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**SELECTED ASPECTS OF MEN'S EXPERIENCES DURING THE
TRANSITION TO FATHERHOOD: A SURVEY STUDY**

City University of New York

PH.D. 1981

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SELECTED ASPECTS OF MEN'S EXPERIENCES DURING THE
TRANSITION TO FATHERHOOD: A SURVEY STUDY

by

ALICE ANNE MEDALIA

A dissertation submitted to the Graduate Faculty
in Psychology in partial fulfillment of the re-
quirements for the degree of Doctor of Philosophy,
The City University of New York.

1981

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This manuscript has been read and accepted for the Graduate Faculty in Psychology in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

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Abstract

Selected Aspects of Men's Experiences During the Transition to
Fatherhood: A Survey Study

by

Alice Anne Medalia

Adviser: Professor Larry Gould

One hundred first time expectant fathers, 39 first time recent fathers and 40 prospective fathers i.e. men who were married and wanted a child at some indefinite point in the future, completed questionnaires about their anticipated/actual experiences during the pregnancy and post partum period. Anticipated/actual areas of difficulty reported by all subjects were identified with a factor analysis. These areas were: changes in the sexual relationship with the wife, disruption of the dyadic marital relationship, issues of commitment and responsibility, concern about competence as a caretaker, compatibility of the parental and spouse roles, loss of freedom, negotiation of family boundary issues, and financial concerns. Subject groups differed in the areas of difficulty they anticipated/actually reported having. The prospective group anticipated more difficulty than the other two groups actually reported having. Areas of difficulty anticipated by the prospective group were: concern about competence as a caretaker, loss

of freedom, family boundary issues and disruption of the marital relationship in association with dependency issues. The expectant group reported the least difficulty of all groups. Areas of difficulty for them included issues of commitment and responsibility, and to a lesser extent, concern about their competence as a caretaker and concern about family boundary issues. The recent group had more difficulty than the expectant group. Areas of difficulty for them were an experienced loss of freedom, changes in the sexual relationship and disruption of the marriage in association with dependency issues. A discriminant analysis indicated that the factors which most discriminated among the groups were adjustment to a distant uninvolved paternal role, and disruption of the marriage in association with dependency issues. The recent group reported the most adjustment to a distant uninvolved paternal role; the expectant group anticipated being significantly less distant and uninvolved and the prospective group anticipated being even less distant and uninvolved than the expectant fathers. The expectant group differed significantly from the other groups in their reported absence of disruption in the marriage in association with dependency issues.

Correlational analyses indicated which aspects of a man's background correlated significantly with anticipated/actual difficulty. Three background features were identified as being most important for the development of subject difficulty profiles: quality of family life while growing up, current levels of economic, developmental and marital stability, and having a family orientation. Canonical correlational analysis indicated that men who felt positively about their own families but who had not yet attained personal, financial and marital stability, tended to have concerns about their competence

as a caretaker but did look forward to having a family. On the other hand, men with personal, marital and career stability experienced significant disruption in these same life structures. The more established they were in a life routine, the more disruption they experienced. The third interaction indicated that men who had and still have a conflicted relationship with their own fathers will/do experience difficulty adjusting to fatherhood.

Subjects' attitudes about the paternal role were obtained. Although a number of men evidenced "modern" attitudes i.e. the father is not the authority in the family and fathers should be involved in childcare, a sizeable percentage indicated "traditional" conceptions of the paternal role and many subjects displayed a mix of attitudes. Although men were often "modern" in theory, they tended to (anticipate) enacting(ing) a traditional role.

The implications of this study's results for the understanding of paternal role development, for future research and for health care are discussed. It is concluded that the transition to fatherhood is a time of change which brings disruption but also an opportunity for positive growth.

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Introduction

The morning my first son was born I realized with a start how little I knew what it was to be a father, even though I had been a father's son for twenty-eight years."

(Schwartz, 1967)

There is nothing conspicuous about fatherhood; it is not heralded by dramatic physiological changes, nor does our society acknowledge it with ceremony. Nevertheless, each man upon becoming a father takes on a new role, perhaps even a new identity. As one father wrote, "The night you were born I ceased being my father's boy and became my son's father. That night I began a new life." (Felson, 1967).

Today, fathers may choose to enact their role in a multiplicity of ways. No longer is the man restricted to societal conventions to the more "super ego" roles of disciplinarian and teacher. Now fathers have the option of becoming more involved in the daily care and nurturance of their children. The choices a man will make when he develops a paternal role are influenced by many factors, his individual style, unconscious factors, cultural norms, his child's personality, his wife's expectations and importantly the availability of role models. At a time when society is questioning and redefining traditional roles new parents can easily despair without adequate models and supports.

In recent years some theoreticians have conceptualized human development as a continuous sequence of stages each with its particular characteristics and challenges (Erickson, 1963; Levinson, 1978).

Although it has been assumed that the pregnancy period is an important transitional stage for parents, little research has focused on the father's reactions. By contrast we know far more about what

meanings the pregnancy period can have for the woman.

Following is a review of the literature on the man's transition to parenthood. Various conceptions and dimensions of fatherhood are considered first followed by summaries of the several perspectives which social scientists have taken on expectant fatherhood.

Conceptions and Dimensions of Fatherhood

Social scientists have described many cultural variations in the way a father's role is defined. In Jamaica, men tend to be indifferent to their children and more financially responsible to their own mother than their sexual partner (Clarke, 1972). The Navaho father, on the other hand, is quite involved in day to day family life. In traditional Navaho society the father takes on the roles of teacher and companion and the mother's brother and parents are the main disciplinarians. According to Malinowski (1966), there are other cultures, like the Trobriander of Melanesia, which do not even recognize the genetic foundations of paternity. In the procreation theories of the Trobriander, women are fertilized by pollen or the foam of waves. Some anthropologists (see Leach or Gellner in Buchler and Selby, 1968) believe that such cultures really do know the biologic constructs of paternity. But even if they do, Malinowski has shown that the genetic father is not culturally relevant to them, and it is the mother's husband and her brother who in fact fulfill the paternal function. In other cultures too, genetic kinship is not a mandatory aspect of the father role. Adoption is also accepted and children may develop strong bonds to their adopted father.

In the United States conceptions of fatherhood have changed over

the past fifty years. Pre-existing notions about the father role are being revised under the impact of rising divorce rates, the woman's liberation movement, and a revolution in sexual mores. Beyond this, geographical, economic and ethnic forces combine in different ways to affect conceptions and enactments of the father role. Although traditional conceptions of fathering are still widely prevalent, the definition of the paternal role is no longer as restricted as it once was (Parke, 1981).

Many of the stereotypes and conventions which still cloak the image of father have been handed down from our Victorian forefathers. In their era the father was an authority figure, strong, distant and a disciplinarian. He was the family's main representative in the community and his image dictated theirs. The plight of David Copperfield served as a reminder of what misfortunes occur if father dies. As the patriarch, the traditional father provided stability and security for the family yet he was himself somewhat removed from day to day family life (Benedek, 1970; Green, 1976).

The cliché images of fatherhood which appear in popular literature highlight some of their traditional conceptions of the father role. Josselyn (1956) describes three stereotypes of father: father "the ogre" whose image is held out as the ultimate threat to the naughty child; father "the Dresden china cup" who will shatter if you bother him with the details of family life; father "the animated toy" available to the child only for periodic amusement. Many of the current attitudes on fathering, she points out, stem from child rearing practice. The boy who washes dishes is called "mother's little helper"; demonstrations of tenderness are considered a sign of femininity.

Consequently boys grow up equating fatherliness with emasculation. In reaction to this the new father turns to the more traditional role which offers enhancement to his masculinity.

Nevertheless, the shift from an extended to a nuclear family structure and changes in societal concepts of sex roles and behaviors have led to a modification of the more stultifying image of pater familias. Some authors maintain that there has in fact been a radical change in western conceptions of paternity (Green, 1976; Mogey 1957). "Father's image has taken a plunge from the craggy dignity of Old Testament patriarchy...father has begun to become simply one of the family, instead of its undisputed head." (Green, 1976). With this change in role assigned to him, the central issues for father is intimacy, not supremacy. "The old patriarchal mystique has gone; and the apartness, the certain distance that once helped father to deal with his family now spells disaster for him. Involvement today becomes the key to fathers position in the family." (Green, 1976). Increasingly, fathers involvement in child development is gaining recognition (Lamb, 1975, 1976; Abelin, 1975). No where is the change in role more significant than in the area of childbirth. Husbands are included in prenatal courses and they are often encouraged to be with their wives in labor and delivery rooms. The popularity of the LaMaze method which encourages the husbands' active involvement in childbirth signifies changes in culturally sanctioned attitudes about his role.

Bittman and Zalk (1978) in their comprehensive book on expectant fathers discuss the varying levels of father involvement in child care. Over 80% of their expectant father sample said they intended to participate in the diapering, dressing, holding and talking to, playing

with and night wake soothing of their baby. The reality of what the new father will do does differ, but still over 80% of the recent fathers interviewed report that they are involved in all of the above activities except bathing, and soothing the infant who wakes at night. These percentages are indicative of changing conceptions of the father role; it is doubtful that twenty years ago fathers would have given the same responses.

Obrzut (1976) also looked at expected fathers perceptions of fathering and found that most expectant fathers see their three major roles as bread winner, nurturer and teacher. This represents an amplification of the traditional father role of provider-disciplinarian. Bittman and Zalk (1978) found that there is variability in the extent to which different men take up these various roles. Providing for the family was reported to be the constant concern of many expectant fathers. However, a great number of men also emphasized the emotional aspects of child care.

In summary the evolving social structure of middle class America has led to emphasis on the participant role of expectant and new fathers. Traditional conceptions of father as the authority figure are being expanded to include the role of nurturer. Society no longer dictates a rigidly defined paternal role so that men are increasingly called upon to redefine, hopefully within the context of their individual style, and unconscious processes the paternal role which they will take on.

Roots of Paternalism

Many authors have hypothesized on the motivations for becoming a father. The explanations offered tend to assume either a basic biological motivation or a developmental or cultural motivation. Psychoanalysts have emphasized the former two motivators for parenthood. According to Freud and later theorists (Jacobson 1950; Benedek, 1970), the biologic root of fatherhood lies in the instinct for survival.

Freud (1915) differentiated the "sexual instincts" that are in the service of propagation of the species from the "instinct of self preservation" (ego instinct). Benedek also acknowledges the instinctual roots of fatherhood but she stresses the developmental motivations. "The human male's role in procreation has instinctual roots beyond the drive organization of mating behavior to include his function as provider and to develop the ties of fatherliness that make his relationship with his children a mutual developmental experience." (p. 196, 1970). Benedek differentiates between "fatherhood" which is rooted directly in the survival instinct, and "fatherliness" which is the instinct derivative.

Fatherliness, or the manifestation of paternal feelings, can stem from a variety of developmental motivations such as identification with his own father, envy of female childbearing or oedipal rivalry with the father. The wish for a child may have a narcissistic component, for example fears of death and a wish to survive in one's own child (Jacobson, 1950). Many psychoanalysts view parenthood as an important step beyond the level of genital maturity. According to Erikson, man defeats "stagnation" by committing himself to a paternal role whereby he guides and nurtures new generations.

In contrast to these biologically and developmentally oriented views, anthropologists offer a social learning explanation for the exhibition of paternal behavior. According to Mead (1962), male inclusion in the basic mother-child unit was "invented" when humans learned that man's assistance was vital to societal stability and survival. Societies evolved conditions to teach and maintain paternal behaviors which would support family stability. Much anthropological work has focused on the cultural variations in the establishment of paternity rights. Margaret

Mead once wrote,

"The tie between a man and his wife's child can be established by any number of arrangements. He may not see the child for a month after it is born; it may be attributed to him because he, among his brothers, several of whom share the same wife, performed the paternity acknowledging ritual years ago and no other brother has performed it; he may claim it is born three months after a year's absence on the theory that it 'hurried up to see its father's face'; or in modern rather than primitive terms, after agreeing to artificial insemination, the mother's husband may insist 'he really looks like me'." (Mead, 1962).

Mead considers the variability in cultural norms of fatherhood as evidence that men do not possess any innate nurturant tendencies toward their biological offspring. Rather, she contends that fatherliness is a learned "fragile" behavior which can easily be extinguished unless societal conditions teach it effectively.

Psychoanalytic Perspective

Much of the literature on expectant fatherhood has been rooted in the psychoanalytic framework. Viewed from this perspective, pregnancy and the birth of a child are seen as powerful stimuli to the father's psyche, encouraging growth and reworking of the relationship of the father to his own parents. It is a time when childhood fantasies and conflicts are reactivated allowing for the potential working through of lingering preoedipal and oedipal conflicts. In this sense the pregnancy period is a developmental challenge, bringing upheaval and change. The outcome of this phase is critical to the psychological stability of the father and his new family (Gurwitt, 1976).

Psychoanalytic authors have traced the development of paternal identify back to early childhood when the boy identifies with and also envies his mother's nurturing and childbearing capacities (Ross, 1977; Jacobson, 1950; Zalk, 1980). Later, in the oedipal phase, the boy

identifies with his father and fantasizes about fathering the child of his mother. During the pregnancy period conflicts around both these identifications may be revived and it is the task of the expectant father to eventually integrate his masculine and feminine aspects (Zalk, 1980). For many this is a challenging task. Conflicts may arise centering around envy of the female childbearing capacity; identification with femininity, and more oedipally rooted issues such as fantasies of overthrowing father. LaCoursiere (1972) and Zalk (1980) have traced the oedipal and preoedipal conflicts underlying the various adjustment reactions of fatherhood. Because these developmental issues play such an important role in the resolution of the paternal identity each will be discussed more fully below.

The Boy's Wish to Have a Child

Several psychoanalysts have written about the young boy's wish to bear a child (Freud, 1909; Boehm, 1930; Brunswick, 1940; Jacobson, 1950). Freud described such a wish in his account of Little Hans. Jessner et al (1952) observed that several boys, hospitalized for a tonsillectomy, expected to leave the hospital with a baby as their mothers had done before them. Jacobson (1950) traces the boy's wish for a baby to the preoedipal stage when he is grappling with issues of autonomy. Fantasies of oral incorporation of mother and subsequent anal rebirth allow the child to place himself in the role of powerful parent. Now he can treat mother the way he is or wishes to be treated. Also, primitive birth fantasies may be a reaction to envy of mother's childbearing capacity.

For the expectant father, identification with or envy of his pregnant wife may reflect a renewal of the aforementioned preoedipal experiences (Zalk, 1980). Identifications may be expressed somatically via sympathetic pregnancy pains, or by weight gain, gastrointestinal complaints and so forth. Liebenberg, et al (1973) found that 65 percent of the expectant fathers in their sample developed physical complaints similar to pregnancy symptoms. Bittman and Zalk (1978) sampled expectant and recent fathers, 23% who reported that they gained more weight than usual during the pregnancy period. For some men, identification with their pregnant wife may assist them in feeling empathy towards her and the issues she is grappling with. Envy of the mother's childbearing capacity may find expression in competitiveness with the wife (Van Leeuwan, 1966; Gangsei, 1977) or in a tendency to merge with the wife as a means of experiencing and controlling the pregnancy (Liebenberg, 1969). Zalk (1980) comments that reaction formation may be used to defend against envy and identification. This is illustrated in the cases of those men who develop exaggerated masculine behaviors or engage in extramarital affairs during the pregnancy period. Some men show a particular enthusiasm for their work during the pregnancy, paralleling their wife's productivity with their own creative activity (Van Leeuwan, 1947). This represents a more adaptive expression of the infantile wish to bear a child.

Identification With the Feminine Role

During the pregnancy period and after, fathers often take on caretaking activities that they previously never engaged in. Even if the man's predominant role is as the breadwinner, his wife and child will

still need emotional support and concrete care. Many men enjoy developing a new side to their personality. For others, the caretaking responsibility is anxiety provoking. Their sense of masculinity may be threatened by the homosexual implications of caring for a male child and by the sexual abstinence which usually occurs during the perinatal period (La Coursiere, 1972). Having a positive feminine identification may aid men in adjusting to their new responsibilities (Jessner, 1970; Zalk, 1980; Gangsei, 1977). Grossman et al (1980) found that men who saw themselves as having more stereotypically "feminine" characteristics were better adjusted during the post partum months. These men were usually the ones who participated the most in childcare activities and they derived gratification and a sense of family inclusion in doing so.

Freud once wrote that there is no such thing as pure masculinity or femininity in human beings. "Every individual on the contrary displays a mixture of character traits belonging to his own and to the opposite sex." (Freud, 1905). It appears that men who are comfortable with their various "masculine" and "feminine" traits can be more flexible in their sex role behavior. This in turn appears to lead to more effective functioning on the part of the father.

Oedipal Issues

There are psychoanalytic authors (Freeman, 1951; Zilboorg, 1931) who stress the oedipal issues which underlie the conflicts expectant fathers experience. As Zalk (1980) in her review of the literature points out, "That part of his attachment to his mother that a man lives out in his marriage will become more volatile when his wife becomes

pregnant. Living with this woman who is so visually full of motherhood, so obviously a 'mother' may trigger oedipal feelings in men." (p. 189) By having a child, some men may feel that they are surpassing and doing in their own father. Sex with the wife seems incestuous and the unborn child becomes a symbol of the crime of incest. Zilboorg (1931, p. 934) makes the comment, "the murder of the father and being the father of a child become equated in his unconscious." Fantasies of revenge by the father ensue and castration anxiety may be mobilized.

A father can handle his feelings about this conflict in a variety of ways. He may view his wife and the fetus with hostility as they become targets of displaced anger or guilt. Depression, withdrawal, denial or exaggerated concern about the health of wife and child may all be attempts at defending against expression of his anger (Zalk, 1980; LaCoursiere, 1972). Other fathers experience decreased libido or even impotence as a reaction to their concerns about incest (Zalk, 1980). Cases have been reported where the father became an active homosexual in response to castration fears (LaCoursiere, 1972). Jacobson (1950) points out that an identification with the feminine may reflect a defensive reaction to oedipal issues (as opposed to a renewal of preoedipal experiences). In the face of severe castration anxiety these men react essentially as girls do, giving up the penis for the womb. Confronted with fatherhood, they may overidentify with their pregnant wives and later compete with them to give maternal care to the baby.

Early Memories and Emotions

The pregnancy period may revive memories of what it was like to be parented as a child. Some men may remember the birth of a sibling

and subsequent loss of maternal care. For both men and women, marriage may be looked to as the means to fulfill old unsatisfied dependency needs. A baby who demands from both will disrupt this dependent relationship (Zalk, 1980; Deutscher, 1970). Men whose choice of a wife largely reflected their wish to finally gain fulfillment of frustrated childhood dependency needs, will tend to view the fetus as a rival for attention. This may result in anger at the newcomer.

Other men may become narcissistically invested in their children, in essence using the child to compensate for any perceived deficiencies in the self. Men who remember themselves as puny and unathletic may be determined that their baby will grow up to be a football star. While all parents have hopes for their children, a rigid narcissistic cathexis bodes poorly for the developing father child relationship (Jacobson, 1950).

The pregnancy period is often a time when the father thinks of aspects of his own childhood which he enjoyed or disliked. He may sift through memories thinking of ways in which he hopes to be similar or different from his own father. In doing this a positive identification with his father is of immense value. He can turn toward his father as a model, and provided that there is enough of a positive identification, he will be able to neutralize the more aggressive feelings.

Psychoanalytic Perspective Applied

Herzog (1980) and Gurwitt (1976) have applied psychoanalytic theory to the study of expectant fatherhood. Gurwitt based his study on the psychoanalysis of one expectant father. Herzog's findings, taken from the interviews with 103 recent fathers, in many ways represent a general-

zability of Gurwitt's findings. Both authors demonstrate the way in which several factors converge to influence a man's response to the pregnancy. These factors include the wife's physical and psychological status, stage in pregnancy and a man's previous life experiences, in particular his relationship to and identification with his mother and father.

Gurwitt outlined four phases of expectant fatherhood: getting ready; conception, bridging and early months; mid pregnancy and coming to terms. In the first phase the patient noticed a change in the nature and purpose of sexual activity - now there was a purpose to the pleasure. Impregnation brought forth not only a host of oedipal fantasies, but also envy of the wife's ability to create by having a baby. He himself became quite creative, completed a doctoral dissertation and began various nesting activities. During the early months of pregnancy issues about sexual identity came to the fore. He questioned his relationship to his parents: was he child or parent, son or daughter, mother or father. His relationship to his wife became problematic as memories about his mother's unavailability emerged. Mid pregnancy was heralded by his wife's increased size. That and the baby's kicking made the reality of pregnancy hard to avoid. Negative feelings were elaborated on as he described his envy of the woman's nurturing capacity - so marvelous when given but so awful when withheld. In the final phase ambivalence about giving up his status as a child led to conflict with his parents, and his wife. Still, efforts to cement the relationship to his own father were made. Hostile feelings toward the baby, a potential rival for dependency needs, were balanced by his feeling that magical forces were at work. The pregnancy became bigger than any of them - mother, father or child.

Gurwitt's study provides us with a carefully etched, comprehensive understanding of the extensive intrapsychic work involved in one man's transition to fatherhood. Although the generalizability of his findings is questionable, it is nevertheless of immense value for health practitioners to be cognizant of the psychological changes which may accompany expectant fatherhood. This knowledge can then be applied in the form of educational techniques aimed at psychoprophylaxis.

Herzog (1980) interviewed 103 fathers of premature infants soon after their child was born and asked them to reconstruct their earlier experiences during the pregnancy. Herzog notes that in many ways he received 103 separate stories, nevertheless at least in a small group of men (35) similar stages and subphases of expectant fatherhood could be observed. He described these 35 men as "most attuned" to their feelings and contrasted them with the others who were not. The variable most correlated with attunement was a positive marital relationship.

Herzog describes the men as going through the following stages. In the first phase, Getting Ready, men in the attuned group (Group A) reported that sex felt different and they were aware that they were embarking on a new phase. The lesser attuned men (Group B) essentially skipped this phase since in their cases the pregnancy was often unplanned. Conception, the second phase, was marked by joy for Group A and ambivalence for Group B. Some men in Group B were not informed of the pregnancy by their wives. In the following phases, Herzog notes that the men seemed to recapitulate the stages in the caretaking line of development postulated by Kestenberg (1975, 1976) and Ross (1975). The third phase, which occurred toward the end of the first trimester, concerned the conflict between wanting to be nurtured and to nurture. Men in

Group A had fantasies about nurturing mother and fetus, whereas in Group B thoughts centered around the man's neediness. Phase 4, Herzog parallels to the inner genital period of development when one sees a preoccupation with the insides of the body. Men in Group A reported a heightened awareness of physical sensations during intercourse and concern with gastrointestinal symptoms. In phase 5, the Hermaphroditic Stage, men in Group A reported wishes that they could take both masculine and feminine roles in procreation. Some men developed sexual techniques which allowed them to feel penetrated at the same time as they were penetrating. Group B fathers did not seem to go through Phases 4 and 5.

Phase 6, Straightening Out, was a time when men felt increased pressure to sort things out with their own families, in particular their fathers. Herzog felt that the degree to which the father was available to them as a mentor was significantly correlated to their adaption during the remainder of the pregnancy. Phase 7 was a time of ambivalence toward the fetus, now experienced as a separate person. Group A men both welcomed and harbored aggressive feelings toward it. Herzog compared this stage to that of the oedipal boy who ambivalently acknowledges the presence of three people. Group B men did not report ambivalence during that time although many of them directed hostility towards their wives. The last phase was marked by a belief that magical forces were at work. At the same time men began realistic preparations for the baby and they seemed to accept their masculine role in parenting. In understanding this phase Herzog used the analogy of the boy who gives up fantasies of having a womb and invests his penis with even greater cathexis.

Herzog has taken a unique approach by applying psychoanalytic constructs to the analysis of "normal" men's experiences of the transition to fatherhood. Nevertheless, as Gunsberg (1981) pointed out in her critic of this work, there are methodological problems with the study. The data was gathered retrospectively and it is therefore possible that the earlier experiences were misrepresented. Also, the reports of these men may have been affected by the premature birth of an often seriously ill infant.

Certainly their experience of the final phase must have been affected by the crisis they went through. The fact that less than 1/3 of the men in Herzog's sample went through these phases makes one aware of the extreme heterogeneity in the experience of expectant fathers. As was true of the work of Gurwitt, Herzog's findings are most applicable to a group of highly educated, psychologically minded men.

Clinical Studies: Extreme Reactions to Fatherhood

A large group of studies has been devoted to the investigation of extreme psychological reactions of men to fatherhood. There is a wide range of psychopathology found in incipient or recent fathers, including somatic complaints, sexual deviation and for a small proportion of men, frank psychotic episodes. Following is a summary of studies which are representative of this line of research.

Curtis (1955) gave projective tests and a personality inventory to 55 military men who were expecting a child. He divided his subjects into three groups according to the degree of symptomatology they exhibited. Seventeen men experienced major psychiatric disorders; 14 men sought treatment for minor disorders; and 24 men constituted a control group in as much as they were not referred for a psychiatric consulta-

sultation. Men in all three groups showed signs of restlessness evidenced by requests for transfer, increased drinking, tension with their wives and extramarital affairs. The "major disorder" group demonstrated the most aberrant behavior, often necessitating discharge whereas the "minor disorder" group was prone to more neurotic level psychosomatic and depressive reactions. In all groups men experienced the most difficulty during the first and last month of pregnancy.

Like other researchers in the area (Benedek, 1970; Jacobson, 1950), Curtis found that those men with a stable self image who could draw on a positive identification with their own father found it easiest to conceive of themselves as a "good" father. Men with the most severe pathology were incapable of forming a stable identification with either their father or other family members. Other findings included the fact that the men were seldom aware that their problems were related to approaching fatherhood, even though all, even the "normal" men showed ambivalence toward the baby on projective tests.

Sexual acting out behavior during the pregnancy period was the focus of a study of Hartman and Nicolay (1966). They examined the records of men referred to a criminal court psychiatric clinic and found that sex offenses were committed more often by expectant fathers than by men in a control group of criminal offenders whose wives were not pregnant. The authors hypothesized that the expectant fathers were demonstrating a "hypermasculine facade" to compensate for latent heterosexual insecurities triggered by the pregnancy. Both Wainwright (1966) and Freeman (1951) found that in predisposed men, pregnancy precipitated reactions varying in severity from neurotic (hypochondriacal fears, depression, anxiety) to psychotic (paranoid schizophrenia). Each author presents

cases illustrative of the various dynamics which can underlie a psychopathological reaction to fatherhood. Wainwright further calls attention to the reality issues confronting a would be father, e.g. added financial responsibility, disruption of dependency patterns in the marital relationship, and the effect of the wife's emotional reaction on the father.

Zilboorg (1931) wrote about the psychodynamics of depressive reactions to parenthood. He emphasized the role of oedipal dynamics in father related psychopathology. In three of the cases cited, strong incestuous wishes led to the unconscious equation of incipient parenthood with the murder of their own father. The ensuing guilt combined with castration fears to force a retreat to a passive feminine identification. Self accusations and self destructive behaviors served both as an expression of guilt and as an outlet for sadism meant for the father. Towne and Afterman (1955) were most impressed by the pre-genital conflicts reactivated by prospective fatherhood. They surveyed a large V.A. hospital and found that approximately 3% (28 out of 879) of the schizophrenic patients had breakdowns related to fatherhood. Typically these men were married to controlling possessive women who viewed them as additional children requiring care. The authors' observation that the patients frequently felt betrayed by their wives and angry at the child led them to conclude, "the father senses the child more as a rival for dependency than as a phallic competitor." (p. 26)

Bucove (1964), Rettersol (1968) and Zalk (1980) also describe psychopathological reactions of expectant fathers. Bucove and Rettersol focus more on psychotic reactions of men to paternity, while Zalk's case summaries exemplify a wider range of reactions (neurotic and borderline level).

Some attention has been given to the psychosomatic reactions of men to fatherhood (Trethowan and Conlon, 1956; Trethowan, 1968; La-Coursiere 1972). Trethowan and Conlon suggest that the presence of such symptomatology is actually part of a larger syndrome which they call the Couvade Syndrome. In choosing this name the authors have deliberately drawn the analogy between this syndrome and the Couvade Ritual which is found in many primitive societies. Couvade was the French name (derived from couver, to hatch or cover) given to primitive rituals which in essence prescribe psychosomatic symptoms to the expectant father. There are many variations of the ritual; in some cultures the father takes to bed with delivery pains, at the same time his wife goes into labor. His role is then to act as a decoy for evil spirits which might otherwise plague his wife. Other cultures impose dietary restrictions on the father or require that he refrain from hunting. Psychoanalysts (LaCoursiere, 1972) have understood the function of this ritual in terms of the following dynamics: 1) identification with the woman, with the idea that his vicarious suffering will alleviate some her pain, 2) envy of her procreative powers, hence his imitation of her, and 3) ambivalence toward the child and mother. Reik (1931) was the first to link ambivalence to the couvade ritual. He suggested that when the husband takes to bed, ostensibly to protect his wife from evil spirits, he is in fact protecting her and the child from his own buried hostility.

Trethowan and Conlon (1965) report that similar dynamics often underlie the psychosomatic symptomatology found in expectant fathers in western cultures. They cite two clear-cut cases of couvade syndrome and give evidence for the greater prevalence of "minor manifestations"

of the syndrome. A comparison of 327 expectant fathers with 221 married men whose wives had not been pregnant during the 9 months previous to sampling, found a greater incidence of symptomatology in the expectant fathers group. The symptoms reported to occur most often were appetite loss, toothache, and nausea or vomiting. Onset of complaints typically occurred around the 3rd month of pregnancy and in about 3/4 of the cases disappeared by the time of the birth. Often the men did not relate their symptoms to the pregnancy. The authors conclude that possibly 11 percent of all expectant fathers may have some symptoms of psychogenic origin specific to the pregnancy.

The literature on extreme reactions to fatherhood serves to warn mental health practitioners of the psychiatric problems which can be activated by incipient or recent fatherhood. This is important since many men are themselves unaware that their problems relate to fatherhood. Methodologically most of these studies are limited by a descriptive approach, e.g. few use a control group to test specific hypotheses. Also, in as much as this line of research focuses on pathology, it tends to obscure the many gratifications of fatherhood. Certainly these gratifications have as important consequences for personality development, and it is thus unfortunate that they are obscured.

Clinical Studies on Expectant Fatherhood

From the Developmental Perspective

The following studies have provided much of the conceptual background for my proposed research. Many of them are exploratory and they are unique in their focus on "normal" men's reactions to pregnancy.

An underlying assumption of the developmental approach is that men negotiate the transition to fatherhood by confronting new reality based tasks. Symptomatology is acknowledged in as much as it can inhibit functioning, but it is not the focus of investigation. Rather, an individual's success or failure in negotiating the transition phase is measured by the way he solves these ego level tasks.

McCorkel (1964) interviewed 29 university students during their wife's first pregnancy. He focussed on three aspects of expectant fatherhood: shifts in the expectant father's self concept, changes in the marital relationship and changes in the larger social system. His findings indicated that there were three general orientations that men took toward these changes. The men who reported the least amount of stress during the pregnancy were those with a family orientation. These men looked forward to having children and felt a sense of responsibility for their family. They viewed the pregnancy as a gift and found that their marriage improved during it. Another group of men shared a romantic orientation. Most of these men, who were young and newly married, felt awe at the prospect of having to support a family for the first time in their life. The pregnancy generated conflicts in them about dependency and these fathers experienced conflict with their wives and relatives as they struggled with maturational issues.

The men who had the most difficulty were those with a career orientation. Prospective fatherhood was regarded as a burden by them since it was felt that it would interfere with their career responsibilities. These men made the fewest changes in terms of taking on a new identity - in fact many of them actively denied the need for role changes to accommodate the new family circumstances. McCorkel observed that men

of the other two orientations did begin an identity transformation during the pregnancy. In fact, the family orientated husbands began this transformation even prior to pregnancy.

Grossman et al (1980) recently completed an 18 month longitudinal study that focused on couple's experiences of pregnancy and the first year post-partum. Several chapters in their book are devoted to fathering. Like McCorkel they found that there are wide differences in reactions of expectant fathers, and that there is no one adequate style of adapting to fatherhood. They interviewed 71 couples, roughly half of whom were first time expectant parents, during two points of the pregnancy, then at two months post partum and finally at one year post partum. Interviews were alternately given to the couple together and separately, and various tests were administered on several occasions. The goals of that part of the study which I will review were to understand the experience of these fathers during the pregnancy, to compare first time with experienced fathers and additionally to identify those factors that are predictive of fathers' adaption to the pregnancy.

For most men in the first trimester, the pregnancy did not seem like a reality. They were by in large quite positive about having a child but the image of the child was vague if not nonexistent. Some experienced concern about their ability to take on the increased responsibility, others were already then feeling anxious about the delivery. First time fathers were more eager than experienced fathers to have a child and they also reported more marital satisfaction. For first time fathers only, the lower the socioeconomic status, the less pleased they were with the pregnancy. The only factor which significantly predicted adaption to pregnancy at this point was the man's sexual identification.

Men judged as more comfortable about the pregnancy tended to rate themselves as more masculine than feminine on the Bem (1974) scale.

At the eight month interview, the men indicated much more involvement with the pregnancy. The authors relate their impressions that "on the average expectant fathers were doing moderately well, showing some expected ambivalence toward the pregnancy, some limited sense of maturation, and some readiness for growth and change." (p. 159) Experienced and first time fathers did not differ on their level of adaption. For first time fathers only, three aspects of their behavior during the first interview predicted to a higher level of adaption at eight months: identification with a mother who was perceived as nurturant, sexual activity and satisfaction, and general life adaption. For experienced fathers, only their self described masculinity predicted to their level of adaption during pregnancy.

At two months post partum, most men in the study were reportedly feeling comfortable about themselves, their marriage and their new child. Emotional well being at this time was best predicted by 6 factors measured at the first trimester contact: 1) life adaption then, 2) level of anxiety then, 3) how active and satisfying sex life was, 4) whether he strongly identified with a mother perceived as nurturant, 5) whether he reported many stereotypically feminine traits, and 6) wife's adaption. The finding that men with more self reported feminine traits do better in the post partum period provides an interesting contrast to the evidence that a higher masculinity self rating was related to adjustment during the pregnancy. Perhaps the sexual identity issues aroused during pregnancy were less threatening for men who considered themselves very masculine. By contrast, the man with

more stereotypically feminine traits may have felt anxiety about his feminine strivings. Later though, when there became a channel for his "feminine" caretaking energy, he could flourish.

Marital satisfaction, as indicated by the division of labor between the couple and by their ability to reestablish a dyadic relationship, was also assessed at 2 months post-partum. One general finding was that couples did best when the man could use his separateness to help his wife extract herself from complete absorption in the mother infant tie. Women at this time were still virtually consumed by the experience of having a child, and they needed the man's objectivity to gain some distance from involvement with the newborn. A man who was objective yet sensitive to his wife could serve this "life line" function for her.

Factors which predicted to marital satisfaction were: 1) good life adaption during pregnancy, 2) little anxiety during pregnancy, 3) earlier marital satisfaction, and 4) wife's anxiety level. Interestingly, a couple's relating around parenting issues was improved if they had had more complications during labor and delivery. This finding may reflect the couple's ability to unite in the face of a crisis. Also, at a time when the wife was less able to cope, the husband may have become more involved in childcare and family life than he would have otherwise.

Father's relationships to their babies was another variable assessed. Few men in this sample participated in more than 15% of the childcare tasks. Nevertheless most enjoyed their babies and played with them. First time fathers who were younger, more happily married, and of a higher socioeconomic status had better relationships with

their infants. A man's identification with a nurturantly perceived mother also predicted the quality of his relationship to the baby. Interestingly, positive adaption to late pregnancy, not early pregnancy, was most highly correlated with good fathering at two months post partum. This probably related to the fact that fathers were much more involved in the pregnancy in the late months.

The study ended with an interview at one year post partum. Looking over the data from 4 interviews the authors found that anxiety level, general perception of the marriage and sexual interest and activity were not appreciably changed by the pregnancy, birth and first year of the child's life. Men anxious before the pregnancy remained anxious; men who valued their marriage earlier continued to do so at one year post partum. In terms of the marital relationship, most men felt that it had been enhanced by the pregnancy even though there were more stresses on it.

A father's relationship with his baby at 1 year post partum was best predicted by his level of anxiety and his relationship to the child at 2 months post partum. Measures of adaption during the pregnancy were also predictive, but for first time fathers only. In general first time fathers were more keenly aware of changes in their lives as a result of the baby than were experienced fathers.

This study makes a significant contribution to our understanding of fathers' experiences of the perinatal period. It is the only published study to date which follows a number of couples longitudinally from the onset of the pregnancy to one year post partum. The combined use of semistructured interviews with structured tests provides us with a range of data, most of which is consistent with earlier

work done in the field. McCorkel (1964) Deutscher (1970) and Herzog (1980) all found that the pregnancy does not seem to be a reality for men in the first trimester. The interesting findings on self reported sexual identification and its relationship to early fatherhood supports the contentions of psychoanalytic authors that pregnancy stirs up issues around masculine and feminine identifications. It would be helpful though if the authors had contrasted their ratings of the men's sexual identification with the subject's self rating. As it is, we might know more about the identification subjects would like to have than the one they actually have.

As the authors themselves point out, the fact that all interviewers were female may have contributed to the men's tendency to deemphasize negative or ambivalent feelings. Indeed, little evidence was given for the presence of negative reactions. It would be interesting to know exactly what percentage of the subjects were rated as having a bad adjustment reaction. Such data could have important implications for mental health practitioners.

Gangsei (1977) took the approach that the transition to fatherhood is a normal crisis phase in adult development. The father encounters certain tasks which must be successfully negotiated if he is to adjust to his new life situation. Gangsei gave five loosely structured interviews to four subjects over the course of a three month period spanning from the ninth month of pregnancy to two months post partum. Two of the five interviews were conducted with both husband and wife present. On the basis of these interviews he was able to identify four major tasks: 1) developing a father role, 2) developing a relationship to the baby, 3) reestablishing a relationship to the wife, and 4) integrating

fatherhood into his sense of identity.

Three of the four subjects in this study experienced considerable confusion about what role they wanted to take on. Gangsei defined two factors which were important to the development of a role:

1) developing an internal sense of responsibility, and 2) developing mutuality between husband and wife as to their role expectations of each other. In most cases the subjects in this study viewed involvement in parenting as optional. Difficulty in developing an internal sense of responsibility for the child stemmed from several factors: 1) a feeling that the wife pushed them into parenthood before they felt ready, 2) sex role socialization which discouraged men from direct involvement in childcare, and 3) resentment of the burden which the baby imposed. Internal conflict about these issues often interfered with a man's enactment of his role. Additionally, the wife's expectations and needs sometimes prevented him from carrying out his role in his preferred way. Some men felt resentful and intruded on by a wife who expected them to share responsibility for childcare. On the other hand, one wife felt resentment about her husband's efforts at equality in decision making. Gangsei points out how important it is for couples to openly discuss their expectations with regard to division of labor and responsibility.

Developing a relationship to the baby was experienced as very rewarding by the 2 subjects capable of a more intimate relationship with their baby. They found it gratifying to establish a reciprocal relationship with their child and derived satisfaction from the experience of competence in childcare. The amount of time spent in direct contact with the infant was the most important factor in establishing a father

child relationship. Factors inhibiting direct contact with their infant were the fear of seeming unmasculine, conflict with wife over territoriality, and resentment towards the baby for disrupting a previously enjoyed life style. Gangsei noticed that all men had difficulty handling negative feelings toward the baby and tended to displace the hostility onto others.

Reestablishing a relationship to their wives was the most difficult task for these subjects. Disagreement over the division of childcare responsibilities and problems in satisfying their own and their wives' emotional needs were the two factors which seemed to create difficulty for the marriage. This was particularly true of those men who experienced role confusion. Four kinds of interactions facilitated the reestablishment of a dyadic involvement exclusive of baby: sharing activities, sexual loving, fighting, and talking. The latter interaction is emphasized as being most valuable.

The least concrete and most subtle task involved development of a sense of identity as a father. Critical to the completion of this task is the availability of models like their own father or friends who demonstrate what fatherhood should look and feel like. Gangsei outlined three subtasks. The most basic subtask is to accept fatherhood. Fathers who resisted the life changes imposed by the newcomer had the most difficulty integrating fatherhood into their identity. Factors inhibiting the acceptance of fatherhood were initial reticence to have a child, conflict over the caretaking role and anger about an experienced loss of freedom. Facilitators to acceptance included a subjective feeling of readiness to become a father, financial stability and the gratification attained through relating to the baby.

The second subtask involved answering the questions "What is a father supposed to be?", "What should he do and feel?". Having a model to turn to was a major source of support in answering these questions. Also, those men who could keep a measure of objectivity about their feelings and tolerate uncertainty fared the best. Difficulties arose when there were conflicts with the wife over his role or if the father found his feelings about parenting to be unacceptable. The last subtask involved the establishment of a balance between fatherhood and previously existing aspects of the identity. In particular, a balance was needed between his identity as father, husband and career man. The interactions of these aspects were often complex, for example work was often an important source of identity as a father, offering the provider role. Gangsei points out that by three months post partum none of his subjects had really established a balance between aspects of their life. Of course, the work of Levinson (1978) and other adult development specialists (Erikson, 1963; Valliant 1977) suggests that this is in fact a life long task, so it is not surprising that these men, still in the throes of recent fatherhood, felt unsettled.

Gangsei's dissertation is an unusually sensitive and thoughtful analysis of four mens' transition to fatherhood. Using a small subject sample and giving a number of interviews over a brief time span allowed for a thorough tracking of the changes which occurred as the transition progressed. However, the very factors which allowed for such a comprehensive analysis, are subject to methodological criticism. He mentions himself the pitfalls of interviewer bias, both in conducting and analyzing the interviews. Also, his subjects were of an elite group - being verbal, insightful, successful, analytically

inclined individuals. Further research needs to be done to assess the generalizability of his findings. A last point concerns the time span which is covered in this work. Other literature (Herzog, 1980; Heinowitz, 1977; Gurwitt, 1976) suggests that the transition to fatherhood starts much earlier and that many changes take place between conception and the birthing. Gangsei offers us a detailed model of a portion of this transition period. It would be interesting to apply his model to other phases in the transition process.

Wapner (1975, 1976), Bernstein and Cyr (1957), Obrzut (1976) and Tonti (1979) have performed larger scale studies aimed at identifying the concerns and feelings of first time fathers.

Wapner (1975, 1976) used a self rating instrument, and the evaluations of the wives and LaMaze childbirth educators to collect data on his sample of 128 middle class men. In general the men felt ready to become fathers and confident of their ability to take on a new role. Their major stress during this time was the responsibility of providing for a family. They reported considerable emotional involvement in the pregnancy, and expressed concern about their wives. Seventy-one percent of the men said they felt more protective of their wives since the pregnancy. However, the wives did not report an increase in their husband's nurturant behavior. One problem that men in this study had, concerned the translation of their feelings about the pregnancy into a gratifying activity. The authors hypothesized that this may reflect a lack of socially acceptable ways for an expectant father to express to himself and others that he was about to become a parent.

Wapner's study is helpful in identifying the adaptive reactions men make during this transition period. However, the high degree of

involvement these men report may reflect a sampling bias; it seems likely that men who attend childbirth classes are going to feel more involved than those who do not. Most interesting are the results obtained by comparing the fathers' self report with those reports of his wife and instructor. Optimally though, it may be better to have the third report completed by someone less invested in the pregnancy than the childbirth instructor.

Open delight was the reaction of about 27 of the 69 primiparous men interviewed by Bernstein and Cyr (1957). About 2/5 of the sample were unhappy about the timing of the pregnancy and about 14 subjects felt resigned to the "inevitable". These authors noted that most men lacked information about the pregnancy period and hospital procedures and they welcomed an opportunity to expand their knowledge. The concerns of these men varied from worry about living arrangements, to concern about changes in work and study schedules, to doubt about their own and their wife's fitness for parenthood, to questions about perceived changes in their wives during the pregnancy. Although many of the concerns reported here are similar to those reported by men in other studies (Gangsei, 1977; Tonti, 1979) these men placed particular emphasis on their financial worries. This may be due to the demographics of this sample; most were in their early twenties and either students or low salaried workers. Understandably they would have more financial concerns than men who are established in a career.

Obrzut (1976) interviewed 20 first time expectant fathers. Seventy percent of these men were initially ambivalent about fathering, but developed feelings of fatherliness as the pregnancy progressed. The concerns identified by these men were: adequacy as a father, adequacy

of their infant care skills, financial security, and concern about the effect of the baby on the marital dyad.

Tonti (1979) sampled 100 primiparous men to find out what stresses and supports they experienced during the time period ranging from three months before birth to three months after. The major concerns of men during the pregnancy period centered around financial matters, decreased sexual responsiveness of their spouse, changes in social routine and worry about being a good parent. Once the baby was born the areas of concern basically stayed the same with the exception that dissatisfaction about the wife's decreased sexual responsiveness was replaced by dissatisfaction about the lack of leisure time to do the things they wished. Men who were older, wealthier, more educated and married longer had a significantly less stressful transition to fatherhood than men without these characteristics. These demographic factors were highly interactive in terms of predicting adaptation. Other factors affecting the ease of transition were: positive feelings about marriage, health of wife, stability in job and social life and prior experience in childcare. Any change, either positive or negative in career or social life correlated with a stressful transition period. One interesting finding was that the men in this study found the pregnancy period to be more difficult than the post partum period. Tonti hypothesizes that this may be due to both the anticipatory nature of the pregnancy period and to the fact that women typically receive the most attention then. Once the child was born the man could actively share in the experience of having a child. This study is limited by the exclusive use of men who were in childbirth classes, a somewhat self selected population. On the other hand, the large sample size allows

for increased confidence in the statistical findings. Many of the findings represent a generalizability of Gangsei's research. Pregnancy had an economic and emotional impact on these men, it also affected their marital relationship and led to changes in their social system.

The development of a coherent role has been the focus of some researchers on expectant fatherhood (Fein, 1976; Rossi, 1968).

Rossi (1968) taking a sociological perspective, argued that there is a lack of societal guidelines to aid in the role transition to parenthood. She compares the parenting role to the role of spouse and concludes that a major difference is the irrevocability of parenthood. Similar to the spouse role are the role cycle stages which include an anticipatory stage (e.g. pregnancy) a honeymoon stage perhaps spanning the first months post partum, a plateau stage where the role is fully exercised, and finally, a disengagement stage when the children grow up and leave home. Rossi makes an appeal for more research which could perhaps flesh out the conceptual system she sets forth.

Development of a coherent role was the major factor affecting the good adjustment of the expectant fathers seen by Fein (1976). He gave projective and self report tests to 32 middle class couples four weeks before and six weeks after the birth of their first child. He concluded that the crisis for these men came during the immediate perinatal period (2-4 weeks either way) and that by six weeks post partum anxiety levels had dropped. The man's ability to define a father role which met his and his family's needs was crucial to post partum adjustment. The particulars of the role and the amount of

involvement in childcare did not matter. Other factors facilitating post partum adjustment were: health of the baby, agreement with wife over his role, family and work supports.

Fein's emphasis on the need for a coherent role, regardless of the particular style of involvement, is supported by the work of other authors (Gangsei, 1977; Rossi, 1968). His suggestion that the crisis period for men passed by the end of six weeks is more controversial. Gangsei (1977), and Grossman et al (1980) all found that the post partum phase is a time of considerable adjustment. Possibly the fact that Fein never interviewed men alone gave a positive bias to his results. Gangsei (1977) who interviewed men separately and with their spouse, noted that men spoke more freely when alone and that they obfuscated negative feelings in the presence of their wives.

There are several studies which have looked at the transition to fatherhood, placing emphasis on changes in the marital relationship. Deutscher (1970) interviewed 10 middle class primiparous couples. In the first trimester it was necessary for the couple to make shifts in old patterns of dependency. Most couples expressed concern about the intensity of the mother child relationship and some men expressed fear of being abandoned by their wives for the child. In the second trimester, the fetal activity served to stimulate a "parental coalition" as the partners joked and fantasized about the child. Anxiety was highest during the third trimester as fears about the delivery and uncertainty about the ability to be a parent climaxed. Also contributing to the anxiety were the feelings of isolation which often ensued as sexual activity decreased. Couples who had had strong alliances before the pregnancy did best during it. Deutscher hypothe-

sizes that a couple's capacity to rehearse their parental roles on each other may facilitate a smooth transition to parenthood.

Other studies have pointed to the interaction between a good marital relationship and other components of expectant fatherhood. Wente and Crockenberg (1976) found a high correlation between changes in the husband wife relationship and difficulty in adjustment to fatherhood. Russell (1974) views marital satisfaction as the most sensitive indicator of an adequate response to fathering. Herzog (1980) also found that a positive conjugal relationship is related to adjustment during anticipating fatherhood. Wenner et al (1968) were primarily interested in women during pregnancy, but they interviewed the 52 husbands twice, once before and once after the birth. They did not emphasize the husband's experiences but they did report that a couple's ability to handle their dependency needs was crucial for a healthy adaption to the pregnancy.

Studies Concerning the Father's Participation
in the Childbirth Experience

Whereas once most hospitals excluded husbands from active participation in the labor and delivery, recently there has been a shift towards involvement of the prospective father in childbirth. This shift has not taken place without extensive debate over the issues of territoriality. Sehgal (1974) represents those practitioners who believe that the presence of the father is disruptive. He warns that the father may become upset and do "crazy" things or else he may interfere with the teaching discussions that transpire amongst house staff. LaMaze,

on the other hand, has been one of the strongest advocates of father involvement. Support for LaMaze's position has come from research on paternal reactions to childbirth. Most of the research in this area has focused on the effects of father participation (in childbirth) on the marital relationship and parent child bonding. As will be shown below, the research indicates that father involvement facilitates a transition into family life. Husband and wife tend to feel closer and are better able to support each other in coping with the stresses and adjustments of early parenthood.

Cronnenwett and Newmark (1974), Greenberg and Morris (1974), Bradley (1965) and Gayton (1975) have all found that father participation in the childbirth classes and the birth itself strengthens the bond between husband and wife and makes the birth a more positive experience for both. Cronnenwett and Newmark (1974) gave 152 recent fathers a questionnaire which probed feelings toward himself, his wife and newborn during the labor and delivery. Subjects were divided into three groups: those who had prenatal training when they attended the delivery, unprepared attenders at the delivery, and fathers who did not attend the delivery. There was no statistical difference between the three groups in their responses to infant related items. This would suggest that father infant bonding is independent of training or attendance at the birth. On the other hand, men who did attend the birth, regardless of their preparedness, felt more positively about themselves, their wives and the childbirth experience than men who did not attend. Wives were also affected by their presence. The wives of attenders needed 40% less regional anesthesia and had 26% greater incidence of shorter (under 10 hours) labor than the wives of nonattenders.

This study suggests that father involvement makes the childbirth experience more pleasant for both husband and wife.

Gayton (1975) was also interested in the differences between men who attend childbirth classes and the birth and men who do not. He compared 60 expectant fathers (30 in each group) on their anxiety level, attitude about childbirth and self-concept. To do this he administered the State Trait Anxiety Scale and Meaning of Words Inventory once during the third trimester of the wife's pregnancy and once again within 30 days post-partum. Two major findings were reported. Men who attended childbirth classes were significantly less anxious than nonattenders. Also, the self-concept of attenders tended to increase over time while the nonattenders' self-concept showed a decline. Despite these differences in anxiety level and self-concept, the two groups did not significantly differ in their attitude toward the childbirth. Like Cronnenwett and Newmark (1974) Gayton found that attendance at the birth did not significantly affect a man's feelings about his child.

Several authors have discussed the importance of childbirth classes for husband wife bonding. Greenberg and Morris (1974) compared attenders and nonattenders on a number of measures and found that presence at the birth was critical for husband wife coupling. Tanzer and Block (1972) and Kitzinger (1972) have also advocated childbirth classes as facilitating couple unity. Bradley (1965) reports that father presence contributes to a positive feeling about the childbrith experience. He found that when husbands act as coaches during the labor women report less pain and are more likely to have uncomplicated deliveries.

Although there is considerable evidence to suggest that childbirth

classes yield positive results, some authors find no effect. Wente and Crockenberg (1976) correlated overall adjustment with specific items, one being participation in LaMaze classes. They did not find a correlation between participation and overall adjustment.

In summary, research indicates that a father's participation in the labor can positively affect his self confidence as a father and his relationship with his wife. Of course, whether men who choose to participate do so because they already have positive perceptions of themselves, their marriage and childbirth, is subject to question. If indeed we are seeing a linear effect, then several questions come to mind, for example: How lasting is the effect? Gangsei, for one, felt that in time other factors gained importance in establishing and/or sustaining these relationships. Another question concerns the generalizability of the effect, for example, can positive feelings about the childbirth be taken as an indicator of overall good adjustment to fatherhood? According to Wente and Crockenberg (1976) the answer is "No". They found no correlation between participation in childbirth classes or the birth and overall adjustment. Rather, it would seem that participation in childbrith facilitates but is not a prerequisite for adjustment within the realms of paternal and marital bonding. If a father feels too uncomfortable about hospitals or seeing his wife in pain, then it is doubtful that participation would enhance his emotional response. Bittman and Zalk (1978) wisely encourage fathers to follow their instincts, and not social pressures, when deciding about the extent of their participation in the birth.

The Relationship between Father and Newborn

There is a small literature which addresses the relationship between father and child in the early post-partum months. Most of these studies aim at dispelling misconceptions about the exclusiveness of the mother infant tie. Historically it has been assumed that fathers have at best a peripheral involvement with their newborns and that the far stronger bond exists between mother and child. The research cited below has been instrumental in pointing out that strong bonds can and do develop between fathers and their infants.

Greenberg and Morris (1974) have written about the father child bond which forms at childbirth. They studied 30 new fathers and found that by three days post-partum 97% reported moderate to very high levels of emotional involvement, or, as the authors term it, "engrossment", with their newborn. The fathers described their surprise at how proud, elated and mature they felt. They found themselves gazing at the infant, touching, holding and playing with it. Greenberg and Morris did not find significant differences in the paternal bonding of childbirth attenders and nonattenders, although attenders seemed to feel more comfortable holding their baby and more confident about their ability to identify their baby from other babies.

Other authors have focussed on the relationship between fathers and older infants. In 1969 Pedersen and Robson reported the results of a field study involving 45 middle class primiparous families. Two observations were made at the home, one when the infant was 8 months old and another 1½ months later. The authors very apologetically inform us that they secured the data on father participation from

the mothers. They then correlated eight variables of paternal behavior to the amount of attachment observed between father and child. Attachment was defined in terms of greeting behavior. Results indicated that there was extreme variability in the behaviors of men from a relatively homogenous sample. For example, the number of hours a father was home while his infant was awake ranged from five to forty-seven, with a mean of twenty-six. Despite this variability several paternal behaviors significantly correlated to attachment. Interestingly, no variable was significantly correlated for both sexes. For boys, their fathers' caretaking, investment and stimulation level of play were positively correlated and fathers' irritability level was negatively correlated to "attachment". For girls, the father's apprehension about his child's well-being was negatively correlated to attachment. In the discussion of their results, the authors highlight the fact that specific paternal behaviors, in particular action oriented ones, facilitated an attachment between father and son. On the other hand, it was less obvious what affected the father daughter attachment. The possibility that fathers were responding to sex role stereotyping (e.g. boys are more active) is suggested.

The Pedersen and Robson article was the first to focus on early father child relations. Formerly, researchers had studied older children to determine fathers' influence on such areas of development as sex role identification, cognition and personality. (The reader is referred to Gunsberg, 1981 for a complete review of this literature.) This article draws attention to the fact that fathers' influence on a child begins in infancy. It also attempts to describe some aspects of the relationship which is formed. Methodologically the study is

flawed by a reliance on mothers' reports for data on father participation. Nevertheless, it is an important piece of research which essentially opened up study in the area of father infant relations.

Father's verbal interaction with their infants was the subject of a study by Rebelsky and Hanks (1971). They attached a microphone to seven male and three female caucasian babies for a period of 24 hours every two weeks. This was done from the time the child was two weeks old til he/she obtained three months. Results indicated that fathers spend little time vocalizing with their infants. There was considerable variability in the amount of time spent in this form of interaction; the highest interaction score was 10 minutes 26 seconds a day while the mean time spent was 37.7 seconds a day. The authors noted some insignificant trends in the data suggesting that interactions varied with age and sex of the child. Fathers tended to decrease the time they spent vocalizing to their infant as he/she grew older. This was more true for girls than boys. The timing of the interactions varied: 54% of all interactions took place during caretaking activities, 41% took place in the early morning and 33% in the evening.

As the authors point out, more research is needed to determine the nature of non-verbal interactions between fathers and infants. Fathers may choose to interact more physically with a child that is preverbal. In interpreting the results of this study, it is worth considering that when adults verbally interact with an infant they often use "baby talk". Understandably, the men in this study may have been reluctant to have their babble recorded! It may be that observation studies would yield more information about the nature of father infant relations.

Parke and his coauthors have published a series of studies on father infant relations (1972, 1976, 1975, 1979). They have addressed themselves to four questions: 1) Are fathers interested and involved in the newborn? 2) Are fathers as nurturant as mothers? 3) Do fathers prefer noncaretaking roles? and 4) Are fathers as competent as mothers in caring for the baby? Observations of middle and lower class father-mother- infant triads shortly after delivery revealed that fathers are indeed as interested and involved with their infants as the mothers (Parke, O'Leary, West, 1972; Parke and O'Leary, 1976). This finding applied to fathers regardless of their involvement (or uninvolvedness) in childbirth classes and the delivery. It also held true for situations in which the father was alone with the infant or with mother and infant. Parke and O'Leary (1976) report that fathers are more likely to hold the infant and visually attend to it than the mother. Mothers, on the other hand, smile at their child more than fathers. Smiling was the only nurturant behavior which mothers engaged in more than fathers.

Some interesting interactions were noted between fathers' involvement and the sex and ordinal position of the infant. Parke and O'Leary (1976) observed that fathers touch and vocalize more with first born boys than first born girls or later born children of either sex. The authors suggest that fathers may prefer first born boys, at least during the early post-partum months.

To determine if fathers are less likely than mothers to take on a caretaking role, parents were observed feeding their babies. Parke et al (1972) found that in families where the mother breastfeeds she usually feeds the infant. When bottlefed infants were observed (Parke

and O'Leary, 1976) it was found that father feeds the baby the most if both parents are present but he feeds the infant significantly less than mothers do when alone with the child. Another study (Parke and Sawin, 1975) also found that mothers spend more time than fathers feeding the baby. It was concluded that fathers engage in less caretaking activities than the mother.

Fathers' competency in caretaking was assessed by measuring his ability to interpret the infant's behavioral cues in a feeding situation (Parke and Sawin, 1976). Fathers who stopped feeding when the infant burped or coughed were considered sensitive to the child's needs. The results of this study indicated that "Fathers were as sensitive as mothers to infant cues in the feeding context."

Taken together, the studies of Parke and his collaborators indicate that fathers actively engage their newborns and are as nurturant of them as the mother. Although mothers spend more time in caretaking activities like feeding, fathers are no less competent at caretaking than their spouses. Clearly men have a number of options available to them when they become a father. As these studies demonstrate, men are not only capable of the traditional roles of provider and authoritarian but they are also competent caretakers.

A more exploratory study aimed at determining the ways fathers interact with their firstborns was reported by Rendina and Dickerschneid (1976). They made two home visits to 40 families, yielding a total of three hours observation time per family. Mothers were present during all the visits. Children in this sample fell into two age groups, with mean ages of 5.8 and 13.2 months respectively. Both sexes were equally represented in each infant group. Results indicated

that even in this homogenous sample there was great variability in the paternal behaviors exhibited. For example, fathers were involved with their children anywhere from 12 to 84% of the observed time ($\bar{X}=36\%$). Of the time they were involved, 28% was spent watching the child, 10.4% was accounted for by social activities such as playing, 9.2% of the time was taken in "affective proximal" behavior and 3.8% of the time was devoted to caretaking. Sex, age and temperament of the child significantly interacted with certain paternal behaviors. Fathers watched boys more than girls. They tended to engage younger infants in affective proximal activities but talked more to the older ones. Fathers talked more and engaged in more social activities with difficult boys than with difficult girls. However, they were more socially involved and verbal with easy girls than easy boys.

The results of the Rendina and Dickerschneid study suggest how complex the father infant relationship is. No doubt many variables, not only a child's age, sex and temperament interact with paternal behaviors. The father's personality, his relationship with his wife and attitudes about fathering are just a few of the many possible variables worth considering. Rendina and Dickerschneid have described some of the behaviors fathers exhibit with their firstborns and they have reported several variables which interact with paternal behavior. However, many more studies will have to be done before we can account for the wide range of behaviors fathers engage in.

The research studies cited above demonstrate that fathers can and do become involved with their newborns and that the nature of this involvement is complex and multidetermined. All studies found that even relatively homogenous groups of men vary widely in their paternal

behaviors. The only behavior which was consistent was fathers' avoidance of the caretaking role. Most researchers found that fathers devoted little time to caretaking, even though they are competent to carry out the role. When researchers examined the variables which interact with behaviors that fathers do engage in, they found that a child's sex, age, ordinal position and temperament all play a part. The most convincing data concerns the interactions with sex and ordinal position. Two studies (Rendina and Dickerschneid, 1976; Pedersen and Robson, 1969) found that at least with firstborns, fathers attend to boys more than girls. Quite possibly fathers are partial to first born boys.

The literature on father infant relationships is small and more studies are needed to expand our knowledge. Nevertheless, it is clear that fathers potentially have the competence to relate to their infants on many levels. The relationship which is then formed can have great emotional significance to both father and child.

The Sociological Perspective and Crisis Theory

There is a body of literature which focuses on the degree of disruption or "crisis" which couples experience as they make the transition to parenthood. These studies are all retrospective but vary in the use of rating scales and/or interviews. Although the definition of "crisis" varies from study to study, all work from the assumption that the family is an integrated social system and that adding or removing members will force a reorganization of that system.

LeMasters (1957) asked middle class couples for a retrospective

analysis of their experience of their first child's birth. He judged that 83% of these couples had suffered a severe crisis. "Listening to them describe their experiences, it seemed that one could compare these young parents to veterans of military service." (p. 355) He attributed the crisis to a lack of preparation for parenthood, the conflict between parental roles and other socioeconomic commitments, and difficulty moving from diad to triad.

Dyer (1963), using a checklist of complaints, found that 28% of the 32 couples he sampled had experienced an extensive crisis, 25% a severe crisis, 38% a moderate crisis, and 9% a slight crisis. The major complaints included: 1) loss of sleep (50% mentioned), 2) adjusting to new responsibilities and routines (50%) and, 3) sharing with grandparents and other relatives. Factors correlated with a good adjustment were a longer and more satisfactory marriage, a planned child, and an educated husband.

Hobbs (1965, 1968) was unsuccessful at replicating the findings of Dyer and LeMasters. In his first study, none of the 53 couples reported extensive or severe crisis in becoming a parent, 86.8% of his sample fell in the category of slight crisis and 13.2% in the moderate category. Hobbs noted that men were significantly less likely to report crisis than women. Father's income and the age of the child were both negatively correlated to crisis experienced. In the later study (1968) he again found no evidence for terming beginning parenthood as a crisis experience. Hobbs concluded that the adjustment to the first child is at most moderately stressful. He suggested that the discrepancy between his findings and those of his predecessors (LeMasters and Dyer) was due to the timing of the interviews. He studied

couples during the infant's first year when the family may have been in the "honeymoon stage". LeMasters and Dyer talked to couples years after the childbirth when they may have had enough distance from the experience to talk more freely about negative reactions.

A number of subsequent studies have addressed themselves to the extent of the crisis of parenthood. Russel (1974) sampled 511 couples and found that most experienced slight or moderate difficulty in negotiating the transition to parenthood. She cautioned against the use of terms like "crisis" or even "normal crisis", arguing that they orient one to the negative outcomes. Jacoby (1969) reviewed the crisis literature and suggested that future research needs to differentiate between the changes and adjustments required by parenthood and the parents perception of these changes. Like Russel (1974) he urged researchers to consider the positive, not simply the crisis aspects of the transition to parenthood.

In general, the findings of the sociological studies indicate that at least some degree of stress is experienced by couples moving into parenthood. There is considerable disagreement on the extent of stress or crisis, a finding which may in part be attributable to different operational definitions of crisis. The crisis literature is useful in pointing out the significance which fatherhood has on a man's life. However, as Jacoby (1969) points out, we must move beyond quantifying experience and attempt to understand the substance of this transitional phase.

Summary

An attempt has been made to review the various perspectives which researchers have taken in studying the transition to fatherhood. It is an eclectic literature, with contributions from the fields of psychoanalysis, sociology, nursing and anthropology, as well as from more psycho-socially oriented professionals. Most of the research is highly exploratory and it is obvious that we are still in the early stages of defining those variables which should be subjected to more stringent experimental manipulation.

Methodologically, most studies are handicapped by either an overly descriptive approach, or at the other extreme, by a tendency to simply quantify experience, thereby eclipsing the inner complexities. The psychoanalytic literature, which has generated numerous hypotheses on the historical roots of fatherliness, has perhaps erred most in its' reliance on description. No attempt has been made to experimentally validate concepts such as pregnancy envy or identification with femininity, and indeed such constructs are not particularly amenable to independent validation. How would we infer the presence of pregnancy envy? Is it a quantifiable phenomenon? Such questions need to be answered if we are to progress in our understanding of the unconscious determinants of fatherliness.

The psychoanalytic literature on psychopathological and normal reactions to pregnancy and childbirth is also problematic. Few studies use a control group to assess whether the reactions relate specifically to the pregnancy and/or childbirth. The studies on psychosomatic reactions do not control for medical history, nor is there mention

of the subjects' past history of psychosomatic reactions. Furthermore, although all studies relate mens' experience of pregnancy to unresolved, early psychosexual conflicts, there has been no systematic research on the childhood correlates of men's reactions to paternity.

Much different from the psychoanalytic literature are the studies which quantify the amount of crisis beginning parents experience. A difficulty which is inherent in this approach is that the complexity of the parenting experience is often overlooked with the result that we learn little about the feelings, attitudes and tasks which are common to new fathers. Also, earlier reports (LeMasters, 1957; Dyer, 1963) which had found that new parents experience severe crisis were not replicated by researchers who controlled for retrospective distortion and sampling problems (Hobbs, 1965, 1968; Russel, 1974). This would suggest that other approaches should be taken to gain an understanding of the development of paternity. We now know that beginning parenthood can be stressful, but what makes it a difficult transition period?

Answers to some of these questions have been provided by the research on fatherhood as an aspect of adult development. I include in this group of literature the articles on tasks which men face, reactions to the childbirth and the development of a relationship to the child. Taking these studies together we can learn that men face certain tasks during the perinatal period and that a satisfactory marriage, social and financial supports all contribute to ease a man's transition to fatherhood. However, there are methodological limitations with these studies too. Most studies could be criticised for limited generalizability or errors in sampling. Some studies did not allow for multiple

independent ratings of paternal behavior causing undue reliance on the father's report and/or the observer's assessment. Ideally there should be multiple sources of evidence about paternal behavior, which can then be compared for consistency. A final important limitation of some studies concerns the fact that fathers' behaviors were not directly assessed. Pedersen and Robsen (1969) secured their data by interviewing the mothers. These results should have been supplemented with data gathered from the fathers who are, after all, the primary source.

The research on the development of paternity indicates that the birth of a child is cause not only for joy but also for adjustment in a man's personal life. More research needs to be done before we can fully comprehend the nature of these adjustments. Larger, more varied samples of men must be tapped so we can assess the extent to which homogenities in experience exist. Also, mens' experiences at different points of paternal development need to be evaluated. One wonders for instance, if there are not differences in the reactions and concerns of expectant and recent fathers, or between recent first-time fathers and recent second-time fathers. Furthermore, how does the experience of paternity which men anticipate match up with the experience which fathers actually report? A most important question concerns the profiles of men who have an easier or more difficult adjustment to fatherhood. We know something of the demographic variables which correlate with adjustment but there is little research on the correlation between adjustment and the attitudes, feelings and behaviors of men. Most likely the answers to these questions will not come from any one study but rather from the efforts of many investi-

gators. Fortunately, more people are taking an interest in fathers and we can look forward to new advances in our understanding of the transition to fatherhood.

Guidelines for the Present Study

The general aim of this study is to investigate the psychological experience of men as they make the transition to fatherhood. Previous research (Grossman et al, 1980; LaCoursiere, 1972) has shown that the pregnancy and post-partum period is a time of stress for many men. A series of tasks are encountered which must be successfully negotiated if the man is to adjust to family life. Using the descriptions expectant and recent fathers give of their experience, I plan to define the tasks they face and identify those factors which facilitate or inhibit a smooth transition.

Although there is a body of literature on fatherhood, it is conspicuously small in comparison with the vast literature on motherhood. The studies that do exist tend to focus on his role in child development, and if they address his experience of becoming a father then it is with an eye toward the pathological, not the normal reactions. There are of course exceptions, notably Gangsei (1977), Herzog (1980), Bittman and Zalk (1978) and Grossman et al (1980), and it is these exceptions that have provided the impetus for this study. In an attempt to expand our existing knowledge of the transition to fatherhood, the following goals were established for this research.

1. To examine men's experiences during different points of the transitional phase beginning before the advent of any concrete plans for pregnancy and ending six months post-partum. For the purposes of this study the men who do not have and are not currently expecting a child will be called prospective fathers. Expectant fathers will be the name applied to men whose wives are pregnant with their first

child, and recent fathers will be the term used for men who recently had their first child. A unique contribution will be made by comparing prospective fathers' expectations, attitudes and feelings about fatherhood with the experiences of men during and after the pregnancy.

2. To develop a list of tasks associated with the transition to fatherhood. Previous studies were drawn upon (Grossman et al, 1980; Gangsei, 1977; Tonti, 1979) to cull such general headings as marital relationship, developing a father role, developing a relationship to the child, integration of fatherhood into preexisting identity, economic changes, and changes in the social system. A questionnaire will address these general issues as well as specific subtask items.

3. To ascertain those attitudes about fathering which are prevalent in a middle class subject sample.

4. To develop a profile of the men who have the greatest and least degree of difficulty becoming a father. Affective responses, demographic variables, self reported attitudes, expectations and behavior will be correlated with degree of difficulty in order to develop such a profile.

Statement of Hypotheses

1. Prospective, expectant and recent fathers will differ in the degree of overall difficulty anticipated or experienced during the pregnancy and postpartum phases. Previous research (Gresh, 1981) indicates that most men do not anticipate difficulty making the transition to fatherhood, thus it is hypothesized that in this study prospective fathers will be the group to anticipate the least amount of difficulty. On the other hand, it is hypothesized that expectant fathers will experience the most difficulty. Tonti (1979) reported that men in his sample found the pregnancy period to be more difficult than the post-partum period. It is expected that this study will replicate that finding.

2. Prospective, expectant and recent fathers will differ in the tasks or areas of difficulty which they anticipate or actually experience. Previous research indicates that expectant fathers are very preoccupied with their ability to provide for the family (Bittman and Zalk, 1978) and that recent fathers experience extensive difficulty adjusting to changes in the marital relationship (Gangsei, 1977). In light of these findings, it is hypothesized that the present study will find expectant fathers to be most concerned about the increase in responsibility whereas recent fathers will be concerned about changes in the marital relationship. The anticipated concerns of the prospective group should center around changes in the marital relationship. In this respect it is hypothesized that their imagined concerns will most closely approximate the actual experiences of the recent fathers.

3. There will be an interaction between the following variables and degree of difficulty experienced or anticipated:

a. Based on the finding of Tonti (1970) that men who were older, wealthier, more educated and married longer had a significantly less stressful transition to fatherhood than men without these characteristics, it is hypothesized that demographic variables indicating a higher degree of life stability will be correlated with less anticipated/ actual difficulty adjusting to fatherhood.

b. In view of the finding of Grossman et al (1980) that men who identify with a nurturantly perceived mother experience less difficulty adapting to fatherhood, and, given the extensive psychoanalytic literature (LaCoursiere, 1972; Zalk, 1980) which relates childhood experiences to reactions to fatherhood, it is hypothesized that a positive perception of the family of origin will correlate with less anticipated/ actual difficulty adjusting to fatherhood.

c. Based on the report of Grossman et al (1980) that men who value their marriage prior to the pregnancy continue to do so one year postpartum, it is hypothesized that indices of prior marital adjustment obtained in this study, will correlate with less anticipated/actual difficulty adjusting to changes in the marital relationship.

d. Given McCorkel's findings (1964) that men with a family orientation reported the least amount of stress during the pregnancy, it is hypothesized that men in this study who look to their families as a major source of life satisfaction, will anticipate/ experience less difficulty adjusting to fatherhood.

Methods and Procedures

Design of the Study

The survey format, which allows for a large sample size and is very amenable to statistical standardization, was chosen for this study. A successive, weighted cross sectional design was used. Cross sectional studies are particularly useful for eliciting exploratory and descriptive data (Babbie, 1979). By sampling men at three successive points in transitional period it was possible to both describe and compare the experiences of men at different points in time. A weighted cross sectional design was chosen so that the subgroup of "Expectant Fathers" could be given particular attention. Oversampling this subgroup made it possible to describe the experiences of men at that critical point in the transition with greater confidence than would have been possible otherwise.

Sampling Procedure

Data for this study was collected by distributing self-administered, anonymous questionnaires to three groups of men: 1) Prospective Fathers 2) Expectant Fathers, and 3) Recent Fathers. Expectant fathers were contacted either through childbirth instructors or obstetricians in the New York and Newark environs. In the case of the two obstetrical medical groups that agreed to participate in this research, nurses distributed the questionnaires with a prenatal information packet, and interested fathers then completed and returned it in an enclosed addressed, stamped envelope. In order to contact men in childbirth classes, the researcher went to the first meeting of six separate classes, described the re-

search and need for subjects. In those cases where it was not feasible for the researcher to personally recruit subjects, questionnaires were mailed to the childbirth instructors who then distributed them in the classes. Men who completed the questionnaires returned them to the instructor who then sent them back to the researcher.

Recent fathers were contacted through childbirth instructors or pediatricians in the New York and Newark areas. The two pediatricians who agreed to participate had their assistants describe the research and then give questionnaires with addressed, stamped envelopes to interested parents. One pediatrician was located in New Jersey and the other in New York. Recent fathers from childbirth classes were contacted in several ways. In two cases, the instructors gave the researcher names and phone numbers of former students who had recently had their first child. The researcher then phoned these men, described the research and need for subjects. Interested men were sent a questionnaire with an addressed, stamped return envelope. Other recent fathers were contacted at reunion classes given by three different childbirth instructors. The researcher attended three such classes and distributed questionnaires with return envelopes to the interested men.

Prospective fathers were largely recruited through contact persons who would distribute the questionnaires to their friends and co-workers. About 1/3 of the prospective fathers were graduate students at the psychology program where this research was being conducted. A list of names of those students who filled the subject requirements was obtained from the secretary. These students were then contacted and asked to participate. Other prospective fathers were contacted when the researcher spent two days canvassing men at the Columbia Law School. Although it

was not always possible to control where these questionnaires went, an attempt was made to reach men of different professional backgrounds. Thus one contact person knew professional baseball players, another contact person distributed questionnaires to salesmen and yet another knew people in the catering business.

Whenever possible subjects were given a brief, verbal description of the aims of the research before they completed the questionnaire. Childbirth instructors, nurses, doctors, or whoever distributed the questionnaire were asked to say that this research was being carried out by a doctoral student at City University of New York and that the purpose of the study was to explore and understand men's experiences during the pregnancy, birth and post-partum months. In addition to this verbal description, a cover letter accompanied every questionnaire. This letter (see appendix) again described the aims of the study and made an appeal to men to complete the questionnaire.

Subjects

Subjects in this study were all married men between the ages of 20 and 43 who had a household income of at least \$10,000. Subjects fell into three groups.

Prospective Fathers: To qualify for this group men had to be married and without children, either adopted or their own. These were men who planned on eventually having children, but their wives were not pregnant at the time they completed the questionnaire.

Expectant Fathers: These were married men without adopted children whose wives were pregnant with their first child. Originally it had been hoped that 1/2 this group would be men attending childbirth classes

and the other half would be non-attenders. However, it proved unrealistic to find enough non-attenders who would complete the questionnaires. The only way to systematically reach such men was through obstetricians. Although several obstetrical groups did distribute the questionnaires, all the men who responded were attending, or planned to attend childbirth classes. Given the obstacles to obtaining a large enough sample of non-attenders it was decided to accept men as subjects regardless of their affiliation with childbirth classes.

Recent Fathers: These were married men, without adopted children, who recently had their first child. Only men with children less than 7 months old were accepted as subjects.

The response rate of men in the three subject groups varied. Approximately 250 questionnaires were distributed to expectant fathers at the various obstetrical clinics and childbirth classes. A sample of 100 expectant fathers was actualized indicating a 40% response rate for that group. The response rate of recent fathers was slightly lower. 110 questionnaires were distributed to recent fathers either directly or through pediatricians and childbirth instructors. 39 recent fathers responded indicating a response rate of 35%. In the case of prospective fathers, 100 questionnaires were distributed; the response rate was 40% yielding a final sample of 40 prospective fathers. Examining the response rate across groups, a total of 460 questionnaires were distributed and with a 37% response rate, the final sample of 179 subjects was actualized.

Characteristics of the Sample

Age: Subjects for this study ranged in age from 20 - 45 years. Not surprisingly, the mean age of men in the three subject groups differed significantly ($p=.0002$). Recent fathers were the oldest, having a mean age of 32.8; expectant fathers were somewhat younger (mean age 30.1) and prospective fathers were the youngest (mean age 28.7). The cross tabulation of group membership by age of subjects is given in Table I.

Table I

Cross Tabulation: Group Membership by Age of Subjects

Years of Age	Prospective Fathers		Expectant Fathers		Recent Fathers		Total Sample	
	N	%	N	%	N	%	N	%
20 - 25	10	25	12	12	2	5.1	24	13
26 - 30	17	42.5	41	41	10	25.7	68	38
31 - 35	10	25	40	40	16	41.1	66	37
36 - 40	3	7.5	5	5	8	20.5	16	9
41 - 45	0	0	2	2	3	7.6	5	3
Total	40	100	100	100	39	100	179	100

Racial Background: The overwhelming majority of subjects (94%) were white. Only 4% were black and 2% were oriental.

Religion: Forty-one percent (41%) of the sample was Catholic; 31% had a Jewish heritage and 21% reported being Protestant. Seven percent (7%) of the sample were either Agnostic, Atheist or of an unspecified religion.

Education: The educational level of subjects ranged from less than a 12th grade education to graduate level degrees. There was a significant group interaction with educational level ($p=.001$). Expectant fathers came from a more varied educational background than either of

the other two subject groups. Of the expectant father group, 35% had completed no more than 14 years of education, 25% had a college degree and 40% had a graduate level education. Of the recent father group, 7.8% had completed 14 years or less of school, 38.4% were college graduates, and 53.8% had graduate degrees. Prospective fathers were the most highly educated group. Only 10% had 14 years or less of schooling, 27.5% were college graduates and 62.5% had graduate degrees. The cross tabulation of group membership by education is presented in Table 2.

Table 2

Cross Tabulation: Group Membership by Level of Education

Education	Recent Fathers		Expectant Fathers		Prospective Fathers		Total Sample	
	N	%	N	%	N	%	N	%
Less Than High School	1	2.6	2	2	0	0	3	1.7
High School	1	2.6	14	14	1	2.5	16	8.9
Two Years College	1	2.6	19	19	3	7.5	23	12.9
College Graduate	15	38.5	25	25	11	27.5	51	28.5
Masters Degree	14	35.9	26	26	8	20	48	26.8
PhD, MD, JD	7	17.8	14	14	17	42.5	38	21.2
Total	39	100	100	100	40	100	179	100

Marital Status: Most subjects (85%) reported that their current marriage was their first, but 15% were remarried. Remarried men were evenly distributed among the three groups. The mean number of years in the current marriage for the total sample was 3.79, with a standard deviation of 3.1 years. There was a significant group difference ($p=.004$) in the length of marriage. Recent fathers reported a mean of 4.9 years, expectant fathers were married an average of 3.8 years and prospective fathers reported a mean of 2.5 years of marriage.

Occupation: Occupation was categorized according to the system developed by the United States Bureau of the Census (1960). 55.1% of the total sample fell in the category of professional, technical and kindred workers, 14.6% were managers, officials or proprietors, and the remaining 30.3% were distributed among the occupational categories of clerical and sales, craftsmen and foremen, service workers, operatives and laborers, or students. There was a significant interaction between group membership and occupation ($p=.0001$). A larger percentage (82%) of recent fathers held professional or managerial positions than either expectant (66.7%) or prospective (65%) fathers. On the other hand, there were more students in the prospective group (17.5%) than in either the recent (2.6%) or the expectant (0%) groups. (See Table 3)

Table 3

Cross Tabulation: Group Membership by Occupation

Occupation	Recent Fathers		Expectant Fathers		Prospective Fathers		Total Sample	
	N	%	N	%	N	%	N	%
Students	1	2.6	0	0	7	17.5	8	4.5
Laborers, Operatives	1	2.6	11	11.1	0	0	12	6.7
Service Workers	2	5.1	0	0	1	2.5	3	1.7
Craftsmen, Foremen	3	7.7	11	11.1	3	7.5	17	9.6
Clerical, Sales	0	0	11	11.1	3	7.5	14	7.9
Managers, Officials & Proprietors	7	17.9	16	16.2	3	7.5	26	14.6
Professional & Technical	25	64.1	50	50.5	23	57.5	98	55.0
Total	39	100	99	100	40	100	178	100

Income: Household income ranged from \$10,000 to over \$35,000. As a middle class subject sample was desired only men with household incomes

over \$10,000 were considered as subjects. The majority of the sample (46%) had an income over \$35,000, 20% had incomes between \$26,000 and \$35,000, 18% fell in the range of \$19 - 25,000, and 16% had an income in the \$10 - 18,000 range. There was no significant difference in the income levels of the men in the three subject groups.

Fathering Experience: Recent fathers varied in their amount of fathering experience. All recent fathers had children less than seven months of age but the majority (38%) had a child between the ages of 4 and 5 months. 23% had a child less than two months old and 33% had children between 2 and 3 months of age. The distribution of recent fathers by their child's age is given in Table 4.

Table 4

Distribution of Recent Fathers by Child's Age

<u>Months Old</u>	<u>N</u>	<u>%</u>
0 - 1	9	23
2 - 3	13	33
4 - 5	15	38
6 - 7	2	6
Total	39	100

Pregnancy Trimester: Expectant fathers varied according to the trimester of their wife's pregnancy. Most expectant fathers (82%) had wives in their third trimester. 16% had wives in their second trimester and only 2% of the spouses were in their first trimester. The distribution of expectant fathers by their wife's pregnancy trimester is given in Table 5.

Table 5

Distribution of Expectant Fathers by Pregnancy Trimester

<u>Trimester</u>	<u>N</u>	<u>%</u>
1	2	2
2	16	16
3	82	82
Total	100	100

Summary: Summarizing the data on subject characteristics, this is a middle class, predominantly white sample. Subjects were typically well educated; only 2% had less than a high school education and the majority (76%) had a college or graduate level education. The average subject in this study was white, middle class, 30 years old, a college graduate and married for 3.8 years. Recent, expectant and prospective fathers differed significantly in age, length of marriage, education and occupation. Recent fathers tended to be the oldest and married the longest while prospective fathers - typically the youngest and married the shortest - were the most highly educated group. Recent fathers tended to have higher level jobs than men from either the expectant or prospective groups.

Design of the Questionnaire

On the basis of the review of the literature and interviews with recent fathers, a questionnaire was developed for the use of this study. The same questionnaire was modified for each group of subjects. Prospective fathers addressed themselves to the issues they anticipated during the pregnancy period while expectant fathers focussed on their experience during the pregnancy. Recent fathers were asked questions not only about the pregnancy but also about the birth experience and postpartum period. A copy of questionnaires distributed to each of the three subject groups is included in the appendix.

The format of the questionnaire includes open and closed ended questions, checklists, multiple choice items, Likert format items, and situations which the subject must address himself to. Often, questions about the same issue were asked in several different ways and at different points in the questionnaire so that some measure of reliability could be obtained. Following is the breakdown of categories of questions included in the questionnaire.

Demographic Information: All subjects were asked for information on their own and their wife's age, religious background, education and occupation. Questions about household income and marital status were also asked.

Historical Information: Subjects were asked for information on their family of origin. Fourteen questions about their sibling status, their parents' marriage, who they lived with as a child, if their parents were still alive, their perception of the quality and amount of time spent with each parent, and their perception of the amount of

conflicts in their family, were included in this section.

Marriage: Subjects were asked to describe the current status of their marriage and to indicate if they had ever received marital counseling. Questions about the anticipated/actual effect of the pregnancy and birth on their marriage, and questions about the sexual relationship were also asked.

The Pregnancy and Birth: Included in this category were questions about anticipated/actual reactions to the news of the pregnancy, involvement in the pregnancy and birth, physical complications wife may/does/did have, involvement in childbirth classes, stress during the pregnancy period, behavior changes of wife and self during the pregnancy, preferences about sex of child, and for recent fathers only, reactions to the birthing experience.

Relationship to the Child: Subjects were asked what kinds of activities they share or would like to share with their child. Questions about actual/anticipated involvement in eleven specific childcare activities were asked. Recent fathers answered questions about the amount of time they spent with their child. Other groups were asked to describe how they thought their child would be. All men were asked if they had concerns about their child's health or about their ability to care for the child.

Social System: Questions about current level of contact with friends, in-laws and their own family were included in this category. Expectant and recent fathers were asked to compare their current levels of contact with before the pregnancy.

Attitudes: Subjects were asked about their attitudes on the paternal role. Questions concerned a father's involvement in child-

caring, the definition of the paternal role, the balance between family and career commitments, a father's involvement in childcare activities, and the father's status as an authority in the family.

Symptomatology: All subjects were asked to complete a checklist of 21 items indicating mild depressive symptomatology they were currently experiencing. Most of the symptoms asked about concerned eating disturbances, sleep difficulty, anhedonia and anxiety.

Some of the questions which appear in the questionnaire were originally used by Bittman and Zalk (1978) in their study of expectant fathers. One section of the questionnaire, Form A, is a modification of a task checklist devised by Hobbs (1965) for his study of the "crisis" of parenthood. As his checklist was felt to be too negatively or "crisis" oriented, some of the items were deleted, others were reworded and some additions were made. Nevertheless, the basic structure of his checklist was retained.

Coding of Responses to the Questionnaire

Responses to items in the questionnaire were coded to make them accessible to statistical analysis. In the case of the 28 open-ended questions, a sample of 40 responses to each question was content analysed to develop mutually exclusive coding categories. Three independent judges who were unaware of the men's group status, then applied the coding categories to a sample of 30 responses per question. The median percent of agreement across the 28 items for Judge A and Judge B was 93. The median percent of agreement across 28 items for Judge A and Judge C was 96. The median percent agreement across items for

Judges B and C was 93. Perfect agreement, or the median percent agreement between all three judges across the 28 items was 93. The mean percent of perfect agreement across all responses was 92. In cases of disagreement about the coding, the majority opinion determined which code category was applied.

Limitations of the Study

This study has several limitations. First, it was a survey study and as such it was only possible to investigate manifest content or material which men themselves readily acknowledged. While this yielded valuable information, we are not necessarily seeing the full picture. Interviews which are less structured and more personal often permit a more global understanding of men's experiences.

Second, the cross-sectional design of this study allowed for a comparison of groups of men who were at different points along the transition to fatherhood. It did not however, yield information about changes in any one man's experiences over time. Longitudinal studies have the advantage of describing process over time but because they are costly in both money and time - especially when large samples are being surveyed - it was not feasible for this study to utilize such a design. Therefore, the results must be interpreted with caution and not taken as an indication of psychological change over time.

Third, the data for this research was obtained only from the men themselves. We are therefore limited in our ability to accurately access such issues as the mutuality of the couple around the decision to have a child, changes in the marital relationship, and changes in

identity and behavior. In the absence of information from the wives and from an objective observer, the data can only be taken as an indication of the man's perspective on such issues.

Fourth, there were many difficulties with the sampling procedure and the subject groups are therefore not matched for age, length of marriage, occupation and education. Also, the final subject pool is not necessarily representative of the average American father. Most of the expectant and recent fathers participated in childbirth classes, a fact which indicates their concern and involvement in the pregnancy. There is evidence that male participation in childbirth classes is increasingly common in this country (Parke, 1981), thus this this sample may not be so unusual in their involvement in parent education programs. Other sampling problems stem from the fact that all men came from a specific geographic region. Also, these men were almost all white, highly educated and upwardly mobile. Finally, the sample was self selected in as much as subjects voluntarily participated. The questionnaire was long and a certain amount of interest in fatherhood was needed to complete it. For these reasons we may be seeing a somewhat biased sample, and the generalizability of their responses is thus compromised.

Statistical Treatment of the Data

In order to access the relationship between the nature and amount of difficulty experienced or anticipated with respect to fatherhood, and the several potentially explanatory variables included in the survey, the following analyses were performed. First, the researcher identified

two clusters of variables measured by the questionnaire. The first cluster consisted of 41 items which the researcher believed tapped various dimensions of difficulty associated with fatherhood and which constituted interval scale measures. The second cluster consisted of 51 variables which seemed likely to be related to the difficulty experienced or anticipated by the respondents and which also constituted interval scale measures.

These two sets of variables were subjected to separate principal components analyses in order to determine the underlying dimensions represented within the data and to obtain a more parsimonious set of measures for analysis. In order to preserve the independence of factors produced by this analysis, a varimax rotation was employed. Factor scores were produced, output, and integrated into the data file to permit the subsequent analysis of the relationships existing among the two clusters of variables. These procedures were accomplished using the "FACTOR" and "ADD VARIABLES" subroutines of the Statistical Package for the Social Sciences (SPSS).

In order to examine the relationships existing among the various factors from the two sets, both pairwise and canonical correlation analyses were employed. A matrix of Pearson Product Moment Correlations was prepared in which each of the factors that emerged from the factor analysis of the difficulty items was paired and correlated with each of the factors that emerged from the factor analysis of the explanatory variables. For each correlation thus computed, a test for the significance of the correlation was calculated. In addition, a canonical correlation analysis was performed to determine the maximum obtainable correlation between a linear combination of the factor

scores derived from the first analysis and a linear combination of the factor scores derived from the second factor analysis. The canonical correlation analysis sought to determine the degree to which factors emerging from the analysis of items measuring difficulty could be predicted from the factors emerging from the analysis of potentially explanatory variables.

Several variables included in the questionnaire were not included in either factor analysis, either because they were not interval scale measures or because they did not conceptually fall into either set of variables so analyzed. In order to determine the relationship between these variables and the factors which emerged from the analysis, a series of bivariate analyses were performed. In the case of nominal scale variables, each factor score was broken down by the nominal scale variable, and a one-way analysis of variance was performed. Significant findings were followed by post hoc Scheffe contrasts. In the cases of interval scale variables, Pearson Product Moment Correlations were calculated with each factor score, along with relevant tests for significance. The SPSS "BREAKDOWN", "ONEWAY", and "PEARSON CORR" subroutines were utilized for this purpose.

The researcher was also concerned with the question of how the three groups of subjects differed with respect to the two sets of factor scores. For this purpose, a three - group discriminant analysis was performed in which the factor scores which emerged from the two factor analyses were included as discriminating variables. This analysis served to indicate the underlying dimensions most useful in predicting group membership. A classification analysis was performed along with the discriminant function analysis, in order to determine the propor-

tion of subjects whose group membership could be accurately predicted on the basis of their factor scores.

With respect to other variables included in the survey which might differentiate the three groups, a series of bivariate analyses were performed. Either one-way analyses of variance with post-hoc Scheffe contrasts or crosstabulations with Chi-square tests of association were employed for this purpose, depending upon the level of measurement of the variable of interest.

RESULTS

Factor Loading of the Items

In order to determine common psychological properties among items in the questionnaire, two factor analyses were performed. Included in the first factor analysis were items which the researcher considered to measure potential areas of difficulty. The second factor analysis concerned items which were thought to relate to or explain difficulty. A goal of this research was to identify those tasks men face during the transition to fatherhood. The factors which emerged from the analysis of difficulty items were indicative of such tasks and a man's scores on the various difficulty factors gave an indice of the degree of difficulty he was experiencing. The second factor analysis, which included items thought to relate to difficulty, yielded several general factors which could then be correlated with the difficulty factors and later used to determine the profiles of the different groups of subjects.

First Factor Analysis: Areas of Difficulty

The responses to 41 questions which measured potential areas of difficulty were factor analysed and subjected to orthogonal varimax rotation. The questions included for analysis concerned difficulty in the marriage, sex and health concerns, changes in social life, level of work satisfaction, concern about finances, an overall measure of stress and behavior change and a symptom checklist. (See Appendix E for list of 41 questions). The principal components analysis of the

difficulty items yielded 14 factors which loaded above 1.0 and which were readily interpretable by the researcher. These 14 factors accounted for 66.4% of the variance in the unrotated matrix. Subitems with loadings of .40 or more for each factor are listed in Table 6. Following are descriptions of the factors.

Depression: Most of the subitems on Factor I which have loadings over .40, encompass symptoms commonly associated with depression. Feeling unhappy, bored and lonely, having headaches, feeling restless, worried about the future and unhappy with the marriage are all affects or behaviors associated with this factor. Depression appears to be the dimension measured by this factor.

Loss of Freedom: Factor II represents the configuration of items associated with social and leisure time activities. Loss of freedom, interference with social life and inadequate leisure time load high on this factor. This suggests that Factor II represents a dimension which we might call loss of freedom.

Caretaking Competence: Factor III lends support to the concept of clustering items together which relate to a father's concern about his competence as a caretaker. All the items relate to concerns about the health of wife and child, about an uncomplicated delivery and about his ability to care for the child.

Sexual Relationship: Factor IV links worry about the wife's appearance to a wane in the sexual desire and expressed affection of both husband and wife. This group of items can perhaps best be identified as part of a factor measuring sexual changes in the marriage.

Table 6
 Difficulty Items Loading .40 or Above in Rotated Factor Pattern Matrix - Factor Analysis I*

	Factor I		Factor II		Factor III		Factor IV		Factor V	
	Variable	Loading	Variable	Loading	Variable	Loading	Variable	Loading	Variable	Loading
	Marriage Rating	-.42	Interference with social life	.78	Concern about wife's health	.67	Worry about wife's appearance	.46	Effect of birth on marriage	-.66
	Headaches	.53	Inadequate Leisure time	.78	Ability to handle baby	.67	Decline in husband's sexual desire	.48	Change in husband's behavior during pregnancy	.85
	Feeling Restless	.44	Loss of freedom	.81	Concern for health baby	.80	Decline in wife's sexual desire	.64		
	Feeling Unhappy	.76			Concern about birthing	.67	Husband not giving previous amount of affection	.78		
	Feeling Bored	.73					Wife not giving previous amount of affection	.53		
	Worry about future	.42								
	Feeling lonely	.72								
Percent variability accounted for in unrotated matrix	15		7.4		6.5		4.8		4.2	
Eigen value in unrotated matrix	6.15		3.02		2.67		1.96		1.73	
FACTOR NAME	DEPRESSION		LOSS OF FREEDOM		CONCERN ABOUT CARE-TAKING COMPETENCY		CHANGES IN SEXUAL RELATIONSHIP		DISRUPTION OF THE DYADIC RELATIONSHIP	

*Prospective and expectant fathers reported their anticipated concerns on some questions

Table 6 (Cont'd)
 Difficulty Items Loading .40 or Above in Rotated Factor Pattern Matrix - Factor Analysis I

	Factor VI		Factor VII		Factor VIII		Factor IX		Factor X	
	Variable	Loading	Variable	Loading	Variable	Loading	Variable	Loading	Variable	Loading
	Difficulty falling asleep	.66	Interference from inlaws	.74	Affect when first see child	.72	Worry about expense of child	.66	Marriage rating	.72
	Difficulty staying asleep	.78	Poor eating	.52	Decline in husband's sexual desire	-.54	Housekeeping not as it should be	.56	Sleep too much	.70
	Wake up too early in a.m.	.72	Eating too much	-.49	Enjoy pregnancy and birth	.52	Reduced income because wife not working	.78	Trouble getting going in a.m.	.58
							Enjoy pregnancy and birth	-.43		
Percent variability accounted for in unrotated matrix	4.1		3.9		3.6		3.4		3.1	
Eigen value in unrotated matrix	1.66		1.58		1.46		1.37		1.27	
FACTOR NAME	SLEEP DISTURBANCE		FAMILY BOUNDARY ISSUES		CAPATIBILITY OF PARENTAL & SPOUSE ROLES		FINANCIAL CONCERNS		INERTIA	

Table 6 (Cont'd)
 Difficulty Items Loading .40 or Above in Rotated Factor Pattern Matrix - Factor Analysis I

	Factor XI		Factor XII		Factor XIII		Factor XIV	
	Variable	Loading	Variable	Loading	Variable	Loading	Variable	Loading
	Feeling tired	.72	Feeling under extra stress	.62	Work satisfaction	.76	Reaction to news of pregnancy	.81
	Worried about future	.40	Close relationship with wife	.65				
	Trouble getting going in a.m.	.58						
	Feeling irritated	.46						
Percent variability accounted for in unrotated matrix	2.9		2.7		2.5		2.5	
Eigen value in unrotated matrix	1.17		1.11		1.03		1.02	
FACTOR NAME	ANXIETY		COMMITMENT AND RESPONSIBILITY		WORK SATISFACTION		WANTED PREGNANCY	

Disruption of the Dyadic Relationship: Factor V points to the correspondence between a change in the husband's behavior during the pregnancy and the anticipation or report of a negative effect of the birth on the marriage. These items, separately and in interaction point to the changes in the marital relationship caused by the shift from dyad to triad. Scores on this factor are therefore felt to reflect the amount of disruption experienced in the dyadic relationship.

Sleep Disturbance: Difficulty falling asleep, staying asleep and waking up too early in the morning are items with high loadings on Factor VI. This factor appears to concern difficulties with sleep.

Family Boundary Issues: Factor VII links poor eating with concern about interference from inlaws. Poor eating is a symptom associated with depression and anxiety. Interference from inlaws suggests that the autonomous functioning of the couple is being threatened. Together, these items compose a factor which appears to reflect family boundary issues.

Compatibility of Parental and Spouse Roles: Factor VIII relates enjoyment of the pregnancy and birth to an absence of decline in sexual desire for the wife and to looking forward to seeing the child for the first time. The compatibility of the spouse and parental roles seems to be the dimension measured by this factor. Men with high scores on Factor VIII experience a compatibility of the two roles and they enjoy the pregnancy and birthing more.

Financial Concerns: Factor IX clusters worry about the expense of the child, reduced income because the wife is not working, concern that housekeeping is not as it should be and a lack of enjoyment of the pregnancy and birth. Factor IX appears to reflect financial

concerns.

Inertia: Sleeping too much, trouble getting going in the morning and a positive rating of the marriage are the items with high loadings on Factor X. Sleeping too much, the item with the highest loading on this factor, is often a sign of apathy. This factor seems to be providing some measure of inertia to change.

Anxiety: Factor XI groups together items indicating feeling tired, worried about the future, trouble getting going in the morning, and feeling irritated. The dimension represented here appears to be level of anxiety.

Commitment and Responsibility: On Factor XII we see that feeling under stress is linked to the report that the marital relationship has grown closer. Perhaps it is the increase in responsibility and commitment to the marriage which is being reflected in this factor.

Work Satisfaction: Factor XIII is a specific factor in that only one item, work satisfaction, has a high loading.

Wanted Pregnancy: Factor XIV is also a specific factor. The only item with a high loading on this factor, concerns the degree to which the pregnancy was wanted.

Second Factor Analysis: Background Factors

In the second factor analysis the responses of 51 questions which were thought to explain or relate to difficulty were subjected to orthogonal varimax rotation. These questions pertained to the family of origin, anticipated or actual complications during the pregnancy and birth, marital issues and attitudes about the fathering

role. (See Appendix F for a list of the 51 questions.) The principal components analysis of the explanatory items yielded 16 factors which loaded above 1.1 and which were readily interpretable by the researcher. These sixteen factors accounted for 63.8% of the variance in the unrotated matrix. Subitems with loadings of .40 or more for each factor are listed in Table 7. Following are descriptions of the factors.

Family of Origin: Factor I related items about perception of the family of origin, in particular the parents. Much high quality time spent with loving parents is linked with a perception of the family as conflict free. This factor appears to represent quality of family life while growing up.

Stability: Factor II links husband's and wife's ages, time in present marriage, household income, financial readiness for the child and a planned pregnancy. Together these items seem to constitute a factor measuring stability of life structures.

Involvement at Birthing: Factor III points to the association between the husband's presence at the labor and his presence at the delivery. This factor appears to concern involvement at the birthing.

Perception of Own Parents as Happy: Factor IV links together a perception of one's mother and father as happy.

Active in Setting Family Goals: Factor V groups together responses indicating that sex changes reflect the preference of both husband and wife, the response that the husband does give advice to his wife about pregnancy related issues, and the response that there are things that the man didn't have as a child which he wants for his child. All these responses indicate someone who takes active

Table 7
Factor Loadings of .40 or More in Rotated Factor Pattern Matrix - Factor II*

FACTOR 1		FACTOR 2		FACTOR 3		FACTOR 4	
Variable	Loading	Variable	Loading	Variable	Loading	Variable	Loading
Time Dad spent with you	.69	Husband's Age	.77	Presence at Labor	.80	Own Mom seen as happy	.73
Quality of time Dad spent with you	.75	Time in present marriage	.63	Presence at Delivery	.80	Own Dad seen as happy	.70
Time Mom spent with you	.52	Household Income	.68				
Quality of time Mom spent with you	.76	Was baby planned	.62				
Family rating for stress	-.61	Financial Readiness	.54				
Own Mom seen as loving	.66	Wife's Age	.80				
Own Dad seen as loving	.50						
Percent variability accounted for in unrotated matrix	10.8	6.5		5.2		4.6	
Eigen value in unrotated matrix	5.29	3.20		2.56		2.27	
FACTOR NAME	QUALITY OF FAMILY OF ORIGIN		LIFE STABILITY		INVOLVEMENT AT THE BIRTHING		PERCEPTION OF PARENTS AS HAPPY

*Prospective and expectant fathers reported their anticipated concerns on some questions.

Table 7 (Cont'd)

	FACTOR 5		FACTOR 6		FACTOR 7		FACTOR 8	
	Variable	Loading	Variable	Loading	Variable	Loading	Variable	Loading
	Whose preference sex changes reflect	.69	Stay quiet about negative feelings toward pregnant wife	.83	Own Mom seen as nurturant	.80	Involved in the pregnancy	.44
	Does husband give advice to wife	.73	Shouldn't have anger at baby	.51	Own Dad seen as nurturant	.73	Share household tasks 50/50	.79
	Are there things you didn't have you want your child to have	.42	Father seen as authority in the family	.47				
Percent varia- bility accounted for in unrotated matrix		4.1		3.9		3.6		3.3
Eigen value in unrotated matrix		1.99		1.90		1.77		1.62
FACTOR NAME	ACTIVE IN SETTING FAMILY GOALS		SUPPRESSION OF FEELINGS		PERCEPTION OF PARENTS AS NURTURANT		SHARING RESPONSIBILITIES WITH SPOUSE	

Table 7 (Cont'd)

FACTOR 9		FACTOR 10		FACTOR 11		FACTOR 12	
Variable	Loading	Variable	Loading	Variable	Loading	Variable	Loading
Were parents together when you grew up?	-.45	Did/will sex change?	.60	Who did wife tell first about pregnancy	.78	Received marital counselling	-.56
Time spent with Mom	.40	Own Dad seen as strict	.72			Children as main source of man's happiness	.75
Is the amount of time spent with Mom O.K.	.40						
Own Mom seen as strict	.68						
Percent variability accounted for in unrotated matrix	3.1	3.0		2.9		2.8	
Eigen value in unrotated matrix	1.53	1.49		1.41		1.39	
FACTOR NAME	MATERNAL SALIENCE	OEDIPAL ISSUES		COMMUNICATION IN MARRIAGE		HAVING A FAMILY ORIENTATION	

Table 7 (Cont'd)

FACTOR 13		FACTOR 14		FACTOR 15		FACTOR 16		
Variable	Loading	Variable	Loading	Variable	Loading	Variable	Loading	
Wife had a miscarriage?	.82	Time in present marriage?	-.48	Going to prenatal visits with wife	.79	Parents together when grew up?	.49	
Wife have difficult pregnancy	.48	Shouldn't have anger at baby	-.43			Is own Mom alive?	.81	
		Did you live together before marriage?	.60			Lack of adequate role model in own father	.42	
Percent variability accounted for in unrotated matrix	2.7	2.5		2.4		2.3		
Eigen value in unrotated matrix	1.31	1.24		1.20		1.12		
FACTOR NAME	DIFFICULTY PREGNANCY		FEAR OF COMMITMENT/NEED TO MAINTAIN DISTANCE		PRENATAL INVOLVEMENT		LACK OF POSITIVE FATHER FIGURE	

measures to ensure that things proceed according to his wishes. The factor which emerges reflects a dimension which we might call active involvement in defining family goals.

Suppression of Feelings: Factor VI relates the perception of the father as an authority figure to the belief that it is best not to express anger to the pregnant wife or to the baby. This factor seems to be most associated with suppression of feelings.

Perception of Own Parents as Nurturant: Factor VII links together the perception of one's mother and father as being nurturant.

Sharing Responsibility with Spouse: Feeling involved in the pregnancy and believing that household tasks should be shared 50/50 are the responses with high loadings on Factor VIII. This factor appears to reflect the degree to which responsibilities are shared with the spouse.

Maternal Salience: Factor IX represents the configuration of items associated with the relationship between the subject and his mother. Responses indicating that his parents were not together when he grew up, that he spends a fair amount of time with his mother and feels good about it, and a perception of his mother as strict are linked together in this factor. The dimension this factor appears to be measuring is maternal salience.

Oedipal Issues: On Factor X we see an association between a perception of one's father as strict and the report that sex changed (decreased) during the pregnancy. In light of literature (Zalk, 1980) that relates castration fears to decreased libido during pregnancy, this factor appears to represent the presence of oedipal issues.

Communication in the Marriage: Factor XI is a specific factor

with a high loading on the item reflecting who the wife told first about the pregnancy. A positive score on this factor, which we shall call communication in the marriage, indicates that the husband was told first. A negative score is indicative of poor communication i.e. that someone else was told first.

Family Orientation: Factor XII relates the belief that children should be the main source of a man's happiness with a response indicating that the couple never received marital counselling. This factor appears to reflect the dimension which we might call a family orientation.

Difficult Pregnancy: Factor XIII points to the association between the wife having previously miscarried and her current pregnancy being a difficult one. This factor concerns the wife having a difficulty pregnancy.

Fear of Commitment/Need to Maintain Distance: On Factor XIV we see an association between responses indicating that the couple lived together before getting married, that they have not been married long, and a belief that it is permissible to feel anger at one's baby. Perhaps the dimension represented by this factor concerns a fear of commitment and need to maintain distance. A positive score indicates that they fear commitment (hence want to live together before getting married) whereas a negative score would indicate that they do not have a great need for distance.

Prenatal Involvement: Factor XV is a specific factor concerning participation in prenatal medical care.

Lack of a Positive Father Figure: Factor XVI links together responses indicating that one's parents were together during one's youth,

that the mother is still alive, and that the father did/does not provide an adequate role model. This constellation of items represents a dimension which we might call, lack of a positive father figure.

The factor analysis of items believed to relate to or explain difficulty yielded sixteen factors which loaded over 1.0 in the unrotated matrix. The strongest factor concerned the quality of parenting and family life during the man's youth. Other factors with strong loadings were those which measured stability, involvement at the birthing, perception of one's parents as happy, and taking an active role in setting family goals.

The Correlation Between Measures of Difficulty and Background Factors

One of the goals of this research was to develop profiles of men with the greatest and least degree of difficulty during the transition to fatherhood. In order to do this statistical analysis related factors which measured difficulty to factors with potential explanatory power. Significant correlations pointed to those background factors which were associated with difficulty. Two approaches were taken to evaluate the relationship between background factors and measures of difficulty. The first was an inspection of pairwise correlations between the different factors yielded in the two factor analyses. The second was a canonical correlation which related the group of difficulty factors to the group of background factors.

Correlation Matrix: Factor Analysis I by Factor Analysis II

Pairwise correlation among the two sets of factor scores were obtained. These correlations were performed across groups, thus the factor scores of all 179 subjects were included. The pearson correlation coefficients which reached significance at the .05 level are reported in Table 8. The appearance of depressive symptomatology as a manifestation of difficulty is significantly correlated with a negative rating of the family of origin ($r=.16$, $p=.01$) and the lack of a strong father figure ($r=.16$, $p=.02$).

An anticipated/experienced loss of freedom tended to be associated with a negative rating of the family of origin ($r=.27$, $p=.001$), and viewing one's parents as unhappy ($r=-.17$, $p=.01$), but nurturant ($r=.24$, $p=.001$). Also, having stability and valuing self awareness was associated with loss of freedom ($r=.17$, $p=.01$; $r=.20$, $p=.004$ respectively).

Anticipated/actual concern about competence as a caretaker tended to be associated with a positive rating of the family of origin ($r=.19$, $p=.006$), sharing responsibilities with your spouse ($r=.30$, $p=.001$), and a difficult pregnancy ($r=.21$, $p=.003$). Also, lack of stability ($r=-.20$, $p=.005$), viewing one's parents as non-nurturant ($r=-.14$, $p=.03$), and not having a family orientation ($r=-.13$, $p=.04$) were associated with concern about caretaking competence.

Anticipated/actual difficulty in the sexual relationship was correlated with having stability ($r=.21$, $p=.002$), having a family orientation ($r=.14$, $p=.03$), not having good communication in the marriage ($r=-.14$, $p=.03$) and being involved in prenatal care ($r=.15$, $p=.02$).

Table 8
 Pairwise Correlations Among Difficulty and Background Factors for 179 Subjects

Factor	Depression		Loss of Freedom		Caretaking Competence		Sexual Relationship		Disruption of Dyadic Relationship		Sleep Disturbance	
	Corr Coef	Prob Level	Corr Coef	Prob Level	Corr Coef	Prob Level	Corr Coef	Prob Level	Corr Coef	Prob Level	Corr Coef	Prob Level
Family of Origin	-.16	.01	-.27	.001	.19	.006						
Stability			.17	.01	-.20	.005	.21	.006				
Involvement at Birthing												
Happy Parents			-.17	.01								
Active in Setting Family Goals												
Nurturant Parents			.24	.001	-.14	.03					.19	.007
Sharing Responsibilities with Spouse					.30	.001						
Maternal Salience												
Oedipal Issues												
Communication in Marriage							-.14	.03				
Having a Family Orientation					-.13	.04	.14	.03			-.19	.006
Difficult Pregnancy					.21	.003					.13	.04
Fear of Commitment/Need to Maintain Distance			.20	.004							.14	.03
Prenatal Involvement							.15	.02				
Lack of Positive Father Figure	.16	.02										

Table 8 (Cont'd)
 Pairwise Correlations Among Difficulty and Background Factors for 179 Subjects

Factor	Family Boundary Issues		Compatibility of Roles		Financial Concerns		Inertia		Anxiety		Commitment and Responsibility	
	Corr Coef	Prob Level	Corr Coef	Prob Level	Corr Coef	Prob Level	Corr Coef	Prob Level	Corr Coef	Prob Level	Corr Coef	Prob Level
Family of Origin Stability	-.14	.03							-.15	.02		
Involvement at Birthing							-.16	.01				
Happy Parents												
Active in Setting Family Goals	.15	.02	.13	.04								
Nurturant Parents	.19	.007										
Sharing Responsibilities with Spouse												
Maternal Salience					-.13	.05			-.13	.04		
Oedipal Issues												
Communication in Marriage												
Having a Family Orientation					-.15	.02	-.14	.03				
Difficult Pregnancy	.17	.01	-.15	.02								
Fear of Commitment/ Need to Maintain Distance			.22	.002								
Prenatal Involvement			.17	.01								
Lack of Positive Father Figure							.22	.002				

Table 8 (Cont'd)

Pairwise Correlations Among Difficulty and Background Factors for 179 Subjects

Factor	Work Satisfaction		Wanted Pregnancy	
	Corr Coef	Prob Level	Corr Coef	Prob Level
Family of Origin			.15	.02
Stability	-.30	.001		
Involvement at Birthing				
Happy Parents				
Active in Setting Family Goals				
Nurturant Parents				
Sharing Responsibilities with Spouse				
Maternal Salience			.13	.04
Oedipal Issues				
Communication in Marriage				
Having a Family Orientation				
Difficulty Pregnancy				
Fear of Commitment/Need to Maintain Distance				
Prenatal Involvement				
Lack of Positive Father Figure				

None of the background factors were significantly correlated with an anticipated/experienced disruption of the dyadic relationship.

Current levels of sleep disturbance tended to be associated with (anticipating) being active in setting family goals ($r=.17$, $p=.01$), viewing one's parents as nurturant ($r=.19$, $p=.007$), the wife having a difficult pregnancy ($r=.13$, $p=.04$), valuing self awareness ($r=.14$, $p=.03$), and not having a family orientation ($r=.19$, $p=.006$).

Anticipated/actual concern about family boundary issues tended to be associated with a lack of stability ($r=.14$, $p=.03$), the wife having a difficult pregnancy ($r=.17$, $p=.01$), and being active in setting family goals ($r=.15$, $p=.02$).

The anticipated/actual experience of compatibility between the parental and spouse roles was associated with being active in setting family goals ($r=.13$, $p=.04$), the wife not having a difficult pregnancy ($r=-.15$, $p=.02$) valuing self awareness ($r=.22$, $p=.002$) and involvement in prenatal care ($r=.17$, $p=.01$).

Anticipated/actual financial concerns tended to be associated with a lack of maternal salience ($r=-.13$, $p=.05$) and not having a family orientation ($r=-.15$, $p=.02$).

Current feelings of inertia tended to be associated with anticipated/ actual uninvolvement at the birthing ($r=.16$, $p=.01$), lacking a strong father figure ($r=.22$, $p=.002$), and not having a family orientation ($r=-.14$, $p=.03$).

Having anxiety seems to be associated with a negative rating of the family of origin ($r=-.14$, $p=.02$) and a lack of maternal salience ($r=-.13$, $p=.04$).

None of the background factors significantly correlated with antici-

pating/having concern about increased commitment and responsibility.

An anticipated/actual increase in work satisfaction during the pregnancy tended to be associated with a lack of stability ($r=-.30$, $p=.001$). Anticipating/actually being pleased at the news of the pregnancy was significantly correlated with a positive rating of the family of origin ($r=.15$, $p=.02$) and with maternal salience ($r=.13$, $p=.04$).

Although the degree of correlation obtained between the different background and difficulty factors varied, none of the correlations were above .30. Thus, even though the correlation coefficients were significant, only low to moderate relationships were found.

Hypotheses About the Interaction of Difficulty and Background Factors

It was hypothesized that demographic variables indicating a higher degree of life stability would be correlated with less difficulty adjusting to fatherhood. Pairwise correlations only supported this hypothesis in part. A high level of life stability was correlated with less difficulty with family boundary issues and less concern about caretaking competence. However, high levels of stability in one's life style also tended to be associated with work satisfaction, loss of freedom and having anxiety about the sexual relationship. The fact that both positive and negative correlations emerged indicates that the interaction between level of life stability and difficulty is more complex than was hypothesized. If a father has stability in his life style he may not worry as much about his ability to take on the paternal role, but he is still likely to feel stress and/or disruption in his marriage and at work.

It was hypothesized that a positive perception of the family of origin would correlate with less difficulty adjusting to fatherhood. Pairwise correlations generally supported this hypothesis. The strongest factor which concerned perception of the family was "Family of Origin", and it correlated significantly with five difficulty factors. A positive perception of the family of origin tended to be associated with less depression, fewer feelings of loss of freedom, less anxiety, and more desire for the pregnancy. However, a positive perception of the family also was associated with more concern about competence as a caretaker. Several other background factors concerned perception of the family of origin. Perception of one's parents as happy was associated with fewer feelings of loss of freedom. Lack of a positive father figure was associated with more depression and inertia. On the other hand, perception of one's parents as being nurturant was associated with more feelings of loss of freedom, and also more sleep disturbance and more family boundary issues. Perceiving the parents as nurturant did, however, correlate with less concern about caretaking competence. On the whole, perception of parents as nurturant appeared to be more a measure of continued dependency on one's parents than of simply a positive perception of them. Perhaps for this reason we see it as being significantly correlated with difficulty in certain areas.

It was hypothesized that indices of prior marital adjustment would correlate with less difficulty adjusting to fatherhood. The only background factor which gave such an indice was "Communication in the Marriage", and it did indeed correlate significantly with less difficulty in the sexual relationship.

Finally, it was hypothesized that men who look to their families as

a major source of life satisfaction would experience less difficulty during the transition to fatherhood. The background factor "Having a Family Orientation" gave a measure of the degree to which men looked to their families as a source of life satisfaction. It was significantly correlated with less difficulty in four areas, lending support to this hypothesis. Less concern about caretaking competence, less sleep disturbance, fewer financial concerns and less inertia were associated with having a family orientation. However, in the area of the sexual relationship, having a family orientation was associated with more difficulty. These correlations indicate that the association between having a family orientation and difficulty is more complex than was hypothesized. Still, having such an orientation is associated with less difficulty in a number of areas.

Canonical Correlation

In order to ascertain the degree to which the group of background factors related to the group of difficulty factors a canonical correlation analysis was performed. Three significant canonical correlations emerged from this analysis (see Table 9). Factor loadings above .3 on each of the significant canonical variates are listed in Table 10.

Canonical variate I has high canonical correlation coefficients on factors measuring difficulty with loss of freedom and competence as a caretaker and on background factors concerning the family of origin, level of life stability, viewing parents as nurturant, and sharing responsibilities with spouse. The correlation was .72 between the canonical variate representing the first set of difficulty factors

Table 9

SIGNIFICANT CANONICAL CORRELATIONS IN ANALYSIS RELATING
DIFFICULTY FACTORS TO BACKGROUND FACTORS

Number	Eigenvalue	Canonical Correlation	Wilks' Lambda	Chi-Square	Degrees Freedom	Significance
1	.51	.72	.07	429.63	252	.0000
2	.41	.64	.14	313.44	221	.0000
3	.27	.52	.24	228.66	192	.035

Table 10

CANONICAL CORRELATION COEFFICIENTS WITH LOADINGS OF .30 OR MORE
IN CANONICAL ANALYSIS RELATING DIFFICULTY FACTORS TO BACKGROUND
FACTORS - 179 SUBJECTS

Factor	Canonical Variate I	Canonical Variate II	Canonical Variate III
<u>Background Factors</u>			
Family of Origin	.54		
Life Stability	-.42	.42	.41
Active Role in Family			.39
Perception of Parents as Nurturing	-.35		
Sharing Responsibilities with Spouse	.30		
Having a Family Ori- entation		.45	
Lack of a Positive Father Figure			.36
<u>Difficulty Factors</u>			
Loss of Freedom	-.54		
Concern about Competence as a Caretaker	.73		
Changes in Sexual Relationship		.43	.39
Sleep Disturbance		-.46	.36
Compatibility of Spouse and Parental Roles			.44
Financial Concerns		-.39	
Work Satisfaction		-.39	
Wanted Pregnancy			.39

and that representing the second factor set. This suggests that men with basically positive role models in their own parents and a low level of life stability, are willing to be a caretaker but express concern about their competence in that role.

Canonical variate II has high canonical correlation coefficients on factors measuring difficulty with the sexual relationship, with sleep disturbance, financial concerns and work satisfaction, and on background factors concerning level of stability and presence of a family orientation. The correlation was .64 between the canonical variate representing the difficulty factors and that representing background factors. This lends support to the notion of a correspondance between being family oriented, older, and established in career and marriage, and finding that having children causes a disruption in one's previous life structure.

Canonical variate III has high canonical correlation coefficients on the following difficulty factors: the sexual relationship, sleep disturbance, experiencing compatibility between the parental and spouse roles, and wanting the pregnancy - and on the background factors concerning level of life stability, taking an active role in setting family goals, and having a family orientation. The correlation was .53 between the canonical variate representing the difficulty factors and that representing the second set of factors. This suggests that men who consciously attempt to be a better parent than their own father was, may experience conflicts which are expressed in sleep disturbance and sexual estrangement from the wife.

Additional Analyses: Pearson Correlations

Relating Individual Variables to Selected Factors

Responses to questions about the fathering role and participation in childcare activities were correlated with the factor measuring concern about competence as a caretaker, the factor measuring repression, that which concerned sharing responsibilities with spouse, and the factor concerning maternal salience. The Pearson correlation coefficients which reached significance at the .05 level are reported in Table 11.

Concern about competence as a caretaker tended to be associated with anticipated/actual participation in diapering activities ($r=.15$, $p=.03$), dressing the child ($r=.24$, $p=.001$), bathing ($r=.16$, $p=.01$), nightwakes ($r=.17$, $p=.01$), playing with baby ($r=.22$, $p=.003$), talking ($r=.18$, $p=.009$), doctor's visits ($r=.16$, $p=.02$), strolls ($r=.22$, $p=.002$), doing laundry ($r=.18$, $p=.009$), and believing that the father's role is not different from the mother's role ($r=-.15$, $p=.02$). This group of correlations suggests that men who are or want to be caretakers, may feel concern about their competence in that role.

Suppression of feelings tended to be associated with not playing with the child ($r=-.14$, $p=.03$), and believing that the mother should be the main one to dress, diaper and soothe the baby ($r=.23$, $p=.001$). These correlations suggest that the presence of repressive tendencies may restrict the father from engaging the child in potentially mutually enjoyable activities.

Sharing responsibilities with the spouse tended to be associated with anticipated/actual participation in diapering ($r=.22$, $p=.002$),

Table 11

PAIRWISE CORRELATIONS AMONG INDIVIDUAL SURVEY ITEMS AND SELECTED FACTORS N = 179

Survey Items	Concern About Competence as a Caretaker		Suppression of Feelings		Sharing Responsibility With Spouse		Maternal Salience	
	Corr Coef	Prob Level	Corr Coef	Prob Level	Corr Coef	Prob Level	Corr Coef	Prob Level
Diaper	.15	.03			.22	.002		
Dressing	.24	.001			.18	.01		
Bathing	.16	.01			.14	.03		
Holding					.13	.04	.17	.01
Nightwakes	.17	.01			.20	.005		
Playing	.22	.003	-.14	.03			.20	.004
Talking	.18	.009					.16	.02
Doctor's Visits	.16	.02			.21	.003		
Feeding					.28	.01	.33	.003
Strolls	.22	.002			.17	.01	.13	.04
Laundry	.18	.009			.36	.001		
Soothe Baby								
Father's role is different from mother's	-.15	.02			-.20	.005		
Mother should be main one to dress, diaper, soothe baby			.23	.001	-.24	.001		
Father promotes child's development differently from the mother					-.16	.02		

dressing ($r=.18$, $p=.01$), bathing ($r=.14$, $p=.03$) and holding the child ($r=.13$, $p=.04$), with nitewakes ($r=.20$, $p=.005$), doctor's visits ($r=.21$, $p=.003$), feeding ($r=.28$, $p=.01$), strolls ($r=.17$, $p=.01$), doing laundry ($r=.36$, $p=.001$), believing that mother's and father's roles do not differ ($r=-.20$, $p=.005$), that the mother should not be the main one to dress, diaper and soothe the baby ($r=-.24$, $p=.001$), and that fathers do not promote child development differently from the mother ($r=-.16$, $p=.02$). Taken together, these correlations provide strong support for the notion of factor validity. Participation in so many activities coupled with attitudes about the similarity of the maternal and paternal roles should, and did, correlate with the factor concerning the sharing of responsibilities with one's spouse.

Maternal salience tended to be associated with anticipated/actual participation in holding the child ($r=.17$, $p=.01$), playing ($r=.20$, $p=.004$), talking ($r=.16$, $p=.02$), feeding ($r=.33$, $p=.003$), and strolls ($r=.13$, $p=.04$). These correlations suggest that men who have a strong relationship with their mother are or intend to be more involved with their own children.

Group Differences

An important goal of this study was to compare the attitudes, experiences and difficulties of recent, expectant and prospective fathers. This section is devoted to group differences. First, the significant results from the crosstabulation of scores on individual items of the questionnaire is presented. Second, the results of an analysis of group differences on each of the difficulty factors are

discussed. Last is a discussion of the discriminant analysis, an analysis of those underlying dimensions of the difficulty and background factors which were most useful in predicting group membership.

Group Differences on Responses to Selected Survey Items

Chi-square tests found significant group differences on questions concerning the fathering role, his relationship to the baby, the marriage, and extended family contacts. Only items not included in the factor analyses will be discussed here.

Fathering Role: Most subjects (76.5%) tended to agree with the statement that the father role is different from the mother role, but recent fathers were more adamant in their agreement than expectant or prospective fathers. 33.3% of the recent fathers said they strongly agreed whereas only 7% of the expectant fathers and 25% of the prospective fathers reported strong agreement. A Chi-square test indicated that group differences on this item were significant at the .004 level ($\chi^2(10) = 25.42$).

When asked how they fulfil their father role, 64.4% of the expectant fathers checked the response, "By accepting my responsibilities" as compared to the 51.4% of the recent fathers and 42.1% of the prospective fathers who responded likewise. Recent and prospective fathers were more likely to check the response "by giving emotional support to my children" (45.7% and 50% respectively) than the expectant group (14.3%). A Chi-square test indicated that group differences on this item were significant at the .01 level.

All groups were asked how often they would/do participate in

specific childcare activities. Chi-square tests found significant group differences on five of the eleven activities: dressing, bathing, nightwakes, talking, and doctor's visits. In all cases prospective and expectant fathers anticipated being more involved than recent fathers actually were. Prospective fathers tended to anticipate being even more involved than the expectant fathers. The cross-tabulations of group membership with each of these variables is given in Table 12.

Relationship to the Baby: Recent, expectant and prospective fathers differed significantly ($\chi^2(8)=59.39, p=.0000$) in the way they would/do relate to their child. Expectant fathers emphasize the teaching role whereas recent fathers stressed nurturing behaviors. Many of the prospective fathers (41%) anticipated being globally involved with their children. Some expectant fathers also anticipated being globally involved (24.4%), but recent fathers rarely gave such a response (5.3%). Cross-tabulations of group membership with responses to this variable are given in Table 13.

Parents are often concerned about having enough time to spend with their child. Subject groups differed significantly in their concern about this ($\chi^2(6)=28.66, p=.0001$). 64% of the recent fathers said they were "not at all" or "somewhat" concerned as compared to the 39% of the expectant fathers and 15% of the prospective fathers who responded likewise. Prospective fathers worried most about having enough time to spend with their child. 85% of that group said they would worry "much" or "very much", as compared to the 61% of the expectant fathers and 35.9% of the recent fathers who responded likewise. Recent fathers, who actually were confronted with this potential dilemma seemed relatively unconcerned about it.

Table 12

Cross Tabulations of Responses to Selected Items on Childcare Activities by Group Membership

Response	Dressing			Bathing			Niteawakes			Talking			Doctor's Visits			
	Rec	Exp	Pro	Rec	Exp	Pro	Rec	Exp	Pro	Rec	Exp	Pro	Rec	Exp	Pro	
Never or Rarely	N	4	1	1	12	5	1	13	11	0	0	0	0	13	10	3
	%	10.8	1.0	2.5	32.4	5.1	2.5	36	11.1	0	0	0	0	37.1	10.1	7.5
Sometimes	N	18	33	16	15	42	16	8	35	9	2	2	1	9	46	19
	%	48.6	33.3	40	40.5	42.4	40	22.9	35.4	22.5	5.3	2	2.6	25.7	46.5	47.5
Often	N	9	47	17	5	35	16	8	42	21	20	30	9	3	30	10
	%	24.3	47.5	42.5	13.5	35.4	40	22.9	42.4	52.5	52.6	30.3	23.1	8.6	30.3	25
Very Often	N	6	18	6	5	17	7	6	11	10	16	67	29	10	13	8
	%	16.2	18.2	15	13.5	17.2	17.5	17.1	11.1	25	42.1	67.7	74.4	28.6	13.1	20
		$\chi^2(6)=13.10$ p=.04			$\chi^2(8)=30.64$ p=.0002			$\chi^2(8)=36.73$ p=.0000			$\chi^2(4)=10.47$ p=.03			$\chi^2(8)=30.66$ p=.0002		

Table 13

Cross Tabulations: Group Membership by Responses to
Item Concerning Ways of Relating to Child

BEHAVIORS	RECENT		EXPECTANT		PROSPECTIVE	
	N	% of group	N	% of group	N	% of group
Teaching Role	1	2.6	27	32.9	8	20.5
Nurturing Behaviors Infant Level	13	34.2	3	3.7	8	20.5
Nurturing Behaviors All Ages	20	52.6	16	19.5	6	15.4
Global Involvement	2	5.3	20	24.4	16	41.0
Unspecified	2	5.3	16	19.5	1	2.6
Total	38	100	82	100	39	100
$\chi^2(8)=59.39, p=.0000$						

Subjects were asked if they were or would be disturbed by feelings they had toward the baby. Group differences on this item were significant at the .001 level ($X^2(6)=21.23$). Most men (77%) responded "not at all" but a few said "somewhat" (19.9%). Prospective fathers indicated more disturbance about such feelings than men in the other groups. 42% of the prospective fathers said they would be "somewhat" disturbed, as compared to 15.4% of the recent and 13.1% of the expectant fathers who responded likewise.

Marital Relationship: Groups differed significantly ($X^2(4)=26.1$, $p=.0000$) in their responses to a question about how sexual relations would/did change during the pregnancy. Recent and expectant fathers (93.1% and 90.8% respectively) tended to say that sex became less frequent. Only 62.5% of the prospective fathers anticipated that frequency would go down; 29.2% of them said instead that they would probably use different positions.

Contact with Extended Family: Expectant and recent fathers were compared on the amount of time they spent as a couple with their wife's and their own parents. More recent fathers than expectant fathers said that they currently spent a greater amount of time with their inlaws and parents than was spent before the pregnancy. Also, recent fathers were more likely to report an increase in time spent alone with their parents since the pregnancy and birth. Nevertheless, for the majority of men in both groups, contact with extended family was the same as before the pregnancy. Cross-tabulation of group membership with responses to these variables are presented in Table 14.

Global Experiences of the Pregnancy and Post-partum Periods: Some questions which obtained group significance pertained to the global

Table 14

Cross Tabulations: Group Membership by Responses to Selected Items on Contact with Extended Family

Variable		Less Time Than Before Pregnancy		Same Time As Before Pregnancy		More Time Than Before Pregnancy		
		Recent	Expectant	Recent	Expectant	Recent	Expectant	
Time Spent as Couple with Wife's Parents	N	3	6	16	80	13	14	$\chi^2(2)=11.80$ p=.002
	%	9.4	6.0	50	80	40.6	14	
Time Spent as Couple with Husband's Parents	N	4	10	17	77	10	9	$\chi^2(2)=10.37$ p=.005
	%	12.9	10.4	54.8	80.2	32.3	9.4	
Time Husband Spends Alone with His Parents	N	3	4	22	69	6	3	$\chi^2(2)=7.88$ p=.01
	%	9.7	5.3	71	90.8	19.4	3.9	

experience of this transition phase. For example, groups differed significantly in their responses to a question about how life would/did change during the pregnancy and post-partum periods ($\chi^2(10)=30.81$, $p=.0006$). Roughly a quarter of each of the three groups said life would/did change for the negative. Many more expectant fathers said there were both negative and positive changes, than did the other groups. On the other hand, more recent fathers indicated a positive change than did expectant or prospective fathers. Recent and prospective fathers were more likely than expectant fathers to indicate that they felt (would feel) an identity change e.g. more mature. Cross-tabulations of group membership with responses to this questions are presented in Table 15.

Subjects were asked what kind of extra stress they would/did having during the pregnancy. Groups differed significantly in their responses to this question ($\chi^2(10)=22.34$, $p=.01$). Cross-tabulation of group membership with responses to this item are presented in Table 16. Recent, and to a lesser extent expectant fathers, tended to attribute stress to things unrelated to the pregnancy (e.g. work pressures, illness in the family). None of the prospective fathers said their stress would be unrelated to the pregnancy. They felt it would arise from an increase in responsibility, or else from an increase in responsibility coupled with concern about the wife. Like the prospective fathers, many expectant fathers related their stress to increased responsibility or increased responsibility coupled with concern about the wife. About one third of the recent fathers connected their stress to anxiety about the wife's and child's health. Expectant and prospective fathers were considerably less likely to

Table 15

Cross Tabulation: Group Membership by Response to Question
on Life Change During Pregnancy and Postpartum Period

Response	Recent		Expectant		Prospective	
	N	% of Group	N	% of Group	N	% of Group
Negative Change	8	21.1	20	23.8	9	24.3
Mixed Positive and Negative Change	6	15.8	39	46.4	11	29.8
Anticipation is Main Affect	0	0	7	8.3	1	2.7
Positive Change	11	28.9	12	14.3	4	10.8
No Change	4	10.5	3	3.6	3	8.1
Identity Change e.g. More Mature and Adult	9	23.7	3	3.6	9	24.3
Total	38	100	84	100	37	100

$$\chi^2(10)=30.81, p=.0006$$

Table 16

Cross Tabulation: Group Membership by Response to Question
on Nature of Extra Stress During Pregnancy

Response	Recent		Expectant		Prospective		Across Group %
	N	% of Group	N	% of Group	N	% of Group	
Stress ostensibly unrelated to pregnancy	7	31.8	10	16.9	0	0	15
Stress related to increased responsibility	2	9.1	19	32.2	11	34.4	28.3
Stress related to anxiety about wife and child's health	8	36.4	7	11.9	6	18.8	18.6
Stress related to change in wife's behav- ior	0	0	4	6.8	4	12.5	7.1
Stress related to wife and increased re- sponsibility	3	13.6	13	22.0	9	28.0	22.2
Other	2	9.1	6	10.2	2	6.3	8.8
Total	22	100	59	100	32	100	100

$$\chi^2(10) = 22.34, p = .01$$

mention that as a source of extra stress.

Subject groups differed significantly in their responses to a question about the disparity between their experience and their wife's experience of the pregnancy ($\chi^2(10)=45.71, p=.0000$). Roughly a quarter of the expectant and recent groups (27% and 23.5% respectively) said there was no disparity at all as compared to the 0% of the prospective fathers who responded likewise. About one half of the prospective fathers (52.5%) anticipated "very much" disparity, compared to the 11.8% of the recent fathers and 10% of the expectant fathers who gave that response. Prospective fathers clearly anticipated more disparity in the experiences than the other two groups reported.

Group Differences on the Difficulty Factors

Each of the 14 difficulty factors obtained from Factor Analysis I was subjected to an analysis of variance to determine if there were group differences. Significant group differences were found on eight of the 14 factors. The Scheffe test was then used to identify group contrasts on those factors which had a significant group difference. The mean factor scores of each group and the significant group contrasts are given in Table 17.

On the factor which measured amount of depressive symptomatology, prospective fathers scored the highest and recent fathers the lowest. As this factor measured current level of depression, caution must be taken in interpreting the significance of group differences. The depression prospective fathers experienced was unrelated to any issues around fathering whereas the depressive symptoms reported by the other

Table 17

Mean Scores for Three Subject Groups on Each of Eight Difficulty Factors

FACTOR	GROUPS	MEAN FACTOR SCORE	SIGNIFICANT SCHEFFE CONTRASTS $p < .05$	BETWEEN GROUP VARIANCE
Depression	Recent	-.26	Recent vs. Prospective	p=.03
	Expectant	-.03		
	Prospective	.32		
Loss of Freedom	Recent	.15	Expectant vs. Prospective	p=.006
	Expectant	-.20		
	Prospective	.36		
Concern about Care-taking Competence	Recent	-.50	Recent vs. Expectant Recent vs. Prospective	p=.001
	Expectant	.12		
	Prospective	.15		
Sexual Relationship	Recent	.56	Recent vs. Expectant Recent vs. Prospective	p=.003
	Expectant	-.16		
	Prospective	-.13		
Disruption of Dyadic Relationship	Recent	.41	Recent vs. Expectant	p=.01
	Expectant	-.12		
	Prospective	-.06		
Sleep Difficulty	Recent	-.25	Recent vs. Prospective	p=.0004
	Expectant	-.11		
	Prospective	.52		
Family Boundary Issues	Recent	-.52	Recent vs. Expectant Recent vs. Prospective	p=.0003
	Expectant	.04		
	Prospective	.37		
Commitment and Responsibility	Recent	-.08	Recent vs. Expectant Expectant vs. Prospective	p=.03
	Expectant	.15		
	Prospective	-.30		

two groups may well have related to becoming a father.

Expectant and prospective fathers differed significantly in the amount of concern they anticipated/did have about feeling trapped. Prospective fathers anticipated feeling more concerned about lack of freedom and leisure time activities than the expectant fathers did. Although recent fathers did not differ significantly from either group, they did show more concern about loss of freedom than did the expectant fathers.

Concern about their competence as a caretaker was expressed more by expectant and prospective fathers than by recent fathers. This is logical since many of the items composing this factor were about the baby's and wife's health. After the birth it is expectable that anxiety about health would diminish.

Recent fathers reported more concern about sexual changes than did expectant or prospective fathers. Although the expectant and prospective groups did not differ significantly from each other, expectant fathers showed less concern about this than prospective fathers.

More concern about the disruption of the dyadic relationship was evidenced by the recent group than either of the other two groups. This factor had high loadings on items concerning a change in the husband's behavior and negative marital changes after the birth. Recent fathers indicated more negative change than the expectant or prospective groups anticipated.

Current difficulty with sleep was reported more often by prospective fathers than by men in the other two groups. One might expect that recent fathers, who after all have a newborn that wakes up in the night, would have the most sleep difficulty. The fact that prospective fathers

do supports the aforementioned finding that they have depressive symptomatology unrelated to fathering.

Difficulty with family boundary issues was evidenced more by prospective and expectant fathers than by the recent group. Prospective and expectant fathers did not differ significantly on this factor although the prospective group did obtain a higher factor score.

Concern about commitment to the marriage and increased responsibility was reported more by expectant fathers than by men in the other groups. Recent and prospective fathers did not differ significantly on this factor although prospective fathers did anticipate less difficulty in this area than recent fathers reported actually having.

Hypotheses about Group Differences

It was hypothesized that there would be a discrepancy between the degree of difficulty encountered by the three subject groups and that expectant fathers would report the most difficulty while prospective fathers would anticipate the least. The analyses of variance did find significant group differences in the degree of experienced difficulty. However, support was not given for the hypothesis that expectant fathers would have the most, and prospective fathers the least, amount of difficulty. In fact, the opposite was found to be true. In the analyses of variance of group membership by difficulty factors, the prospective fathers scored the highest on more areas of difficulty than men in the other groups. Expectant fathers emerged as having the least amount of difficulty.

A second hypothesis stated that the subject groups would differ

with respect to the tasks they face. It was anticipated that recent and prospective fathers would experience more concern about the marital relationship and expectant fathers would be most concerned about the increase in responsibility. The Scheffe contrasts for group differences on difficulty factors did support the hypothesis that groups face different tasks. Also, recent fathers did appear most concerned about changes in the marital relationship while expectant fathers evidenced more concern about the increase in responsibility. However, prospective fathers did not seem as exclusively concerned about the marital relationship as the recent fathers were. The difficulties anticipated by the prospective group centered more around adjustment to paternal responsibilities. Table 18 outlines the areas of greatest and least difficulty for the three groups.

Factors which Discriminate Among the Three Subject Groups

A discriminant analysis was done to determine if the difficulty and background factors obtained in Factor Analysis I and II significantly discriminated among the three subject groups. Two significant discriminant functions were obtained (see Table 19). Discriminant function coefficients with values over .3 on each of the two functions are listed in Table 20.

On the first discriminant function the function coefficients representing the following dimensions obtain loadings over .3: being stable, repressed, passive in setting family goals, experiencing a lack of difficulty with depression, a lack of concern about caretaking competence, absence of sleep difficulty, lack of family boundary issues, and

Table 18

Areas of Most and Least Difficulty
For the Three Subject Groups

GROUP	MOST DIFFICULTY	LEAST DIFFICULTY
Recent Fathers	Sexual Relationship Disruption of Dyadic Relationship	Current Depression Concern about Competence as a Caretaker Current Sleep Difficulty Family Boundary Issues
Expectant Fathers	Concern about Commitment and Responsibility	Loss of Freedom Sexual Relationship Disruption of Dyadic Relationship
Prospective Fathers	Current Depression Current Sleep Difficulty Concern about Competence as a Caretaker Loss of Freedom Family Boundary Issues	Concern about Commitment & Responsibility

Table 19

Significant Discriminant Functions in Discriminant Analysis of Group Membership by 17 Factors

Function	Eigenvalue	Percent of Variance	Cumulative Percent	Canonical Correlation	After Function	Wilks' lambda	Chi-squared	Degrees Freedom	Significance
1	.89	69.34	69.34	.68	0	.37	163.06	34	.0000
2	.39	30.66	100.00	.53	1	.71	55.88	16	.0000

Table 20
 Standardized Discriminant Function
 Coefficients .30 and Over

FACTOR	FUNCTION 1	FUNCTION 2
Current Depression	-.32	
Loss of Freedom		.40
Concern about Caretaking Competence	-.38	-.34
Sexual Relationship		.43
Disruption of Dyadic Relationship		.34
Current Sleep Difficulty	-.41	
Family Boundary Issues	-.39	
Compatibility of Spouse/Parental Roles	.30	
Life Stability	.39	
Involvement at Birthing		-.45
Active in Setting Family Goals	-.33	
Suppression of Feelings	.30	
Maternal Salience		-.34
Function Name	Adjustment to a distant, uninvolved paternal role	Disruption of marital relationship in association with the salience of dependency issues

absence of concern about compatibility of roles. This constellation of coefficients composes a function which we might call adjustment to a distant, uninvolved paternal role.

Discriminate function coefficients in Function 2 reflected difficulty with feeling trapped, difficulty with the sexual relationship, disruption of the dyadic relationship, lack of concern with caretaking competence, lack of maternal salience and lack of involvement at the birth. The constellation of coefficients on this function appears to reflect a dimension which we might call, disruption of the marital relationship associated with the saliency of dependency issues.

On the basis of the scores subject groups obtained on these two functions it was possible to correctly classify 77.65% of the subjects with respect to group membership. This represents a considerable improvement over classification based on chance (33%). The classification analysis and group scores (centroids) are presented in Table 21. Recent fathers scored the highest (1.29) on Function I, indicating that they had made the most adjustment to a distant, uninvolved paternal role. Prospective fathers obtained the lowest score (-1.52) indicating that they did not anticipate adjusting to such a role. The score of the expectant group fell in the middle range (0.11). The post hoc Scheffe contrast performed on these mean group discriminant scores indicated that all three groups differed significantly from each other ($p < .05$).

On Function II, recent fathers again scored the highest (.82) indicating that they experienced the most disruption in the marriage in association with dependency issues. Expectant fathers had the lowest score (-.55) reflecting a relative absence of marital disruption. The prospective group's mean score fell in the middle range of (anticipated)

Table 21

Classification Analysis and Group Centroids

Subject Group	Number of Cases	Predicted Group Membership			Group Centroids	
		Recent	Expectant	Prospective	Function 1	Function 2
Recent	39	31 79.5%	6 15.4%	2 5.1%	1.29*	.82
Expectant	100	14 14%	73 73%	13 13%	0.11*	-.55**
Prospective	40	0 0%	5 12.5%	35 87.5%	-1.52*	.59
PERCENT OF "GROUPED" CASES CORRECTLY CLASSIFIED: 77.65%						

* All three group means significantly differ from each other ($p < .05$)

** Expectant group mean significantly differs from other two group means ($p < .05$)

difficulty. The post hoc Scheffe contrast performed on these mean group discriminant scores indicated that the scores of the recent and prospective groups were both significantly higher than that of the expectant group ($p < .05$). Recent and prospective groups did not, however, significantly differ from each other.

Attitudes about the Paternal Role

A goal of this study was to determine prevalent attitudes about the paternal role. Frequency distributions of the responses of all 179 subjects are presented and discussed below.

Subjects were asked if they agreed with the statement that the father was the authority in the family. Respondents were divided in their opinions but the majority (57%) indicated disagreement. Forty-three percent (43%) voiced agreement with the statement. (see Table 22).

When asked what the father's primary role is, 54% said "to give emotional support", 37% said "to give financial support" and a small 8% responded "to train children". However, the percentages changed when they were asked how they would/do fulfill their role. Only 35% indicated "by giving emotional support to children" whereas the majority (59%) said "by accepting my responsibilities". Five percent (5%) said they fulfill their father role by being faithful to their spouse. There was a significant group difference in the way men would/do fulfill their role (see page 102). More prospective and recent fathers responded by "giving emotional support to children" than did expectant fathers. Thus prospective and recent fathers were more likely than the expectant group to demonstrate consistency between their beliefs and actions.

Table 22

Responses of 179 Subjects to Questions About Attitudes Toward the Fathering Role

Questions	Strongly Disagree		Disagree		Probably Disagree		Probably Agree		Agree		Strongly Agree	
	N	%	N	%	N	%	N	%	N	%	N	%
Father need not be as involved in childrearing as the mother	90	50	59	33	5	3	12	7	8	4	5	3
Father's role in childrearing is different from mother's	9	5	18	10	15	9	40	22	67	37	30	17
Children should be the main source of a man's happiness	35	20	76	44	24	14	20	12	12	7	6	3
Mother should be main one to dress, soothe baby and change diapers	49	27	70	39	16	9	26	15	14	8	3	2
Fathers promote childrens development differently from mothers	7	4	13	7	11	6	29	16	82	46	37	21
Father is the authority in the family	32	18	57	32	12	7	29	16	32	18	15	9
Husband and wife share household tasks 50/50	6	3	22	13	25	15	35	20	44	25	42	24

They not only believed that the father's primary role is to give emotional support to their children, they also reported that they would/actually do fulfill their role in that way.

A majority of the subjects (80%) indicated that to love one's children means to give them emotional support. Only 2% responded "by giving financial support"; 5% said "to train them" and 15% said "by allowing them independence".

Subjects were divided on the issue of sharing household tasks 50/50 with their wives. Still, the majority (69%) indicated agreement, (See Table 22).

Men were asked if they agreed with the statement that children should be the main source of a man's happiness. The majority (78%) indicated disagreement. (See Table 22). When asked what the best aspect of fatherhood is, 67% responded "having a close family", 17% said "watching your children grow up", 3% were not sure and 13% said "giving a future to your children". Responses to these two questions indicate that while most men wanted a close family, they did not see children as the only source of happiness.

Questions were asked about the father's participation in childrearing. The majority of subjects (86%) felt that they should be as involved in childrearing as the mother. However, they saw their role as different from the mother's. Most men (76%) indicated that the father's role is different from the mother's and that fathers promote their child's development differently from the mother (83% agreed). Response frequencies to these items are given in Table 22. Subject groups did differ significantly in their responses to the question about the difference between the father's and mother's role (see page 102). The recent

fathers stressed the difference more strongly than the other two groups.

Involvement in childcare activities was another area of investigation. Most men disagreed (75%) with the statement that the mother should be the main one to dress, soothe and diaper the baby. (See Table 22) However, less than 75% of the men indicated extensive anticipated/actual involvement in dressing or diapering the child. Sixty-one percent (61%) said they would/did participate in diapering and 59% said they would/did participate in dressing activities "often" or "very often". (See Table 23) Subject groups did significantly differ on their anticipated/actual involvement in dressing activities: recent fathers reported less involvement than the other two groups. (see page 103). Thus, while most men from all groups believe in sharing dressing and diapering activities with their wives, fewer actually do. Recent fathers are the least likely to share such activities.

Responses indicating actual or anticipated involvement in other childcare activities were obtained. Frequency distributions indicating the degree of involvement in various activities are given in Table 23. Doing laundry is clearly the least favored activity. Thirty-five percent (35%) of the subjects said they would/do participate in that activity rarely or not at all. At the other end of the spectrum are such activities as talking, playing and holding. Ninety-eight percent (98%) of the subjects said they would be/were involved in these activities often or very often. Somewhat less involvement was anticipated/reported in such activities as strolls and food preparation. Seventy-two percent (72%) of the subjects anticipated/reported being involved often or very often in strolls and 62% indicated such involvement in food preparation. It should be noted that only those men whose wives would/were not breast

Table 23

Responses of 179 Subjects to Questions About Involvement in Childcare Activities

Activity	Not at All		Rarely		Sometimes		Often		Very Often	
	N	%	N	%	N	%	N	%	N	%
Diapering	2	1	10	6	57	32	72	41	35	20
Dressing	0	0	6	3	67	38	73	42	30	17
Bathing	3	2	15	9	73	41	56	32	29	16
Holding	0	0	0	0	4	2	60	34	113	64
Nightwakes	4	2	20	11	52	30	71	41	27	16
Playing	0	0	0	0	5	2	67	39	102	59
Talking	0	0	0	0	5	2	59	34	112	64
Doctor's Visits	8	5	18	10	74	42	43	25	31	18
Food Preparation*	0	0	2	3	23	35	28	42	13	20
Strolls	0	0	2	1	46	27	73	42	53	30
Laundry	27	15	43	25	62	35	26	15	17	10

*Only 66 subjects answered this question. Those whose wives were breast feeding were instructed not to answer.

feeding responded to the question on food preparation. Fifty-seven percent (57%) of the men said they would/do respond to nightwakes often or very often, and 30% said they would/do respond sometimes. Doctor's visits and bathing were less favored activities. Forty-one percent (41%) of the subjects said they would/do bathe their child sometimes and 42% said they sometimes would/do go on doctor's visits. Groups differed significantly in their anticipated/actual involvement with bathing, nightwakes and doctor's visits; recent fathers reported less involvement than the other two groups. (See page 103). Looking across groups, subjects were divided in their responses to questions on involvement in childcare activities. Certainly, most men anticipated being/were very engaged in activities like holding, playing and talking, but the more practical activities e.g. bathing, diapering etc. attracted less male involvement. If we look at the median percentage of men who respond that they would be/are sometimes, rarely or never involved in these practical activities, we find that 42% fall into such a group. Thus, a significant number of men choose to fulfill their parental role in other ways than participation in practical childcare activities.

Attitudes were obtained about the balance of family and career commitments. Subjects were presented with the situation of a recent father who was offered a 30% raise if he took a promotion to a job entailing 10 days of travelling a month. Forty-two percent (42%) of the subjects said he should not accept the promotion because it was more important to have time with his wife and child. Forty-nine percent (49%) indicated that he should take the promotion, either because the father had the provider role or because he should further his career. A small number (9%) were unsure what he should do. These percentages indicate

that subjects were fairly divided in their attitudes about career and family commitments, some placed family first and others considered career a priority. There were not significant differences in the responses of the three subject groups on this item.

Attitudes about the wife's career commitments also varied. Thirty-nine percent (39%) of the subjects said they would prefer it if their wife did not work, at least until the child went to school. Twenty-five percent (25%) wanted her to work part-time and 11% preferred her to work full-time. Another 25% indicated that she should work or actualize some part of herself, but they did not specify the amount of time she should devote to this. There were significant group differences on this item ($\chi^2(8)=20.80, p=.007$). More expectant fathers than prospective or recent fathers wanted their wives to work full-time. On the other hand, recent fathers were the group most likely to want their wives to work part-time. Still, the three groups did not differ in their preference to have the wife put a priority on family commitments. Seventy percent (70%) of the recent group, (64%) of the expectant group and (60%) of the prospective group indicated that they preferred their wives to either stay home full-time or work part-time.

In summary, slightly more than half of the subjects believed that the father is not the authority in the family, that his primary role is to offer emotional support and that he should share household and childcare activities with his wife. Interestingly, the majority also believed that the man should place career advancement over availability to his family, and the woman should place family responsibilities over career. The inconsistency in these attitudes is noteworthy. The simultaneous existence of both traditional and "modern" attitudes suggests

that men may be experiencing some confusion about the fathering role. While their conceptions about fathering show a clear influence from such ideas as sex role emancipation, in many ways the attitudes also reflect the strong influence of tradition.

Brief Summary of Significant Results

Subject Groups: Subjects fell into three groups: prospective, expectant and recent fathers. The composition of the groups differed significantly with respect to age, length of marriage, occupation and education. Recent fathers were the oldest, married the longest and had higher level jobs. Prospective fathers were the most educated.

Areas of Difficulty: The factor analysis of difficulty items yielded 14 factors, eight of which concerned concrete tasks men anticipate/face during the transition to fatherhood. None of the factors accounted for more than 15% of the variance, indicating that no one task was associated with extensive difficulty. Specific areas of difficulty identified by the factors were: Changes in the Sexual Relationship, Disruption of the Dyadic Relationship, Compatibility of Spouse and Parental Roles, Commitment and Responsibility, Concern about Competence as a Caretaker, Loss of Freedom, Family Boundary Issues, and Financial Concerns. The six other factors which emerged from the factor analysis concerned manifestations of depressive symptomatology (e.g. Depression, Inertia, Sleep Disturbance) or Work Satisfaction or a Wanted Pregnancy.

The Association Between Difficulty and Background Factors: The factor analysis of background items yielded sixteen factors. Pearson

Product Moment Correlations done across groups indicated that the background factors most associated with difficulty were those that concerned the man's family of origin, his current level of life stability, and the degree to which he has a family orientation. A canonical correlation analysis performed across groups determined the maximum obtainable correlation between all the difficulty and background factors. Three canonical correlates emerged from this analysis. The first canonical correlation (.72) indicated that men who have a basically positive perception of their own parents and a low level of life stability are willing to be caretakers but concerned about their competence in that role. The second canonical correlation (.64%) found an association between being family oriented, older and established in career and marriage (i.e. life stability) and finding that having children causes a disruption in one's previous life structure. The third canonical correlation (.52) indicated that men who are older, established in career and marriage, and anxious to be a better parent than their own father, tend to experience conflicts which are expressed in sleep disturbance and sexual estrangement from the wife.

Group Differences: Group differences were assessed with analyses of variance and with a discriminant analysis. In order to answer the question of how the three groups differed with respect to the difficulty and background factor scores, a discriminant analysis was performed. Two discriminant functions emerged: the first function concerned the actual/anticipated adjustment to a distant, uninvolved paternal role. All three groups differed significantly on that function; recent fathers showed the most adjustment to a distant uninvolved paternal role and prospective fathers had the least anticipated adjustment to such a role.

The second discriminant function concerned disruption of the marital relationship in association with the saliency of dependency issues. The expectant group, which had the lowest score on this function differed significantly from the other groups. Prospective and recent fathers did not significantly differ in their anticipated/actual experience of disruption of the marriage associated with the salience of dependency issues.

Analyses of variance, performed to determine group differences on each of the fourteen difficulty factors, found significant differences on eight factors. Prospective fathers had the highest levels of current depression and sleep difficulty. Also they anticipated feeling more loss of freedom than the other two groups actually reported experiencing. Prospective fathers differed significantly from recent fathers (but not from expectant fathers) in their high levels of anticipated concern about caretaking competence and family boundary issues. All in all, prospective fathers had/anticipated the most difficulty of the three groups. Expectant fathers reported the least difficulty. The area in which they had more difficulty than men in the other groups, was in commitment and responsibility. Recent fathers had more difficulty than the expectant fathers but less difficulty than the prospective group anticipated having. Specific areas of difficulty for the recent group were in the sexual relationship and disruption of the dyadic relationship.

Attitudes: Men displayed a range of attitudes about the paternal role. Some took a more "traditional" approach as indicated by their belief that the father is the authority in the family (43%), that the mother should be the main one to dress, soothe and diaper the baby (25%),

that fathers need not be as involved in childrearing as the mother (14%), and that husbands and wives should not share household tasks 50/50 (31%). Other subjects were more "modern" in their attitudes about these role functions. They did not believe father was the authority in the family (57%), that the mother should be the main one to diaper, dress and soothe the baby (75%), that father should not be as involved in childrearing as the mother (86%) or that household tasks should not be shared 50/50 (69%). A contradiction between practice and theory was apparent in that only 48% of the men were very involved in practical childcare activities, even though 75% believed the mother should not be the main one to provide childcare. Also, a large percentage of the men believed that the man should place career advancement over availability to his family (49%), and the woman should place family responsibilities over career (64%).

Discussion

The purpose of this research has been to investigate men's experiences during the transition to fatherhood. Men at three different points in the transition were compared to identify differences and similarities in the tasks, stresses and supports they faced. This chapter first reviews the attitudes all men shared about their paternal role. Then the different tasks which men potentially encounter are detailed. There is a discussion of anticipatory fatherhood, the pregnancy period and postpartum adjustment in terms of the supports, stresses and tasks encountered by the men from the different groups. Also, the concept of having profiles of men with difficulty is examined and those factors which tend to inhibit or facilitate adjustment are identified. Finally the implications of these findings for research and practice and for role theory are discussed.

Conceptions of the Paternal Role

It is interesting to study the attitudes of this middle class population since in many ways attitudes are the barometer of changing conceptions about family and sex roles. In the past fifty years we have witnessed higher divorce rates, a revolution in sexual mores and an emphasis on equalization of sex roles (Parke, 1981). These recent social changes have had an effect on the values and behaviors associated with masculinity (Hacker, 1957). There has been a gradual shift away from the "traditional" role, characterized by distance, authoritarianism and economic responsibility, to a "modern" role which is char-

acterized by egalitarianism and emotional involvement in the family (Hacker, 1957; Pleck, 1976). In this study there was also evidence to suggest that men are shifting toward "modern" conceptions of the paternal role. Many men argued that the father is not the authority in the family, that his primary role is to give emotional support to his children, and that his responsibilities to his family take precedence over career advancement. Still, a considerable proportion of the sample indicated a preference for the traditional family arrangement. A solid 43% of the subjects indicated that they viewed the father as the authority in the family, roughly half the sample felt that career advancement had priority over spending time with the family, and almost two-thirds of the men thought that mothers should consider family a priority over career. In addition to those men who were clearly "traditional" or "modern", there were a number of subjects who displayed a mix of attitudes. These men seemed to uphold "modern" ideals but practice (anticipate practicing) a "traditional" role. For example, they believed that father is not the authority in the family and mother is not a primary caretaker. Yet they also believed the mother should place a priority on family over career, and the degree of the men's anticipated or actual involvement in childcare activities indicated that the mothers were primarily responsible for the physical care of the children. This belied a tendency for the fathers to enact a more "traditional" distant paternal role. Interestingly, other studies, (Pleck, 1980; Hunt, 1967) have also reported a conflict between men's practice and their ideology. Hunt (1967) interviewed 1000 men over the age of 17 and found that while most men approved or accepted working wives, and half the sample endorsed equality in the marriage, half the husbands also thought that

women should do the majority of housework and childcare, even if both parents are working. Fourteen years later (the present study) we find that practice still lags behind theory. Previous research suggests three models for interpreting this contradiction in attitudes and behavior. Parke (1981) who also notes that men have been slow to assume non-traditional roles, suggests that the traditional division of labor may be economically advantageous over role sharing. "In general", he writes, "men are still paid more than women so that most families may find it makes better economic sense for the father to be the breadwinner" (Parke, 1981, p.110). A second perspective emphasizes that the contradictory demands of the paternal role may create confusion in the definition of the role or an inability to meet all the role requirements. Clark and Gecas (1977) found that a high number of work hours had a negative effect on both the father's expectation of, and actual degree of involvement in childcare. From the third or "social" perspective, there is still a stigma attached to the man who chooses childbearing over career advancement (Bernard, 1981). It is one thing for him to help his wife with the dishes and diapers, but it is something else for him to make that his livelihood. Together, role competition, economic and social factors may inhibit fathers from enacting their role according to their own ideals.

Areas of Difficulty During the Transition to Fatherhood

The overall finding of this research was that men faced a number of tasks during the transition to fatherhood and no one task accounted for the bulk of difficulty experienced. The factor analysis of difficulty

items yielded fourteen factors, none of which accounted for more than 15% of the variance. Some factors merely provided a measure of depression and anxiety. There were however, eight factors which seemed to concern focal areas of difficulty and thus were indicative of concrete tasks men face. These factors are discussed below.

Marital Relationship Not surprisingly, changes in the marital relationship were found to be an actual/anticipated source of difficulty during the pregnancy and postpartum period. Other researchers (Gangsei, 1977); Bittman and Zalk, 1978; Tonti, 1979) have also commented on this. In this study, two specific aspects of the marital relationship were identified as potential areas of difficulty. The most salient factor which emerged concerned changes in the sexual relationship. This change was characterized by a decline in sexual desire for each other, a diminution of affectionate interaction, and concern about the wife's appearance. What this factor underscores is the degree to which pregnancy and birth can cause disruption of patterns of intimacy in the marriage. Zalk (1980), who also reports on sexual changes during the prenatal period, suggests that some of the reasons for this disruption may be the unfamiliarity of the wife's body, unconscious conflicts or additive stress in other areas which leads to decreased libido. As physical intimacy is an important vehicle for communication in the marriage, it is likely that changes in the sexual relationship severely impact on the homeostasis of the marriage.

The second area of marital difficulty identified by the factor analysis concerned a disruption of the dyadic relationship. Men who reported difficulty with this often anticipated or experienced the birth as having a negative effect on the marriage. As one man said,

"All the attention is on the baby." Another man wrote, "There is less closeness - less of her left for me." Comments such as these suggest that difficulty making the transition from dyad to triad may result when couples are still fixated in a dependent relationship. Deutscher (1970) and Zalk (1980) have both noted that having a child disrupts a dependent marital relationship. Once there is an infant to be cared for the couple has considerably less time for each other, and with the baby receiving so much of the mother's attention it is easy for the father to feel excluded. Speculatively, what seems to ease the transition to family life is a subjective feeling of readiness on the part of the couple to tackle a new challenge. This feeling of readiness and challenge was well expressed by one expectant father.

Our child will be a new and unknown experience for us. The effect our baby will have on our relationship, I feel will be a positive, affirming and exciting one. I feel it will make our relationship grow in a strong and healthy way-through trial and tribulation, happiness and fulfillment.

These two tasks, adjusting to changes in the sexual relationship and coping with disruption of the dyadic relationship point to specific aspects of the marital relationship which are prone to stress during the transition to fatherhood. The couple's ability to communicate with each other was identified in the Pearson Correlation Matrix as being significantly associated with less difficulty, at least in the sexual relationship. Simply knowing that there is bound to be stress in the marriage may also help prevent escalation of anxiety and polarization of roles.

Development of a Paternal Role Three of the factors which emerged from the factor analysis of difficulty items seem to pertain to

the development of a paternal role. The first factor, Commitment and Responsibility, links together the task of developing a sense of responsibility as a father, with issues of commitment to the marriage. This factor indicates that men who feel close to their wives and committed to the relationship are apt to be very aware of and concerned about their paternal responsibilities. Typically, their concern about these responsibilities was or was anticipated to be a source of extra stress during the pregnancy and postpartum phase. These findings support those of Gangsei (1977) who found that closeness and mutuality in the marriage was associated with having a sense of responsibility as a father. Conversely, he found that men who experienced discord with their wives, tended to have difficulty developing a sense of responsibility about their paternal role. Commitment and responsibility is thus seen in both these studies as an important issue and potential area of difficulty for first time fathers.

The second factor associated with the development of a paternal role is Concern about Competence as a Caretaker. The presence of this factor indicates that gaining competence in one's parenting role is another task associated with first time fatherhood. For men in this study, concern about their competence as a caretaker was manifested by anxiety about their ability to handle the baby, concern about the health of wife and child, and apprehension about the birthing. The emphasis on health issues on this factor suggests that men's concern about their competence stems, at least in part, from a tendency to confuse the pregnancy and birthing with illness. Coupled with this confusion was a lack of experience in the caretaker role. Even if they had younger siblings, most men (81%) reported that they usually were

not given the responsibility of caring for them. The fact that recent fathers had significantly less concern about their competence as caretaker than men in the other groups suggests that anxiety about caretaker competence diminishes once men have an opportunity to actually practice their role. Tonti (1979) also found that anxiety in this area was greatest before the birth, when men can only anticipate the experience of caring for a child.

The third factor which relates to the development of a paternal role concerns the experienced/anticipated compatibility of the parental and spouse roles. Linked on this factor are an (anticipated) enjoyment of the pregnancy and postpartum period, and an enjoyment of the relationship with both wife and child. The association of items on this factor underscores the important task first time fathers face of balancing and integrating their various roles. The assumption of any new role can be difficult (Banton, 1965) and a certain degree of harmony between roles is crucial for effective functioning. As this factor indicated, more enjoyment of the transitional phase was associated with compatibility of roles.

Changes in the Social System Pregnancy and childbirth are usually associated with considerable change in the life style of the couple (Gresh, 1981). With the young child at home, parents are less likely to make last minute social engagements and their leisure time activities may become more home oriented. The factor analysis of difficulty items indicated that one task men face when they become fathers is to cope with the resultant loss of freedom. While not all men experience a loss of freedom, for some, children represent an unwelcome disruption of their previously enjoyed lifestyle. They feel trapped by

family life and are angered by the inadequate leisure time and interference with their social life.

Another task identified by the factor analysis of difficulty items concerns the negotiation of family boundary issues. To better appreciate the nature of this task, it is useful to remember that 40% of the recent fathers said they had increased contact with their in-laws since the birth of the child, and 32.3% reported increased contact with their own parents. Some of these men (64%) enjoyed this time spent with family. Often family members could assist in the care of the child, giving the new parents time to pursue outside interests. Other men (29%) felt intruded upon and seemed to prefer to keep their family unit somewhat separate from the larger family system. It is interesting that low levels of life stability, a perception of one's parents as nurturant, being active in setting family goals and a difficult pregnancy were all correlated with difficulty negotiating family boundary issues. These correlations suggest that a certain degree of autonomy and flexibility makes it easier to accept the interest and assistance of extended family members. When men do not have stability in their life structure, when there are too many overtones of dependency in the relationship with their parents, or when they have very set ideas about family life, increased contact with the extended family may be experienced as a source of interference and difficulty.

Financial Concerns Pregnancy and childbirth are bound to have an economic impact on the family. One task identified by the factor analysis of difficulty items concerns the adjustment to different financial circumstances. Men who have difficulty making the adjustment

report actual/anticipated worry about the expense of the child, reduced income because the wife is not working, and concern that housekeeping is not as it should be. This suggests that in families where the household income is reduced because the mother stopped working, the expenses of childbirth and childcare can be a source of financial strain. With less money to cover more expenses, life style may have to change considerably. There will be less money for clothes, entertainment and, as the factor analysis indicated, even housekeeping may be affected. Men who have financial concerns typically reported less enjoyment of the pregnancy and birth. Since for many men their sense of themselves as a provider and hence a good father is intimately linked with their ability to earn a satisfactory income (Bernard, 1981) it is understandable that men under financial strain will enjoy the pregnancy and postpartum periods less.

Characteristics of the Subject Groups - The Prospective Father

Prospective fathers are married men who want to have a child at some point in the future but do not have immediate plans to start a family. It is interesting to study this group of men for two reasons. One, we can compare their expectations of fatherhood and the ramifications it will have on their lives with the actual reports of men who are expecting or have a child. Two, understanding their concerns about parenting can give us insight into the developmental prerequisites or facilitators of the parenting phase.

Views on Their Paternal Role Prospective fathers differed from the other two groups in their conception of the paternal role. They

were much more likely to endorse an active involved paternal role than were the recent or expectant fathers. Prospective fathers tended to stress global involvement with their child rather than identify specific nurturing or teaching behaviors. Very active participation in childcare activities, as well as in the child's social and intellectual development was anticipated. Prospective fathers were the ones to worry most about having enough time to spend with their child. They seemed to feel that there was no such thing as too much involvement. This was quite different from the expectant and recent fathers who tended to define a more specific and less active paternal role. On the discriminant analysis the prospective fathers emerged as the group least likely to make an adjustment to a distant, passive paternal role. Their scores on this function were significantly lower than the scores of the recent and expectant groups.

Areas of Difficulty Given their high expectations of themselves as fathers it is not surprising that they anticipated considerable difficulty during the pregnancy and postpartum phase. In fact, they anticipated more difficulty than either of the other groups actually reported having. Twenty-five (25%) percent of the prospective fathers believed they would not enjoy the pregnancy and birth, as compared to the 2.8% of the recent fathers and the 13% of the expectant fathers who responded likewise. The finding that prospective fathers have higher levels of current depression than men in the other two groups could indicate that they are more prone to difficulty. Although it is possible that the prospective group was indeed a more depressed group, it is also possible that the prospective group, which had a number of psychologists in it, may have simply been more open about admitting their depressive symp-

tomatology. Mental health professionals often place less of stigma on symptomatology. This plus the fact that this group was specific in the areas of stress they identified suggest that it was not only depression which was accounting for their projected difficulties.

The specific tasks which prospective fathers anticipated as being most problematic were concern about competence as a caretaker, loss of freedom and family boundary issues. In order to understand their anticipated difficulty in these areas two factors need to be considered. On the one hand these men believed that a father should be very involved in his child's upbringing. On the other hand, they did not feel ready to take on childcare responsibility at this point in time. Usually these were younger men who were still getting established in their career and marriage. If they had children and attempted to fulfill their own high ideals of the father role it is indeed likely that they would feel a loss of freedom and concern about their competence as a caretaker. Nor would they want the involvement of extended family. Low levels of life stability and having set ideas about family life were both significantly correlated with difficulty around family boundary issues. This suggests that couples may need to feel secure of themselves before they define their boundaries in the larger family system.

Developmental issues thus appeared to play a large role in determining the areas of difficulty for prospective fathers. Issues around dependency - gaining independence from their parents, feeling secure in the marriage and feeling sufficiently independent to have a dependent - figured prominently in their lives and colored their expectations of the fathering experience. The statements prospective fathers wrote about

their anticipated experience of fatherhood - statements which were not amenable to statistical analysis - suggested that for this group, parenthood was highly associated with being adult and responsible, identities these men were ambivalent about assuming. The following statement by a prospective father illustrates this well.

I think it will get me more in touch with being an adult. Sometimes I feel like my wife and I are a couple of kids ourselves - we so much enjoy being with each other - and we know how to have fun. In many ways we're selfish and very protective of our time together. A child will certainly require me to redirect some (Hell a lot!) of my energies to take care of someone who is totally dependent on me and my wife. I've never known that feeling before. I think it will also get me more in touch with my capacity to love another person. (Statement appears exactly as in original)

In addition to the above mentioned concerns, prospective fathers worried about the impact on the marriage. The discriminant analysis indicated that they anticipated dependence issues to cause disruption in the marital relationship. They were similar to the recent group in their concern about this, but differed significantly from expectant fathers who experienced no difficulty in this area. Although prospective fathers anticipated some impact on the marriage, they were not always aware of the ways this impact would be felt. For example, only 62.5% believed that frequency of sex would decline as compared to the 93.1% of the recent fathers and 90.8% of the expectant fathers who reported that sex actually had become less frequent.

Synopsis The findings of this study indicate that prospective fathers anticipate more difficulty than expectant or recent fathers actually report having. Also, the areas of their anticipated difficulty are different from the areas defined by men in the other two groups.

Several factors may be contributing to this pattern. First, prospective fathers have rather idealized expectations of their paternal role. In a sense, they are setting themselves an impossible task. Secondly, their expectations of the fathering experience are colored by the developmental issues of their life stage. This group was significantly younger than the other two groups and they had not been married as long, nor were they as established in a career. Their lack of stability in these life structures may have contributed to their fears about parenthood, and ultimately to their very status as prospective fathers. They were still in the process of establishing themselves in their career and marriage, and children represented an immense burden of responsibility. Their unpreparedness to assume such responsibility may have led them to view parenthood in terms of the restrictions and obligations it would place on their lives.

A third factor which may contribute to their high levels of anticipated difficulty concerns the depressive symptomatology they reported currently experiencing. Conceivably, the prospective group was a more depressed group than the expectant and recent fathers. If indeed that was the case, and prospective fathers were not simply more open about reporting symptomatology, then their depression may be contributing to the tendency to view parenthood in rather bleak terms.

Three possible explanations for the finding of group differences in the amount of difficulty anticipated/experienced have been offered. However, because this was a correlational study, it is not possible to ascertain what caused the prospective group to anticipate more difficulty than the other groups experienced. We do know that all the men in this group had a) consciously decided not to have a child at this

point in time b) that they had less stability of life structures than the other groups c) that they reported more depressive symptomatology than the other groups and d) that they had more idealistic expectations of the fathering role than the other two groups. The data also indicates that having set ideas and expectations of the fathering role and family life in general, and having low levels of life stability are correlated with difficulty in certain areas. Which of these factors, if any or all, accounted for the prospective group's anticipated difficulty is not indicated by the data and we can thus only speculate that all these factors, life stability, depression, and idealism about the fathering role, combine in different ways in different men to color their expectation of the fathering experience and ultimately to influence their decision not to have children at this point in time.

Expectant Fathers

Pregnancy marks the transition from couple to family. Like any transitional phase it is a time of adjustment (Rossi, 1968) - in this case a time to anticipate and formulate what is wanted from parenthood and what is wanted for the child. This study offers some new perspectives on the tasks men face during this important phase in the transition to fatherhood.

Views on Their Paternal Role Expectant fathers tended to view their role as one of provider and teacher. They were typically very concerned about having their child grow up to be a responsible, ethical and successful person. Oriented as they were toward the future, expectant fathers did not emphasize the more nurturant aspects of the

paternal role. For example, they were the group least likely to specify nurturing behaviors of any kind and only 3.7% indicated that they would relate to their child with infant level nurturing behaviors. Many more (32.9%) preferred a teaching role. This is not to say that they did not want to be involved in childcare activities - they did - but that kind of involvement was far less important to them than it was to prospective fathers. Some of the following statements by expectant fathers give a flavor for the way they view their role.

As far as being a father, I see it as an experience without equal in terms of its challenge and reward. I want to teach my child all the lessons I've learned and what I've failed to learn in an attempt to endow that child with the attitudes and mores to lead a rewarding and meaningful life...

Another man wrote:

To be a father means to me that I must be financially stable, must educate the child starting at the infant stage, must be capable of showing affection, understanding and patience.

It was not uncommon for expectant fathers to express concern about society, the government and the moral climate which their child would grow up in. They felt it their responsibility to equip their child for coping with, to quote one man, "life's exacting forces".

Part of the preoccupation with educating their children may reflect a projection of their own concerns about parenting. The anxiety they had about their ability to shoulder responsibility may have been translated into a commitment to teach their children to be responsible. Other factors may have also contributed to this phenomenon. Many fathers expressed awe about the pregnancy. As one man said "The realization of actually having a living extension of ourselves is awesome, almost surreal." Gurwitt (1976) and Herzog (1980) talk about the pregnancy seeming

magical, bigger than life. This seemed to be the experience of many expectant fathers in this sample. They began to wonder what they had created and if they would have the ability to guide and nurture their child. Viewed from this perspective, their emphasis on the teacher role may have reflected an attempt to establish control - to establish this bigger than life creation as their own creation.

Areas of Difficulty As would be expected the greatest difficulty for expectant fathers was in the area of commitment and responsibility. Although closer with their wives they were anxious about the responsibility they were assuming. This anxiety is well illustrated in the following statements by expectant fathers.

I feel more serious, responsible, more concerned about being a provider....It has brought us closer together as a couple. The child seems like a product of our love and devotion and a future together.

Another man wrote:

In general I feel quite excited about becoming a father. At the same time, I am also feeling an added weight of responsibility. The pregnancy period has enabled my wife and me to share more things and grow closer together.

Expectant fathers experienced some difficulty in other areas as well. Often they were concerned about their competence as a caretaker. The anticipatory nature of the pregnancy gave them little in the way of concrete tasks to ease their anxiety about this. Also, they had some concern about family boundary issues. The presence of this concern in spite of the fact that few men (14%) reported increased contact with their inlaws since the pregnancy suggests that any amount of contact with inlaws was viewed as stressful. Interestingly, although 90.8% of the men said that sex had decreased since the pregnancy, they did not manifest much concern or anxiety about this. Other researchers (Duetscher, 1970;

Tonti, 1979) reported evidence to the contrary. It is not clear what accounts for the findings of the present study. Perhaps these couples found alternative ways to express their affection. Many men said they enjoyed stroking their wife's stomach and feeling for the movements of the fetus. Typically there seemed to be a high level of communication in the relationships and men said that their wives involved them in the pregnancy. All this may have provided avenues for the communication of affection and intimacy.

All in all, the pregnancy phase was a time of mild to moderate stress. Most men (46.4%) said they had anxiety about the responsibility but also looked forward to meeting these challenges together with their wives. There were some men (23.8%) for whom it was a very stressful experience but there were others (14.3%) who claimed that they had no concerns - only positive growth to report. The stresses and joys of the pregnancy period are described well by this expectant father.

I have only known of my wife's pregnancy for approximately six weeks. My initial reaction was shock. I thought alot about the upcoming financial responsibility and the dramatic change to my present life style. However, recently I have become aware of the growing and strengthening of our relationship because of this change (the pregnancy). We have made it a point to openly discuss everything we feel and it is working...A child will add a new dimension to our life.

Synopsis The pregnancy phase was seen by most men as a time to adjust to new responsibilities. Usually the couple drew closer as they attempted to meet this task. Although men experienced difficulty, their difficulty was less than that anticipated by the prospective fathers or reported by recent fathers. The views of expectant fathers about their paternal role also differed from the other groups. They saw themselves as significantly more involved and active than recent

fathers, but significantly less active than the prospective group. Prospective fathers wanted to be involved in all aspects of their child's development whereas expectant fathers emphasized the more specific and distant teaching role. The expectant group differed significantly from other men in their reported absence of stress in the marriage. For men in this study, the pregnancy period was a time of increased bonding and sharing with their wives.

Recent Fathers

Men who actually had a child faced yet another set of problems and gratifications. There were changes in the social system, in the marriage, and in the man's identity as a father. This section will examine the tasks and supports common to this phase.

Views on Their Paternal Role Of the three subject groups recent fathers were most likely to make an adjustment to an uninvolved distant paternal role. The other groups anticipated being significantly more involved than recent fathers actually were. Recent fathers typically saw their role as being very different from the mother's. A number of them (45.7%) believed that fathers fulfill their role by giving emotional support to the children. Others (51.4%) took a more global and traditional stance, saying they fulfill their role by accepting their responsibilities. In fact, a clear majority (82%) of the couples took on traditional parenting roles. Mother was the primary caretaker and father the primary breadwinner. Because the fathers worked all day they had relatively little time for participation in such childcare activities as diapering, dressing, bathing or night wakes. What time they did have

with their child was usually spent in nurturing activities (86.8%)
Fathers said they enjoyed playing, holding or simply looking at their
babies.

The average amount of time per week that a father spent with his
child was 30.5 hours. Some men (55.3%) viewed this as problematic
and wanted to have more time. As one father said:

Not enough time. Feel pressure to be with him but also
to make enough money to provide for him. I dislike
going off to work each morning knowing I will not see
the baby until evening, too close to his bedtime.

One senses that for this man, as for others, the task of balancing
their responsibilities as a provider and a nurturer was a difficult one.
Time was a constraining factor forcing many of them into a rather dis-
tant, uninvolved paternal role.

Areas of Difficulty The overall impact of the postpartum
period was considerably greater than that of the pregnancy. Time be-
came more precious and the marital relationship was often strained.
Recent fathers were significantly more likely than expectant fathers
to report a disruption in the marital relationship associated with un-
resolved dependency issues. The following statements by recent fathers
are indicative of the changes men often experienced.

The only change so far is the dramatic lack of togetherness
between my wife and me - I also am thinking more seriously
of whether other activities are really worth my time away
from family.

One man said, "My wife and I have little time together...I have less
time for myself." Another man wrote:

Obviously life style has changed considerably...
Simply we stay home more. We now spend our time as
a threesome, rather than a twosome.

Loss of freedom, concern about the sexual relationship, and disruption of the dyadic relationship were all areas of difficulty for these men. The statements recent fathers wrote about their experiences shed light on possible reasons for difficulty in these areas. Men indicated that the time requirements of the baby placed a restriction on many of their previous activities. After a days work there was rarely time or energy to both be with the baby and go out to the movies or a party. Furthermore, the leisure time they once spent with their wives was now spent as a threesome. Often the attention centered on the baby, giving the husband and wife little time to focus on each other. Avenues for the communication of affection and intimacy also appear to have been disrupted. Frequency of sex had decreased for the majority of couples (93.1%) and men were anxious about this. Usually it took several weeks for the wife to physically recover from the birthing. Unlike the expectant couples, recent parents did not report alternative ways to express their affection. In reading their statements one senses that they felt so pressured that they could not physically relax. One particularly harried father said, "There must be an easier way!"

The presence of the child impacted on other areas of life as well. Contact with extended family tended to increase. Almost half the sample (40.6%) said they spent more time with their inlaws since the pregnancy and 32.3% said they had increased the time spent with their own parents. Not only were they spending more time as a couple with extended family, 19.4% of the men said they spent more time alone with their parents. Nevertheless, the increased time was not seen as being problematic. Recent fathers scored significantly lower on the factor measuring family boundary issues than did the other groups.

Recent fathers also scored lower than other groups on factors measuring concern about competence as a caretaker, and issues of commitment and responsibility. This suggests that the presence of the child may have the positive effect of reducing men's anxiety about such issues. The actual assumption of childcare responsibilities may allow men the opportunity to prove to themselves that they can indeed be good caretakers.

Synopsis The findings of this study suggest that the post-partum period is more difficult than the pregnancy phase. Recent fathers did not however report it to be as difficult as prospective fathers anticipated. The areas where men experienced difficulty were in the marital relationship and in their social life. The data suggests some possible explanations for their difficulty in these areas. First, many men reported that life had become more hectic, allowing them scant time for themselves or for their wife. Couples lacked the closeness which characterized the relationships of men in the pregnancy phase. The actual demands of childcare seemed to keep them very task oriented and often interfered with relaxation and romance. Second, the discriminant analysis indicated that issues around dependency were prominent and the father may have felt his needs were given second priority to those of the baby. Third, the canonical analysis indicated that high levels of life stability - which this group had - were associated with an experienced disruption of life structures. Following this perspective, the presence of the child is seen as disrupting the prior equilibrium men had achieved between their career, social and marital commitments. Again, because this is a correlational study, it is not possible to ascertain which, if any of these factors were causing the difficulty reported by recent

fathers. We can only speculate that all these factors, role competition, dependency issues and role imbalance may act singly or in interaction to cause disruption in the marital relationship and in the man's social life.

Profiles: Subject Characteristics which Relate to
Greater Difficulty Adjusting to Fatherhood

It is desirable to have a way of predicting which men will have difficulty adjusting to fatherhood. This information can be used by mental health practitioners to aid couples in making the transition to parenthood. It should be pointed out that some degree of difficulty is a normal part of the adaptation process (Bittman and Zalk, 1978). Furthermore, this research suggests that each stage of the transition period is associated with its own stresses and supports. The very factors which aid a man in one stage could potentially cause him difficulty in the next. It is thus misleading to speak of an overall profile of difficulty and instead, focus should be on the way certain characteristics interact with difficulty at different points in the transition. This research offers more preliminary data on the nature of such interactions.

There were three aspects of a man's background which interacted significantly with the degree of difficulty experienced. These were quality of family life while he was growing up, current levels of economic, developmental and marital stability, and having an orientation toward family life. These three qualities interacted in different ways to facilitate or inhibit adjustment at the various points of the transition phase. The first canonical correlation indicated that men who

felt positively about their own families but who had not yet attained personal, financial and marital stability tended to have concerns about their competence as a caretaker. Put in simpler terms, their lack of life-stability was associated with concern about their ability to care for a dependent. Indeed, we saw that the prospective fathers, who had the least stability, were the most concerned about their competence as a caretaker. Expectant fathers, who were stabler, had less concern about this, and recent fathers, who were the most stable, had the least concern. However, high levels of stability brought its own problems. The second canonical correlation indicated that men with high levels of life stability, i.e., they were older and more established in their careers and marriages, often experienced significant disruption in these same life structures. The more established they were in a life routine, the more disruption they experienced. This phenomenon was well illustrated by the men in the postpartum period who typically were the most settled of the three subject groups. They had been married longer, were older and financially more stable. The birth of their child disrupted whatever prior equilibrium had been established between career and marital commitments. Now, there was yet another responsibility to be balanced with the others. Men often felt stress during this interim period when they were adjusting to a new set of priorities.

Yet another interaction was found between subject background and increased difficulty making the adjustment to fatherhood. Men who were stable and family oriented, but who had poor role models in their own parents often experienced difficulty in the sexual relationship and complained of mild depressive symptomatology. Speculatively, the sexual difficulties may have related to a resurgence of oedipal conflicts.

Usually these were men who were anxious to be better fathers than their own fathers were. The pregnancy and/or birth may have aroused unresolved conflicts about surpassing one's own father and provoking his rage. Psychoanalytic theorists (LaCoursiere, 1972) have described the oedipal conflicts which may be stimulated by a pregnancy. As the wife approaches and eventually assumes the mothering role, sex with her may arouse unconscious, repressed childhood fantasies about dethroning the father and marrying the mother. However, if viewed from another perspective, men who had poor role models in their own parents may be anxious that they do not repeat the same mistakes in their own marriage. The poor sexual relationship then reflects a period of disequilibrium as the couple attempts to establish a satisfactory division of roles. In either case - whether one focuses on the conscious or unconscious motivations, the data suggests that men who had and still have a conflicted relationship with their own fathers will experience difficulty adjusting to fatherhood.

Methodological Considerations

This study used a weighted cross-sectional design to compare the experiences of men at three different points in the transition to fatherhood. It was a survey study in that data was gathered with questionnaires. The advantages of the methodology used lie in the fact that it allowed for a large sample size and the data gathered was readily amenable to statistical analysis. There were however, drawbacks to this methodology. A significant drawback is that the cross-sectional design does not allow for a determination of change over time. Thus,

analysis of variance indicates that recent fathers have less concern about their caretaking competence than men in the other groups, but the data does not indicate whether confidence in one's caretaking ability increases over time. Likewise, the fact that prospective fathers anticipated more difficulty than expectant and recent fathers reported having, does not allow for the conclusion that men find that the fathering experience is not as bad as they expected it to be. In the absence of actual data on change over time we can only speculate that such a change takes place.

A second drawback lies in the sampling procedure used. The subjects in this study do not comprise a random sample. The fact that they are from a specific geographic region, were (wanted to be) in childbirth classes, were older, highly educated and fairly affluent, may limit the generalizability of the findings. More importantly though, the groups were not matched on the variables age, length of marriage, educational background and occupation. Recent fathers were significantly older, married longer and had higher level jobs than the prospective group. There were more students in the prospective group and these men were also the most highly educated of all subjects. That groups were not matched on these variables raises the question of whether significant group differences on the difficulty factors are attributable to the composition of the groups or to the group category. An analysis of covariance was considered as one possible procedure for addressing this question. The subject sample is large enough to accommodate an analysis of covariance such that all background factors, in addition to variables such as age, length of marriage and degree of depressive symptomatology could be covaried out of an analysis of group

differences. However, this route was not taken for several reasons. First, an analysis of covariance is usually not indicated unless the variable being covaried out obtains a reasonably high level of correlation with the dependent variable. Elashoff (1969) writes, "Therefore, if ρ is smaller than 0.3 in absolute value the increase in precision of covariance analysis over analysis of variance will be negligible." Since none of the correlations obtained between the background and difficulty factors were above 0.3, this was taken as an indication that the background of the groups was not a significant source of variation in group differences on the difficulty factors, and an analysis of covariance was considered to have only negligible value. Second, Huitema (1980) argues that there is no substitution for random assignment to groups and that in studies with a design like the one utilized here, the limitations of a correlational analysis are basically at issue. This brings us to the third and last major drawback in methodology to be discussed in this section.

Much of this study was based on a correlational design. In an attempt to understand sources of the difficulty experienced by subjects, background factors were correlated with difficulty factors. Significant correlations indicated an association between background factors and areas of difficulty, but they in no way were determinant of causation. Thus, even though we know that prospective fathers are younger and not married as long as recent fathers, and even though the data indicates that low levels of life stability - a factor which incorporates the variables age and length of marriage - are correlated with difficulty in certain areas, it is not possible to ascertain that it is the low level of stability which is causing difficulty in these areas. Although

that is one possible interpretation of the correlation, two other interpretations exist, namely that difficulty in certain areas causes low levels of life stability, or that some extraneous factor is affecting both life stability and difficulty in these areas. In the absence of data which indicates causation we can only speculate on the bases for any correlation found in this study between the background and difficulty factors.

Implications for Research and Practice

The development of paternity is a relatively new area of study and more research is needed to answer the many questions which arise. The findings of this study suggest several areas which may be worth pursuing. As was indicated in the section on methodology, due to sampling difficulties groups were not matched with respect to age or length of marriage. Correlational analyses indicated that these two variables, subsumed under the factor Life Stability, are associated with difficulty in certain areas. A logical area for further investigation concerns within group comparisons of men with different levels of life stability. Thus, recent fathers with low life stability would be compared to recent fathers with high life stability on the various difficulty factors. Similar group comparisons could be made for the prospective and expectant groups. Such analyses would give us a handle on the issue of the contribution of group composition versus group status to the finding of group differences on the difficulty factors. The finding of insignificant within group differences would suggest that degree of difficulty is more a function of group status, whereas significant within group

comparisons would suggest that life stability is the more important determinant of anticipated/actual difficulty.

Another area which needs to be pursued concerns changes in the marital relationship. We are clear that men experience changes in the marriage but we do not know what their wife's perceptions of this are. Do they also find that the pregnancy draws them closer together with their husbands? And do they see the birth as disruptive to patterns of communication in the marriage? How exactly do couples relate to each other during these phases? Do dependency issues figure as strongly in the relationship as this research suggests it does? The perspectives of both husband and wife would have to be compared if we are to extend our knowledge about these issues. Interviews which include both husband and wife may also be useful so that the researcher can clinically access patterns of interaction.

More research could address the finding of this study that men in different groups encounter different tasks or areas of difficulty. For example, recent fathers reported significantly less concern about caretaking competence, less family boundary issues and less concern about commitment and responsibility than men in the expectant (and prospective) group(s). However because this was a cross-sectional study, we cannot infer change over time. One possible approach would be to compare the same group of men on these three factors one month before the birth and one month after. Such a study would require a relatively short time span and it would indicate more conclusively if the different subphases of the transition are indeed associated with different tasks.

The implications of this study for health care are multiple. A greater understanding of the potential difficulties men face and the factors which correlate with stress can be utilized to make interventions during the pregnancy and postpartum periods. Natural points of intervention are at the office of the obstetrician, in childbirth classes, and at the hospital where the child is born. Health professionals who are in contact with the parents can provide useful information to fathers about the changes they might expect during the pregnancy and after. Obstetricians often make information packets available to their patients. Included in such a packet could be a discussion of some of the issues which typically confront expectant fathers. Since a finding of this study was that expectant fathers were very concerned about issues of commitment and responsibility, a brochure which addresses financial arrangements, options for childcare and ways to adjust to the demands of a new role might be in order. It might also be helpful if information was available to the man on the changes in their wife's body, how it does and does not affect her activity, and its ramifications on the sexual relationship. Recent fathers in this study indicated concern about changes in the sexual relationship and therefore it may be helpful if men, during the pregnancy, were made aware of the fact that sexual activity usually does not return to normal until several weeks after the delivery.

Childbirth classes provide a natural forum for discussion of difficulties which may arise during the pregnancy. Men and women could find it beneficial to hear the various approaches others are taking to cope with the responsibilities of parenting. The reports of men in this study suggested that while recent parents typically do enact

"traditional" roles, they do not necessarily believe that this is the only or the best way to approach parenthood. Hearing the different options for role division that are available and discussing with others the pitfalls and gratifications of the various approaches may aid men in the task of defining and integrating their new role. Other topics which could be discussed in childbirth classes include changes in the sexual relationship, and more generally, changes in the marital relationship. Men in this study reported considerable change - sometimes for the better and sometimes for the worse - in their marriages. Couples may benefit from an opportunity to discuss these changes and compare their experiences with those of other couples.

The hospital where the child is born provides another setting for an interaction between health professionals and new parents. Parent education has become an increasingly active field and more men are involved in the actual labor and delivery (Parke, 1981). The findings of this study and of others (Bittman and Zalk, 1978; Parke, 1981) support the growth of parent education programs. Given the many stresses and concerns of new parents, programs designed to help couples cope are providing a valuable service. A potential area of growth within the parent education field concerns outreach programs for the fathers. Many men may not even know that there is an office for parent education. Simply making the office more centrally located on the obstetrical unit and having staff available to talk to men would be useful. Men who are not involved in the delivery might enjoy having a room to sit in where coffee is provided, relevant brochures and books are available and there is a staff person to answer questions which arise. Given the concerns men have about their competence as a care-

taker, they might benefit from an opportunity to observe recent parents on the unit with their newborns. Even practical lessons on how to diaper or how to feed the infant may be helpful.

Parent education should not necessarily stop after the family leaves the hospital. Some parents may desire further opportunities for the discussion of issues that arise. Some childbirth instructors offer reunion classes, which give the couples an opportunity to meet again, this time with their children. These classes provide another natural place for intervention. The more cognizant health professionals are of the tasks, stresses and coping mechanisms of this period, the better able they will be to identify men in trouble and to help them.

Implications for the Understanding of Paternal Role Development

The findings of this study suggest new perspectives for the understanding of paternal role development. By piecing together the reports of men who were anticipating or actually assuming the fathering role we can glean information about the issues pertinent to the process of role assumption. It should be noted that paternal role development is a long and complicated process, having its roots in early childhood (Jessner et al, 1970). Psychoanalytic authors (Ross, 1975; Zalk, 1980) have addressed the psychosexual and instinctual contributions to the development of paternity. The impact of social values and traditions on role development have also been an area of study (Rossi, 1968; Parke, 1981). The focus here, however, is on the tasks associated with assuming the fathering role, and the anticipated/actual impact of role assumption on men's lives.

The data suggests that there are four major tasks associated with the anticipation and actual assumption of the paternal role. These tasks are: developing a sense of competence to assume the role responsibilities, defining the content of the role, negotiating a balance of roles and last, integrating the new role into one's personality and life perspective. The tasks most pertinent to men who were anticipating fatherhood concerned role competence and role definition. Banton (1965) writes, "For an individual to move from one role to another is not an easy matter. It requires that he knows the rights and obligations of the role to which he is moving and that he change his behavior accordingly." Two of the difficulty factors which emerged in this study gave an indication of men's feelings of competence to change their behavior (Competence as a Caretaker) and their concern with role definition (Commitment and Responsibility). Both prospective and expectant fathers had greater concern about their competence than did recent fathers, but prospective fathers had the greatest concern. This suggests that one of the first tasks men face before they take on the paternal role is to develop some feeling of competence in their ability to assume parenting responsibilities. Prospective fathers demonstrated in many ways that they did not feel ready to do this - their very status as prospective fathers was a testament to that fact. Expectant fathers had more confidence in their competence, and recent fathers, who were actually fulfilling the role obligations, were the most confident.

The task most salient for expectant fathers was role definition. This is suggested by the finding that the expectant group had significantly more concern about commitment and responsibility than men in the other groups. Also, the expectant fathers' concern about providing a

good home environment to foster the development of moral, intelligent and socially conscious children suggests that they were extremely conscious of their parental obligations. It is interesting that expectant fathers, who after all were the group closest to actually assuming the paternal role, were most concerned with defining the "rights and obligations" of their role. Perhaps a combination of their proximity to role initiation and a lack of preparation for parenting contributed to this concern. Rossi (1968) has argued that the pregnancy period, unlike the engagement phase before marriage or the orientation period at a job, does not allow adequate training for the parenting role. This lack of training may exacerbate men's concerns about their paternal responsibilities. The recent fathers, who were in a sense getting on the job training, had a better notion of their role obligations and thus may have been less concerned about issues of commitment and responsibility.

The predominant task facing the men who had recently become fathers was to negotiate a balance of roles. This group of men seemed to feel competent enough to assume their paternal responsibilities and they had a sense of the obligations of the role, but they did not appear to have established an equilibrium between their various parenting, spouse and career roles. Recent fathers often complained of difficulty in the marital relationship and one wonders if part of this strain lay in the fact that a new role had been introduced into the relationship. Couples could now relate to each other as parents, as well as as lovers, companions and mates. "One man plays many roles.", writes Banton (1965), "When two individuals can interact on the basis of alternative relationships it may take a while before they decide upon the most appropriate." The stress recent fathers felt in their

marriage, at work and in their social life suggests that they had not yet established a balance of roles - that they were constantly juggling roles and not necessarily using roles "appropriately". They often complained that life was hectic and this could be taken as an indication of the disequilibrium they felt as they attempted to establish priorities among their various responsibilities.

The task of integrating the paternal role into one's personality and life perspective was a task that men from all groups either anticipated or experienced. Banton (1965) writes, "A role that an individual comes to hold may influence his perceptions of people he meets in that capacity, moulding his view of society and his whole personality." Paternity is a role that fathers carry with them throughout their lives and the experiences a father has are likely to provide a continual influence on his perceptions of himself and others. For men who were anticipating fatherhood or adjusting to the recent assumption of the paternal role, the primary change reported concerned feeling more adult, mature and responsible. Twenty-five percent (25%) of the recent and of the prospective groups spontaneously reported that becoming a father would/did make them feel more adult and mature. Expectant fathers were more likely to focus on the responsibilities of parenting. Also, they indicated a growing concern with society. Expectant fathers often said that they found themselves more concerned about social values, morals and politics. Anticipation of the fathering role seemed to broaden their concerns and make them more aware of both their position in society and the ways society influences their and their family's lives.

The experiences reported by men in these three groups give us clues about the process involved in assuming the paternal role. The concerns of prospective fathers suggest that the first task is to develop a feeling of competence to assume a paternal role. As we saw elsewhere in this study, the prospective group had the least amount of life stability and they seemed to be reluctant to accept parental responsibilities until they had established more stability in their own lives. For men who had already made the decision to have a child and were close to actually assuming the paternal role, the primary task seemed to concern role definition. Expectant fathers were very involved in anticipating the responsibilities they were soon to take on. The task of men who had recently assumed the father role was different again. These fathers seemed to experience difficulty in their marriage and social life as they struggled to incorporate and balance their new role responsibilities with previous ones. The one task shared by men in all groups was the task of role integration. Fathers from the three groups anticipated or reported a change in their life perspective as a result of the assumption of the paternal role. Usually this change was seen as effecting a perception of themselves as more adult, mature and responsible. Also, it seemed to broaden their concerns and make them more aware of their position and their child's position relative to society.

Conclusion

This study attempted to compare men's experiences at three points during the transition to fatherhood, and to identify the attitudes,

tasks, and supports common to men at these different stages. Eight concrete tasks which all men potentially faced were identified: changes in the sexual relationship, making the shift from dyad to triad, commitment and responsibility, concern about competence as a caretaker, compatibility of the spouse and parental roles, coping with loss of freedom, family boundary issues and financial concerns. Groups differed significantly in their anticipated or actual difficulty coping with these tasks. Also groups differed in their attitudes on the paternal role. Prospective fathers anticipated assuming a very active, involved paternal role. They saw themselves as participating in all aspects of their child's care and development. This group also anticipated immense difficulties adjusting to fatherhood. They worried about their competence as a caretaker, loss of freedom, family boundary issues, dependency issues and negative changes in the marital relationship. For these men, fatherhood had the somewhat negative connotation of stability, responsibility and maturity. Oriented as they were toward their own development, the responsibilities of fatherhood were perceived of as awesome and potentially overwhelming.

By the time men actually were coping with the pregnancy, many of these issues changed. For one, attitudes about the paternal role differed. Expectant fathers were significantly less likely than the prospective group to want an active involved role. They were very concerned about the responsibility of providing and giving guidance to their children. Typically, this group experienced increased closeness with their wives. In fact, they were significantly distinguished from the other groups by an absence of stress in the marriage. All in all, the pregnancy period was not unduly stressful. Although men

worried about the impending responsibility they did not yet experience any significant change in life routine.

Considerably more stress was felt by men who actually had a child. Life style changed, time became more precious and the marital relationship was often strained. Couples became so focused on the baby that they left little time for each other or for themselves. Men felt at a point of disequilibrium as they attempted to juggle priorities. Usually the role they took on was fairly traditional. Recent fathers significantly differed from the other groups in their tendency to be distant and uninvolved with their children. Often they simply did not have the time to engage in caretaking activities. Still, they found immense fulfillment in relating to their children and many wished they had more time to be with the baby.

The experiences of all these men indicate the significance of the pregnancy and postpartum periods as a time of growth and change. As with any developmental passage, it brought its share of disruption. But men were coping, and in the process adding a new rich dimension to their lives.

APPENDIX A
INTRODUCTORY LETTER TO SUBJECTS

THE CITY COLLEGE
OF
THE CITY UNIVERSITY OF NEW YORK
NEW YORK, N.Y. 10031

THE PSYCHOLOGICAL CENTER
DEPARTMENT OF PSYCHOLOGY

(212) 690-6602, 3, 4

Dear Father,

Although we have a fairly extensive knowledge of women's experiences during pregnancy, birth and the early postpartum months, much less is known about the concerns and experiences of men during this time. Even though more people are becoming aware of the concerns of fathers, surprisingly little research has addressed the situation and needs of a number of prospective or recent fathers. It is only with the cooperation of men like you that we can better understand this important time in a man's life.

Enclosed is a questionnaire which is being distributed as part of a research project aimed at studying the experience of the transition to fatherhood. Your cooperation as a participant in the study is very important to us. The questionnaire is many pages long but it should only require about a half hour of your time. You will notice that the questionnaires are anonymous; this is to ensure that your replies are confidential. The responses from all participants will be combined to give an overall picture of the transition to fatherhood rather than of any particular man.

By participating in this study you will be helping us to gather the facts we need about the transition to fatherhood. Your cooperation in completing this questionnaire will be greatly appreciated.

Sincerely,

Alice Medalia

APPENDIX B
QUESTIONNAIRE FOR PROSPECTIVE FATHERS

Background Information

What is your age? _____ Your wife's age? _____

What is your ethnic background? _____

Marital Status _____ Married, first marriage
 _____ Remarried, second or later marriage

Time in present marriage years _____ months _____

Did you live together before marriage? YES NO

If "YES", how long? _____ years _____ months

What religion did your family practice when you were growing up?

_____ Protestant
 _____ Jewish
 _____ Catholic
 _____ Agnostic or Atheist
 _____ Other (specify)
 _____ None

What religion did your wife's family practice when she was growing up?

_____ Protestant
 _____ Jewish
 _____ Catholic
 _____ Agnostic or Atheist
 _____ Other (specify)
 _____ None

What is the highest educational level you completed?

_____ Less than High School
 _____ High School
 _____ Two years college
 _____ College Graduate
 _____ Master's Degree
 _____ Other (specify) _____

What is the highest educational level your wife completed?

Less than High School
 High School
 Two years college
 College Graduate
 Master's Degree
 Other (specify) _____

Your occupation? _____

Your wife's occupation? _____

Are you presently employed? Yes No

How long have you been employed there? _____

About how many hours a week do you work? _____

Household income now? _____

_____	10,000 - 18,000
_____	19,000 - 25,000
_____	26,000 - 35,000
_____	36,000 - or more

Historical Information

Are you an only child? Yes No

If "No", how many brothers and sisters do you have? What are their ages?

of older sisters _____ ages _____
 # of younger sisters _____ ages _____
 # of older brothers _____ ages _____
 # of younger brothers _____ ages _____

Were your parents together throughout your childhood and adolescence?

_____ Yes No

If "No", your age when they were no longer together? _____

Reason (Check one)

Death of Mother _____
 Death of Father _____
 Divorce/Seperation _____
 Other (specify) _____

Whom did you live with? Mother Father Other (specify) _____

If you ever lived with a stepparent, how old were you when you lived with them? _____

Is your mother still alive? _____ YES _____ NO
 If "NO", your age when she died? _____

Is your father still alive? _____ YES _____ NO
 If "NO", your age when he died? _____

Check the word which you feel best describes the amount of time your father spent with you when you were growing up.

_____ Abundant
 _____ Moderate
 _____ Little

Check the word which best describes the quality of time spent with your father.

_____ Very fulfilling
 _____ Generally fulfilling
 _____ Not fulfilling

Check the word which you feel best describes the amount of time your mother spent with you when you were growing up.

_____ Abundant
 _____ Moderate
 _____ Little

Check the word which best describes the quality of time spent with your mother.

_____ Very fulfilling
 _____ Generally fulfilling
 _____ Not fulfilling

Check the words that apply to your perception of your mother.

Nurturant _____
 Strict _____
 Loving _____
 Happy _____
 None of above _____

Check the words that apply to your perception of your father.

Nurturant _____
 Strict _____
 Loving _____
 Happy _____
 None of above _____

When you were growing up, how often were you given the responsibility for taking care of younger siblings or other children?

- _____ Never
- _____ Almost never
- _____ Sometimes
- _____ Frequently
- _____ All the time

How would you rate the family you grew up in?

- _____ no conflicts
- _____ few conflicts
- _____ some conflicts
- _____ many conflicts

Explain. _____

You and Your Wife

What word would you use to best describe your marriage at this point in time. _____

Do you think the birth of a child would have an effect on your relationship with your wife? YES _____ NO _____

If "YES", please explain _____

Have you ever received professional counseling around marriage problems? _____ YES _____ NO.

If "YES", did you feel that experience was helpful in resolving the problems? _____ YES _____ NO.

What are the best aspects of your marriage? _____

Would your wife agree? _____ YES _____ NO

If "NO", what aspects of your marriage do you think she considers the best? _____

Current Contact With Family

We would like to know how often you see members of your and your wife's family.

How much time do you spend alone with your father? (List # of hours in appropriate time block)

_____ week _____ month _____ year

_____ not applicable, father deceased

How much time do you spend alone with your mother? (List # of hours)

_____ week _____ month _____ year

_____ not applicable, mother deceased

How much time do you spend with your parents together? (List # of hours)

_____ week _____ month _____ year

_____ not applicable, one parent deceased

How do you feel about the amount of time you are spending with your parents? _____

How do you feel about the quality of time spend with your parents?

How much time do you spend with your wife's parents? (List # of hours)

_____ week _____ month _____ year

How do you feel about the amount of time you are spending with her parents? _____

Having a Child: Pregnancy and Birth

Approximately when in the future would you like to have a child?

_____ Years _____ Months _____ Unsure

Why do you want to have a child then? _____

How about your wife; when would she like to have a child?

_____ Years _____ Months _____ Unsure

Let's imagine that it is some years hence, and that you and your wife have decided to have a child. Your wife comes home and tells you she is pregnant. How do you think you would react?

Would you want to tell friends about the pregnancy?

_____ Yes _____ No

If yes, when would you tell them? _____

Do you want your first child to be a boy or girl?

_____ Boy _____ Girl _____ No Preference

What does your wife want?

_____ Boy _____ Girl _____ No Preference _____ Don't know

Do you imagine that your sexual relationship with your wife will change during the pregnancy?

_____ Yes _____ No

If "YES", how? (e.g. frequency, quality) _____

Whose preferences would such changes reflect?

Yours alone

Wife's alone

Your's and wife's

Do you think your wife would have a difficult pregnancy?

Yes No Unsure

If "YES" or "UNSURE", explain why you think this.

Do you imagine that you will be under additional stress during the pregnancy? Yes No Unsure

Explain _____

How involved do you think you would be in the pregnancy?

Very intensely involved

Intensely involved

Moderately involved

Marginally involved

Almost not at all involved

How would your wife involve you in the pregnancy? _____

Do you think an expectant father has the right to suggest to his wife ways she could take care of herself? Yes No

Would you? Yes No

Would you want to go with your wife to prenatal medical visits?

Yes No

Would you want to attend childbirth education classes?

Yes No

Would you want to be present during the labor?

_____ Yes _____ No

Would you want to be present during the delivery?

_____ Yes _____ No

Do you imagine that during the pregnancy your wife's behavior toward you will change? _____ Yes _____ No

If "YES", how? _____

Do you imagine that your behavior toward her will change during the pregnancy? _____ Yes _____ No

If "YES", how? _____

Would your wife plan to hold a job during the pregnancy?

_____ Yes _____ No _____ Unsure

If "YES", would she plan to stop work when the child is born?

_____ Yes _____ No

If "YES", when would she return to work?

_____ within 6 months of birth

_____ in one year

_____ unsure

Do you have a preference as to her work plans, should you decide to have a child?

_____ Yes _____ No

If "YES", what is it? _____

If you had a child, would you plan to take paternity leave?

Yes No

If "Yes", how long would you take leave for?

months years days

Can you imagine yourself adopting a child?

Yes No

Under what circumstances would you adopt a child? _____

During the time you and your wife have been together, has she ever had an abortion?

Yes No

If "Yes", please answer the next three questions.

How was the decision for an abortion made?

- Entirely by your wife
 Mostly by your wife
 Entirely by you
 Mostly by you with your wife's consent
 By both of you together
 Other (specify) _____

How did you feel about the decision?

- Relieved
 Sad
 Relieved but sad
 Unhappy
 Other(specify) _____

What was the reason or reasons for the abortion? Choose as many as seem to apply to you and your wife.

- Health - physical
 Health - emotional
 Financial - wanted a child but couldn't afford it
 Didn't want the responsibility of a child yet for other than financial reasons
 Wasn't ready to take care of a child then
 We didn't plan to stay together then
 Other (specify) _____

Let's imagine that you and your wife have just had your first child. How do you think you will feel when you first see your child? _____

What kind of things would you want to do with your child? _____

Are there certain things that you wish you had had as a child which you want to be sure that your child has?

_____ Yes _____ No

If "YES", what things are these? _____

Do you think that being a father will change your image of yourself?

_____ Yes _____ No

If "YES", how would it change your image of yourself? _____

Some people feel that the pregnancy period is a time of major changes for the expectant father. We would like to know what you think. Imagine that you and your wife decided to have a child. How do you think that the pregnancy and birth would change life for you? _____

If you had a child, would you be involved in the following childcare activities? Check the column which indicates how involved you expect to be.

	Not at all	Rarely	Sometimes	Often	Very Often	N.A
Diapering						
Dressing						
Bathing						
Holding						
Night Wakes						
Playing						
Talking to						
Doctors visits						
Food Preparation (Check N.A. if wife will breastfeed)						
Strolls						
Baby's Laundry						

Following are short descriptions of situations that sometimes crop up in families with a young child. Please read the paragraph and answer the questions following it. Remember, there is no right or wrong answer so just use your best judgement.

1. Mr. and Mrs. Jones, both in their early thirties, had their first child two months ago. Mrs. Jones is working 10 hours a week and taking care of the child and home the rest of the time. Mr. Jones works full time and is at this point the primary bread winner. The household income is \$25,000. Yesterday, Mr. Jones was offered a promotion which would entail a 30% raise over his present salary. If he took the promotion, his new job would require traveling, on the average of 10 days a month. This would be a change for him as his present position does not entail business trips.

Do you think Mr. Jones should accept the promotion? _____

Why? _____

2. Mr. and Mrs. Smith have a 2 year old child. Both parents work; Mr. Smith works 40 hours a week and Mrs. Smith works 20 hours a week. During the day while Mr. Smith works at the office, Mrs. Smith takes care of the child. When he comes home, he takes care of the child while she gives voice lessons in the apartment. Since she uses the apartment as an office, Mr. Smith must be sure that the child does not make much noise or go into the "office area."

How do you think Mr. Smith feels about this situation? _____

3. Mr. and Mrs. Hobbs both work full time and they have a 1 year old child. They have hired a housekeeper to care for the child from 8:30 a.m. to 6:00 p.m. Often both parents have work they must take home with them at night. In that case, they alternate caring for the child. One night neither had work to do and they felt like going out together as they had not spent much time with each other recently. On the other hand, both wanted to be with their child since they have so little time with him.

If you were in such a position, what decision would you make?

Why would you choose to do this?

Form A

The following is a list of concerns or feelings that some people have during the pregnancy period. Imagine that your wife is pregnant. How much do you think you would be thinking (feeling) about each item.

	Not at all	Somewhat	Much	Very Much
1. Concern about wife's health				
2. Additional expense of child				
3. Preparing for baby's arrival				
4. Interference with social life				
5. Inadequate leisure time to do the things that please you.				
6. Urge to work things out with your own family				
7. The pleasure your child will give you				
8. Your ability to handle the baby				
9. Availability of own father while growing up				
10. Interference from inlaws				
11. Disturbed about feelings toward the coming baby				
12. Concern for healthy child				
13. Proud to be a father				
14. Worry about personal appearance of wife				
15. Lack of adequate role model in own father				
16. The pleasure your marriage gives you.				
17. Housekeeping not as it should be				
18. Loss of freedom				
19. Decline of sexual responsiveness of self				

Form A (continued)

	Not at all	Somewhat	Much	Very Much
20. Wife's ability to handle baby.				
21. Wife unable to give previous amounts of affection.				
22. The ways in which the pregnancy has brought you closer together with your wife.				
23. Reduced income because wife not working.				
24. The things you want to do for your child.				
25. Unable to give wife former levels of affection.				
26. Decline of sexual responsiveness of spouse.				
27. What the birthing will be like.				

Form B

Below are some questions which we would like you to answer by checking a number on the scale from 1 - 6. Let's assume that:

- 1 means not at all
- 2 means minimally
- 3 means perhaps but not really
- 4 means perhaps, probably yes
- 5 means moderately
- 6 means very much

1. Would you say that a man's experience of becoming a parent is very different from a woman's?

1 2 3 4 5 6

2. When you have a child, how much do you want to be involved in the birth itself?

1 2 3 4 5 6

3. How much would you say that your own philosophy of child-rearing is influenced by your father's?

1 2 3 4 5 6

by your mother's?

1 2 3 4 5 6

by books?

1 2 3 4 5 6

by friends?

1 2 3 4 5 6

4. To what extent do you think the difficulties you face in becoming a father are different from your father's?

1 2 3 4 5 6

Form B (continued)

5. When you decide to have a child how much do you think you will enjoy the pregnancy period?

1 2 3 4 5 6

6. To what extent do you think that you are financially ready to have a child now?

1 2 3 4 5 6

7. To what extent do you think having a child will change your relationship with your wife?

1 2 3 4 5 6

Form C

Listed below are a number of statements. You will probably agree with some and disagree with others. Read each item and then indicate how much you agree or disagree by circling a number after each statement.

- 1 means that you strongly disagree
 2 means that you disagree
 3 means that you probably disagree but are not sure
 4 means that you probably agree but are not sure
 5 means that you agree
 6 means that you strongly agree

1. At least during the pregnancy it is best for a husband to keep quiet about any shortcomings he sees in the marriage.

1 2 3 4 5 6

2. A father need not be as involved in childrearing as the mother.

1 2 3 4 5 6

3. A father's role in childrearing is different from the mother's role.

1 2 3 4 5 6

4. Fathers should be able to soothe an infant if he/she is crying.

1 2 3 4 5 6

5. Children should be the main source of a man's happiness.

1 2 3 4 5 6

6. The mother should be the main one to dress the baby, change diapers and soothe him/her.

1 2 3 4 5 6

7. A father should not feel anger towards his baby.

1 2 3 4 5 6

Form C (continued)

8. Fathers help to promote their children's development in a way that is different from the mother.

1 . 2 3 4 5 6

9. The father is the authority in the family.

1 2 3 4 5 6

10. Husbands and wives should share household tasks fifty/fifty.

1 2 3 4 5 6

Form D

Please circle the response you feel most reflects your beliefs and/or experiences. With some items it is expected that you will agree with a number of choices, but please choose the one statement you would agree with most.

1. A father's primary role is to:
 - a. to give financial support
 - b. to give emotional support
 - c. to train children
 - d. to have children
2. The best aspects of fatherhood are:
 - a. watching your children grow up
 - b. having a close family
 - c. not sure
 - d. giving a future to your children
3. I will fulfill my father role by:
 - a. being faithful to my wife
 - b. accepting my responsibilities
 - c. having many children
 - d. giving emotional support to my children
4. The greatest help to be a father will be:
 - a. my father's good example
 - b. my father's bad example
 - c. my relatives (wife and others)
 - d. my religion
 - e. work
 - f. good health
 - g. ambition
 - h. personal independence
5. To love one's children means:
 - a. to support them financially
 - b. to support them emotionally
 - c. to train them
 - d. to allow them independence
6. When we decide to have a child, I anticipate that during the pregnancy my satisfaction with work will:
 - a. increase
 - b. decrease
 - c. stay the same

Form D (continued)

7. When we decide to have a child, I anticipate that during the pregnancy I will see friends:
 - a. more often
 - b. less often
 - c. the same

8. When we decide to have a child, I anticipate that during the pregnancy my relationship with my wife:
 - a. will become closer
 - b. will become more distant
 - c. will stay the same

Form E

During the past 4 months, how often did you experience the following feelings or dilemmas?

	Very Often	Fairly Often	Some- Times	Almost Never	Never
1. <u>Feeling content</u>					
2. <u>Difficulty falling asleep</u>					
3. <u>Poor appetite</u>					
4. <u>Difficulty staying asleep</u>					
5. <u>Working better</u>					
6. <u>Waking up too early</u>					
7. <u>Eating too much</u>					
8. <u>Headaches</u>					
9. <u>Feeling energetic</u>					
10. <u>Feeling restless</u>					
11. <u>Sleeping too much</u>					
12. <u>Trouble getting going in the morning</u>					
13. <u>Feeling easily irritated</u>					
14. <u>Feeling tired</u>					
15. <u>Looking forward to the next day</u>					
16. <u>Difficulty concentrating</u>					
17. <u>Feeling unhappy</u>					
18. <u>Feeling bored</u>					
19. <u>Worried about the future</u>					
20. <u>Feeling competent</u>					
21. <u>Feeling lonely</u>					

APPENDIX C

QUESTIONNAIRE FOR EXPECTANT FATHERS

What is the highest educational level your wife completed?

Less than High School
 High School
 Two years college
 College Graduate
 Master's Degree
 Other (Specify) _____

Your occupation? _____

Your wife's occupation? _____

Are you presently employed? Yes No

How many hours a week do you work? _____

How long have you been employed there? _____

Household income now?

10,000 - 18,000
 19,000 - 25,000
 26,000 - 35,000
 36,000 - or more

Is your wife presently employed? Yes No

If Yes, does she plan to stop working when the baby is born? Yes No

If she plans to go back to work, when?

Within 6 months of birth
 In 1 year
 Unsure

When she resumes work, does she intend to work full time or part time?

Full Time
 Part Time

Do you have a preference as to her work plans? Yes No

If "Yes", what is it? _____

Do you plan to take a paternity leave? _____ Yes _____ NO

If "Yes", With Pay _____ Without Pay _____

How long do you intend to take leave for? _____ Months _____ Years _____ Days

Historical Information

Are you an only child? _____ Yes _____ NO

If "No", how many brothers and sisters do you have? What are their ages?

of older sisters _____ Ages _____

of younger sisters _____ Ages _____

of older brothers _____ Ages _____

of younger brothers _____ Ages _____

Were your parents together throughout your childhood and adolescence?

_____ Yes

_____ No

If "No", your age when they were no longer together? _____

Reason (Check one)

_____ Death of Mother

_____ Death of Father

_____ Divorce/Separation

_____ Other (Specify) _____

Whom did you live with?

_____ Mother

_____ Father

_____ Other (Specify) _____

If you ever lived with a stepparent, how old were you when you lived with them? _____

Is your Mother still alive?

_____ Yes

_____ NO

If "No", your age when she died? _____

Is your Father still alive?

_____ Yes

_____ No

If "No", your age when he died. _____

Check the word which you feel best describes the amount of time your father spent with you when you were growing up.

_____ Abundant

_____ Moderate

_____ Little

Check the word which best describes the quality of time spent with your father.

_____ Very fulfilling

_____ Generally fulfilling

_____ Not fulfilling

Check the word which you feel best describes the amount of time your mother spent with you when you were growing up.

_____ Abundant

_____ Moderate

_____ Little

Check the word which best describes the quality of time spent with your mother.

_____ Very fulfilling

_____ Generally fulfilling

_____ Not fulfilling

Check the words that apply to your perception of your mother.

_____ Nurturant

_____ Strict

_____ Loving

_____ Happy

_____ None of the above

If "Yes", did you feel that experience was helpful in resolving the problems?

_____ Yes

_____ No

What are the best aspects of your marriage? _____

Would your wife agree? _____ Yes _____ NO

If "No", what aspects of your marriage do you think she considers the best?

The Pregnancy

Did you plan this baby now?

_____ Yes

_____ No

_____ Unsure

If "Yes", why do you want to have a baby now? _____

When did your wife tell you that she was pregnant? _____

What was your reaction? _____

Whom did your wife tell first about the pregnancy? _____

When did you tell your friends about the pregnancy? _____

How many friends did you tell? _____

Were there any miscarriages prior to this pregnancy?

_____ Yes

_____ No

If "Yes", how many and how long ago did they occur? _____

Did your wife have amniocentesis?

_____ Yes

_____ No

Has your sexual relationship with your wife changed during the pregnancy?

_____ Yes

_____ No

If "Yes", how? (e.g. frequency, quality) _____

Whose preference do these changes reflect?

_____ Yours alone

_____ Wife's alone

_____ Your's and Wife's

Do you want a boy or a girl?

_____ Boy

_____ Girl

_____ No preference

What does your wife want?

_____ Boy

_____ Girl

_____ No preference

Is your wife having a difficult pregnancy?

_____ Yes

_____ No

If "Yes", please explain. _____

Does your wife think that she is having a difficult pregnancy?

_____ Yes

_____ No

Can you imagine yourself adopting a child?

_____ Yes

_____ NO

Under what circumstances would you adopt a child? _____

During the pregnancy are you under additional stress?

_____ Yes

_____ No

Explain _____

How would you rate your overall involvement in the pregnancy?

_____ Very intensely involved

_____ Intensely involved

_____ Moderately involved

_____ Marginally involved

_____ Almost not at all involved

How does your wife involve you in the pregnancy? _____

Do you think an expectant father has the right to suggest to his wife ways she could take care of herself?

_____ Yes

_____ No

Do you?

_____ Yes

_____ No

Are you currently or do you plan to attend childbirth education classes?

_____ Yes

_____ No

Have you gone with your wife to a prenatal medical visit?

_____ Yes

_____ No

If "No", would you like to? _____ Yes _____ No

Do you want to be present during the labor?

_____ Yes

_____ No

Do you want to be present during the delivery?

_____ Yes

_____ No

Do you anticipate any birth complications?

_____ Yes

_____ No

If "Yes", please explain _____

During the pregnancy has your wife's behavior toward you changed?

_____ Yes

_____ No

If "Yes", how? _____

Has your behavior toward your wife changed during the pregnancy?

_____ Yes

_____ No

If "Yes", please explain _____

Have you made any preparations for the arrival of your child?

_____ Yes

_____ No

If "Yes", what have you done? _____

During the pregnancy, how much time do the two of you spend with her parents?
(Check one)

- _____ About the same as before the pregnancy
 _____ More than before the pregnancy
 _____ Less than before the pregnancy

During the pregnancy, how much time do the two of you spend with your parents?
(Check one)

- _____ About the same as before the pregnancy
 _____ More than before the pregnancy
 _____ Less than before the pregnancy

How much time do you spend alone with your father?
(List # of hours in the appropriate time block)

- _____ Week
 _____ Month
 _____ Year

How does this compare with before the pregnancy?

- _____ Less
 _____ More
 _____ Same

How much time do you spend alone with your mother? (List # of hours)

- _____ Week
 _____ Month
 _____ Year

How does this compare with before the pregnancy?

- _____ Less
 _____ More
 _____ Same

How much time do you spend with your parents together? (List # of hours)

- _____ Week
 _____ Month
 _____ Year

How does this compare with before the pregnancy?

_____ Less

_____ More

_____ Same

How do you feel about the amount of time you are spending with your parents?

How do you feel about the quality of time spent with your parents?

Do close friends of yours have children?

_____ Yes

_____ No

What percentage of your friends have a child? (Approximately) _____

You and Your Child

How do you think you will feel when you first see your child?

Have you thought about the kinds of things you would like to do with your child?

_____ Yes

_____ No

If "Yes", what kinds of things have you thought about? _____

Are there certain things that you wish that you had had as a child which you want to be sure that your child has?

_____ Yes

_____ No

If "Yes", what things are these? _____

When your child is born, do you expect to be involved in the following child-care activities? Check the column which indicates how involved you expect to be.

	Not at All	Rarely	Sometimes	Often	Very Often	N.A.
Diapering						
Dressing						
Bathing						
Holding						
Night Wakes						
Playing						
Talking to						
Doctors Visits						
Food Preparation (Check N.A. if wife will breastfeed)						
Strolls						
Baby's Laundry						

Following are short descriptions of situations that sometimes crop up in families with a young child. Please read the paragraph and answer the questions following it. Remember, there is no right or wrong answer so just use your best judgement.

1. Mr. and Mrs. Jones, both in their early thirties, had their first child two months ago. Mrs. Jones is working 10 hours a week and taking care of the child and home the rest of the time. Mr. Jones works full time and is at this point the primary bread winner. The household income is \$25,000. Yesterday, Mr. Jones was offered a promotion which would entail a 30% raise over his present salary. If he took the promotion, his new job would require traveling, on the average of 10 days a month. This would be a change for him as his present position does not entail business trips.

Do you think Mr. Jones should accept the promotion? _____

Why? _____

2. Mr. and Mrs. Smith have a 2 year old child. Both parents work; Mr. Smith works 40 hours a week and Mrs. Smith works 20 hours a week. During the day while Mr. Smith works at the office, Mrs. Smith takes care of the child. When he comes home, he takes care of the child while she gives voice lessons in the apartment. Since she uses the apartment as an office, Mr. Smith must be sure that the child does not make much noise or go into the "office area."

How do you think Mr. Smith feels about this situation? _____

3. Mr. and Mrs. Hobbs both work full time and they have a 1 year old child. They have hired a housekeeper to care for the child from 8:30 a.m. to 6:00 p.m. Often both parents have work they must take home with them at night. In that case, they alternate caring for the child. One night neither had work to do and they felt like going out together as they had not spent much time with each other recently. On the other hand, both wanted to be with their child since they have so little time with him.

If you were in such a position, what decision would you make?

Why would you choose to do this?

Form A

The following is a list of possible concerns or feelings that you may have had since your wife became pregnant. Please check the column that indicates how much you are thinking (feeling) about each item at this point in time.

	Not At All	Somewhat	Much	Very Much
1. <u>Concern about wife's health</u>				
2. <u>Additional expense of child</u>				
3. <u>Preparing for baby's arrival</u>				
4. <u>Interference with social life</u>				
5. <u>Inadequate leisure time to do the things that please you</u>				
6. <u>Urge to work things out with your own family.</u>				
7. <u>The pleasure your child will give you.</u>				
8. <u>Your ability to handle the baby</u>				
9. <u>Availability of own father while growing up</u>				
10. <u>Interference from inlaws</u>				
11. <u>Disturbed about feelings toward the coming baby</u>				
12. <u>Concern for healthy child</u>				
13. <u>Proud to be a father</u>				
14. <u>Worry about personal appearance of wife</u>				
15. <u>Lack of adequate role model in own father</u>				
16. <u>The pleasure your marriage gives you</u>				
17. <u>Housekeeping not as it should be</u>				
18. <u>Loss of freedom</u>				
19. <u>Decline of sexual responsiveness of self</u>				

Form A (cont.)

	Not At All	Somewhat	Much	Very Much
20. <u>Wife's ability to handle baby</u>				
21. <u>Wife unable to give previous amounts of affection</u>				
22. <u>The ways in which the pregnancy has brought you closer together with your wife</u>				
23. <u>Reduced income because wife is not working</u>				
24. <u>The things you want to do for your child</u>				
25. <u>Unable to give wife former levels of affection</u>				
26. <u>Decline of sexual responsiveness of spouse</u>				
27. <u>What the birthing will be like.</u>				

Form B

Below are some questions which we would like you to answer by checking a number on the scale from 1 to 6. Let's assume that:

- 1 Means Not at All
- 2 Means Minimally
- 3 Means Perhaps But Not Really
- 4 Means Perhaps, Probably Yes
- 5 Means Moderately
- 6 Means Very Much

1. Is this a good time in your life to become a father?

1 2 3 4 5 6

2. How much did your wife want a baby now?

1 2 3 4 5 6

3. Would you say that your experience of becoming a parent is very different from your wife's ?

1 2 3 4 5 6

4. How much do you want to be involved in the birth itself?

1 2 3 4 5 6

5. How much would you say that your own philosophy of childrearing is influenced by your father's?

1 2 3 4 5 6

by your mother's?

1 2 3 4 5 6

by books?

1 2 3 4 5 6

Form B (cont.)

by friends?

1 2 3 4 5 6

6. To what extent do you think the difficulties you face in becoming a father are different from your father's?

1 2 3 4 5 6

7. How much have you enjoyed the pregnancy period?

1 2 3 4 5 6

8. To what extent do you think that you are financially ready to have a child?

1 2 3 4 5 6

9. To what extent has the pregnancy changed your relationship with your wife?

1 2 3 4 5 6

Form C

Listed below are a number of statements. You will probably agree with some and disagree with others. Read each item and then indicate how much you agree or disagree by circling a number after each statement.

- 1 Means that you strongly disagree
 2 Means that you disagree
 3 Means that you probably disagree but are not sure
 4 Means that you probably agree but are not sure
 5 Means that you agree
 6 Means that you strongly agree

1. At least during the pregnancy it is best to keep quiet about any shortcomings you see in the marriage.

1 2 3 4 5 6

2. A father need not be as involved in childrearing as the mother.

1 2 3 4 5 6

3. A fathers's role in childrearing is different from the mother's role.

1 2 3 4 5 6

4. Fathers should be able to soothe an infant if he/she is crying.

1 2 3 4 5 6

5. Children should be the main source of a man's happiness.

1 2 3 4 5 6

6. The mother should be the main one to dress the baby, change diapers and soothe him/her.

1 2 3 4 5 6

7. A father should not feel anger towards his baby.

1 2 3 4 5 6

Form C (cont.)

8. Fathers help to promote their children's development in a way that is different from the mother.

1 2 3 4 5 6

9. The father is the authority in the family.

1 2 3 4 5 6

10. Husbands and wives should share household tasks fifty/fifty.

1 2 3 4 5 6

Form D

Please circle the response you feel most reflects your beliefs and/or experiences. With some items it is expected that you will agree with a number of choices but please choose the one statement you would agree with most.

1. A father's primary role is to:
 - a. to give financial support
 - b. to give emotional support
 - c. to train children
 - d. to have children

2. The best aspects of fatherhood are:
 - a. watching your children grow up
 - b. having a close family
 - c. not sure
 - d. giving a future to your children

3. I fulfill my father role by:
 - a. being faithful to my wife
 - b. accepting my responsibilities
 - c. having many children
 - d. giving emotional support to my children

4. The greatest help to be a father is:
 - a. my father's good example
 - b. my father's bad example
 - c. my relatives (wife and others)
 - d. my religion
 - e. work
 - f. good health
 - g. ambition
 - h. personal independence

5. To love one's children means:
 - a. to support them financially
 - b. to support them emotionally
 - c. to train them
 - d. to allow them independence

Form D (cont.)

6. Since the pregnancy my satisfaction with work has:
 - a. increased
 - b. decreased
 - c. stayed the same

7. Since the pregnancy I see friends:
 - a. more often
 - b. less often
 - c. the same

8. Since the pregnancy my relationship with my wife:
 - a. has become closer
 - b. has become more distant
 - c. stayed the same

Form E

During the past 4 months, how often did you experience the following feelings or dilemmas?

	Very Often	Fairly Often	Some- Times	Almost Never	Never
1. <u>Feeling content</u>					
2. <u>Difficulty falling asleep</u>					
3. <u>Poor appetite</u>					
4. <u>Difficulty staying asleep</u>					
5. <u>Working better</u>					
6. <u>Waking up too early</u>					
7. <u>Eating too much</u>					
8. <u>Headaches</u>					
9. <u>Feeling energetic</u>					
10. <u>Feeling restless</u>					
11. <u>Sleeping too much</u>					
12. <u>Trouble getting going in the morning</u>					
13. <u>Feeling easily irritated</u>					
14. <u>Feeling tired</u>					
15. <u>Looking forward to the next day</u>					
16. <u>Difficulty concentrating</u>					
17. <u>Feeling unhappy</u>					
18. <u>Feeling bored</u>					
19. <u>Worried about the future</u>					
20. <u>Feeling competent</u>					
21. <u>Feeling lonely</u>					

APPENDIX D
QUESTIONNAIRE FOR RECENT FATHERS

Background Information

How old is your child? _____

What is your age? _____ Your wife's age? _____

Your ethnic background: _____

Marital Status _____ Married, first marriage
_____ Remarried, second or later marriage

Time in present marriage: Years _____ Months _____

Did you live together before marriage? _____ Yes _____ No

If "Yes", how long? _____ Months _____ Years

What religion did your family practice when you were growing up?

_____ Protestant
_____ Jewish
_____ Catholic
_____ Agnostic or Atheist
_____ Other (Specify) _____
_____ None

What religion did your wife's family practice when she was growing up?

_____ Protestant
_____ Jewish
_____ Catholic
_____ Agnostic or Atheist
_____ Other (Specify) _____
_____ None

What is the highest educational level you completed?

_____ Less than High School _____ Master's Degree
_____ High School _____ Other (Specify) _____
_____ Two Years college _____
_____ College Graduate _____

What is the highest educational level your wife completed?

_____ Less than High School

_____ High School

_____ Two Years College

_____ College Graduate

_____ Master's Degree

_____ Other (Specify) _____

Your occupation? _____

Your wife's occupation? _____

Are you presently employed? _____ Yes _____ No

How many hours a week do you work? _____

How long have you been employed there? _____

Household income now?

_____ 10,000 - 18,000

_____ 19,000 - 25,000

_____ 26,000 - 35,000

_____ 36,000 - or more

Is your wife presently employed? _____ Yes _____ No

If "Yes", full time or part time? _____ Full Time _____ Part Time

Did your wife work before the pregnancy? _____ Yes _____ No

Did your wife work during the pregnancy? _____ Yes _____ No

If "Yes", how far into the pregnancy did she work? _____

If your wife is currently unemployed and wants to work, when does she plan to start working?

_____ Within six months

_____ In one year

_____ Unsure

Do you have a preference as to her work plans? _____ Yes _____ No

If "Yes", explain what it is _____

Did you take a paternity leave when your child was born? _____ Yes _____ No

If "Yes", With Pay _____ Without Pay _____

How long did you take leave for? _____

If you are still on leave, how long do you intend to maintain this status? -

Historical Information

Are you an only child? _____ Yes _____ No

If "No", how many brothers and sisters do you have and what are their ages?

of older sisters _____ Ages _____

of younger sisters _____ Ages _____

of older brothers _____ Ages _____

of younger brothers _____ Ages _____

Were your parents together throughout your childhood and adolescence?

_____ Yes

_____ No

If "No", your age when they were no longer together? _____

Reason (Check one)

_____ Death of Mother

_____ Death of Father

_____ Divorce/Separation

_____ Other (Specify) _____

Whom did you live with?

_____ Father

_____ Mother

_____ Other (Specify) _____

If you ever lived with a stepparent, how old were you when you lived with them?

Is your Mother still alive? _____ Yes _____ No

If "No", your age when she died? _____

Is your Father still alive? _____ Yes _____ No

If "No", your age when he died? _____

Check the word which you feel best describes the amount of time your father spent with you when you were growing up.

_____ Abundant

_____ Moderate

_____ Little

Check the word which best describes the quality of time spent with your father.

_____ Very Fulfilling

_____ Generally Fulfilling

_____ Not Fulfilling

Check the word which you feel best describes the amount of time your mother spent with you.

_____ Abundant

_____ Moderate

_____ Little

Check the word which best describes the quality of time spent with your mother.

_____ Very Fulfilling

_____ Generally Fulfilling

_____ Not Fulfilling

Check the words that apply to your perception of your mother.

_____ Nurturant

_____ Strict

_____ Loving

_____ Happy

_____ None of the above

Check the words that apply to your perception of your father.

- Nurturant
 Strict
 Loving
 Happy
 None of the above

When you were growing up, how often were you given the responsibility for taking care of younger siblings or other children?

- Never
 Almost Never
 Sometimes
 Frequently
 All the time

How would you rate the family you grew up in?

- No conflicts
 Few conflicts
 Some conflicts
 Many conflicts

Explain: _____

You and Your Wife

What word would you use to best describe your marriage at this point in time?

Did the birth of your child have an effect on your relationship with your wife?

- Yes
 No

If "Yes", explain _____

Did your relationship to your wife undergo changes during the pregnancy?

- Yes
 No

If "Yes", explain _____

Do you find that you and your wife made more changes during the pregnancy or after the birth?

_____ During the pregnancy
 _____ After the birth
 _____ No changes were made at any time

Have you ever received professional counselling around marriage problems?

_____ Yes
 _____ No

If "Yes", was that experience helpful in resolving the problems?

_____ Yes
 _____ No

What are the best aspects of your marriage? _____

Would your wife agree?

_____ Yes
 _____ No

If "No", what aspects of your marriage do you think she considers the best?

The Pregnancy and Birth

Did you plan this baby?

_____ Yes
 _____ No
 _____ Unsure

If "Yes", why did you want a baby now? _____

When did your wife tell you that she was pregnant? _____

What was your reaction? _____

Whom did your wife tell first about the pregnancy? _____

When did you tell friends about the pregnancy? _____

How many friends did you tell? _____

Were there any miscarriages prior to this pregnancy? _____ Yes _____ No

Did your wife have amniocentesis? _____ Yes _____ No

Did your sexual relationship with your wife change during the pregnancy?

_____ Yes

_____ No

If "Yes", how (e.g. frequency, quality) _____

Whose preference did those changes reflect?

_____ Yours alone

_____ Wife's alone

_____ Your's and Wife's

Now that your child is born is your sexual relationship with your wife (Check two)

_____ same as before pregnancy

_____ different from before pregnancy

_____ same as during pregnancy

_____ different from during pregnancy

Did your wife have a difficult pregnancy? _____ Yes _____ No

If "Yes", please explain _____

Did your wife think that she was having a difficult pregnancy? _____ Yes _____ No

Were there complications at the birth? _____ Yes _____ No

If "Yes", what were they? _____

Had you anticipated complications? _____ Yes _____ No

What birth procedure did your wife use?

_____ Caesarian	_____ No drugs
_____ Spinal injection	_____ Epidural injection
_____ Other (specify) _____	_____ Don't know

Where did your wife give birth?

_____ Home
 _____ Hospital
 _____ Other (specify) _____

Was your child healthy at birth? _____ Yes _____ No

How many days was your wife in the hospital following the birth?
 (Please ignore this question if child was not born in a hospital) _____

Before the birth, did you want a boy or girl?

_____ Boy
 _____ Girl
 _____ No Preference

What did your wife want?

_____ Boy
 _____ Girl
 _____ No Preference

How did you feel when you learned of the sex of your baby?

_____ Pleased
 _____ Disappointed
 _____ Indifferent
 _____ Other

What sex is your child? _____ Boy _____ Girl

During the pregnancy, were you under additional stress? Yes No
 Explain _____

How would you rate your involvement in the pregnancy?

_____ Very intensely involved
 _____ Intensely involved
 _____ Moderately involved
 _____ Marginally involved
 _____ Almost not at all involved

How did your wife involve you in the pregnancy? _____

Do you think an expectant father has the right to suggest to his pregnant wife ways she could take care of herself?

_____ Yes
 _____ No

Did you? Yes No

Can you imagine yourself adopting a child? Yes No

Under what circumstances would you adopt a child? _____

Did you attend childbirth classes? Yes No

If "Yes", for how long? _____

Did you go with your wife to any prenatal medical visits? Yes No

If "No", would you have liked to have gone? Yes No

Were you present during the labor? Yes No

Whose preference did this reflect?

_____ Your's alone
 _____ Wife's alone
 _____ Your's and Wife's

Were you present during the delivery? _____ Yes _____ No

Whose preference did this reflect?

_____ Your's alone

_____ Wife's alone

_____ Your's and Wife's

If you were present during the labor or delivery, what was this experience like for you? This is a big question; if you can, just use one or two words to describe how you felt.

If you were present during the labor or delivery, did you feel that your presence was helpful to your wife?

_____ Yes

_____ No

During the pregnancy, did your wife's behavior toward you change? _____ Yes _____ No

If "Yes", how? _____

During the pregnancy did your behavior toward your wife change? _____ Yes _____ No

If "Yes", how? _____

Did you make preparations for the arrival of your child? _____ Yes _____ No

If "Yes", what did you do? _____

Since the birth, how much time do you and your family spend with your wife's parents?

_____ About the same as before the pregnancy

_____ More than before the pregnancy

_____ Less than before the pregnancy

Since the birth, how much time do you and your family spend with your parents?

_____ About the same as before the pregnancy

_____ More than before the pregnancy

_____ Less than before the pregnancy

How much time do you spend alone with your father? (List approximate # of hours in the appropriate time block)

_____ Week
_____ Month
_____ Year

How does this compare with before the pregnancy?

_____ Less
_____ More
_____ Same

How much time do you spend with your parents together? (List # of hours)

_____ Week
_____ Month
_____ Year

How does this compare with before the pregnancy?

_____ Less
_____ More
_____ Same

How do you feel about the amount of time you are spending with your parents?

How do you feel about the quality of time spent with your parents?

Do close friends of yours have children? _____ Yes _____ No

What percentage of your friends have children (approximately)? _____

Would you say that your friends react to you differently, now that you are a father?

_____ Yes
_____ No

If "Yes", how? _____

Do friends of yours have a child the same age as yours?

_____ Yes
 _____ No

You and Your Child

Are you involved in the following childcare activities? Check how involved you are in each one.

	Not at All	Rarely	Sometimes	Often	Very Often	Not Applicable
Diapering						
Dressing						
Bathing						
Holding						
Night Wakes						
Playing						
Talking to						
Doctors visits						
Food Preparation (check Not Applicable if wife is breastfeeding)						
Strolls						
Baby's Laundry						

About how many hours a week do you spend with your child? _____

What do you most enjoy about your baby? _____

What do you most enjoy doing with your baby? _____

Do you feel you have enough time to spend with your child? _____ Yes _____ No

If "No", what is the main reason you do not have enough time with your child?

What childcare arrangements have been made? (Check all that apply)

- Exclusively you and your wife
- Your parents babysit
- Your inlaws babysit
- Hired babysitters
- Daycare
- Other (specify) _____

Whose decisions were these?

- Wife's
- Your's
- Both you and your wife

Some people feel that the birth of a first child brings many changes in the life of the new father. We would like to know what you think. As you think about fatherhood, how do you think life was changed for you?

Following are short descriptions of situations that sometimes crop up in families with a young child. Please read the paragraph and answer the questions following it. Remember, there is no right or wrong answer so just use your best judgement.

1. Mr. and Mrs. Jones, both in their early thirties, had their first child two months ago. Mrs. Jones is working 10 hours a week and taking care of the child and home the rest of the time. Mr. Jones works full time and is at this point the primary bread winner. The household income is \$25,000. Yesterday, Mr. Jones was offered a promotion which would entail a 30% raise over his present salary. If he took the promotion, his new job would require traveling, on the average of 10 days a month. This would be a change for him as his present position does not entail business trips.

Do you think Mr. Jones should accept the promotion? _____

Why? _____

2. Mr. and Mrs. Smith have a 2 year old child. Both parents work; Mr. Smith works 40 hours a week and Mrs. Smith works 20 hours a week. During the day while Mr. Smith works at the office, Mrs. Smith takes care of the child. When he comes home, he takes care of the child while she gives voice lessons in the apartment. Since she uses the apartment as an office, Mr. Smith must be sure that the child does not make much noise or go into the "office area."

How do you think Mr. Smith feels about this situation? _____

3. Mr. and Mrs. Hobbs both work full time and they have a 1 year old child. They have hired a housekeeper to care for the child from 8:30 a.m. to 6:00 p.m. Often both parents have work they must take home with them at night. In that case, they alternate caring for the child. One night neither had work to do and they felt like going out together as they had not spent much time with each other recently. On the other hand, both wanted to be with their child since they have so little time with him.

If you were in such a position, what decision would you make?

Why would you choose to do this?

Form A

The following is a list of possible concerns or feelings that you may have had since your child was born. Please check the column that indicates how much you are thinking (feeling) about each item at this point in time.

	Not At All	Somewhat	Much	Very Much
1. <u>Concern about wife's health</u>				
2. <u>Additional expense of child</u>				
3. <u>Having enough time to spend with your child</u>				
4. <u>Interference with social life</u>				
5. <u>Inadequate leisure time to do the things that please you.</u>				
6. <u>Urge to work things out with your own family</u>				
7. <u>The pleasure your child gives you</u>				
8. <u>Your ability to handle the baby</u>				
9. <u>Availability of own father while growing up</u>				
10. <u>Interference from inlaws</u>				
11. <u>Disturbed about feelings toward the baby</u>				
12. <u>Concern for healthy child</u>				
13. <u>Proud to be a father</u>				
14. <u>Worry about personal appearance of wife</u>				
15. <u>Lack of adequate role model in own father</u>				
16. <u>The pleasure your marriage gives you</u>				
17. <u>Housekeeping not as it should be</u>				
18. <u>Loss of freedom</u>				
19. <u>Decline of sexual responsiveness of self</u>				
20. <u>Wife's ability to handle baby</u>				

Form A (cont.)

	Not At All	Somewhat	Much	Very Much
21. Wife unable to give previous amounts of affection				
22. The ways in which the birth of your child has brought you closer together with your wife				
23. Reduced income because wife not working				
24. The things you want to do for your child				
25. Unable to give wife former levels of affection				
26. Decline of sexual responsiveness of spouse				

Form B

Below are some questions which we would like you to answer by checking a number on the scale from 1 - 6. Let's assume that:

- 1 Means not at all
- 2 Means minimally
- 3 Means perhaps but not really
- 4 Means perhaps, probably yes
- 5 Means moderately
- 6 Means very much

1. Is this a good time in your life to become a father?

1 2 3 4 5 6

2. How much did your wife want a baby now?

1 2 3 4 5 6

3. Would you say that your experience of becoming a parent is very different from your wife's?

1 2 3 4 5 6

4. How much did you want to be involved in the birth itself?

1 2 3 4 5 6

5. How much would you say that your own philosophy of childrearing is influenced by your father's?

1 2 3 4 5 6

by your mother's?

1 2 3 4 5 6

by books?

1 2 3 4 5 6

by friends?

1 2 3 4 5 6

Form B (cont.)

6. To what extent do you think the difficulties you face in being a father are different from your father's?

1 2 3 4 5 6

7. How much have you enjoyed the time period since the birth of your child?

1 2 3 4 5 6

8. To what extent do you think that you are financially ready to have a child?

1 2 3 4 5 6

9. To what extent has the birth of your child changed your relationship with your wife?

1 2 3 4 5 6

Form C

Listed below are a number of statements. You will probably agree with some and disagree with others. Read each item and then indicate how much you agree or disagree by checking a number after each statement.

- 1 Means that you strongly disagree
- 2 Means that you disagree
- 3 Means that you probably disagree but are not sure
- 4 Means that you probably agree but are not sure
- 5 Means that you agree
- 6 Means that you strongly agree

1. At least during the pregnancy it was best to keep quiet about any shortcomings you saw in the marriage.

 1 2 3 4 5 6

2. A father need not be as involved in childrearing as the mother.

 1 2 3 4 5 6

3. A father's role in childrearing is different from the mother's role.

 1 2 3 4 5 6

4. Fathers should be able to soothe an infant if he/she is crying.

 1 2 3 4 5 6

5. Children should be the main source of a man's happiness.

 1 2 3 4 5 6

6. The mother should be the main one to dress the baby, change diapers and soothe him/her.

 1 2 3 4 5 6

7. A father should not feel anger towards his baby.

 1 2 3 4 5 6

Form C (cont.)

8. Fathers help to promote their children's development in a way that is different from the mother.

1 2 3 4 5 6

9. The father is the authority in the family.

1 2 3 4 5 6

10. Husbands and wives should share household tasks fifty/fifty.

1 2 3 4 5 6

Form D

Please circle the response you feel most reflects your beliefs and/or experiences. With some items it is expected that you will agree with a number of choices, but please choose the one statement you would agree with most.

1. A father's primary role is to:
 - a. to give financial support
 - b. to give emotional support
 - c. to train children
 - d. to have children

2. The best aspects of fatherhood are:
 - a. watching your children grow up
 - b. having a close family
 - c. not sure
 - d. giving a future to your children

3. I fulfill my father role by:
 - a. being faithful to my wife
 - b. accepting my responsibilities
 - c. having many children
 - d. giving emotional support to my children

4. The greatest help to be a father is:
 - a. my father's good example
 - b. my father's bad example
 - c. my relatives (wife and others)
 - d. my religion
 - e. work
 - f. good health
 - g. ambition
 - h. personal independence

Form D (cont.)

5. To love one's children means:
 - a. to support them financially
 - b. to support them emotionally
 - c. to train them
 - d. to allow them independence

6. Since the birth of my child, my satisfaction with work has:
 - a. increased
 - b. decreased
 - c. stayed the same

7. Since my child was born, I see friends:
 - a. more often
 - b. less often
 - c. the same

8. Since we had a child, my relationship with my wife:
 - a. has become closer
 - b. has become more distant
 - c. stayed the same

Form E

Since the birth of your child, how often have you experienced the following feelings or dilemmas?

	Very Often	Fairly Often	Some- Times	Almost Never	Never
1. <u>Feeling content</u>					
2. <u>Difficulty falling asleep</u>					
3. <u>Poor appetite</u>					
4. <u>Difficulty staying asleep</u>					
5. <u>Working better</u>					
6. <u>Waking up too early</u>					
7. <u>Eating too much</u>					
8. <u>Headaches</u>					
9. <u>Feeling energetic</u>					
10. <u>Feeling restless</u>					
11. <u>Sleeping too much</u>					
12. <u>Trouble getting going in the morning</u>					
13. <u>Feeling easily irritated</u>					
14. <u>Looking forward to the next day</u>					
15. <u>Feeling tired</u>					
16. <u>Difficulty concentrating</u>					
17. <u>Feeling unhappy</u>					
18. <u>Feeling bored</u>					
19. <u>Worried about future</u>					
20. <u>Feeling competent</u>					
21. <u>Feeling lonely</u>					

APPENDIX E

List of Questions Included in Factor Analysis I

What word would you use to describe your marriage?

Explain the effect the birth of your child would/did have on your marriage?

What was/would be your reaction to the news of the pregnancy?

Were/are/would you be under additional stress during the pregnancy?

Did/has/would your behavior change during the pregnancy?

How/did/would you feel when you saw/see your baby?

Will/do you have concern about your wife's health?

Will/do you have concern about the expense of the child?

Will/do you have concern about interference from inlaws?

Will/do you have concern about interference with your social life?

Will/do you have concern about inadequate leisure time?

Will/do you have concern about your ability to handle the baby?

Will/do you have concern about having a healthy baby?

Will/do you have concern about the appearance of your wife?

Will/do you have concern about housekeeping not being as it should be?

Will/do you have concern about loss of freedom?

Will/do you have concern about decline in sexual responsiveness of self?

Will/do you have concern about decline in sexual responsiveness of wife?

Will/do you have concern that you are unable to give wife previous levels of affection?

Will/do you have concern that wife is unable to give you previous levels of affection?

Will/do you have concern about reduced income because wife is not working?

Will/do you have concerns about what the birthing will be like?

APPENDIX E continued

How much will/do/did you enjoy the pregnancy and birth?

How has/will your satisfaction with work change(d) since the pregnancy and/or birth?

How has/will your relationship with your wife change(d) since the pregnancy and/or birth?

Do you experience difficulty falling asleep?

Do you experience difficulty staying asleep?

Do you experience a poor appetite?

Do you have difficulty with waking up too early?

Do you have difficulty with eating too much?

Do you have difficulty with headaches?

Do you feel restless?

Are you sleeping too much?

Do you have trouble getting going in the morning?

Do you feel easily irritated?

Do you have difficulty with feeling tired?

Do you have difficulty concentrating?

Do you feel unhappy?

Do you feel bored?

Do you feel worried about the future?

Do you feel lonely?

APPENDIX F

List of Questions Included in Factor Analysis II

Time in present marriage?

Household income?

Did/will you take paternity leave?

Were your parents together when you were growing up?

Is your mother still alive?

Is your father still alive?

What is the amount of time your dad spent with you when you were growing up?

What is the amount of time your mother spent with you when you were growing up?

What was the quality of time your dad spent with you?

What was the quality of time your mother spent with you?

Do you perceive your mother as nurturant?

Do you perceive your mother as strict?

Do you perceive your mother as loving?

Do you perceive your mother as happy?

Do you perceive your father as nurturant?

Do you perceive your father as strict?

Do you perceive your father as loving?

Do you perceive your father as happy?

How often were you given the responsibility of caring for other children when you were growing up?

Rate the amount of conflicts in your family while you were growing up.

Have you ever received marriage counselling?

How much time do you currently spend with your mother?

APPENDIX F continued

How do you feel about the amount of time spent with your parents?

How do you feel about the quality of time spent with your parents?

Whom did your wife tell first about the pregnancy?

Did your wife have any miscarriages prior to this pregnancy?

Will/did/have sexual relations changed during the pregnancy?

Whose preference do/will/did these changes in the sexual relationship reflect?

Did/will/is your wife have(ing) a difficult pregnancy?

How involved were/will/are you in the pregnancy?

Do/will/did you make suggestions to your wife about ways she could take care of herself?

Will/do/did you go to prenatal medical visits with your wife?

Will/were you (be) present at the labor?

Will/were you (be) present at the delivery?

Are there things you did not have as a child that you want to be sure that your child has?

To what extent do you feel financially ready to have a child?

To what extent do you believe that it is best to keep quiet about marital problems during the pregnancy?

To what extent do you believe that the father need not be as involved in childrearing as the mother?

To what extent do you believe that children should be the main source of a man's happiness?

To what extent do you believe that a father should not feel anger at his baby?

To what extent do you believe that the father is the authority in the family?

To what extent do you believe that household tasks should be shared 50/50?

APPENDIX F continued

Since the pregnancy and/or birth, have you/would you see friends more, less, same?

How does Mr. Smith feel about this situation?

What is your age?

What is your wife's age?

Do you have concern about having a lack of an adequate role model in your own father?

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