrounding the upheaval in the couple relationship and various strategies such as negotiating, stalling and efforts to involve the fathers, were employed by the women to deal with the individual conflicts. For the women this was a time of particular evaluation of their partner as a partner.

Changing extended family relationships. Changing extended family relationships is defined as the reordering in the ranks of family members as a result of the introduction of a new member. Human systems (including families) develop patterns of order that reflect a hierarchy. Historically, a universal rule of family organization establishes parents as more powerful than children (Galvin & Brommel, 1991). The impending addition of another level to the hierarchy has the potential for causing a tremendous upheaval in the system.

Data from the women revealed this to be a time of particular assessment of their own parents as parents, noting their flaws and limitations as well as strengths, as a prelude to their own role development. A woman also began to identify with her parents as a fledgling parent herself when she said,

> I catch certain inflections of myself and then I'm going...you do look like mom...

She added,

> I tried to engage mom...I figured a lot of my pregnancy would be modeled after hers...

Past conflicts with mothers' own parents resurfaced, especially conflicts with mothers. These were related to a variety of events, mostly past history, but the respondents viewed this time surrounding birth as having a potential for resolution of these conflicts. One woman expressed hope for improving the relationship between herself and her mother when she said,

> [It's an] important time for her to come home from the hospital [to help after the baby was born]...it would mend my relationship with her a lot.

She further elaborated,

> And if I can work it out by talking with her now...she can grow, I can grow and we can both benefit very nicely.

The change in generational hierarchy reordered family relationships. Former children moved toward considering themselves peers of their parents, often with a struggle between the need for

autonomy and the need for dependence. Their parents were nudged out of the middle generation into the older generation, when mortality must be considered. This reordering of relationships was a seed for conflict with the introduction of a new role, that of grandparent, and the attendant definition of that role within the context of the individual family. One woman expressed this concern,

> The traditional thing is that when you come home from the hospital...you have mom around [to help]...this caused me a lot of anxiety...she does things that drive me crazy, for two hours, even...

The turmoil surrounding these family changes was compounded by the same dynamics occurring in the partner's family, and the need to integrate not only a new set of roles for your own family, but for another family system as well, and this was further influenced by their relationships with each other. A mother reflected on this dilemma,

> Do I want my mother-in-law around? Will my mother ever talk to me again if I ever want my mother-in-law around?

The data revealed this change in relationships to be a significant part of the experience of early pregnancy for the women, but did not appear significant to the men at the point in time when the data were collected.

Social support. Social support is defined as the interpersonal transactions that provide affect, affirmation and/or aid (Kahn & Antonucci, 1980). This category in the experience of the women was very similar to that described by the men. The women received social support primarily from their spouse, but also from other family members, peers and the community. Pregnancy caused similar disruptions in the social network of the women, changing whom they did things with as well as changing what they did. The shift was toward others who were also seen as parents, and as such the pregnancy was a stimulus for developing new relationships, or old relationships along new dimensions, defined by the need to explore the new role identity and gather information. One woman illustrated this phenomenon when she stated,

> My sister-in-law...this is her second child...I go talk to her.

Social support filled a need for mutuality, someone to share experiences with, and was a source of information and support for childbearing decisions. Social support for both the men and the women provided a buffer between themselves and the uncharted territory into which they were embarking.

Job considerations. All of the respondents in this group were employed outside of the home. The pregnancy and need to care for the

expected baby caused a reevaluation of themselves as workers. This reevaluation was colored heavily by their history and view of themselves as not only wage earners, but as individuals with something else important to do, before they began to shape their self image as mothers. There was a very strong element of the importance of doing outside work that exceeded financial considerations. Indeed, financial considerations surrounding employment were of much less significance to the women than to the men. An area of greatest concern for these women was the issue of when to return to work after delivery of the baby. This decision was influenced by numerous factors including increased financial need as a result of an additional family member, job satisfaction on the present job, expectations of being bored at home and a desire to accelerate socialization for the child by early placement in a day care setting. These concerns were expressed by this woman when she said,

> I don't think I'm the kind of person that would want to be at home. I like to work and I think I'd go stir crazy at home.

Interestingly, actual concerns about finding and securing child care arrangements to facilitate return to work were not discussed, and the focus was on the ramifications for the mother, not the infant.

Lifestyle changes. Lifestyle changes are defined as the actual and anticipated alterations in the habits and manner of day to day

existence as a result of the pregnancy. Lifestyle for the women was also influenced by social networks and economic and time resources. Some were considered temporary and others permanent. Some were voluntary to accommodate or safeguard the pregnancy and fetus. One mother described this change in routine,

> I don't drink alcohol anymore...that's another thing to be conscious of.

other changes were forced to accommodate symptoms or changing circumstances. One mother described such a change in her exercise routine,

> They say to slow down [because of the pregnancy] in aerobics.

The women were also anticipating lifestyle changes that would become necessary after the arrival of the baby.

> ...guess what...we have to go home...the kid needs feeding or needs picking up from the baby sitter.

The social impact of the pregnancy for the women as with the men, had a heavy influence on lifestyle changes.

Readiness. The women in this group considered themselves to be "ready" as did the men. This was expressed in the preconception planning that was done and in actively trying to conceive and suggested a relationship between the wantedness of the pregnancy and the degree

of readiness to conceive. Financial aspects of readiness were much less significant for the women, and were mostly an expression of the ability to engage in nesting behaviors, to prepare the physical environment to receive the baby. One woman said,

> I was going to be prepared...I want new baby furniture and I want wallpaper.

There was also the clear expression of a sense of completion to the non-parent part of life.

> ...it's long enough...time for a change...we've been married for three years...

An element of readiness in the couple relationship was expressed as well as confidence in the underlying physical ability to bear children and prior health background.

Information gathering. Information gathering is defined as the seeking of knowledge and understanding of the processes surrounding pregnancy. Information was sought by the women as they consulted a variety of information sources such as books, classes, their mothers and others who had been pregnant, as well as the health care system as resources for information. There were some impediments to this information gathering that included schedule conflicts with classes and

not being interested in the material available at that time. One mother feared appearing stupid when asking questions.

Information was also gathered through experience with other children, and pulled from memory and this information highlighted areas where knowledge was lacking. One mother said,

> I look at small children and especially babies...okay...where's the owner's manual on these things?

Deutsch et al. (1988) contended one purpose for this information gathering activity during pregnancy was "self socialization" whereby the expectant mothers sought out relevant information and tested self definitions in the context of the life change wrought by the pregnancy. Those findings seemed consistent with this work.

Other potential categories. Several other categories were suggested by the data but were not well developed. This again may be a partial artifact of "outlyers" in the respondent group and would bear further investigation beyond the scope of this work.

One woman described feeling invaded by the pregnancy. She said,

> ...especially the first five or six weeks...I kept feeling like I'm being invaded, someone has taken over my body...

Another respondent had considered the possibility of adoption versus pregnancy. She addressed her concerns relative to that issue,

> ...I wanted to have a gradual awareness and I was not at all ready to accept the responsibilities of a one year old...there's a reason why God made people pregnant for nine months.

A final suggested but undeveloped category was the evaluation process of the spouse as a suitable parent. This was different from the evaluation of the spouse as a spouse. One woman said,

> ...he's more oriented to small children...I'll feel comfortable he's comfortable with the kids.

These beginning categories would benefit from further examination not in the scope of this present work.

Summary of Findings

Using the constant comparative analysis process, data for three men and three women were analyzed separately, yielding 14 categories for the men and 16 for the women. Several other potential categories were identified but were too rudimentary to define. Most categories appeared to be similar across genders, however there were some exceptions. Most notably, four categories emerged from the female data that were absent in the male data. These were: Identification of Self As

A Pregnant Person; Listening to the Body; Monitoring the Pregnancy; and Changing Extended Family Relationships. A category that emerged from the male data that was absent in the female data was: Physical Environment Suitability.

Chapter V

Discussion

In this chapter, the findings will be discussed in relation to gender differences and similarities, implications for nursing practice, strengths and limitations of the study and implications for further research.

Gender Differences

Although this work represented but a beginning look at the experience of early pregnancy, some interesting gender differences were identified. The women were consistently more verbal than the men. They simply tended to talk more than the men did, as reflected by the variation in length of the transcripts. The women described the experience of taking on an identity as a pregnant person, a category that was completely absent from the verbiage of the men. While this made intuitive sense, it also highlighted a marked difference in the experience of the event. The pregnancy itself represented a role change and identity change for the woman requiring a significant amount of energy to accomplish. This work was necessary at the very time that the experience of physical symptoms was at a peak. This increased "workload" could be a partial explanation for the increased dependency needs that were described.

While pregnancy caused a tremendous upheaval for the fathers too, their concerns with role change were projected to the future with the arrival of the baby. The men not only had more time to work on their new identities than did the women, but they also were able to do this unfettered by the drag of physical symptoms. Some women described an intuitive "knowing" about the pregnancy that was not observed in the men. This typified a sort of women's intuition and may be evidence of the subtle gender differences in perception and brain function described in the literature (Moir & Jessel, 1991). This could also have been precipitated by subtle early physiological changes due to the hormonal shift occurring in early pregnancy. In spite of this extra evidence of pregnancy, the women relied on outside verification before totally investing in the pregnancy as real, as did the men.

The experience of physical symptoms had a much greater effect on the women, intruding into daily life activities and inspiring comfort strategies and coping mechanisms for two out of the three women. They were perceived as a negative aspect of the overall positive phenomenon of achieving the wished-for pregnancy. For the men, these symptoms offered a chance to be supportive and helpful, but the major effect was on an affective level, causing increased levels of concern for their partners.

An interesting gender difference was noted in the conceptualization of the baby. While both parents developed a mental image of the child, the women seemed to give much less attention to this task than did the men. They were interested in what the baby was actually like at that point in time, but not to the extent that the men were. The women did not engage in fantasizing about the future child to the extent that their partners did. This may be explainable in light of the evidence that at this time the women were busy identifying themselves as pregnant women and coping with physical symptoms, while the men appeared to already be working on their identity as parents of a real child.

The burden of financial responsibility was clearly felt by these men to be their responsibility and much time and planning were devoted to it. While the women acknowledged a need to bring in an income, their concerns about working were related more to satisfaction issues. The stereotype of the male as the primary breadwinner held true even for these two income families where the woman had a profession.

Both groups described safeguarding activities related to the fetus and/or pregnancy. The men again participated in safeguarding in a more tangential way with awareness of these behaviors in the expectant

mothers. For the women these behaviors were personal changes and were also associated with monitoring behavior to gain added information.

Another strong category for the women that was absent with the men was listening to body signals. There was a strong description of messages **from** the body that the men did not experience. This is understandable since the changes were not happening to the bodies of the men. This phenomenon could also be another expression of "women's intuition".

The men and the women related different examples of background experiences and memories of them. This is an aspect which varies greatly from individual to individual, but the ultimate effect seemed to be similar across the groups. That effect is the lasting impression created by those certain events and experiences.

The changes in the couple relationship as a result of the pregnancy were surprisingly different between the male and female groups. Men described it in positive terms of closeness and endearment. The women included a more negative affect that expressed both dissatisfaction and guilt. Once again, the physical symptoms experienced by the women may have had a major influence on their conceptualizations.

Relationships with their own parents, especially with their mothers, was a key area for the women. Conflicts resurfaced and were a center of attention. The women expended emotional energy moving the family players around on the mental chessboard of the emerging family to seek a balance. Description of this phenomenon was absent from the men. This may be a reflection of either fewer conflicts for these men or of lesser importance of existing conflicts in their thinking at this point in time.

Readiness for the men was a major category with many facets requiring a high level of planning and preparation. Readiness was also an issue for the women, but was not weighted as heavily as for the men. This may be a reflection of the more pragmatic natures of these men, or a result of the need to overcome a natural reluctance to take on the added responsibility of parenting.

Implications for Nursing Practice

Ultrasound imaging had a significant effect on the relationship of both the men and the women with their pregnancies. It clearly provided an impact beyond its intended diagnostic dimension, an effect which must be recognized. Indeed, ultrasonography is now being offered as a consumer, non-medical commodity in some areas of the country. It introduces the parents to their baby in a graphic, visual manner that

disrupts a waiting period known to the species and developed through eons of evolution. This has the potential to create a kaleidoscope of consequences, many of which may still await our discovery and as such, is an area for vigilance in practice. Ultrasonography has the potential to sustain and increase interest in the image of the child. Nurses should encourage fathers to attend the ultrasound examination, when appropriate, thereby taking advantage of their natural curiosity. Such a strategy may increase interest in the child and the pregnancy.

It is also interesting to ponder the diminishing value women are placing on their own sensations and subjective experience, in deference to technological verification. Nurses should help identify and offer support for the intuition of pregnant women.

Both men and women expressed a clear desire for information in early pregnancy, yet childbirth education classes offered by the health care system, with the exception of early pregnancy classes, are traditionally offered toward the end of gestation. Another issue is that system delays in getting prenatal care, such as when appointment times are unavailable until two to three months gestation, delay parents from getting information that allows them to access any early prenatal classes that are available. While pragmatic aspects such as cost control are an issue, nurses should give additional thought to the availability of

systematic methods of information disbursement at the time when expectant parents need the knowledge. This is especially significant in light of the work showing information gathering as an adjunct in parental identity formation.

The data revealed this to be a time of importance in the expectant parents' relationships with their own parents. Old conflicts may surface and new conflicts may arise as a result of the reordering in the generational hierarchy. Nurses must be aware of the potential for disruption at this time, for fathers as well as mothers, and this area of concern should be recognized and addressed during the prenatal period.

The different styles and needs displayed by expectant parents have been described by Robrecht (1991), Imle (1983) and others. These different styles indicate a need for childbirth education tailored to individual patterns of behavior. Issues of concern to one parent may be different from those of other expectant parents. The best timing of informational content may vary according to gender or progress with the parent's own conceptualization of self as pregnant or as a parent. Content needs may differ. For example, active involvement and participation in coaching breathing, etc. as commonly taught, may simply not fit the repertoire of some expectant parents and may serve to diminish rather than enhance their experience of childbirth.

Women experiencing early symptoms, such as nausea, look forward to the cessation of symptoms. For those few women for whom these symptoms continue, such as in the case of hyperemesis gravidarum, the burden is twofold, requiring not only toleration of the discomforts, but dealing with the sense of being "tricked" by the experience. Nurses must appreciate the impact physical symptoms have on the lives of pregnant women and their partners.

Strengths and Limitations of the Study

Strengths of the study included the separation of the male and female sample from the original investigator's which allowed for discovery of gender differences. Also, the examination of the first trimester with normal expectant parents is rarely done. This study was limited to normal, married partners.

The most significant limitation to the study was the inability to engage in successive sampling to follow-up on emerging concepts and categories. This resulted in a fractured application of grounded theory methodology. This problem was surmountable since this represented only a beginning step in the process, but would be difficult to overcome in a study seeking to reach further conclusions. Another limitation was that potential confounding variables, such as age, were not taken into consideration.

Implications for Further Research

Germinal categories were discovered which bear further examination, including the description of the fetus as an invader, the evaluation process of the spouse as a potential parent, and the cognitive changes described by one of the men. Although grounded theory seeks generalizability only to a population similar to the sample with regard to the phenomenon of interest, these potential categories suggest areas for further investigation with other groups.

The experience of pregnancy is much different for men and women who did not plan for or want it. What happens when gestation is a reality before readiness has been achieved? Ability to pay for medical care was not an issue for this group, but what about those whose lack of financial resources impairs their ability to obtain health care, engage in nesting behavior or actively seek information?

Technology is moving further and further into the territory of pregnancies considered to be normal and uncomplicated. Much remains to be explored about the impact of this development. Does our ability to develop technological "miracles" grow at a faster rate than our wisdom to use them, or our capacity to assimilate the reality that they provide?

The modern mother is often confronted with the need to augment the family income, yet babies and children must be cared for by

someone. Is our economic society devaluing one of the jobs a woman is most suited for, mothering, to the detriment of all, or is this a natural healthy evolution toward equality?

Summary

This study was designed to explore the experiences and concerns of first time parents in early pregnancy. The literature revealed this to be a time of transition with both intrapsychic and developmental undertones. The experience is different for both men and women and some of the concerns they experience have been explored in the literature, including difficulty with symptoms, informational needs and disruptions in the social network. The first viable pregnancy is a time of transition not only for the individual, but for the couple unit as well. It requires role changes from being children-of-parents to becoming the parents-of-children, and from being adults to being adults who are also parents. Past experiences exert an influence on the experience of pregnancy for men as well as for women.

This study was a limited secondary qualitative analysis of previously collected interviews with expectant parents in early pregnancy. The analysis revealed beginning categories for the men and the women, considered as separate groups, which seemed to account for some of the meaning in the data. Categories for men included: Accepting of the

Reality of Pregnancy; Physical Symptoms of Pregnancy; Conceptualization of the Baby-to-Be; Safeguarding the Fetus; Assuming the Role of Father; Background Experience and Memories; Philosophy of Family; The Couple Relationship; Social Support; Lifestyle Changes; Financial Adequacy As Achieved Through Occupation; Physical Environment Suitability; Readiness; and Information Gathering. The categories for women were similar with the addition of: Identification of Self As A Pregnant Person; Monitoring the Pregnancy; Listening to the Body; Assuming the Role of Mother; Changing Extended Family Relationships; and Job Considerations (in place of Financial Adequacy, the male equivalent category).

Acknowledged limitations include inability to obtain further sampling of concepts due to the nature of secondary analysis. Possible confounding variables, such as age which were not filtered in the respondents, adding further limitations to the study.

The analysis demonstrated that, consistent with the literature, this is indeed a time of upheaval. There were some similarities across genders, but also many differences. Implications for further research, including an investigation of the effect of technology on the experience of pregnancy, were suggested.

Conclusion

This work was done in an effort to seek greater understanding of the experience of pregnancy for both fathers and mothers, and to gain a clearer perspective of the dimensions of "normal" in the context of impending parenthood. Some answers were revealed, but the process remains a very unique experience, in spite of shared commonalties. The ultimate revelation may be that even normal experiences, at a time of transition, are not "uneventful" to the participants in the transition. As a result, these participants may experience more need for debriefing and talking than health care practitioners would expect for a "normal" phenomenon. Even though considered to be "normal", the experience of early pregnancy for first-time parents is new to them, and their experiences are highly related to the context of their life situations and backgrounds. Normalcy appears to be a context bound phenomenon, and as such may display the same elusiveness as truth.

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Appendix A

Demographic Information

Table 1

Subject Characteristics of the Original Imle Study

Characteristic	First Trimester
Total n	13
Females n	9
Males n	4
Marital Status	
Living single	2
Married	11
Age*	
Mean	23.89
Range	(18-35)
Ethnic Origin	
Caucasian	9
Black	3
Other	1
Recruitment Source	
OHSU Clinic	6
HMO Clinic	4
Childbirth Class	3

*Some missing data on first trimester subjects.

Table 2

Subject Characteristics of Secondary Subsample

Characteristic	First Trimester
Total n	6
Females n	3
Males n	3
Marital Status	
Married	6
Age*	
Mean	26.75
Range	(25-28)
Ethnic Origin	
Caucasian	6
Recruitment Source	
HMO Clinic	4
Childbirth Class	2

*Missing data on two subjects.

Appendix B

Human Subjects Documentation Copies

M E M O R A N D U M

DATE: February 6, 1985

TO: Margaret Imle, Ph.D., R.N.
OHSU School of Nursing

FROM: Sharon Patterson, Coordinator
Committee for the Protection of Human Subjects

COPY: S. Lamb
M. Greenlick, Ph.D.
C. Pope, Ph.D.

==========

SUBJECT: Notification of Committee Approval and Request for Assurances

Your study entitled, Adjustment to Parenthood: Model and Scale Development, was reviewed and conditionally approved by the Committee for the Protection of Human Subjects at its meeting on February 5, 1985. The conditional approval requires that you paraphrase the notification procedure for study withdrawal as presented in your recruitment announcement and place it in the consent forms. The Committee suggested the portion beginning "For any pregnancy that begins there is always some possibility..." be paraphrased and should include the last sentence. Verification of compliance with the conditional approval was assigned to me. As soon as you can provide me with revised consent forms, I will document compliance.

This approval becomes final when you have completed the attached assurance and returned it for Committee files (along with the requested materials above).

encl: assurance form

Further information may be obtained from the Human Subjects Committee Coordinator, Kaiser Permanente Program, Center for Health Research, 4610 S.E. Belmont, Portland, OR 97215, telephone 233-5631.

THE OREGON HEALTH SCIENCES UNIVERSITY

MEMO

Date: October 30, 1984

To: Margaret Imle, RN, Ph.D. SON/Family Nursing

From: The Committee on Human Research

Subject: Adjustment to Parenthood: Model and Scale Development

This confirms receipt and approval of your letter dated 10-8-8 requesting a change and/or addition to the above entitled study.

Thank you for your cooperation.