

A COLLECTIVE CASE STUDY OF EXPECTANT FATHER FEARS

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## ABSTRACT

This qualitative, collective case study explored how men perceive fears of childbirth and level of preparedness to become fathers. An additional purpose of this study was to explore the perceptions of expectant and new fathers with regard to how the Boot Camp for New Dads (BCND) program helped them to alleviate pregnancy fears and develop preparedness to become a parent. The participants included 16, first-time expectant and new fathers who attended the BCND program at three sites in Orange County, California. Data collection consisted of semistructured interviews and focus groups conducted after the participants completed a three-hour boot camp for the BCND program. Additionally, participants completed the Kessler-6, a short questionnaire designed to glean their perspectives of fears after the childbirth. The data analysis revealed five major themes. Four of the themes were in regard to expectant father pregnancy fears, and the other theme was related to expectant fathers' perceptions of how the BCND program helped them cope with fears. After coding and categorical aggregation were completed, the following four pregnancy fear themes were made clear: Am I prepared for fatherhood?, Will mom and baby be in good health?, I am not alone, and Will I ever get my wife back? The perceived value of the Boot Camp for New Dads program could be summarized by the following theme: If the veteran fathers can do it, so can I.

*Keywords:* expectant, fatherhood, fears, Millennial Generation, Generation X, perception, pregnancy, insecurities, relationship, preparation, education, prenatal, adragogical

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## CHAPTER ONE: INTRODUCTION

### Overview

The transitional experiences several months prior to the birth of a baby tend to alter life and family perspectives for first-time fathers (Marsiglio, 2008). Understanding these transitional experiences is vital to the development of educational programs that assist expectant fathers in becoming successful fathers. Many expectant fathers experience a natural concern with regard to their performance before, during, and after the birth of the baby that includes the management of finances, overseeing the health of mom and baby, and finally concerns about the husband-wife relationship (White, 1998). With many expectant fathers, these natural concerns can progress into significant fears and may interfere with a successful transition to fatherhood.

This qualitative, collective case study was centered on exploring the fears of expectant fathers from the current generation of fathers to better understand their educational needs when making the transition to fatherhood. The expectant fathers utilized for this study were all adults between the ages of 25 and 45 and had broad ethnic backgrounds to mirror the demographics of Orange County, California. The participants answered questions in semistructured interviews and participated in focus groups to provide depth for the investigation. Additionally, participants completed the Kessler-6, a short questionnaire designed to glean their perspectives of fears during and directly after childbirth. This chapter presents the problem, purpose, and significance of the study, lists guiding questions, and summarizes limitations. It also discusses the background and context of the study including the significant adjustment difficulties that many first-time expectant fathers encounter during the pregnancy.

## **Background**

The body of research that has been completed regarding expectant father fears is very limited in the United States (Biehle & Mickelson, 2011). The extant literature has generally portrayed the fathers' experience of birth as a very emotional and intense time (Genesoni & Tallandini, 2009). Many fathers reported positive emotional experiences, but these emotions are often juxtaposed with feelings of inadequacy, fear, and jealousy (Coltrane, 1996; Diamond, 1986; Linton, 2000). The fears expectant fathers experience during the pregnancy may hinder their ability to acquire the skills necessary for caring for new mothers and babies. Expectant fathers may have a natural desire to support mothers emotionally, safely deliver the baby, and provide for the incessant needs of a newborn. These positive desires along with stress, fatigue, and anxiety often experienced during the pregnancy may increase the need for prenatal preparation (Tzeng, Teng, Chou, & Tu, 2009).

The current lack of research of psychosocial factors related to expectant fatherhood may be attributed to the over-focus of biological etiology of anxiety and depression in the mother (Paulson, 2010). This research study of expectant father fears will help to fill a gap regarding psychosocial factors that influence the experiences of expectant fathers. The future of prenatal education for fathers is yet to be determined, but one factor is for certain, this generation of expectant fathers would benefit from prenatal education that addresses current psychosocial factors.

## **Situation to Self**

My family of origin experiences has spurred the interest for discovering what propagates paternal fears. As a child I experienced a tumultuous and sometimes violent upbringing that negatively affected my ability to navigate through anger and fear. As a middle-aged man, the

realization of how critical these emotions are has been made perfectly clear. In order to place a conflict in its appropriate context, the conflict should be big enough to matter and small enough to be able to do something about it (Barsky, 2006). All of these preconceived perceptions of anger and fear need to be examined closely when evaluating the fears of expectant fathers.

My Christian worldview also influenced the lens through which I viewed the perceptions of the expectant fathers. The Lord Jesus Christ has made good use of my experiences, and I now feel compelled to help young fathers to gain a greater trust in Him. This major transition that occurs during pregnancy created an opportunity to gain a greater insight into expectant father difficulties. The interviewing approach utilized encouraged the expectant fathers to express their innermost selves. The communication that occurred between the researcher and participant was facilitated through a deep understanding of their difficulties.

### **Problem Statement**

In the United States, many men experience a high degree of worry and a lack of confidence in their ability to parent when faced with the challenges of fatherhood (Harville, Savitz, Dole, Herring, & Thorpe, 2009). There is increasing recognition that the depression and anxiety fathers face in the perinatal period can present a serious detriment to their families (Fletcher, Matthey, & Marley, 2006). Expectant fathers frequently encounter significant life changes during their partner's pregnancy, and these changes may predispose them to a greater level of fear. In many cases, the anxiety that is so commonly connected with fear may be disrupting cognition and consequently hinder one's effort to learn. Anxiety can alter a person's semantic memory and has the potential of altering the meaning of words and pictures (Pilat, 2005). It can also hinder a person's speed and accuracy of recognizing elements presented in a

visual field (McGrew, 2003). The cognitive activities of semantic memory and visual recognition are critical to learning the prerequisite skills for successful fatherhood.

Men encounter different difficulties during the prenatal period. One primary difficulty is rooted in the fathers' desire to bond emotionally with the baby, another stemmed from a perceived disequilibrium in the relationship with the mother, and lastly forming a parental identity was also problematic (Genesoni & Tallandini, 2009). In a study regarding expectant father issues, the two most prevalent responses from fathers at the time of the birth were concern about their ability to cope, and whether they had the skills and knowledge necessary for fatherhood (Fletcher, Vimpani, Russell, & Sibbritt, 2008). What one parent worries about is intrinsically linked to the other's concerns, and the health of mother and unborn child have also been shown to be a prominent concern (White, 1998). The fear and uncertainty that expectant fathers experience during the pregnancy has relational consequences, and this can negatively affect the well-being of both parents (Harville et al., 2009).

### **Purpose Statement**

The purpose of this collective, qualitative case study was to explore how this current generation of men perceives fears of childbirth and level of preparedness to become fathers. An additional purpose of this study was to explore how men perceive participation in a prenatal parenting seminar to help alleviate these fears and develop preparedness to become a parent. The information gleaned from this study is expected to help prenatal educators make programmatic decisions and choices based upon the needs of this current generation of expectant fathers. For many expectant fathers, the pregnancy and birth of the baby may be the most important performance activity ever encountered. These nervous fathers needed to be understood through targeting the fearful experiences encountered during the pregnancy and childbirth. The

information gained from the study revealed important contextual clues to complex relational issues and educational deficits that could be addressed in future, prenatal-education programs. Though much has been written about the impact of pregnancy on the parents, much less is known about the worries prospective parents face during the pregnancy, and even less with regard to what worries expectant fathers are experiencing (Biehle & Mickelson 2011). According to Watt (2003) little attention has been given to the psychological aspects of expectant fathers.

Expectant father education programs should benefit from research that examines specific fears and concerns regarding pregnancy and the birth process. A need exists for addressing the health needs of expectant fathers as an important aspect of preparation for the transition to parenthood. This need is due in part to the psychological and physical effect the expectant father has on the entire family (Polomeno, 1998). In essence, the social and emotional complexities that occurred between the father, mother, and other social relationships revealed information that ultimately lead to a robust understanding of the context of expectant father fears. This information may provide prenatal education programs with a greater understanding of expectant father needs.

### **Significance of the Study**

Transitioning into fatherhood is a complex and sometimes difficult process for many expectant fathers. Educational programs may be a vital link in preparing the men for the life transitions that lie ahead. There is a need for valid and credible research to propel current and future prenatal-education programs for fathers going forward. It was surprising to find such a lack of literature targeting psychosocial factors of expectant fathers. Biehle and Mickelson (2011) communicated this gap in the literature and stated that there was a serious lack of information regarding what worries the expectant fathers encounter. This study may have

educational significance centered on the expansion of the current understanding of the unique fears, concerns, and difficulties of this generation of expectant fathers. Hildingsson, Haines, Johansson, Rubertsson, and Fenwick (2013) conducted a study and determined that understanding men's prenatal experiences was vital to the development of future, prenatal preventative measures for men. This study was intended to fill this specific gap in the literature.

This study should assist researchers in determining how current prenatal educational delivery systems help the expectant fathers to cope with their fears and concerns. In a prior study, Fletcher, Vampini, Russell, and Sabbritt (2008) found that two prevalent expectant-father issues were concerning their ability to cope and whether they possessed the skills and knowledge necessary for fatherhood. The BCND program employs an integrated approach to expectant father education that mirrors real world experiences, recognizes the value of teamwork in the context of the family, and incorporates the experiences of the expectant and veteran fathers to drive the instruction. The participants of this study provided a considerable amount of insight in regard to how these instructional methods employed by the BCND program assist them in attaining coping skills for combating fear and uncertainty.

The theoretical significance of this study was centered on discovering how one educational approach adopted by the BCND program resonated with expectant fathers. Essentially, the presuppositions of Bandura's theory of self-efficacy (1977) and Knowles' (1970) theory of andragogy illustrate the BCND approach to prenatal education for fathers-to-be. Bandura (1977) asserted that the expectation of self-efficacy determines the initiative, persistence, and effort that will be expended toward that skill. Andragogy is based upon the premise that adults are less dependent, enter educational activities with life experience, have a need for relevance, intrinsic motivation, and rationale (Knowles, 1970). This is the essence of the

BCND program. It is centered on building confidence through social interaction, relevant experiences, intrinsic motivation, and the need to know vital information and skills to foster energy being expended toward the goal of becoming a successful father.

### **Research Questions**

This research study was guided by the following questions:

1. How do expectant fathers in the BCND program cope with fears during the course of the pregnancy?
2. How do expectant fathers perceive events that tend to trigger these fears during the pregnancy?
3. How do expectant fathers in the BCND program experience fears during the course of the pregnancy and one month after the birth of the baby?
4. How do fathers report participating in the BCND program has helped them develop and utilize strategies to cope with fears during the pregnancy?

The first question afforded the participants an opportunity to disclose their fears and concerns and is the basis for the study. This question provided direction for exploring the experienced fears of the expectant fathers. Opinions vary with regard to how an expectant fathers needs should be met, especially with limited resources. Whatever method is considered, a need exists for the men to feel part of the process, not just subjects of it (Friedewald, 2007). The fathers drove this study through the expression of their fears and concerns; it placed them at the center of the process and not merely subjects of it.

The second question was chosen to assist in determining what environmental, psychological, and social issues were at the root of the fears. In comparison to studies on



maternal attachment, the relationship between a father and his infant is often overlooked (Andriola, Di Trani, Grimaldi, & Donfrancesco, 2011). Our American culture tends to marginalize the importance of fatherhood during the infancy stage of development, which could negatively affect the perceptions of some expectant fathers.

The third question progressed to the expectant father's perceived reality and all of the associated coping methods that were utilized to lend a deeper understanding of the context of expectant father fears. The research suggests that fathers need an increased ability to cope with the stresses of new parenthood (Fletcher et al., 2008). Exploring the father's difficulties in making the adjustment to fatherhood, along with the coping strategies utilized, revealed much in the way of insight and foresight.

The fourth question provided information in regard to how the BCND program helped the participants in attaining valuable coping skills to combat fear and uncertainty. Hildingsson et al. (2013) conducted a study and determined that understanding men's prenatal experiences was vital to the development of future prenatal preventative measures for men.

### **Research Plan**

A qualitative collective case study was utilized in this study to explain the fears of expectant fathers who participate in the BCND program. A collective case study explores a specific issue or phenomenon in two or more cases within a bounded system (Creswell, 2007). First, I attained Institutional Review Board (IRB) permission (see Appendix A) to collect data and then the authorization of the BCND program. The study included several BCND sites located in Orange County, California. The specific sites utilized in the study were notified through the headquarters of the BCND. The BCND's main office contacted potential participants via e-mail who have already registered for the BCND program. Those who had experienced fears

during the pregnancy were encouraged to participate, and their experiences will help to shape the future of prenatal education for fathers. The participants had multiple reasons for their fears during the pregnancy, thus justifying the collective case study research design of this study (Yin, 2009).

For the purposes of this research, the expectant father fears were defined as an expectant father who experienced distress, worry, and a lack of confidence in their ability to parent when faced with the challenges of fatherhood (Harville et al., 2009). The expectant fathers had a broad range of ethnic and socioeconomic backgrounds that mirrored the demographics in the geographical area. The data collection consisted of semistructured interviews and focus groups conducted after the BCND program was completed. Additionally, the participants completed the Kessler-6, a short questionnaire designed to elicit their perspectives of fears experienced during and the 30 days following the birth of the child. Researcher field notes provided an additional source of data. All data collection methods were utilized for the purpose of explaining how and why the phenomena occurred in the participants and underpinned the complexity and context of their fears. The data collected also provided extensive information with regard to participant perceptions of how the BCND program assists expectant fathers in coping with fear.

### **Delimitations and Limitations**

Delimitations were defined as the boundaries set by the researcher to minimize the limitations in this study; things that were controlled (Simon, 2011). In regard to the generalizability, this purposeful sample included as many cultural backgrounds as possible. This should help others who read the dissertation to differentiate the results. A lack of motivation by the participants could have presented challenges, but to reduce the impact all were recruited from the BCND program. Expectant fathers who attend prenatal classes tend to be motivated and take

the role of fatherhood seriously. To guard against dishonesty, the participant's identities were withheld, and pseudonyms were assigned for confidentiality purposes. Most of the participants wanted their fears to be confidential.

Limitations were defined as a weakness in generalizing this study to other populations of expectant fathers; things that were out of my control (Simon, 2011). There are three main limitations to this study. The first limitation is the study's limited generalizability to other populations of expectant fathers; this study does not represent all populations of expectant fathers. In qualitative research, there tends to be issues with generalizability. For those who would benefit from the reading of this study, it is advisable to be cautious when making generalizations to other groups of expectant fathers. The second limitation relates to the motivation levels of the participants. Expectant fathers who participate in prenatal education tend to be motivated and may differ characteristically from those who are not attending classes, thus limiting the assertions that can be made with regard to low motivation in relationship to their fears. The third limitation was that only five of the 16 participants participated in all three data collection methods. This may have limited the study's ability to triangulate the data and could have had some impact on the generalizations made in the study.

### **Definitions**

Boot Camp for New Dads – A 3-hour workshop designed to assist expectant fathers in caring for the mother and newborn infant.

Rookie Dads – First-time fathers who attend the *Boot Camp for New Dads* workshop.

Veteran Dads – Fathers who previously attended a *Boot Camp for New Dads* workshop, and then return to help mentor rookie dads when their babies are two to six months old.

## **Summary**

Understanding the fears of expectant fathers is a critical step in understanding men's prenatal experiences and is vital to the development of future, prenatal preventative measures for men. The participants in this study provided considerable insight with regard to how the instructional methods employed by the BCND program helped them to attain valuable coping skills for combating fear and uncertainty. This study was intended to address this specific gap in the literature and should assist researchers in future studies and serve as a reference for future prenatal education programming for men.

## CHAPTER TWO: REVIEW OF THE LITERATURE

### Overview

The purpose of this collective, qualitative case study was to explore how men perceive fears of childbirth and level of preparedness to become fathers. An additional purpose of this study was to explore how men perceived participation in a prenatal parenting seminar helped alleviate these fears and develop preparedness to become a parent. Expectant fathers undergo rapid psychological and sociological changes that need to be closely examined as researchers attempt to further understand the experiences during and after the pregnancy of their significant other (Bryan, 2013). The issue of perceived disequilibrium refers to expectant fathers perceiving their role as less important than the mother's role in early parenting. The changes that both expectant parents commonly undergo provided a vivid context and lent greater understanding of the challenges that these expectant fathers encounter before the birth of the baby.

Chapter 2 informs the reader of the social and adragogical learning theories that formed the framework for the study. It also investigated the following related literature: characteristics of Generation X and Y, changes in fatherhood, psychosocial factors, prenatal education, parental identity, co-parenting, changes with the mother, challenges and stressors for the father, paternal perception of disequilibrium in parenting, supporting mom emotionally, bonding with the baby, and faith implications. The search strategies for locating the pertinent research studies for this literature review included utilizing two search engines.

The first was Summon from the Liberty University research portal, which searches almost all the libraries resources at once, and the highly recognized Google scholar. The search terms were exhaustive in nature due to limited studies on the topic. Some of the more prevalent search terms were as follows: prenatal fears, worries and concerns, psychosocial factors in

parenting, maternal support during pregnancy, prenatal education, maternal physical and emotional changes during pregnancy, anxiety and depression when expecting, paternal bonding with baby, perceived paternal disequilibrium in parenting, co-parenting, changes in fatherhood, Generation X and Y parenting and characteristics, becoming a father, challenges and stressors with fatherhood, men's psychological transition to fatherhood, men's prenatal experiences, adjustment to fatherhood, trauma and parenting, and fatherhood preparation methods.

### **Theoretical Framework**

#### **Andragogy**

The theory of andragogy was developed in part by Malcolm Knowles who helped to define and clarify adult learning theory in the 1960s (Kenner & Wienerman, 2011). This approach to adult education is based upon on six assumptions. The first assumption is based upon the premise that as adults mature they become less dependent on others for learning. Secondly, adults enter educational activities with life experiences that contribute considerably to their learning experiences. The third vital tenet of the theory is that adults are prepared to learn when they experience a need to know something or to change a life situation. The fourth precept is that adults have a need for relevance in their learning. The fifth underpinning for the theory is intrinsic motivation, and lastly the need for a rationale before learning (Knowles, 1970).

A facilitator of adult education ensures that the instructional strategies will allow the learners to become actively engaged in the instructional process and this entails creating a warm and open environment that focuses on the expressed needs of the adult learners (Ferozali, 2011). There is a need for andragogy in prenatal education, which will encourage men to experience the labor and birth process in their own individual way. Childbirth educators should recognize the need for open communication and this is the most critical part of this facilitation (White, 1998).

Essentially, many expectant fathers who attend prenatal education have a sincere desire and practical need to acquire the skills necessary to become successful fathers. This scenario inherently provides the intrinsic motivation, relevance, and rationale for adult learning. It also propels the need for independence and determination when making the transition to fatherhood.

Adult learning theory forms a conceptual framework to support the adaptation of previously learned knowledge and experience (Ferozali, 2011). The value of previously learned knowledge was recognized in the early 1970s and was further developed by organizational development practitioners of that era. It was an effort to create new learning models because traditional higher education pedagogical models did not translate well into the workplace-training environment (Kenner & Wienerman, 2011).

It is apparent that from the beginning of history some sort of adult social interaction has occurred to pass on vital functions of early fatherhood. Some of the more critical skills passed on during this time are emotionally supporting the mother through the birthing process and critical baby care skills such as feeding, burping and changing diapers. The interaction between experienced and inexperienced fathers for conveyance of critical skills, attitudes, and information has occurred at some level from the beginning of humankind. The passing along of vital fathering skills is guided by the social context in which the men live and work and by personality characteristics that interplay in relationship with their wives. Numerous men struggle to reconcile their personal and work-related needs with those of their new families (Draper, 2002). The fears and concerns of the expectant fathers can help to drive antithetical discussions and thus encourage a higher level of synthesis when participating in prenatal classes, and this provides the framework for andragogy.

## **Social Learning Theory**

The second influential theory directly applicable to the study is Bandura's (1977) self-efficacy theory. Bandura (1977) hypothesized that efficacy beliefs influence level of effort, persistence in educational activities, and those with a higher sense of self-efficacy will participate more readily, work harder, and persist longer when they encounter difficulties than those who doubt their capabilities. Additionally, Vygotsky's (1978) "zone of proximal development" has theoretical significance in this study. Scaffolding, which is fundamental to the "zone of proximal development" theory, naturally occurs when experienced fathers purposefully bridge the needed fathering skills in expectant fathers during prenatal education classes. These two social learning theories are critical to understanding the study's perspective with regards to prenatal education for expectant fathers.

The social relationships in the instructional setting can be strengthened through a cooperative or collaborative learning process. One key aspect of social learning theory in the prenatal educational setting is engaging the expectant fathers in enhanced cognitive activities that will likely elicit the need for scaffolding, as explained by Vygotsky (1978) in his theory of "zone of proximal development." An example of this theory in action is when experienced fathers demonstrate diaper changing or correctly holding, feeding, or burping the baby and then ask the expectant fathers to perform the task. Expectant fathers may reinforce their learning through a peer-mentoring relationship. The mentoring helps to foster rapport, which may increase the likelihood of the expectant father accepting the instruction. One specific approach worthy of consideration is the facilitation of heterogeneous learning groups of three to four expectant fathers who are paired with skilled veteran dads. These small cooperative learning groups are charged with the issue of caring for new babies through the interaction of veteran and expectant



fathers. This sort of social interaction and peer mentoring can deliver a powerful, life-changing communication.

Education theory idealizes demonstration followed by return demonstration for skill mastery. Once the expectant fathers have experienced how it feels, they can return the demonstration to others (Bishop, Wallace, & Alt, 2008). Fathers learn by experiencing how various coping skills relieve their discomforts; at that point, men can realize the importance of their role in mentoring others (Bishop et al., 2008). This is the essence of social learning theory, one person passing along his or her experience to another. This social construct may help perpetuate a sense of connectedness among the men and help to increase attention and motivation during prenatal education.

While social learning theories may reflect many of the principles of behavioral learning theories, they place greater emphasis on external cues on behavior as well as how thinking influences action and vice versa (Parkay, Hass, & Anctil, 2010). Additionally for the field of behavioral science, learning is something a person does, not something that just occurs (Boyce, 2011). Consequently, no matter what process or experience is thought to produce learning, what students have learned is what they can do afterwards and did not know how to do before (Boyce, 2011). The prenatal instructor should view teaching as the facilitating of such changes, not as merely the dispensing of information (Boyce, 2011).

The common training format of lectures, videos, and dry demonstrations should be recognized as an outdated instructional design that will generate less efficient performance or even failure among many trainees (Boyce, 2011). Social influence and social learning are important to survival, and certain forms of social learning may have important implications for their underlying cognitive processes (Zentall, 2011). The importance of social influence on

prenatal education and how social learning unleashes cognitive processes should be recognized. When expectant fathers are afforded the opportunity to ask questions to fathers who have recently experienced the birth of their baby, the conversation takes on added relevance and credibility. This type of social interaction passes on vital functions of fatherhood, but more importantly it demonstrates how social interaction can influence the way in which men view the birth of the baby. The expectant fathers can see the bond that occurs between the new father and his baby and better comprehend what it means to become a father. In the next section of the literature review, the related sociological and psychological factors that directly influence expectant fathers will be examined.

### **Related Literature**

#### **Characteristics of Generation X**

Generation X is recognized as individuals born between the years of 1961 and 1981 (Strauss & Howe, 1991). This definition of Generation X was based upon both objective and subjective analysis of collective experiences (Collins & Tilson, 1999). It is safe to assume that each passing generation parents their children a little differently from the previous one. Although Generation X is near the end of their typical childbearing years, they are still having children. The generational characteristics that they possess need to be identified to better understand their fears of pregnancy and fatherhood.

In general, Generation X tends to be described as cynical and materialistic but also the generation that combined technology with a desire to master their destiny (Kupperschmidt, 1998). Others have typified this generation as a group of independent learners, problem solvers, and self-starting individuals with focus and a need for stimulation (Lankard-Brown, 1997). These characteristics shape the generation's living and learning profile and could have an effect

regarding their pregnancy and fathering fears. One learning technique that has resonated with Generation X in the past was parallel thinking (Lankard-Brown, 1997). This type of teaching may fulfill their need for stimulation due to the engagement of multiple sensory organs. A good example of a parallel thinking instructional method would be incorporating music, and narration with graphics or visual media (Lankard-Brown, 1997).

A chronological look at the events that occurred in the United States during the years of 1961 to 1981 may disclose some clues as to what shaped this generation. The Vietnam War, Cold War, and widespread civil unrest during their formative years may have helped to shape some of the cynicism and an increased need to control their own destiny. These conditions that existed in our country were one of radical change with very little cultural stability and less supervision during their upbringing. These sociological factors experienced during their formative years could influence the way in which they experience fears of pregnancy and fatherhood.

### **Characteristics of Generation Y**

To gain a better understanding of Generation Y expectant father fears, an accurate appraisal of their characteristics is needed. According to Howe and Strauss (2000), this generation was born between the years 1982 and 2000. This generation is now at an age to consider having children and desire to explore the role of parenting. The Y Generation reportedly feels a pressure to achieve personal goals and feels as though there are not enough hours in the day to get it all done (Howe & Strauss 2000). One remarkable aspect of the Y generation upbringing was the high level of parental involvement and structure in school and recreational activities. The structured upbringing may have helped to shape a high degree of self-worth (Woodruffe, 2009). One possible negative consequence of receiving a great degree of structured

parenting is the inability to perform outside of a highly structured environment (Woodruffe, 2009). Some of the general personality characteristics are confidence, independence, individualism, self-reliance, and an entrepreneurial spirit (Shaw & Fairhurst, 2008). Some other traits of the generation that would apply to parenting are being socially active, collaborative, team-oriented, and needing a high level of structure due to the way they were parented (Shaw & Fairhurst, 2008).

One common misconception is that Generation Y prefers technology versus sharing in person and use of hands-on activities for learning (Tolson, 2013). Although it does appear that Generation Y may have an affinity toward discussion boards and online assessments (Aviles & Eastman 2012). These Generation Y learning characteristics should be considered when designing future prenatal education programs. Based upon the stated characteristics, many Generation Y expectant fathers may be willing to be mentored. Furthermore, being technologically savvy, this group would most likely enjoy online discussions to express their concerns and to have questions addressed (Ray, 2013). The use of mentors and online discussion forums may help alleviate the anxiety and anxiousness of the expectant fathers through face-to-face interaction and the ability to have questions answered as they naturally occur. Additionally this generation uses personal electronic device sending and receiving approximately 20 text messages daily, and it is typical for them to utilize five or more personal electronic devices on a regular basis (Pew Research Center, 2010). These electronic devices can remind the expectant father of upcoming prenatal appointments and help them to stay in touch with their significant others.

All of these characteristics of Generation Y manifest themselves in a desire for clear direction and support in what to do, yet a need for freedom and flexibility to get the task done in

their own way (Shaw & Fairhurst, 2008). Prenatal educators should take advantage of the positive characteristics of collaboration and connection to build needed confidence for the challenges that lie ahead with fatherhood. Prenatal educators would benefit from engaging in discourse regarding the current educational approaches employed. A greater understanding of the pressures and stresses encountered by expectant fathers during the pregnancy may assist in meeting the educational needs of Generation Y in the future.

### **A Changing Role in Fatherhood**

In the last half of the twentieth century several changes occurred in American families that may have emotional and relational implications related to expectant father fears. The number of marriages throughout Western culture is at an all-time low, and the divorce rate is at an all-time high (Fincham & Beach 2010). In 2010, 41% of all U.S. births occurred in unmarried couples (Hamilton, Martin, & Ventura, 2011). The fraction of births born outside of marriage rose six-fold in the last half of the twentieth century (Ventura & Bachrach, 2000). To demonstrate the magnitude of the changing role of fatherhood in the United States, the number of single custodial fathers rose from 1% in 1960 to 8% in 2011 (Pew Research Center, 2013). These changes that have occurred in the family structure should be taken into consideration when examining this current generation's transition into fatherhood.

The father was once looked upon to be the sole provider of the family, but the current generation of fathers is now encouraged to engage in a more active role in the caregiving of children, a role once relegated to the mother (Bryan, 2013). Essentially the definition of fatherhood has shifted to include the role of caregiver and not much is known in regard to how fathers experience these new pressures (Marsiglio, 2008). Some fathers perceive the caregiving role as interfering with their ability to provide, which is still foundational in men's identities

(Bryan, 2013). Bryan also asserted that segments of society devalue the importance of fathers nurturing their children as opposed to being the breadwinner of the family. Many stay-at-home fathers may face stigmatization. In a study conducted by Finch (2011), 207 stay-at-home dads were given a 12-item *Multidimensional Scale of Perceived Social Support* and the 5-item *Satisfaction With Life Scale*. The participants were asked questions regarding stigma-related incidents. The findings demonstrated that 36% of the participants encountered reactions from other adults reflecting a general prejudice toward their role as a stay-at-home dad. These results illustrate the postulation that society in general may still be adjusting to the recent changes in fatherhood.

### **Psychosocial Factors of Expectant Father Fears**

A husband may attend prenatal classes with his wife, have reassuring chats with the doctor, and even see educational videos demonstrating childbirth. However, the fact remains that when the baby is born, the average husband is usually found in a state just a little short of terror (Phillips & Anzalone, 1982). The early identification of psychosocial needs of expectant fathers has been given little attention in the research community (Fletcher, Vampani, Russell, & Sibbritt, 2008). An Australian study conducted by Boyce, Condon, Barton, and Corkingdale (2007) explored the associations of highly distressed expectant fathers through the use of the General Health Questionnaire-28 administered late in the third trimester of pregnancy. It was discovered that 18.6% of 312 men in the sample suffered from high levels of psychological distress during the pregnancy. Moreover, expectant fathers who had poor marital relationships, minimal social networks, and insufficient information regarding pregnancy and birth had a higher risk for distress. The study also suggested more attention was needed to provide men with information about their partner's pregnancy and childbirth.

Paulson (2010) conducted a literature review on depression in expectant and new fathers from the years 1984 to 2009. According to Paulson, prior research had not yet established a clear understanding of this topic. Most of the studies that addressed paternal depression were incidental to larger studies. The review of literature also revealed that psychological aspects of expectant fathers had been largely ignored in research, and that distress is moderately correlated to depressive symptoms in the mother.

A study conducted by Fenwick, Baynes, and Johansson (2012) explored and described men's experiences of pregnancy and childbirth. Twelve men were interviewed during the pregnancy and after the birth of their child. Five themes emerged from the data: pregnancy news, profound change adjusting to pregnancy, birth looming, feeling sidelined, and childbirth expectations. Adjusting to the news of pregnancy often increased fear and anxiety, and the researchers stated that understanding men's prenatal experiences was vital to the development of prenatal preventative measures for men. Moreover, the significance lies within the reality that the father's well-being was associated with the mothers' well-being.

In Sweden, the research topic of expectant father fears was explored by Bergstrom, Rudman, Waldenstrom, and Kieler (2013). They conducted a quantitative study of 762 Swedish men of whom 10.9% suffered from significant fear of childbirth. Thirty-nine of the 83 fearful fathers were randomly chosen for a group who received childbirth preparation for coaching a natural birth for the expectant moms. This process involved the expectant fathers coaching their significant others in deep breathing techniques in preparation for natural childbirth. The remaining 44 fathers attended standard prenatal preparation classes, which did not include deep breathing training. All the men were administered a questionnaire after the birth to determine their perceived level of fear during the delivery. The results of the study indicated that many men

who feared childbirth during the pregnancy were at high risk for experiencing fear during the actual birth of the baby. Additionally, men who received childhood preparation classes had a more positive childbirth experience, but more studies are needed to support this conclusion.

Expectant father fears can be a debilitating problem, and it may be related to not attending prenatal classes. Hildingsson et al. (2013) conducted longitudinal research utilizing three questionnaires with 1,047 Swedish expectant fathers during mid-pregnancy, two months, and one year after birth. The data collected revealed that first-time fathers attended fewer prenatal classes and viewed the birth of the baby and future parenting with more difficulties. This study highlighted the importance of understanding how childbirth fear may be affecting expectant fathers in both the short and the long term.

Recent research on the worries parents experience during the pregnancy in the United States is very limited, but one study conducted by Biehle and Mickelson (2011) gave credence to examining the prenatal worries and the interaction that occurs between parents. The researchers utilized 104 heterosexual married or cohabitating couples recruited from prenatal classes during the third trimester of pregnancy. Data were collected through interviews to determine gender differences in what worries each parent for the pregnancy and childbirth process. The results indicated that while both personal and childbirth worries were important; the cognitive aspect of worry was related to emotional response, which, in return, was related to the couple's relationships. This circular affect of cognition, emotion, and relationship is of particular interest in this study and worthy of further inquiry.

Expectant fathers often feel relegated to the sidelines before and directly after the birth of the baby. This feeling of alienation and isolation may contribute to their fear and anxieties. In a study conducted by Hildingsson and Sjolling (2011), 665 new fathers living in Sweden



participated in a longitudinal study and completed four questionnaires for data collection. After analyzing the data, it was found that 18% of the participants did not have any support from anyone when asked in mid-pregnancy. The conclusion of the study exposed the fact that expectant fathers who lacked support from family and friends also tended to lack support from medical professionals. This study further supports the need for further exploration of expectant father fears and experiences to influence the direction and future for expectant father, prenatal education programs.

In an effort to understand expectant father fears, a greater knowledge of their subjective realities and coping mechanisms is necessary. In one qualitative study conducted by Premberg, Carlsson, Hellstrom, and Berg (2011), 10 Swedish fathers from two different hospitals were interviewed four to six weeks after the birth of the baby. For data collection, the 10 fathers engaged in re-enactment interviews to describe their experiences during childbirth. The data analysis revealed that childbirth involved four different themes of: process of the unknown, mutually shared experience, to guard and support the women, and in an exposed position with strong hidden emotions. The results of this qualitative study were expressed as concerns for the fear of the unknown and understanding how to successfully lead their newly formed family. The American prenatal educational community would benefit from a greater understanding of how to support these commonly experienced issues.

Expectant fathers may experience anxiety when they lack the skills and knowledge necessary for assisting mom with relieving labor pains and delivery. One study conducted by Li, Lin, Chang, Kao, Liu, and Kuo (2009) centered on evaluating how an educational program for expectant fathers affected anxiety. Eighty-seven Taiwanese expectant fathers completed a childbirth expectations questionnaire and trait anxiety inventory before being recruited. Two

hours after the birth of their child they all of the fathers completed a State of Anxiety Inventory. The participants were randomly placed into similar groups to analyze the affects of one particular prenatal education program. The findings of this study suggested that the implementation of birth education programs is one way of lowering anxiety levels in expectant fathers. This study demonstrated the connection between cognitive and emotional needs of expectant fathers. It also asserted the need for additional information with regard to understanding the fears of expectant fathers in the United States.

Many concerns arise when expectant fathers make the transition to fatherhood as described in a study conducted by Sansiriphun, Kantanuska, Klunkin, Boasuang, and Jordon (2010). This study utilized in depth interviews to collect data from 20 Thai-expectant fathers. The data were evaluated and the findings suggested that the essence of the expectant father's experiences were rooted in protecting the unborn baby. It was also discovered that the process has three phases: confirming and accepting, perceiving the baby as a human being, and ensuring the health of the mother and baby. The expectant fathers also employed five strategies to manage their concerns: seeking more information, taking good care of the unborn baby and wife, modifying behaviors, building a relationship with the unborn baby, and preparing for child and post-partum care. The results of this study help to justify the need for additional research targeting expectant father fears in the United States. It was discovered that when the participants had unplanned pregnancies, it tended to create more fearful experience during pregnancy (Sansiriphun et al., 2010).

The aforementioned studies shared some commonalities with regard to the methods applied in research and the psychosocial issues that drove expectant father fears and concerns. Many of the qualitative studies primarily utilized interviews and questionnaires for data

collection. The quantitative studies were more inclined to use anxiety inventories and questionnaires to measure levels of perceived anxiety. The results of these studies demonstrated three similarities with regard to the psychological and social issues experienced by expectant fathers. The first is a need for additional information and education during the several months prior to the birth of the baby. Secondly, expectant fathers have concerns for the health and welfare of mom and baby. Thirdly, expectant fathers have a need for social support during the pregnancy, and this process may have a relationship between the cognitive and emotional aspects of becoming a father.

### **Prenatal Education**

Some men have little or no preparation for what is to come with the birth of their child, and in some cases, no one they can talk to about their pregnancy experiences (Hildingsson & Sjolling, 2011). Essentially, new fathers are being asked by society to open themselves up to a torrent of unfamiliar emotions and process them alone (Williams, 2006). In the United States, there is now an established pattern of fathers attending their children's births, yet very little has changed with regard to how society prepares fathers for the experience of birth. Prenatal educators are in an excellent position to influence prospective parents about the importance of social support around the time of childbirth (Iliadou, 2012).

Fathers have much at stake during the transitional months directly before the birth of the baby and worry can sometimes ensue. If the worries are severe enough, they have the potential to interfere with the expectant father's ability to learn. A straightforward focus of instructing fathers on how to care for mother and baby is beneficial to relieving some of the stress and pressure created from a lack of knowledge of those subjects (Bishop et al., 2008). The natural inclination for many fathers is to support mom and baby fully, but some may lack the

practical experience to accomplish the goal (Bishop et al., 2008). Due to this inexperience, expectant fathers have great need to attend prenatal education when faced with the challenges of fatherhood. Experiencing intense fear during the pregnancy is a significant burden that calls for prenatal strategies for supporting the fearful fathers (Ericksson, Salander, & Hamberg, 2007).

Overall, the current body of evidence suggests that prenatal programs may have a limited impact on the prevention of anxiety (Milgram, Schembri, Erickson, & Gemilli, 2011). Another salient reality for prenatal education is the scarcity of research focused on testing the ability of interventions to positively impact anxiety (Li et al., 2009). During challenging times, the recollection of what has been learned can be somewhat limited and many couples do not benefit from what they learned 6 months after the baby is born (Mitnic, Heyman, & Smith Slep, 2009).

It has been suggested in prior research that prenatal anxiety interventions need to treat personality characteristics to be successful (Andriola, Trani, Grimaldi, & Donfrancesco, 2011). One study conducted by Patterson (1998) investigated whether a father-focused discussion group that emphasized coping skills to relieve stress and increase social support would have any influence on the relationship with one's spouse. Forty couples attended the traditional lecture style classes and were compared to 43 couples attending group discussion classes. The content was similar, but the discussion group included information regarding coping skills and social support. The premise of this study was that expectant fathers would benefit from a shift in the curriculum. The standard preparation of labor would shift to parental adaptation. The results of the study indicated that the expectant fathers increased their interpersonal reasoning with their spouse, participated more actively housework, enhanced their coping through social support, and sought more information from their OB-GYN.

In the last two decades, many changes have been taking place in fatherhood and the Boot Camp for New Dads program, or (BCND), has provided training to facilitate these changes to more than 200,000 expectant fathers (Bishop et al., 2008). In the fields of social science and legislation, a change is taking place with a marked increase in interest of fathers' influence on families and their communities (Perry, 2012). This renewed vigor to understand the impact of fatherhood presents opportunities for positive change with regard to how men are prepared for fatherhood. Programs that incorporate community connectedness are of particular interest. Expectant father education is still developing, and more research is needed to meet the educational needs of generation Y fathers. The opinions vary as to how expectant father's needs should be addressed, but whatever method is considered, a need exists for men to feel part of the process and just the subjects of it (Friedwald, 2007).

### **Parental Identity**

Parental identity could be defined as the recognition of what your role is as a parent and is based upon culturally acknowledged qualities, traits, and expectations (Hwang, 2012). Expectant mothers and fathers are in the process of forming a parental identity during the pregnancy. The relationship between the mother and father can take on new significance when both parents view the father as being valuable to their child (Adamsons, 2013). The father is then enabled to have a greater presence in their child's life thus promoting healthy father-child relationships (Adamsons, 2013). A mother who gives lower importance to the fathering role may hinder the father's ability to develop a positive identity as a parent. It has been hypothesized that fathers with a lower status or role would be less likely to be romantically involved with their children's mothers and may be associated with poorer father-child relationships (Adamsons, 2013). Inner conflicts are also a possible consequence when the mother devalues the role of a

parent. The father may become conflicted when he is not sure whether his paternal role behavior is appropriate in a given situation (Hwang, 2012).

The transition to fatherhood can be viewed as a developmental crisis, which leads to a major restructuring of their relationship with their partner (Naziri & Coster, 2006). During the pregnancy, the mother and father exert influence regarding each other's role identity. If the role of fatherhood or motherhood is devalued, it may create a negative circular effect in their relationship. One or both of the parents may not develop a positive parental identity, and as a consequence, the emotional needs may go unmet between them. Expectant father fears can be viewed from this perspective, realizing that a circular relational influence exists between the mother and father.

### **Co-parenting**

Researchers have well established the importance of co-parenting, and in the context of this study its application lies with in the adaptation and planning process that occurs before the birth of the baby. This process can create difficulties for some men and should be acknowledged when examining expectant father fears. Co-parenting could be defined as an agreement between parents on goals for raising a child, division of labor, and support versus undermining the other parent's authority (Feinberg & Sakuma, 2012). Co-parenting with a newborn baby involves interactions between the mother and father. An example of this is discussing how to handle perfunctory baby-care activities like feeding, burping, or changing a diaper. Alternately, co-parenting dynamics may occur indirectly between the parent and child such as when a parent critiques their spouse's parenting decision when interacting one-on-one with their baby (Kuhnhausen, 2008). Finally, co-parenting behaviors are likely to occur in whole-family level

interactions, such as when parents work as partners and ‘back each other up’ in order to meet the needs of a crying baby (Kuhnhausen, 2008).

Co-parenting in expectant fathers starts with giving and receiving affirmation and empathy during times of doubt or fear. An example of this would be giving a spouse support when he or she doubts their ability to properly care for the baby. Conversely, conflicts with regard to dividing chores or handling the baby care is likely undermining the parent’s confidence and hinder the quality of the relationship between mother and father. Spouses that are able to diffuse conflict with positive humor, careful listening, or affirming statements may also be able to create a more constructive family environment (Kuhnhausen, 2008).

### **Changes With Mom**

To better understand the fears of expectant fathers it is essential to understand the changes that mom encounters during the pregnancy and provide a greater context of the changing relationship between mother and father. Pregnancy is associated with several disruptive physical symptoms in the mother such as nausea, physical discomfort, sleep disturbances, and fatigue (Crawley, 2002). Fifty to eighty percent of pregnant women report some degree of cognitive impairment during the course of the pregnancy and problems with memory are the most common (Brett & Baxendale, 2001; Cuttler, Graf, Pawluski, & Galea, 2011).

These changes that the mother manifests may have relational implications and could place the couple into unfamiliar territory. The literature revealed two major physiological possibilities for the occurrence of these abnormalities. The first possible cause is Cortisol; this steroid hormone tends to increase during pregnancy (Allolio, 1990) and may negatively affect memory (Heffelfinger & Newcomer, 2001). Another hormone change that may be responsible for the cognitive changes is the reduction in estrogen during pregnancy (Sherwin, 2012).

From the moment a woman finds out she is pregnant, it is common to have thoughts about the health of the baby, preparation for the delivery, and long-term parenting, but in some women, anxiety or depression may develop and turn into a debilitating condition (Hoang, 2014). Approximately 6.6% of pregnant women suffer from anxiety and according to the American Psychiatric Association it is more prominent than depression with a 5% occurrence rate (Hoang, 2014). In regard to the expectant mother's predisposition to depression and anxiety during the pregnancy, and directly after the birth of the baby, there is evidence that it may be associated with sleep disturbances (Matsuda, Manabe, & Ueno, 2007).

The results of a recent study indicated high incidences of prenatal depression, anxiety, and stress across the third trimester of pregnancy for the expectant mother (Parcells, 2010). Although physical changes are common during the pregnancy, anxiety has been found to increase the acuity of the physical symptoms of pregnancy such as headaches, heart pounding, dizziness, and shortness of breath (Hoang, 2014). The physiological and emotional changes that the mother may endure are significant and need to be taken into consideration when examining the reactionary fears that are propagated in the expectant father.

Another relevant factor to take into consideration when examining emotional changes that occur with pregnant mothers is prior abuse as a child. The percentage of women who have experienced physical, emotional, or sexual abuse is an alarming 20% and the psychological changes that occur as result of the pregnancy seem to heighten the affect of the abuse (Huth-Bocks, Krause, Ahlfs-Dunn, Gallagher, & Scott, 2013). These tragic circumstances of prior abuse may not always be visible during the courtship and/or the beginning of a long-term relationship. A pregnancy can be filled with challenges and stressors even under the most ideal circumstances. Recognizing that other preexisting psychosocial factors can perpetuate anxiety



levels in both parents is critical to understanding the broad context of expectant father fears.

### **Challenges and Stressors for Dad**

Many fathers undergo tremendous changes with regard to their relationships, leisure time, interests, and values (Hofner, Schadler, & Richter, 2011). These lifestyle changes create challenges and stressors for expectant fathers that should not be ignored. The challenges and stressors for expectant fathers are variable and highly dependent upon their unique circumstance, but some generalizations can still be made with regard to the subject. This naturally occurring shift in values and interests may be a trigger for expectant father concerns regarding their performance before, during, and after the birth of the baby. Some men view labor and birth as a stressful event and tend to worry about the well-being of their spouses, while other fathers tend to feel unprepared to do all the needful things to assist their wives during labor (White, 1998).

Expectant fathers sometimes undergo a major transformation of perception during the pregnancy, and this adaptive process is obviously not without its stresses (White, 1998). One extreme example of this perceptual change may be exemplified in the shared symptoms between the mother and father of the baby. The medical community now refers to this condition as *Couvade Syndrome* and it is frequently described as an involuntary affliction of female pregnancy symptoms in the expectant father (Brady-Freitag, 1994). These shared symptoms between mother and father during the pregnancy could be related to a paternal change in perception in some cases.

Men may be reluctant to recognize their health needs and seek assistance in meeting these needs (Polomeno, 1998). In general, men appear to be more vulnerable to stress than women are with regard to unhealthy lifestyles such as smoking more, exercising less, and consuming more alcohol than women (Polomeno, 1998). A great need exists for addressing the health needs of

expectant fathers as an important aspect of preparation for the transition to parenthood, this is due in part to the psychological and physical effect the expectant father has on the entire family (Polomeno, 1998).

There is a recognition that many things have changed with regard to the father's involvement in parenting an infant (Halle et al., 2008). The fact that some men have difficulty discussing emotions has not changed to a great degree. Many fathers are participating in the birth of their child and most assist in early infant care. Despite this level of involvement, fathers are often reported to be guarded about verbal discussion of feelings about becoming a father (Halle et al., 2008).

The father may have various reasons for wanting to be an actively involved in childbirth including pressure from his wife, family, peers, and health professionals. He may also be motivated by a sense of responsibility or obligation to his wife and child. Regardless of what motivates the expectant father, the role that he adopts is highly contingent upon his personality characteristics and perceived expectations from others. A very poignant question remains: Could these marked changes in the role of fatherhood be increasing the likelihood of experiencing anxiety and fear of impending fatherhood?

### **Paternal Perceptions of Disequilibrium in Parenting**

Expectant fathers sometimes have the perception that they do not have equitable amount of importance for their role during the pregnancy and the several months post delivery (Tremblay & Pierce, 2011). This perception may be perpetuated by the vast amounts of literature on parenting that encompasses the issue from the women's perspective. A father's perception of himself and the relationship with his wife may be increasingly sensitive to maternal influences over the first few months of the birth of the child, as there is need to adapt their new life with a

child (Tremblay & Pierce, 2011). The two most prevalent responses from fathers at the time of the birth were: concern about their ability to cope with the stresses of new parenthood and whether they had the skills and knowledge to care for their new baby (Fletcher et al., 2008). Part of the perceived disequilibrium may stem from the belief system that men are not an important part of the pregnancy and birthing process, when in actuality they are just as important. Men perform many valuable functions during the pregnancy, labor, and delivery. They can provide mom with care, concern, and confidence with a conscientious approach.

Expectant fathers sometime grapple with multiple and changing contexts of fatherhood, and these contexts affect the way in which their relationships are understood (Goodsell, Meldrum, & Vargo, 2010). The subjective lens from which each father views his life may be in a state of transition during the last trimester of pregnancy. One of the primary goals of prenatal education for fathers is to help them bridge the gap between what they are feeling presently and how they will feel shortly after the baby is born. The interconnections necessary for understanding fatherhood between life's varying contexts are complex and difficult for most men to synthesize immediately, which could be adding to the intensity of some underlying fears of expectant fathers.

Parental self-efficacy refers to a person's perception that he or she is able to effectively perform the role of parent (Tremblay & Pierce, 2011). The relationship between mother and father is reciprocal in nature meaning that what one feels or does affects the perception of the other (Tremblay & Pierce, 2011). It is surprising that little attention has been given to self-efficacy in the early months and how it may relate to a lack of early paternal involvement. Mothers are often seen as playing a key role in determining the fathers place in the family as they oversee, correct, and sometimes criticize fathers parenting behavior (Tremblay & Pierce, 2011).

Some fathers may need to realize that they have the power to influence mom's perception of their parenting ability either positively or negatively by their actions and attitudes.

### **Supporting Mom Emotionally**

Women in labor have a profound need for emotional support through encouragement, praise, reassurance, listening and continuous presence from their partner (Iliadou, 2012). It has been found that maternal stress during the fetal growth period in the womb has been found to have profound developmental implications for the baby including low birth weight and premature birth (Sturgis, 2014). This reinforces the need for emotional support during the pregnancy to assist the mother in lowering her stress level. The full engagement of father has been associated with the prevention of a wide range of health problems for the mother and baby (Ny, Olukoya, & Plantin, 2011).

In some mothers, depression and anxiety can also be an issue that elicits the need for emotional support during and directly after the birth of the baby. Prior research has established that father involvement has a tendency to moderate the effect of maternal depression during the child's infancy (Mills, 2005). Relational dissatisfaction was found to be a strong predictor of maternal emotional distress (Rosand, Slinning, Eberhard-Gran, Rosamb, & Tambs, 2011). So how does an expectant father emotionally support his spouse or partner during the pregnancy? Support systems that included stress management techniques like deep breathing, warm baths, and a massage can be helpful in relieving stress in the expectant mother (Tally, 2013). Emotionally supporting expectant moms involves the realization that they have a difficult time relaxing because their minds continue to process tasks that need to be accomplished (Tally, 2013). Listening to mom's concerns and then helping to accomplish these tasks that preoccupy her thoughts may assist the mother in relieving stress related to the pregnancy.

## **Bonding With the Baby**

Historically, researchers have postulated regarding the lack of paternal involvement during the last trimester of pregnancy and the several months following the birth of the baby. In many expectant fathers, high levels of worry are experienced when faced with the changes that need to be made in preparation for fatherhood (Harville et al., 2009). These fears experienced by expectant fathers may be intrinsically connected to their lack of involvement with mother and baby during these critical months. Fathers have often felt inadequate to meet these new demands and are frequently relegated to the sidelines of both the pregnancy and the delivery of the baby (Genosoni & Tallandini, 2009). The fears and insecurities that expectant fathers encounter may be related to the father's lack of bonding with the baby before and shortly after the birth of the baby.

Some of the current research suggested that expectant fathers can initiate the process of bonding with the baby before birth. Habib and Lancaster (2006) conducted research that explored paternal fetal bonding during the first trimester of pregnancy. A sample of 115 first-time Australian fathers completed a measure of paternal fetal bonding. A regression analysis was performed and there was some evidence that if the father had a strong identification with being a parent before the baby was born, then he would bond well with the baby after the birth. The results of this study espouse the notion that whatever a man thinks, so he shall become.

A father's role in a child's life is essential in helping to determine the healthy development of a child (Capuozzo, Sheppard, & Uba, 2010). Half of a child's genes come from the father, and it makes sense that the presence of both a father and a mother are crucially important in helping to determine the well-being of their child (Capuozzo et al., 2010). In regard to the expectant father actually preparing to bond with his baby, Princeton's Center for Research

on Child Wellbeing found that the months preceding the birth are when fathers are most receptive to behavioral changes required by their new responsibilities (Bishop et al., 2008). This reinforces the need for prenatal education programs that target the unique needs of fathers to be.

For four decades, attachment theory has been foundational for infant and child development (Capuozzo et al., 2010). New research indicates that the motivation level is enhanced by hormone changes, and it is important for expectant fathers to get involved early to take advantage of this physiological momentum shift (Bishop et al., 2008). While mom typically bonds with the baby easily, dad needs to take steps to build a bond with his baby, and expectant father education can help to equip and inspire them in doing so (Bishop et al., 2008). The expectant father can increase the level of bond with his baby through consistent contact and setting aside time to take responsibility for the baby to give mom a needed break. The father and baby bond may not occur right away, but if the new father is patient and steadfast in his efforts, it will eventually happen (Bishop et al., 2008).

### **Faith Implications**

During the past 100 years, mothers have tended take the lead in the moral development of families and men have taken the role of provider (Palkovitz & Palm, 1998). This sociological pattern is not easily broken, but some effort has been put forth to encourage fathers to be more involved with their children in this way. An excellent example of this is the *Promise Keepers* organization, which re-emphasizes the role of fatherhood regarding the moral development in families (Palkovitz & Palm, 1998). In a peer-reviewed study, consideration was given to spirituality in the context of fathering. The premise is that human beings are sacred, and that there is a power greater than the human father involved in fathering (Dollahite, 1998). This premise for parenting exemplifies the importance of placing God before all things and when this

occurs it can give the father the credence and authority that is granted by God. It was also suggested that religious practices, such as prayer and *Bible* reading, can give meaning and structure to family life and being involved in a faith community afforded fathers with a sense of connectedness (Dollahite, 1998).

Religious faith can be directly related to successful fathering and act as an agent for attitude and behavior change (Dollahite, 1998). In some men, faith may be ignited from the actual birth of a child and this propels rapid change. The expectant father can mitigate fear in just about every way imaginable, but when he looks to God, he reaches out in faith, not fear. It is in the struggle that the Lord allows that we grow close to Him and ultimately receive His strength to accomplish what He has called us to do. How does a man overcome fear?; he looks to God almighty to be granted a measure of faith to sustain him in all things, both small and large! A father must realize that to lose his own life is to gain life everlasting (Dollahite, 1998).

The hope is that expectant fathers will recognize the affect that father absenteeism has on their children and will look deeply with in to find the root of their own problems without causing the children to suffer possible lifelong psychological and social issues (McKinney, 2012). Every mother of a child deserves a caring and competent husband, and every child deserves a father that that he or she can count on. I pray that this study reveals insightful and needful information to those who develop curriculum for prenatal programs to help fathers to become the best that they can be.

### **Summary**

To adequately meet the physical and emotional needs of their newly formed families, expectant fathers need expertise and solid direction from those who have gone before them. Preparation by the father demonstrates to the mother of the baby a high level of concern and

motivation to meet her and the unborn babies needs, and with concern to preparation, there is no substitute. Knowledge has the power to change a circumstance, and an expectant father's fears are no exception. A large part of the emotional support that needs to occur between father and mother during the pregnancy could be impeded by expectant father fears. The wife is looking to the husband for leadership in an area in which he has no experience, and in this interaction a relational vacuum may be taking place. For many expectant fathers the lack of experience and self-assuredness may be creating a high degree of doubt and fear. This may potentially cause precariousness in the relationship between mom and dad.

The confidence or lack thereof that the father exudes has an affect on the mother and baby and deserves to be studied in greater depth. The experienced fears may have a tendency to undermine the confidence levels of the dads to be and should be understood more fully by those developing programs to support expectant fathers. The alternative to the father supporting mom and baby is not without severe consequences.

The behavioral ramifications for children without a father in the home are staggering. One combined study utilizing data from the *USDHHS, U.S. Department of Justice, Bureau of the Census, the Center of Disease Control, Criminal Justice and Behavior Journal, the National Principals Association Report, Rainbows for all God's Children, Fulton County Georgia Jail and Texas Department of Corrections*, fatherless homes produced 63% of youth suicides, 90% of homeless and runaway children, 85% of children that exhibit behavioral disorders, 80% of rapists motivated with displaced anger, 71% of high school dropouts, 75% of adolescent patients in chemical abuse centers, 70% of juveniles in state-operated institutions, and 85% of youths sitting in prisons (McKinney, 2012). According to Canadian research, children without a father in the home were 175% more likely to be diagnosed with *attention-deficit hyperactivity disorder*,



236% more likely to exhibit a conduct disorder, 218% more likely to be diagnosed with a specific emotional disorder, 202% more likely to have one or more behavior problems, and 256% more likely to repeat a grade (McKinney, 2012).

As research goes forward in the field of prenatal education they should gain understanding of the context of men's fears during the pregnancy. Many influences occur during the pregnancy that may encourage or discourage fear during the entire pregnancy and the several months following the birth of the baby. Obtaining meaningful information from fathers that gives additional context to masculinity during the pregnancy might propel men's prenatal involvement and their engagement with young children (Marsiglio, 2008). The study of social supports in the context of confidence may also reveal valuable information leading to positive changes in the field of prenatal education.

There is a need for understanding the trust in relationships, which tends to dispel fear and increase confidence; and this issue could be explored in the co-parenting relationship between the mother and father. After reviewing the relevant literature it was apparent that a women's willingness to trust her husband could have an impact on a man learning to trust himself as a father. An increased knowledge in this relational area would propel the prenatal education field to a new level of value for expectant mothers and fathers. Thick descriptions of the interactions between the expectant mother and father should yield significant information for understanding the process of building trust between expectant mothers and fathers.

The emotional grappling that occurs in difficult family circumstances and transitions cannot be ignored in this study. These emotionally charged experiences might help to reveal underlying causes and conditions that exacerbate fear in the fathers to be and hold considerable weight for future research conducted. Paying close attention to the influences that occur during

interactions with family, friends, and other significant relationships is also a critical area of investigation with regard to expectant father fears.

The review of the literature revealed one last area of concern. When conducting this qualitative research study it should be taken into consideration that becoming a father is not a small endeavor, and any activity that requires men to change their lifestyle and attitude will certainly produce some degree of fear and concern. Fear in and of itself is not necessarily a negative thing, but when accompanied with the general lack of support and the pressing needs of his newly formed family it can become a serious obstacle to learning and adaptation.

The most damaging impact of a fatherless home is in lack of direction for the children and many of the fathers to be have experienced a fatherless upbringing or divorce. The Bible commands fathers and mothers together to train the children up in way they should go and obey and worship Him rather than departing from Him (McKinney, 2012). The role of the father during childbirth is quintessential and entails much more than just being there to watch their child being born. The paternal role has evolved into one with increasing responsibility. Families need the love, support, and leadership that fathers bring.

The recent change and expansion of fatherhood duties could be perpetuating feelings of inadequacy in expectant fathers. It has been documented in prior research that expectant fathers can feel inadequate to meet these new demands of fatherhood and are frequently sidelined during the pregnancy and the delivery of the baby (Genosoni & Tallandini, 2009). These feelings of inadequacy that many expectant fathers experience may be directly or indirectly connected to their lack of involvement with mother and baby during the critical months following the birth of the baby. If a greater understanding of expectant father fears and anxieties can be provided, the

prenatal education fields should have the basis for new educational programming that will help to ease the distress expectant fatherhood. The educational process targeting the fears of the unknown could assist many fathers in increasing their confidence to be the fathers that they need to be. According to Boyce (2009) unresolved discomfort, distress, and uncertainty in expectant fathers has been connected to higher levels of anxiety and depression at a time when a father is needed the most.

## **CHAPTER THREE: METHODS**

### **Overview**

The transition to fatherhood consists of numerous challenges and yet very little attention has been given to the early identification of needs among expectant fathers (Fletcher et al., 2008). In addition to the inherent pressure and stress of adjusting to fatherhood, anxiety and depression can complicate the transition to fatherhood. A Canadian study explored the issue of anxiety and depression in expectant fathers and discovered that significant depression and anxiety occurred in 15% of the expectant fathers sampled during the middle stages of pregnancy (Morse, 1999). This study also concluded that 4 months postnatal only 6% percent of the fathers were suffering from anxiety and depression. Another Australian study discovered that 18.6% of 312 men in the sample suffered from high levels of psychological distress during the pregnancy (Boyce et al., 2007). These studies gave direction and credence to examining expectant father experiences and circumstances to gain a greater understanding of their fears. This qualitative collective case study sought to give an explanation for the fears in expectant fathers who participated in the BCND program at various sites in Orange County, California. It also sought to understand how prenatal education can help expectant fathers to cope with their fears. In this chapter the research methods utilized for this study are explained in detail including design, data collection, and evaluation aspects of the research.

### **Design**

A collective case study was chosen for this qualitative research due to the ability to make comparisons derived from multiple data sources for the purpose of explaining why and how a phenomenon occurs (Yin, 2009). This qualitative collective case study research sought to comprehend the phenomena through in-depth analysis of the entire scenario that the phenomena

were experienced in. A collective case study will explore multiple perspectives on one issue (Yin, 2009). This design was well suited for this study because it allowed the researcher to replicate procedures for each case which provided an in depth understanding of several cases for comparison reasons (Yin, 2009).

The prior research of Biehle and Mickelson (2011) discovered that there is a gap in the literature with regard to what is known about the worries fathers have during a pregnancy. The major intent of this study was to seek understanding why the phenomenon of expectant father fears occurs and discover how attending prenatal education helped them to cope with their fears. The collective case study design revealed important contextual clues to complex relational issues, and educational deficits that could be addressed in future prenatal education programs.

### **Research Questions**

This research study was guided by the following questions:

1. How do expectant fathers in the BCND program cope with fears during the course of the pregnancy?
2. How do expectant fathers perceive events that tend to trigger these fears during the pregnancy?
3. How do expectant fathers in the BCND program experience fears during the course of the pregnancy and one month after the birth of the baby?
4. How do fathers report participating in the BCND program has helped them develop and utilize strategies to cope with fears during the pregnancy?

The first question afforded the expectant fathers the opportunity to express all of the associated coping methods that were utilized to lend a deeper understanding of the context of expectant father fears. The research suggests that fathers need an increased ability to cope with

the stresses of new parenthood (Fletcher et al., 2008). Exploring the father's difficulties in making the adjustment to fatherhood, along with the coping strategies utilized, revealed much in the way of insight.

The second question was chosen to assist in determining what environmental, psychological, and social issues were the roots of the fears. In comparison to studies on maternal attachment, the relationship between a father and his infant is often overlooked (Andriola et al., 2011). Our American society tends to marginalize the importance of fatherhood during the infancy stage of development, which could negatively affect the perceptions of some expectant fathers. Watt (2003) suggested that future studies address the psychological issues involved with expectant fathers to better understand the incidence of anxiety and depression.

The third question allowed the participants an opportunity to disclose their fears and concerns and was the basis for the study. This question provided direction for exploring the experienced fears of the expectant fathers. Biehle and Mickelson (2011) suggested that research should target worries expectant fathers are experiencing. Another reason for choosing this question relates to how an expectant fathers needs should be met, especially with limited resources, whatever method is considered, a need exists for the men to feel part of the process and not just subjects of it (Friedewald, 2007). When the fathers drove this study through the expression of their fears and concerns, it placed them at the center of the process and not merely subjects of it.

The fourth question provided information in regard to how the BCND program helped the participants in attaining valuable coping skills to combat fear and uncertainty. Hildingsson et al. (2013) conducted a study and determined that understanding men's prenatal experiences was

vital to the development of future prenatal preventative measures for men. This question provided vital information that lent understanding to men's prenatal experiences.

### **Setting**

The BCND program was chosen for this study for the abundance of potential participants and their honest desire to become good fathers. I believe these participants demonstrated a great degree of honesty and integrity. This helped to increase the trustworthiness of the study. The BCND program delivers one distinctive three-hour session prenatal seminar that is centered on increasing the expectant father's confidence levels with regard to meeting the challenges of fatherhood. The boot camps are typically held in prenatal classrooms at various settings with ample space seating and instructional materials. The seating is arranged in a circle to foster the facilitated engagement and discourse among the expectant and mentoring fathers.

The BCND program begins with the men watching a short instructional DVD of men talking about their positive and some of their more challenging experiences that occurred during pregnancy and delivery of the baby. This helps to orientate the men to the instruction and stimulates questions. The facilitator asks the expectant fathers the following question: what are the biggest concerns or fears that they have been experiencing during the pregnancy? The instructor then writes down on the whiteboard each of the men's concerns and they become part of the learning objective cluster for the three-hour seminar.

The next question was: What was your father like when you were growing up? Each of the men has an opportunity to speak directly to this critical stage of discovery. The next stage is very critical to the success of the program, through the introduction of the veteran fathers with their babies. The instructor asks the veteran father to state the three most important lessons that he learned about his wife and baby during the pregnancy and delivery of their baby. These three

statements are also placed on the whiteboard.

The instructor will then ask the veteran fathers to discuss how they dealt with the emotional changes, teamwork, baby care, and safety issues that occurred during and directly after the pregnancy. Each expectant father will then have time to talk about his noteworthy experiences. The veteran fathers then break up into small groups to demonstrate baby care techniques such as feeding, changing diapers, burping, and crying babies. After the expectant fathers feel comfortable with this portion of the class, the facilitator initiates the discussion regarding the original concerns. Most of the questions will be directed to the veteran father, but the instructor will make clarifications and give additional support and direction to the discussion. The closing of the instruction entails going over each concern that was written on the whiteboard with veteran father input. The seminar will not end until all questions have been answered and the expectant fathers leave more confident with fatherhood.

This process involves both the social and andragogical models of learning through an instructional environment that promotes student input on goals and topics. Mentoring is driven by these expressed expectant father concerns. The fears and concerns expressed by the expectant fathers are discussed at length until the men feel more comfortable. Another aspect of the lesson that draws from the andragogical learning models is the use of the men's experiences. During the lesson they are able to express various relational circumstances that have occurred with their wives during pregnancy. The group dynamic is open and flexible which lends itself to one man learning from another in a safe instructional setting. The class affords the men a broad, transdisciplinary, and multidisciplinary perspective that make allowances for different styles and opinions. The instructional setting creates a strong therapeutic learning dynamic that affords the men an opportunity to process their thoughts, actions, feelings, and receive concrete suggestions



for handling circumstances in the future. The end result is the men are able to synthesize the information more efficiently and at a higher level of cognition. The expectant dads are then more likely to generate their own conclusions about what is the best approach for caring for new moms and babies.

### **Participants**

The participants included 16 first-time expectant and new fathers who attended the BCND program at three sites in Orange County, California. A purposeful sample is typified through the selection of site and participants who can purposefully inform a greater understanding of the research problem and the central phenomenon of the study (Creswell, 2007). The BCND program lent itself well to gaining the purposeful sample, which was needed to inform the research problem due to the diverse nature of its participants and varying circumstances in their lives.

This current generation of fathers possessed unique characteristics that needed to be understood in the context of fatherhood for future educational planning. Nine of the 16 participants belonged to Generation Y some of the characteristics that applied to this study are being socially active, collaborative, team-oriented, and needing a high level of structure due to the way they were parented (Shaw & Fairhurst, 2008). These characteristics manifest themselves in a desire for clear direction and support in what to do, yet a need for freedom and flexibility to get the task done in their own way (Shaw & Fairhurst, 2008).

Some of the applicable generational characteristics of the seven Generation X fathers who participated in the study were typified by Lankard-Brown (1997) and described them as a group of independent learners, problem solvers, with a focus and need for stimulation. They were also credited with generation that combined technology with a desire to master their destiny

(Kupperschmidt, 1998). The differences that existed in perception and fears between these two generations represented in the study were of particular interest.

### **Procedures**

The first step for completing the study was to obtain Institutional Review Board approval from Liberty University. The second step entailed contacting the main office to request written approval from the BCND program. Once Liberty University and the BCND program granted the approval, the potential participants were E-mailed letters by the headquarters of the BCND program inviting them to participate in the study through the BCND registration process. The E-mail contained a brief explanation of the purpose and potential risks of the research, along with directions for filling out the consents if they choose to participate. The written procedure for the study was sent to the headquarters of the BCND program. A letter was given to each consenting participant explaining the full research purpose, methods, procedures, ethics and the confidentiality issues involved in the study. The participants that take part in the study were on a volunteer basis only and needed to sign a consent form prior to engaging in the study.

The data collection began with through the semistructured interviews. The purpose of the interviews was to gain the participants perspectives with regard to their pregnancy fears and how the BCND program helped them to cope with these fears. The interviews took place one on one with the researcher and the participants. Most of the interviews took place directly after the BCND program completion, but there were several that took place at various places of convenience such as a coffee shop near their home to minimize the participants traveling and maximize their time management. Through the implementation of an interview guide (see Appendix B), I asked questions targeting the research questions to explore what pregnancy fears were experienced and how the BCND program helped them to cope with these fears. The

questions were semi structured and open-ended so that the participants were afforded the opportunity to fully express their experiences and perceptions. Based upon the length of responses, interviews lasted approximately 20 to 30 minutes. During the interviews, I took field notes, clarified questions, and facilitated discussion to encourage dialogue. Each interview was recorded on a digital recorder for later transcription.

Focus groups proved to be much more difficult to arrange than the interviews. The participants were extremely busy and hard to get a hold of, four of the eight participants who took part in the two focus groups that were held had already had their babies due to scheduling difficulties. The two focus groups occurred in two different BCND classrooms located in the Orange County, California. The focus group guide (see Appendix B) was employed to facilitate the discussions. The interviews and focus groups allowed me to gather data from multiple perspectives as to how the pregnancy fears were experienced and how the BCND program helped them to cope with these fears. The focus group discussions provided depth and additional details for analysis to determine the nature of their pregnancy fears. The length of the focus groups was 40 minutes and 75 minutes. Field notes and audio recordings using a digital recorder for later transcription were used to gather data.

The Kessler-6 scales were completed independently a minimum of thirty days after the birth. All of the participants utilized for this study completed this step of the data collection procedure. This scale was intended to glean additional data with regard to the participants perceived levels of distress during the delivery and the four weeks following the birth of the baby. This data was later analyzed to provide additional information with regard to their state during this time and to corroborate other forms of evidence uncovered during the data collection.

Common themes began to be identified during the interviews, and coding began in the field notes during the data collection. Direct interpretation and categorical aggregation were utilized to create meaning and understanding of the data (Stake, 2008). Direct interpretation occurred with each interview, focus group, and Kessler-6 scale submitted, and this gave meaning for each of the individual cases (Baxter & Jack 2008). Categorical aggregation was utilized to develop meaning from these individual cases and create multiple categories from which the study's themes were derived.

All audio files were transcribed and sent to study participants for member checking via E-mail prior to coding. Once the participants had examined the interview and focus group transcripts for the purposes of providing any necessary corrections to the data, coding began with the intention of discovering meaning, through the formulation of common themes and patterns known as correspondence (Stake, 2008). The first step entailed coding each interview, focus group, and Kessler-6 scale. From all these individual forms of data collection, codes were organized into the following three categories of fear: health for mother and baby, not being a good father, changing relationship with the mother. Once coding was completed, both within-case and cross-case analysis ensued to build an in-depth understanding of the phenomenon from the perspectives of the participants.

### **The Researcher's Role**

I was the human instrument in this qualitative study. My history, culture, and experiences were interwoven into the research (Creswell, 2007). In a collective case study the researcher needs to evaluate his experiences and biases to increase objectivity (Yin, 2009). The principal investigator must report any professional or personal information that affects data collection, analysis, and interpretation (Creswell, 2007). As a child, I experienced numerous family

conflicts and this variable was taken into account when performing the data analysis portion of the study. Some expectant father fears involved conflict with their wives. These conflicts needed to be analyzed in the appropriate context and are best analyzed once emotions had subsided (Barsky, 2006).

### **Data Collection**

The first step in the data collection process was to obtain IRB approval from Liberty University. Once Liberty University and the BCND program, had granted the approval, the potential participants were e-mailed letters inviting them to participate in the study through the BCND registration process. The written procedure for the study was sent to the headquarters of the BCND program. A letter was given to each participant explaining the research purpose, methods, procedures, ethics and the confidentiality issues involved in the study. The participants taking part in the study were on a volunteer basis only and needed to sign a consent form prior to engaging in the study. All of the 16 participants participated in a semistructured interviews and/or focus groups after attending the BCND program. Additionally the Kessler-6, a short questionnaire designed to glean additional perspective with regard to the participants' fears during the pregnancy and the birth of the baby were completed by 14 of 16 participants. The sequence of data collection was chosen to gain the perspectives of the participants after the BCND program is completed and also after the birth of the baby. The differences of perspective were utilized for comparison purposes.

### **Interviews**

Semistructured interviews took place after the participants had completed the BCND program. The interviews were conducted in places that the participants chose comfortable in order to provide the maximum comfort and convenience. Opportunities were afforded for

clarification of meaning and also flexibility for additional comments when the participants expressed a desire to revisit a question. An electronic device recorded the semistructured interviews. Field notes were taken during the interview for data analysis. The interviews were approximately 20 to 30 minutes in length. Semistructured interviews are open ended, with predetermined questions, allowing the interviewer to add relevant follow-up questions and place the order of the questions (Creswell, 2007). An interview is also a purposeful interaction that takes place between two or more people with the intent of gaining information from one of the persons involved (Creswell, 2007). I utilized the following interview guide to facilitate interviews.

1. How would you describe the fears you have experienced during the course of the pregnancy?
2. How would you rank the severity of your fears on a scale of 1 to 10 ( mild to severe)?
3. What generated your fears of fatherhood?
4. What fears or concerns do you have about the actual childbirth process?
5. How would you summarize the challenges that you have encountered during the pregnancy?
6. Articulate the excitement that you have experienced during the pregnancy.
7. What excites you about being a father?
8. Summarize how the BCND seminar helped you with the fears and apprehensions you have about being a father?
9. What specific strategies or skills did you learn from the BCND program that helped you to cope with fears during the pregnancy?

10. Please share the most impactful experience that you encountered during the BCND program.

The first question afforded the participants an opportunity to disclose their fears and concerns and was the fundamental problem for the study. This question provided direction for explaining the fears of the expectant fathers. The second question gave the researcher additional information to determine the gravity of the problem. Opinions vary with regard to how an expectant fathers needs should be met, especially with limited resources, whatever the method is considered, a need exists for the men to feel part of the process and not just subjects of it (Friedewald, 2007). The ability to articulate their fears and concerns in the context of a research study placed the expectant fathers at the center of the process versus being subjects of the study.

The third question gave the study additional context and provided explanations for their fears. The fourth question was chosen to assist in determining the cognitive consequences of triggering the fear. The fifth question illuminated any fears that surface with regard to the health and safety of the mom and baby but also any paternal performance issues. The sixth question progressed to the expectant father's perceived reality and all of the associated coping methods that were utilized to lend a deeper understanding of the context of expectant father fears. The research suggests that fathers need an increased ability to cope with the stresses of new parenthood (Fletcher et al., 2008). The seventh question provided insight with regard the connection between excitement, expectation, and paternal prenatal fears. Question eight also lent understanding to the larger context surrounding the fears. Question nine addressed how prenatal education assists fathers in grappling with fears of fatherhood. Question ten revealed how prenatal education can assist expectant fathers in diminishing childbirth related fears. The eleventh question gave the fathers an opportunity to express how the BCND program helped

them to attain the strategies and skills to cope with the pregnancy and birth of the baby. The twelfth question ensured that any additional experiences or thoughts are explored. Exploring the father's difficulties in making the adjustment to fatherhood along with the coping strategies utilized revealed much in the way of insight.

### **Focus Groups**

Two focus groups took place after the BCND program was completed. Due to time constraints and very busy third trimester pregnancy schedules, four of the eight participants who participated in the focus groups had already delivered their babies. These participants had fresh experiences in their mind, and it did not appear to hinder the focus group process. The first focus groups had five participants, and the second focus group had three participants. The participants were afforded the opportunity to speak freely in a group dynamic, and this type of communication uncovered additional experiences and perceptions that apply to expectant father fears. The focus groups stimulated the sharing of information due to the participants being similar and cooperative with each other (Yin, 2009). The depth that was needed for this study was served well by the spontaneity that occurred with the dynamics of a focus group (Creswell, 2007).

1. Provide an example of how your past experiences influenced your fears of fatherhood.
2. Explain how the fear of fatherhood has impacted the relationship with your 'significant other'.
3. Describe your concerns and excitements surrounding the childbirth process.
4. Share the ways your significant other has reacted to your concerns and excitements surrounding the childbirth process.
5. Provide an example of how fear has altered your approach to preparing for fatherhood.



6. Identify examples of ways you are coping with fears of impending childbirth and fatherhood.
7. What training or education might help you prepare for the childbirth process and being a father?

### **Kessler-6**

This instrument is a scale to quantify non-specific psychological distress, and has demonstrated excellent internal consistency and reliability (Cronbach's alpha,  $\alpha = .89$ ). This scale helped to reveal the level of distress in expectant fathers both during and the 30 days following the birth of baby. Fourteen of the 16 participants completed the scale, and it yielded additional perspective with regard to the participants levels of restlessness, nervousness, worthlessness, effortlessness, depression, and hopelessness. The questions asked on this instrument targeted the month prior to taking the scale and asked how much of the time do you feel . . . The choices are all of the time = 4, most of the time = 3, some of the time = 2, a little of the time = 1, and none of the time = 0, and should provide data to answer the research question.

The six questions for the Kessler-6 are as follows:

1. . . . so sad nothing could cheer you up?
2. . . . nervous?
3. . . . restless or fidgety?
4. . . . hopeless?
5. . . . that everything was an effort?
6. . . . worthless?

### **Data Analysis**

The collective case study approach requires that the researcher find out what people are experiencing in regard to the phenomena, which could provide a perceived explanation (Yin, 2009). A vital step in any qualitative study is to bracket out the researcher's experiences; this helps a researcher to maintain an unbiased perspective when analyzing data (Yin, 2009). An awareness of the researchers' experiences should be reflected in the analysis of the data; this is what researchers refer to as reflexivity (Yin, 2009). The researcher may analyze data and/or describe the experiences of the participants through an unconscious rationalization of personal experiences. This is not the intent of a case study and in contrast seeks to provide an explanation for the phenomena (Yin, 2009).

Data was collected through interviews and two focus groups after the participants attend the BCND program. The administration of the Kessler-6 scale occurred last and was completed a minimum of one month after the birth of the baby. These three data collection methods provided data triangulation and gleaned data with regard to how often and what specific fears and feelings of distress are experienced during the pregnancy and directly after the birth of the baby. All of the data were documented, categorized, connected, corroborated, and represented in the findings (Trochim, 2006).

Researchers can achieve triangulation through the utilization of different data sources to confirm one another in an effort to corroborate the information from the participants (Yin, 2009). The study was guided by four broad questions for the data collection. The first question: What fears have you experienced during the course of the pregnancy? The second question: What circumstances during the pregnancy or in the past have triggered the fear of fatherhood? The third question: What personal changes regarding the preparation for fatherhood have been the

most difficult, and how have you coped with these changes? The fourth and final question: How does participation in prenatal education help expectant fathers to develop coping skills to mitigate fears during pregnancy?

According to Miles, Luberman, and Saldana (2013), once the data are collected the first step is to assign codes to set of transcripts; and for this study, interviews and focus groups were utilized. The second step was to sort through the coded materials to identify similar phrases, relationships between variables, patterns, themes, categories, distinct differences between subgroups, and common sequences. The Kessler-6 scale helped to provide additional data an effort to establish patterns and themes between variables. I then isolated the patterns, commonalities, and differences and gradually elaborated on a small set of assertions and generalizations that cover the consistencies discerned in the database. Lastly, I compared the generalizations with the formal body of knowledge in the form of constructs and theories. This was performed with the intent of understanding why the participants were fearful during the pregnancy and how the BCND program helped to ease or cope with their fears. I examined the evidence collected and developed a plausible explanation of the phenomenon of expectant father fears and how prenatal education helps them to cope with their fears. This is accomplished through stipulating perceived explanations of the phenomena (Yin, 2009). This was not a precise explanation for the phenomena, but a very complex interaction of experiences, expectations, and relationship issues that were holistically evaluated.

### **Trustworthiness**

To ensure a high degree of trustworthiness, four essential criteria were adhered to in this study. The first criteria is credibility which relates to executing believable research to the reader (Trochim, 2006). Credibility was addressed through direct quotes to correctly convey the

perceptions and meanings that were intended by the participants; this was accomplished by utilizing quotes made during the data collection process (Creswell, 2007).

The second criteria is transferability, or its ability to be generalized to other contexts (Trochim, 2006). To increase transferability the study provided a detailed account of the participants' experiences. Thick descriptions, which is an elaborate account of the participants' experiences, lead to a great degree of verisimilitude and help to facilitate transferability (Creswell, 2007).

The third criteria is dependability, which refers to study results being repeatable (Trochim, 2006). I implemented the following strategies in this study for adherence to this principle. To account for dependability, member checks were performed, which entailed allowing the participants to proofread their responses to ensure that the data collected was congruent with their statements and intentions (Creswell, 2007).

The fourth criteria is confirmability which could be defined as the degree that the research can be corroborated by others (Trochim, 2006). In the realm of transferability, the interview and focus group questions were reviewed and practiced with an expert panel of three members to check for applicability to the research. The combination of interviews, focus groups, the administration of the Kessler-6, and field notes taken after the expectant fathers attended the BCND program provided triangulation of the data for further confirmability of the study (Creswell, 2007).

### **Ethical Considerations**

This study was centered on examining the fears of expectant fathers. Both verbal and written communications to the participants spoke directly to the main objective of the study before the participants volunteered for the study. Written approval from the BCND and IRB occurred before any data was collected and all IRB guidelines were followed. The adult

participants were informed of all procedures and implications regarding the study before giving written consent. The names of the participants will remain anonymous through assigning pseudonyms for each participant. All data collected for this study was placed in a locked safe in my residence and/or has password protection for a period of three years after the completion of the study. After three years the data will be destroyed or deleted for the purpose of protecting the participants' confidentiality.

### **Summary**

This collective case study was utilized for this qualitative research to make comparisons from multiple data sources to explain why and how a phenomenon of expectant father fears occurs. This approach assisted in understanding the phenomena through in-depth analysis of the data collected that targeted the experiences the phenomena occurred in. This collective case study explored multiple perspectives on the phenomena and was well-suited for this study. This qualitative collective case study allowed for the replication of procedures for each case which provided an in depth understanding of several cases for comparison reasons (Yin, 2009).

## **CHAPTER FOUR: FINDINGS**

### **Overview**

The purpose of this collective, qualitative case study was to explore how men perceive fears of childbirth and level of preparedness to become fathers. An additional purpose of this study was to explore how men perceive participation in a prenatal parenting seminar to help alleviate these fears and develop preparedness to become a parent. The method of research was chosen to identify critical transitional experiences encountered before and directly after the birth of the baby. Three BCND locations in Orange County, California, served as the sites for data collection. Four research questions informed the study. The two most critical questions focused on how the expectant father perceive and cope with their fears. Additional questions targeted their fearful experiences to understand relational and environmental conditions involved in the pregnancy fears. The findings reported in this chapter are based on analysis of the following data collection points: semistructured interviews, focus groups, Kessler-6 Scale, and researcher field notes. The data collected revealed five themes related to the fear of the unknown and relational experiences as posed in the guiding research questions. The themes were:

1. Am I prepared for fatherhood?
2. Will mom and baby be in good health?
3. Will I ever get my wife back?
4. I'm not alone.
5. If the veteran dads can do this, so can I.

### **Participants**

The participants included 16 first-time expectant and new fathers who attended the BCND program at three sites in Orange County, California. Four of the participants had already

had their babies at the time of the focus groups. A purposeful sample is typified through the selection of site and participants who can purposefully inform a greater understanding of the research problem and the central phenomenon of the study (Creswell, 2007). The BCND program lent itself well to gaining the purposeful sample, which was needed to inform the research problem due to the diverse nature of its participants and varying circumstances in their lives. None of the participants dropped out of the study, but only five participants were able to participate in all three data collection methods. This was mostly due to the hectic schedules that expectant fathers have several weeks before and after the delivery of the baby. Table 1 provides the demographic information of the participants.

Table 1

*Demographic Information of Participants*

Participant Number	Age	Ethnicity
1	42	Caucasian
2	27	Caucasian
3	41	Caucasian
4	40	Caucasian
5	25	Asian
6	28	Asian
7	34	Hispanic
8	26	Asian
9	27	Hispanic
10	29	Hispanic
11	31	Hispanic
12	45	African-American
13	38	Caucasian
14	30	Hispanic
15	37	Caucasian
16	28	Caucasian

## **Results**

Data were collected from 16 expectant fathers participating in the BCND program. Semistructured interviews and focus groups afforded the study with discussions that provided rich, thick, and descriptive narratives to explore the fears of the participants. The data analysis and summary occurred through the utilization of the results from the Kessler-6 scale (see Appendix D), semistructured interviews (see Appendix E), focus groups (see Appendix F), and field notes. The data were categorized within the specific instances (within-case analysis) for each participant, and then a cross-case analysis was conducted with the aforementioned data collection methods (Stake, 1995). Data triangulation was utilized to increase the validity of the study and to meld together the broad perspectives of the multiple participants. Emerging themes were identified through coding which allowed for data to be explored for the purpose of identifying important patterns and themes (Stake, 1995).

### **Within-Case Coding**

I began the analysis by reading through each of the transcripts and listening to the recordings of each interview and focus group two times. During the readings, I placed notes in the margins of the transcripts to continue the coding process within-case. I utilized different colored highlighters to identify statements related to each of the research questions. During the within-case analysis, I then developed a list of codes from each of the participant interviews, focus groups, Kessler-6 scale, and field notes. I focused on key words and phrases that were supported in previous research. This was used as a baseline for identifying important contextual information.

The coding consisted of lists of words or phrases that reoccurred in context with the related research questions. For example, codes from participant interviews that pertained to



pregnancy and becoming a father were coded as “fears of competency,” “fears for the health of mom and baby,” “fears of relationship change,” “fears of being like their father,” “fears of not bonding with the baby,” “financial fears,” “fears of not supporting the mother,” and “fears of lifestyle change.” In regard to how the BCND program helped the expectant fathers cope with their fears the following codes were assigned: “baby care skills,” “preparation for the hospital,” “caring for new moms,” “crying babies,” “communication with mom,” “communication with extended family,” and “teamwork.” Within-case coding was an essential part of the data analysis as it is foundational in the interpretation phase of data analysis. This was when the patterns and themes began to emerge across the cases and helped in validating the commonalities across multiple perspectives.

### **From Codes to Identified Themes**

The confirmation of the emergent themes required that the codes from each of the participant’s perspective be collected and compared utilizing categorical aggregation (Stake, 1995). I categorized and compared data codes between the multiple participants. To support the validation of the initial themes generated during the within-case analysis, triangulation of multiple perspectives confirmed similar content and patterns in each theme. Additionally, perspectives from the multiple participants, along with evidence from the Kessler-6 scale and field notes, further validated the themes. Once the analysis of the cases was completed (within-case analysis of participant interviews, focus groups, Kessler-6 scale results, and field notes), codes from participant interviews and focus groups, Kessler-6 scale results, and field notes converged to enhance the validity of the study and corroborate findings. Through content analysis and comparison, inductive logic was used to move from specific codes to more general themes. I recorded recurring words from the participant interviews, focus groups, and field notes

to identify core consistencies and meanings (Patton, 2002). Essential words and phrases found in the within-case codes were categorized into the four categories coping with fear: triggers of fear, experiences of fear, strategies to cope with fear based upon the context, and similarity of key words and phrases with numerous occurrences. The codes recurring most frequently were an integral part of identifying and generating the essential themes for the study. Each theme was then aligned with the guiding research questions. Table 2 displays the identified themes in relationship to the primary codes and the guiding research questions.

Table 2

*Cross-Case Analysis Framework*

Research Question	Theme	Code Enumeration Across All Data Points	
1. How do expectant fathers in the BCND program cope with fears during the course of the pregnancy?	Am I prepared for fatherhood?	Fear of the unknown	21
		Coping through education	19
		Coping through preparation	20
2. How do expectant fathers perceive events that tend to trigger these fears during the pregnancy?	Will I ever get my wife back?	Changes in relationship with wife	13
		Relationships with others	7
		Mood changes in mom	6
		Physical discomforts	6
3. How do expectant fathers in the BCND program experience fears during the course of the pregnancy and one month after the birth of the baby?	I'm not alone.	Supportive wife	14
		Teamwork	9
	Will mom and baby be in good health?	Delivery concerns	9
		General health concerns	21
		Family health history	5

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4. How do fathers report participating in the BCND program has helped them develop and utilize strategies to cope with fears during the pregnancy?	If the vet dads can do this, so can I.	Observing experienced dads	24
		Supportive environment	12
		Male perspective	13
		Communication with significant other	10
		Specific baby care content and skills	24

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### Themes

Results from interviews, focus groups, the Kessler-6 scale, and field notes were utilized to triangulate the data collected. With regard to this study, triangulation was used to discover whether the participant perspectives were consistent across multiple data collection points. This further determined whether the themes and trends found in the multiple points of data could be substantiated and provided further meaning and clarification to the research questions. After triangulating the data from the above sources, the following themes emerged:

1. Am I prepared for fatherhood?
2. Will mom and baby be in good health?
3. Will I ever get my wife back?
4. I'm not alone.
5. If the veteran dads can do this, so can I.

### Research Question One

The first research question was centered on how expectant fathers in the BCND program coped with their fears during the pregnancy. Although expectant fathers coped with fears in

various ways, some commonalities were drawn from the participants' responses during the interviews and focus groups. The group of expectant fathers tended to cope with their fears through preparation and education. Another commonly utilized coping strategy was to turn to family and close friends for mental, emotional, and physical support.

The Kessler-6 scale measured low to moderate levels of distress in five of the 14 participants, which showed that some of the participants were coping with some stress during the pregnancy. Most of the participants who completed the Kessler-6 scale experienced some degree of restless and effortlessness during the course of the pregnancy, which supports the presupposition that some expectant fathers may be experiencing some level of emotional strain during the pregnancy.

**Am I prepared for fatherhood?** During interviews and focus groups, many of the participants stated that the predelivery jitters that they experienced propelled them into taking prenatal education classes and in making the numerous baby preparations at home. Another prominent coping strategy was to prepare for the baby through making prearrangements with friends and family to help out their newly formed family during the recovery period, which gave the expectant fathers a sense of security and support. Four codes supported the theme of how prepared the men felt about being fathers: fear of the unknown, coping through education, coping through preparation, and coping through family support.

***Fear of the unknown.*** Data from interviews and focus groups revealed that many participants were afraid of the unknown aspects of pregnancy and the delivery. Expectant father 1 described his fear of the unknown as follows: "I don't feel like I have it all figured out by any stretch, but I would say the fear of the unknown was the main thing, but getting educated on those fears made things easier" (personal communication, February 5, 2015). Expectant father 2

described similar fears, “ Well I think just the fear of the unknown, never been a dad before, and you see these things on the television with all the stress with kids, and will my relationship with my wife change, the most terrifying thing for me would be am I capable of being a good father” (personal communication, February 7, 2015). Expectant father 4 described his fear during the pregnancy as the fear of uncertainty and stated, “ I would describe those fears as fears as fears of uncertainty, and inadequacy, the baby’s health, the wife’s, health, and things out of my control really bothered me” (personal communication, February 8, 2015). Expectant father 5 described both excitement and fear related to the unknown, “I have been a little nervous about things, but I am more excited than anything else, I don’t know what’s going to happen” (personal communication, February 9, 2015). Expectant father 11 described his fear related to the unknown in terms of finances and work: “ My baby is breech right now, so I am worried about it, will I be able to take enough time off work” (personal communication, February 12, 2015).

Other participants discussed concerns about handling the delivery. Expectant father 3 stated “I do not do well with blood and surgery rooms” (personal communication, February 7, 2015). Expectant father 4 expressed his concern stating, “I do not know much about the medical science” (personal communication, February 8, 2015). Expectant father 6 stated “I’m not sure I can handle this, I want to support my wife, but I am concerned that the sight of blood will make me pass out” (personal communication, February 9, 2015). Expectant father 14 was concerned about things going wrong and stated “I do not want nurses making decisions if there is no doctor present” (personal communication, February 13, 2015).

***Coping through education.*** Expectant fathers attended the BCND program, but also read books to develop new skills and knowledge of the childbirth process. In a focus group, one participant explained his reason for attending the seminar:

I think it's just hands on experience, just trial and error, and I know that would be good for me, and I think that I love kids, and I have been around them, and I think in some cases we do have instincts, that in some cases are just as strong as the mom.

Another focus group participant shared his educational efforts by stating

I think at this point, I've got a lot of information out of the classes, I've got a lot of information out of the books, and things like that. I think the last piece would be the hands on experience in some way, practice, and just even like holding a child. I think at this point it's just confidence building, and figuring out what the baby needs.

Another participant mentioned that he found educational resources online: "Youtube. There is nothing you cannot learn on the Internet, but it brings about every opinion in the world, though" (personal communication, February 8, 2015). Other participants shared the need for classes specifically for fathers: "My wife knows about this mommy and me class, but I think if guys had a longer-term class that was structured it would be very good" (personal communication, February 8, 2015). Another participant stated, "I think hands on type classes would really help us guys get a feel for things, I'm a, until-its-real-and-I-can-touch-it-kind of person, so these types of classes would be great" (personal communication, February 7, 2015).

One participant in focus group 2 stated:

You know in my point of view, I felt like I needed to read every book and take every class, we have taken fifteen classes, probably three or four of the classes had some overlap, but you needed to take the class before you took the class, but when it comes to it, intuition and instinct will be our best resource, so anything that helps to raise awareness would be helpful.

The next participant stated:

As far as any education that comes to mind, I also have taken some other classes but my opinion for education that's helpful would be classes that you actually get to talk to other dads, talk about their experiences, and what they have gone through, I guess as far as you becoming father and childbirth, talking to people who have been through it before and not just sitting in a class, but you need classes with parents with their babies, it is also important to talk to multiple people about these fathering topics.

***Coping through preparation.*** In addition to education, several fathers discussed the need to get prepared for the baby's arrival home. One expectant father in a focus group discussed how the preparation process helped him to cope with his fears during the pregnancy and stated:

We had everything picked out, the house, the furniture, it was the opposite of procrastination we over prepared, we had six months to go, and I wanted to make sure that the house and furniture and everything was installed, and we actually had the carpet cleaners come out to early because it became dirty again after six months that's how I dealt *with the fears*.

Another focus group participant stated:

I think maybe I am a little bit of an over-preparer because I have been very anxious about getting everything ready, all the products that the baby needs, and just wanting to provide a safe environment for him. Like I said it's a little stressful getting that all together. I also think that worrying about how it's going to change my relationship with my wife kind of changed my approach. Soon it's not going to be us two, but us three.

Another expectant father stated the following in an interview, "I guess an example of this would be that the fear has caused us to prepare, meaning we have taken every class, signing up for

consumer reports, signing up for every stroller, every binky report known to man” (personal communication, February 15, 2015).

Expectant father 2 stated, “The preparation part is very challenging, it feels so much more chaotic now.” He also expressed that all of the activities like the baby showers, and appointments on top of work and other responsibilities caused him to feel overwhelmed (personal communication, February 7, 2015). Expectant father 4 explained that things were constantly evolving and stated, “It was difficult and seemed like a moving target” (personal communication, February 8, 2015). Expectant father 5 exclaimed, “All the preparations, doctor appointments, and getting the baby preparations done made time management difficult” (personal communication, February 9, 2015). Expectant father 6 did not think he had that many challenges but stated, getting ready for the baby is a bit challenging and overwhelming” (personal communication, February 9, 2015).

A focus group participant stated:

For me the coping mechanism or therapy has been getting stuff ready every weekend, it’s wax on wax off, I’m painting, doing moulding, doing the baby room and doing the nursery and all of that, to me it’s keeping me sane.

During the process of developing field notes the following words and phrases emerged from the data: preparation, education, procrastination, and family support. These words and phrases were written down during the interviews and focus groups as the dialogue progressed. These field notes served as a basis for the development of themes and helped in constructing meaning from the communication that took place.



## **Research Question Two**

The second research question explored the participants perceive events that tended to trigger their fears during the pregnancy. The Kessler-6 revealed distress in the areas of restlessness, nervousness, effortlessness, depression, worthlessness, and hopelessness in some of the participants which lends credibility to fear and apprehension being triggered in the participants during the pregnancy. Five of the 14 participants had scores that fell into the moderate range of distress. Five of the participants had missed work or had a 50% reduction in their work capacity. The number of days missed or reduced in their capacity to work ranged from five to 12 days. After the interviews, focus groups, and Kessler-6 scale were analyzed, three inductions were made with regard to participants' perceptions of events that lead to fears.

The primary induction made from the evidence was that changes in the relationship with the mother of the baby set the stage for fears to develop. Secondly, pregnant wives and significant others experiencing mood changes tended to perpetuate relational fears. Lastly, encounters of perceived encroachment with the in-laws tended to trigger fears during the pregnancy in some of the participants. Therefore, one theme was derived to answer Research Question Two. Will I ever get my wife back? This was supported with codes of changes in relationship with wife, relationships with others, and physical changes in mom.

**Will I ever get my wife back?** One common thread that connected many of the participants together with regard to the second research question was changes in family dynamics. The emotional and physical changes that occurred in the participants' wives and significant others tended to trigger perceptions that contributed to the participants' fears.

*Changes in relationship with wife.* Several participants commented about concerns regarding the nature of their relationship with their wife or significant other. Expectant father 7

stated “Because my wife was worried all the time I started to worry about things” (personal communication, February 10, 2015). This demonstrates the circular nature of fears in relationships. Another statement that helped to clarify the assertion that fears may be circular in nature was an explanation by expectant father 9, who expressed that he had a bad relationship with the mother, and this instability generated some fears in him (personal communication, February 10, 2015).

A good example of how encouragement can dispel fears is with expectant father 13 stating “I really feel like the relationship between me and my wife was impacted in a positive way. My wife has grown up with lots of young children around nieces and nephews and as I have been questioning myself, she has been reassuring me and says things like things are going to be ok and you do not have to worry so much. It is good to have knowledge; it’s good to care, but the fears are not always there because of that. This has actually made a relationship better” (personal communication, February 28, 2015). One expectant father in a focus group expressed his sentiments:

When things come up with your spouse sometimes you don’t express it, but with pregnancy it’s good to express things upfront and really you are trying to learn each other better, you are supposed to learn and grow with your spouse and before it did not seem as relevant, it just brings your marriage to a stronger place, this part of my life was addressed differently because of the pregnancy.

***Relationships with others.*** Several participants discussed how relationships with others influenced their fears and expectations of the delivery and fatherhood. Expectant father 2 explained that his dad generated his fears of fatherhood and stated “You never want to be like your parent, and also just bringing another human being into the world generates some fear”

(personal communication, February 7, 2015). Expectant father 5 expressed that his sister-in-law had had recently miscarried and this brought about some fear in him” (personal communication, February 9, 2015). Expectant father 7 explained that the media and his wife had generated his fears and stated, “Because my wife was worried all the time, I started to worry about things” (personal communication, February 10, 2015). This illustrates how the attitudes and actions of spouses have a circular affect on the other. Expectant father 9 explained that he has a bad relationship with the mother and this instability generated some fears in him (personal communication, February 10, 2015).

Another participant in a focus group explained:

My girlfriend has a child from another relationship and I think my fear, my standoff approach with her son causes her to think that it might happen that way with our kid. She thinks well, if that can happen with my son it could a happen again. I don't see the same thing at all; that child has a father. I am playing a dual role with that situation.

Another participant in a focus group felt as though his relationship with his wife was strengthened through the past experiences and answered in the following way:

I really feel like the relationship between me and my wife was impacted in a positive way; my wife has grown up with lots of young children around, nieces, and nephews and as I have been questioning myself she has been reassuring me and says things like things are going to be ok and you do not have to worry so much. It is good to have knowledge; it's good to care, but the fears are not always there because of that. This has actually made a relationship better.

Another focus group participant shared his experience of how his reluctance to embrace family has impacted his relationship with his wife:

I just think that her family was more hands-on than mine, and I just think were learning to create our own family. It's been just a little bit of a struggle to get to place of openness and understanding with each other.

Another participant felt as though his past experiences had a positive impact on his relationship with his significant other and stated "I just think that my past experiences have had some traumatic things, well not that traumatic but these things have made our relationship stronger as a result of that" (personal communication, February 28, 2015).

The issue of in-law dispositions was also expressed as a perceived trigger for fear and was explained nicely by a focus group participant who stated:

Since this is anonymous I will be super honest. I really was not concerned with any kind of help; my biggest concern is my in-laws coming to the hospital. Her family is very aggressive and told me they were coming whether you want us to or not; wild horses could not keep us away is what my mother in-law told me, and in her family, my wife's family, that's fine; that's how they do things. In my family they are way more respectful about the hospital stay, and they said if you want us to see the baby after the hospital that's fine will come by, and if you want us to, we can see you at the hospital. My concerns were my extended family on my wife's side and how intrusive they would be in the excitement of having a baby. I guess the main thing is we can agree upon something for the hospital. My wife's family made it more difficult for me because they are somewhat clannish. I did not really start out neutral but more negative because of the way my wife's family is. I just think it contributed to my fears a little bit.

Another participant in a focus group explained:

I came from a big family and I am a professional uncle. I'm the youngest of 6, and so there are 10 nephews. What's interesting is some of the fears I can come up with is the life transition that happens, not being able to go out as much, or the sleep deprivation thing, or even just the differences of opinion with my wife, like circumcision, or other things that come that could potentially cause a rift between me and my wife. I guess I have fears about how my wife and I would agree about stuff. As it turns out those would be the things that influenced my fears. I wanted to not fight with my wife; I wanted to be a team, and even if we disagreed on things like parenting style or in the crib or out of the crib type stuff, I had a great dad. He had a little bit of temper, so my fears would be transported into me, but your own experiences with your own father and then seeing another family with a baby when issues come up would contribute to my fears that come up.

***Mood changes in mom.*** One commonality that the fathers shared was hormone changes that tended to cause mood swings with the mother. Physiological and emotional changes that occur with pregnant women can cause some mood and behavior shifts that may create uncertainty in their relationships.

One participant stated, "I am concerned about my wife changing her feelings about me, will she focus solely on the baby" (personal communication, February 28, 2015). Another stated, "My wife became very depressed and has lots of mood swings and this made it difficult to be supportive" (personal communication, February 28, 2015). These relational circumstances have an affect on both perception and attitude, which may serve as triggers for expectant father fears. One participant father discussed his difficulty with mood changes that occurred and stated, "My

wife has always been extremely mellow, so mood swings really threw me off” (personal communication, February 28, 2015). Another stated “Everything is new and my wife has a shorter temper” (personal communication, February 28, 2015). Expectant father 1 explained that one of the biggest challenges that he encountered was his wife’s hormones. He stated, “My wife has always been extremely mellow, so mood swings really threw me off” (personal communication, February 28, 2015). Expectant father 3 explained that the challenges that he faced were in the life adjustments that needed to take place. He stated, “Everything is new and my wife has a shorter temper” (personal communication, February 28, 2015). Expectant father 9 expressed numerous challenges and stated, “My wife became very depressed and has lots of mood swings and this made it difficult to be supportive” (personal communication, February 28, 2015).

***Physical discomforts.*** Expectant father 11 expressed that he gave everything due diligence with regard to preparation and stated, “The physical discomfort was the biggest challenge” (personal communication, February 28, 2015). Expectant father 15 stated “My biggest challenge is my wife’s mobility” (personal communication, February 28, 2015). Expectant father 14 conveyed the fact that he did not feel as though too many challenges were occurring with the exception of a minor car accident and premature contractions (personal communication, February 28, 2015). Expectant father 16 stated “My biggest challenge was changing the birthing plan due needing a C-section” (personal communication, February 28, 2015).

A participant in a focus group stated:

I would say the biggest fear we have is making sure we have a plan in case there is too much pain. She does not have high pain tolerance but she is wanting to have a natural

childbirth and my concern is after researching there is no way you can do that without suffering through the process and feeling miserable so I just want to make sure that all of her needs are met. I mean that plan in place and that comfort for my wife; we have our own Doula picked out. The biggest concerns are whether or not we will have Cesarean birth or complications during the delivery.

Another participant in a focus group stated:

My concerns about the childbirth are not sure how my wife is going to handle it. She does not have the highest pain tolerance, so I am not sure how she is going to handle that aspect of it. She can get stressed out little bit, and when a I try to help her when she is stressed out I get a little anxious, too. That's why I am kind of fearful we are going to have a Doula; that should help, The Doula is a kind of advocate for both of us. My fear is more for my wife's stress or anxiety. I just want to be able to calm her down.

During the interviews and focus groups some words and phrases were dictated that expressed the sentiments of the participants. The words and phrases that seemed to explain their circumstance were as follows: irritability, hormones, relational changes, and invasive in-laws. These words and phrases served as the basis for data analysis and ultimately developing themes.

### **Research Question Three**

The third research question asked the participants to explain how they experienced fears during the pregnancy and one month after the delivery of the baby. The Kessler-6 illuminated some of the signs of distress that may accompany their fears of fatherhood. Five of the 14 participants who completed the Kessler-6 scored in the moderate range of distress. Three of those five participants had a reduction in their ability work. The number of workdays missed or having reduced ability to work ranged from five to 12 days out of a 30-day period. The

interviews and focus groups went more deeply into their circumstances to reveal additional context into their circumstances. This question produced the most data, and consequently the field notes produced some intriguing words and phrases and they were: supportive wife, teamwork, and trusting others to help. These words and phrases helped to develop the first theme: I'm not alone.

A second theme emerged from words and phrases dictated in the field notes: Cesarean, genetic predispositions, and preexisting health concerns. Thus, the second theme was: Will mom and baby be healthy? The two themes were very divergent due to the fact that the participants' responses were divergent and could be classified into two categories. The first category was how they experienced fears, and then the participants digressed to what tended to be the source of the fears: safety of mom and baby. This occurred naturally during the course of the interviews and focus groups. Both categories of responses were revealing and helpful in gaining a deeper understanding of their fears and difficulties during the pregnancy and one month following the birth of the baby.

**I'm not alone.** The first two words and phrases extracted from the field notes showed that many of these participants were not experiencing their fears alone. They exuded trust in others to support and help them through this period in their life. The importance of teamwork was expressed at various times during the interviews and focus groups. Lastly there was heartfelt transfer of emotion when some of the participants explained how their wives were supportive and encouraging throughout the pregnancy.

**Supportive wife.** Expectant father 8 explained how his wife was supportive of his fears and calmed during times of doubt and fear with the following statement, "I think it was more her



calming me down versus me calming her down” (personal communication, February 10, 2015).

An expectant father in a focus group stated:

For me it's just been my wife being very open and supportive. She was trained to do what you got to do, and I was trained to ask why, so bringing those two things together. You start to see a family has dynamics, and you have to be aware that there are good dynamics but also bad; it's just something you got to grit your teeth over and just find a way to make it work. My fears and concerns that I brought are just try to find a way to create our own family.

Another expectant father in focus group expressed:

For me as said earlier, she has been very supportive and I have been afraid of the whole process, but she keeps reassuring me that I have been great with other little kids, and I have childlike sense, and she just keeps telling me that I am going to be really good at kids and stuff. She seen the worst of it, and she has seen the best of it, and she just keeps telling me that I am one of the best.

Another Expectant father in a focus group stated:

When things come up with your spouse sometimes you don't express it, but with pregnancy it's good to express things upfront and really you are trying to learn each other better. You are supposed to learn and grow with your spouse and before it did not seem as relevant. It just brings your marriage to a stronger place; this part of my life was addressed differently because of the pregnancy.

In regard to teamwork the participants had several statements that reinforced the importance of experiencing their fears as a team with their spouse to help ease their discomfort.

An expectant father in focus group explained:

I have a lot of ignorance about the process and I think someone else used the word surreal and once you see the ultra sound images. When she first got pregnant we had issues with bleeding; there was a lot happening, and it was very weird. We basically went through this situation with the baby and then to realize we may not have a baby, it's very much like well you sit there and wonder do we want this, do we not want this, and I think we both became very close to each other. We became very determined and said we are going to this, and um it's been very interesting to see how encouraged we became, to see how the next couple of years, the fruit of that labor, I'm very curious as to how the whole thing is going to go down.

**Teamwork.** In regard to teamwork the participants had several statements that reinforced the importance of experiencing their fears as a team with their spouse to help ease their discomfort. A focus group participant explained:

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Another focus group participant stated:

I think my wife reacted very positively to both my concerns and excitements because really both communicated to her that I was totally one hundred percent bought-in involved and ready to roll. She definitely the entire time has been like we are doing it together, the rubbing the ankles, making the kale salads. The family concerns got mixed reactions from her; she is torn and totally understand it's her family. She is very close with her family and my family is so different than hers. She did not react in anger or you know we did not get into any fights about it, but she was bummed about the way that I felt but as they said in the boot camp—happy wife, happy life. It's good to express your concerns but ultimately you're the one going through this so whatever you want whatever you need is what I want. My wife reacted in ways that helped us to communicate better.

During an interview one participant expressed: “If anything, the idea, the concept of us being parents is bringing us closer together” (personal communication, February 9, 2015). Another participant stated in focus group 1 stated:

This question, I think it's been a challenge and stressful because you know getting everything ready as I said before, so it's been a little stressful at times just staying organized and making sure that we have everything that we need. It's been stressful that way, as a parent you don't want to deprive your baby of something, or not be safe, or not good for him. As far as my relationship with my wife, I think it's brought us a little closer together. I try to take care of my wife by cooking more for her, I try to be more attentive to that at times it's been hard to because sometimes you need a short break during the day, to tell my wife I can't rub your back right now. I need a little time for myself. I

know as a husband you are not supposed get tired of these things, but you always need a little time for you.

**Will mom and baby be in good health?** This next theme emerged from the field notes with regard to how the participants experienced fear. Six of the 16 participants responded to Question 1 with concerns about the health and welfare of mom and baby. This was also corroborated in the Kessler-6 scale with five of the 14 participants experiencing a moderate level of distress. Four out of five of the participants identified as having moderate levels of distress expressed that they had concerns about the health and welfare of mom and baby. In Question 2 of the interview the participants were asked how they would rank the severity of their fears on a scale of 1 to 10 (mild to severe)? The mean score was 4.77, which would support the assertion that many of the participants were feeling some of the affects of fear during the pregnancy. Based upon this evidence it appears as though those who had health and welfare concerns tended to have higher level of distress and fear.

***Delivery concerns.*** Expectant father 3 described his fear during the pregnancy as the fear of the unknown and stated, “I am especially afraid my wife miscarrying” (personal communication, February 7, 2015). Another expectant father described his fear during the pregnancy as the fear of the health of mom and baby and stated, “I am worried because my wife has been placed on bed rest for false labor pains” (personal communication, February 9, 2015). Expectant father 11 was concerned about the health of the mother and baby and stated, “My baby is breech right now” (personal communication, February 12, 2015).

***General health concerns.*** Expectant father 4 described his fear during the pregnancy as the fear of uncertainty and was concerned about his wife’s and baby’s health (personal communication, February 8, 2015). Expectant father 6 explained that he was concerned for the

health of mom and baby (personal communication, February 9, 2015). Expectant father 7 described his fear during the pregnancy as the fear of contagious diseases at hospitals and made this statement: “Have you heard about all the measles outbreaks” (personal communication, February 10, 2015). Expectant father 8 stated “ I am mostly worried about the health of wife and baby” (personal communication, February 10, 2015). Expectant father 9 described his fear during the pregnancy as the fear of responsibility and stated “ I am mostly worried about the health of wife and baby” (personal communication, February 10, 2015).

***Family health history.*** Some participants discussed their concern about family health history and the possible impact on the baby. Expectant father 8 stated “My fears were generated from family heredity, conditions that are passed on to the baby” (personal communication, February 10, 2015). Another participant in a focus group discussed genetic predispositions that existed in his family and stated:

I did not really want to bring a child into the world that had any serious health problems, but I just had to trust in God that everything would be ok, and you just have to charge through it if anything did happen.

Another participant shared in an interview his experience regarding other family members having complications with pregnancy and childbirth and stated “I think just experiencing other family members who have had problems during the pregnancy, you to look at the possibility that something could go wrong. Sometimes the historical influence can influence things” (personal communication, February 13, 2015).

#### **Research Question Four**

The fourth research question asked the participants to discuss how the BCND program helped them develop and utilize strategies to cope with fears during the pregnancy. After

analyzing the interviews, focus group, Kessler-6 scale, and field notes I realized that the participants consistently spoke of five topics that were typified through one theme. These five concepts of observing experienced (veteran) dads, supportive environment, the male perspective, communication skills, and content/baby care skills. For this research question the field notes were utilized as a guide to give direction in the search for meaning of the data. The Kessler-6 gave context as to what symptoms of distress and fear they encountered during the delivery of the baby and the 30 days following delivery. According to the Kessler-6 results, 12 of the 14 participants did not feel any difference in the way that they felt from before the birth of the baby to 30 days after the birth. One felt less distressed and another felt more distressed. The interviews and focus groups however provided a rich context of the BCND program works and described the essence of their experiences. Several of the participants made direct statements that explained how the BCND program helped them to cope.

**If the veteran dads can do this, so can I.** This theme emerged from statements made in the focus groups, interview questions, and confirmed in the field notes. Codes associated with the theme focused on watching veteran dads, the supportive environment of the program, the male perspective, developing better communication, and baby care skills.

***Observing experienced dads.*** The vast majority of responses to the benefits of the BCND program focused on watching and learning from experienced fathers. Expectant father 1 noted the importance of veteran fathers: “Listening to the veteran fathers talk about the birthing process and how they handled being in the delivery room helped me to cope with my fears.” “The most impactful experience was watching the veteran dads deal with the babies in a three hour period; they all had different techniques that worked for them” (personal communication, February 5, 2015). Expectant fathers 2 and 4 echoed these sentiments. Father 2 stated “Seeing other guys

who felt the same as I did and also seeing the veterans be a dad made me think, I can do this too” (personal communication, February 7, 2015). Expectant father 4 stated “After I saw the veteran fathers, I can do this too” (personal communication, February 8, 2015).

Other fathers talked about how watching veterans eased their fears. Expectant father 5 stated “You hear about all the horror stories, and then you see the veteran dads getting this thing done, and I thought I can do that too” (personal communication, February 9, 2015). Expectant father 9 stated “The veteran dads calmed my nerves about things” (personal communication, February 10, 2015). Expectant father 14 stated “The boot camp and veteran dads helped me a great deal with fears and apprehensions. Seeing the live babies and veteran dads was the most impactful experience for me” (personal communication, February 13, 2015). Expectant father 15 stated “Seeing dads actually being dads and seeing how calm they were really helped me with my fears” (personal communication, February 14, 2015).

***Supportive environment.*** Many comments also focused on the supportive environment in the BCND program. Expectant father 1 stated “I had so many questions, it was great to be in a room full of dads to be that had similar questions and fears” (personal communication, February 5, 2015). With respect to the program, Expectant father 6 stated, “I think it made it clear that being a dad is doable and also that you need to be very involved in the process” (personal communication, February 9, 2015). Expectant father 5 stated “The small groups really helped me out; it was more personal and you were able to ask questions. It was great program” (personal communication, February 9, 2015). Expectant father 6 stated, “I think it was holding one of the babies; I felt like I was responsible for that child. I also saw the importance of being a team” (personal communication, February 9, 2015). Expectant father 7 stated, “The small groups made thing more open to questions and this was the most impactful for me” (personal communication,

February 10, 2015). Expectant father 9 stated, “When the vet dads did the small groups I was able to ask more questions” (personal communication, February 9, 2015). One participant in a focus group stated:

As far as any education that comes to mind, I also have taken some other classes, but my opinion for education that’s helpful would be classes that you actually get to talk to other dads, talk about their experiences, and what they have gone through. I guess as far as you becoming father and childbirth, talking to people who have been through it before and not just sitting in a class, but you need classes with parents with their babies. It is also important to talk to multiple people about these fathering topics.

***Male perspective.*** A few fathers commented on the importance of gleaning the male perspective on having a child. Expectant father 3 stated, “Gaining another guy’s perspective was important, and the actual real babies with the veteran dads made me think I can do this too.” (personal communication, February 7, 2015). Expectant father 7 stated, “It was a group of guys with honest questions getting honest answers” (personal communication, February 10, 2015). Expectant father 8 stated, “The boot camp shed light on the fact that we (guys) are all in the same boat” (personal communication, February 10, 2015).

***Communication with significant other.*** Communication with significant others was also a common response mentioned by fathers. Expectant father 4 conveyed that the BCND program helped him to talk things out and also learned that communication is important. Expectant father 5 learned from The BCND program that communication skills with his partner helped him to cope. Expectant father 7 felt that the BCND program helped him cope by adding relational confidence with the in-laws and his wife. Expectant father 9 stated, “Learning to talk about things with your wife beforehand was very helpful for me” (personal communication, February



10, 2015). Expectant father 14 learned that avoiding the trap of gatekeeping from other family members was very critical relieving his fears. He also expressed that he had experienced some difficulties with his mother-in-law personal communication, February 13, 2015). Expectant father 16 stated, “I learned to keep my communication flowing with my wife” personal communication, February 15, 2015). Expectant father 11 stated, “The boot camp helped me to communicate with my wife, and gave some great tips on becoming a father” personal communication, February 12, 2015).

*Specific baby care content and skills.* Expectant father 2 related to the question by explaining that the BCND program helped him to realize that it was not about him, but it is about the business of helping your baby. Expectant father 3 felt that learning about crying babies, psychology of pregnancy, checklist, and practical advice helped him to cope with his fears and concerns. Expectant father 6 stated, “I think the stories from the veteran fathers getting up at night as a team with your wife so that she could get some sleep really helped me to cope with the fear” personal communication, February 9, 2015). Expectant father 8 felt that the BCND program helped him to cope by learning about crying babies. Expectant father 11 communicated that learning about sleep deprivation and all of the helpful tips helped him considerably. Expectant father 3 stated, “Seeing the shaken baby syndrome with the broken egg demonstration and being aware that you cannot solve everything was huge for me” (personal communication, February 7, 2015). Expectant father 15 stated, “The shaken baby example with the broken egg was the most impactful experience in the program” (personal communication, February 14, 2015). Expectant father 16 stated, “The boot camp help to solidify everything I learned from books” (personal communication, February 15, 2015).

## Summary

Participants in this study included 16 first-time expectant and new fathers. All 16 participants were between the ages of 25 and 45 with broad ethnic and cultural backgrounds. Participants revealed their fears of childbirth and their level of preparedness to become fathers. They also discussed how participation in a prenatal parenting seminar helped alleviate these fears and develop readiness to become a parent. Three BCND locations in Orange County, California, served as the sites for data collection. Four research questions informed the study. The two most critical questions focused on how the expectant father perceived and coped with their fears. Additional questions targeted their fearful experiences to understand relational and environmental conditions involved in the pregnancy fears.

The findings reported in this chapter were based on four data collection points: semistructured interviews, focus groups, the Kessler-6 Scale, and field notes. The data collected revealed five themes related to the fear of the unknown and relational experiences as posed in the guiding research questions. The themes were: Am I prepared for fatherhood?; Will mom and baby be in good health?; Will I ever get my wife back?; I'm not alone; and If the veteran dads can do this, so can I. Fathers experienced stress during the pregnancy and after the birth of the baby. While they feared the unknown, they prepared for being fathers by coping through preparations, education, and family support. They also worried about changes in their wives or significant others during pregnancy, noting physical changes, family dynamics, and changes in their relationships might occur. Fathers took comfort in the fact that they had supportive wives and worked as a team together. The fathers experienced fears related to the health of mom and baby during and after the birth. These centered on preexisting health conditions, genetic predispositions in the family, and the delivery process. Finally, prospective fathers noted that

participation in the BCND program helped them see that they could be successful, develop a male perspective, and also learn baby care skills.

## CHAPTER FIVE: DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

### Overview

Expectant fathers can sometimes experience worries before, during, and several months after the birth of the baby. Some of the concerns are finances, the health of mom and baby, and the relationship between the mother and father (White, 1998). These concerns can progress into fears and/or distress, which may interfere with a successful transition to fatherhood. One Australian study discovered that 18.6% of 312 men in the sample suffered from high levels of psychological distress during the pregnancy (Boyce et al., 2007). Prior research has established that there is a gap in the literature with regard to what is actually known about the worries and concerns of expectant fathers (Biehle & Mickelson, 2011).

The transition to fatherhood consists of numerous challenges, and yet very little attention has been given to the early identification of needs to meet these challenges among expectant fathers (Fletcher et al., 2008). Princeton's Center for Research on Child Wellbeing found that the months preceding the birth are when fathers are most receptive to making the necessary changes to meet the challenges that lie ahead with fatherhood (Bishop et al., 2008). Understanding these transitional experiences is vital to the development of educational programs that assist expectant fathers in becoming successful fathers. The first three of the five themes that emerged from this study were related to fears of preparing for fatherhood, health of mom and baby, and getting back to normalcy in their relationship with their significant other. These themes aligned with the prior research completed with regard to what concerns expectant fathers may experience. The second set of themes gave a greater context to how the BCND program helped the participants to cope with their fears. The remaining two themes demonstrated the importance of community and

the modeling of critical skills to overcome the difficulties associated with transitioning to fatherhood.

### **Summary of Findings**

This collective case study utilized 16 expectant fathers participating from the BCND program. Semistructured interviews and focus groups provided the study with descriptive narratives to explore the fears of the participants. The Kessler-6 scale and field note reviews provided further validation of themes and trends revealed in the interviews and focus groups.

The five themes are:

1. Am I prepared for fatherhood?
2. Will mom and baby be in good health?
3. Will I ever get my wife back?
4. I'm not alone.
5. If the veteran dads can do this, so can I.

After the completion of the data collection, an inductive analysis was performed to uncover patterns, themes, and categories in the data (Patton, 2002). Codes were identified from the interviews, focus group, Kessler-6 results, and field notes. Within-case analysis was conducted to discover these codes through highlighting key words and phrases that were supported in previous research for formulating emerging themes. This was also used as a baseline for identifying important contextual information about each case. Then a cross-case analysis was conducted to determine common patterns among all cases, and this was the basis for the final themes (Creswell, 2007). The following research questions informed the study:

1. How do expectant fathers in the BCND program cope with fears during the course of the pregnancy?

2. How do expectant fathers perceive events that tend to trigger these fears during the pregnancy?
3. How do expectant fathers in the BCND program experience fears during the course of the pregnancy and one month after the birth of the baby?
4. How do fathers report participating in the BCND program has helped them develop and utilize strategies to cope with fears during the pregnancy?

The findings for the first three research questions suggest that the fears for this group of expectant fathers may be rooted in the perception that they are unprepared for fatherhood, that some unforeseen medical condition may occur in the mother or baby, and their changing family dynamics will affect their relationship with their significant other in a negative way. The findings for the last research question were that the expectant fathers gained confidence from conversing with and observing other veteran fathers who shared their experiences of pregnancy and childbirth. Another benefit was the dissemination of valuable information and skills with regard to caring for new mothers and babies. The BCND model of veteran fathers modeling the behaviors in person resonated greatly with the participants. The findings will be discussed in further detail in the following sections.

### **Discussion**

The data collected from the interviews, focus groups, Kessler-6 scale, and field notes concluded that the fears that this group of expectant fathers faced were rooted in their concern for the health and welfare of the mother and baby, their changing relationship and family dynamics with the mother of the baby, and whether or not they were adequately prepared to become a successful father. Trembley and Pierce (2011) found that the relationship between

mother and father is reciprocal in nature. In essence, this dynamic could be explained as what one feels or does affects the perception of the other.

The results of this study also demonstrated that expectant fathers sometimes struggled with the changing context that occurs during the transition to fatherhood. After data analysis was completed the participants of this study provided evidence that paternal focused prenatal education may provide a much needed boost in confidence levels during the late stages of pregnancy and one month postnatal. The responses from the participants also demonstrated that there was perceived value in the social communication and demonstration that took place between the rookie and veteran fathers in the BCND program. These educational experiences may provide much needed strategies and additional context for adapting to these changes that occur during the pregnancy and several months postnatal. Moreover if the expectant father is more confident, the expectant mother will benefit emotionally as well.

A study conducted by Fenwick et al. (2012) explored and described men's experiences with five themes: pregnancy news, profound change adjusting to pregnancy, birth looming, feeling sidelined, and childbirth expectations. Adjusting to the news of pregnancy often increased fear and anxiety, and the researchers stated that understanding men's prenatal experiences was vital to the development of prenatal preventative measures for men. Moreover, the significance lies within the reality that the father's well-being was associated with the mothers' well-being. The two specific areas of caring for new mothers and babies was held in high regard with this group of expectant fathers. The participants shared their relevant experiences and questions with the veteran fathers. This interaction helped them to gain a more informed perspective for making choices with regard to caring for mom and baby.

A study conducted by Patterson (1998) found that a father-focused discussion group that emphasized coping skills increased their interpersonal reasoning with their spouse, participated more actively in housework, enhanced their coping through social support, and sought more information from their OB-GYN. These five identified themes were: Am I prepared for fatherhood?, Will mom and baby be in good health?, Will I ever get my wife back?, I'm not alone, and If the vet dads can do this, so can I, illustrate many of the common fears and coping skills that can be encountered during the pregnancy and the birth of a baby. The first three themes aligned well with the current body of research targeting the concerns and difficulties of transitioning to fatherhood (Biehle & Mickelson, 2011; Genesoni & Tallandini, 2009; Marsiglio, 2008; White, 1998). The last two themes aligned well with peer-reviewed literature that focused on paternal prenatal education (Bishop et al., 2008; Capuozzo et al., 2010).

### **Am I Prepared For Fatherhood?**

For some expectant fathers, when faced with the changes that need to be made in preparation for fatherhood worry ensues (Harville et al., 2009). The changes that occur when transitioning to fatherhood is arguably one of the most critical in a man's lifespan. Fletcher et al. (2008) found that a prevalent expectant-father concern was centered on their ability to cope and whether they possessed the skills and knowledge necessary for fatherhood. This current study confirmed that this group of expectant fathers had similar concerns as well. All 16 participants gave responses that indicated that there was need for increased knowledge and skills for the upcoming birth of the baby. Five of the 14 participants who completed the Kessler-6 scale reported moderate levels of distress, which would reflect to a degree how well they were coping during the delivery and one month postnatal. The Kessler-6 measured their feelings of nervousness, hopelessness, restlessness, worthlessness, effortlessness, and depression over a



period of 30 days. A moderate degree of distress would indicate that the stress and pressure that these five men were encountering was at a fairly significant level. This study filled some of the gap with regard levels of distress the month following the birth of the baby. These results demonstrate the importance of researching expectant and new father experiences.

### **Will Mom And Baby Be In Good Health?**

A very natural worry that 12 of the 16 participants expressed during the interviews was the concern for the health of the mother and baby. Many expectant fathers view labor and birth as a stressful event and tend to worry about the well-being of their spouses, while other fathers tend to feel unprepared to do all the needful things to assist their wives during labor (White, 1998). Biehle and Mickelson (2011) suggested that research should target worries expectant fathers are experiencing. The concern for the health of the mother and baby was the most reported worry of this study. The focus groups and interviews revealed this concern 17 times. One expectant father in a focus group stated:

My concerns about the childbirth are not sure how my wife is going to handle it. She does not have the highest pain tolerance, so I am not sure how she is going to handle that aspect of it. She can get stressed out little bit, and when I try to help her when she is stressed out I get a little anxious too. That why I am kind of fearful we are going to have a doula, that should help. The doula is a kind of advocate for both of us. My fear is more for my wife's stress or anxiety; I just want to be able to calm her down.

Another focus group participant stated:

I would say the biggest fear we have is making sure we have a plan in case there is too much pain. She does not have high pain tolerance, but she is wanting to have a natural childbirth and my concern is after researching there is no way you can do that without

suffering through the process and feeling miserable so I just want to make sure that all of her needs are met. I mean that plan in place and that comfort for my wife; we have our own doula picked out. The biggest concerns are whether or not we will have Cesarean birth or complications during the delivery.

A final focus group participant stated:

The concern that I have is the epidural to have or not have it. Initially she has been a little defensive about it. When I told her there is no way you can have it natural, she took it a little personal. Her sister said you are going to want the epidural. She was not really deadset on natural but something she thought about or wanted to do; it's something I was concerned about having.

### **Will I Ever Get My Wife Back?**

One very clear message conveyed by the participants of this study was that they were concerned about the relationship with their wife changing. Prior studies have confirmed that worry or concern regarding the changing relationship with their significant other is a primary issue during the transitional period before the birth of the baby. This sometimes arduous transition to fatherhood could be typified as a life crisis and potentially leads to a major restructuring of their relationship with their partner (Naziri & Coster, 2006). Expectant moms undergo many physiological changes that sometimes lead to depression and anxiety during the pregnancy.

In regard to the expectant mother's predisposition to depression and anxiety during the pregnancy, there is evidence that it may be associated with sleep disturbances (Matsuda et al., 2007). These physiological changes have relational ramifications for expectant parents and may have affect on both perception and attitude, which may act as triggers for expectant father fears.

One participant father discussed his difficulty with mood changes that occurred and stated, “My wife has always been extremely mellow, so mood swings really threw me off” (personal communication, February 8, 2015). Another stated, “Everything is new and my wife has a shorter temper” (personal communication, February 7, 2015). These statements likened this scenario to a transitional crisis state between the parents. The participants were off balance in these circumstances because in many cases they had never seen or experienced these mood swings prior to the pregnancy. It may have predisposed the fathers to some additional fear and concern with regard to whether or not their relationship with their significant other would ever return to normal.

### **I’m Not Alone**

A large part of the BCND program is devoted to the importance of teamwork when having a baby. The literature in regard to the value of the teamwork that takes place during the pregnancy emphasized how prenatal educators are in an excellent position to influence prospective parents about the importance of social support around the time of childbirth (Iliadou, 2012). Six of 14 participants expressed the importance of teamwork a total of nine times during the study. This aligns with prior research relating to the support and care of their significant other. The relationship between the mother and father can take on added significance when both parents view the father as being valuable to their child (Adamsons, 2013).

The alternative is to relegate the father to the sidelines during the birthing process and infancy stages. These fears may sometimes develop in expectant fathers with the absence of support from their significant other, extended family, and close friends. This absence of support may be intrinsically connected to the lack of involvement with mother and baby during these critical months with some new fathers. Fathers have often felt inadequate to meet these new

demands and are frequently relegated to the sidelines of both the pregnancy and the delivery of the baby (Genosoni & Tallandini, 2009). The importance of teamwork was expressed at various times during the data collection and some of the participants explained how their wives were supportive and encouraging throughout the entire pregnancy. One participant explained how his wife was supportive of his fears and calmed during times of doubt and fear with the following statement: “I think it was more her calming me down versus me calming her down” (personal communication, February 13, 2015). Another participant in a focus group stated :

For me it's just been my wife being very open and supportive. She was trained to do what you got to do, and I was trained to ask why, so bringing those two things together. You start to see a family has dynamics, and you have to be aware that there are good dynamics, but also bad, it's just something you got to grit your teeth over and just find a way to make it work. My fears and concerns that I brought are just try to find a way to create our own family.

Another participant in focus group expressed:

For me as said earlier, she has been very supportive and I have been afraid of the whole process, but she keeps reassuring me that I have been great with other little kids, and I have childlike sense. She just keeps telling me that I am going to be really good at kids and stuff. She seen the worst of it, and she has seen the best of it, and she just keeps telling me that I am one of the best.

These statements from the participants provide a good explanation of why and how this theme came forth from the participants and gives credence to the value of teamwork.

### **If The Veteran Dads Can Do This, So Can I**

The participants of this study had recently completed the BCND program and one of the most consistent and clear messages conveyed during the interviews and focus groups was that the veteran fathers had a profound effect on their perspective towards caring for new moms and babies. Prior research has suggested that expectant fathers can initiate the process of bonding with the baby before birth. Habib and Lancaster (2006) conducted a regression analysis on this assertion and found evidence that if the father had a strong identification with being a parent before the baby was born, then he would bond well with the baby after the birth. The results of this study espouse the notion that whatever a man thinks, so he shall become. The veteran dads discuss and model what new fatherhood looks and feels like to the rookie dads. The theoretical underpinnings of the BCND program ignite during this interaction with demonstrations of baby care skills, stories of the delivery room shared, and rookie dads have an opportunity to compare their experiences of pregnancy with others.

This is the junction where adult learning theory merges with social learning theory. A sense of rapport, camaraderie, and confidence is built instantly that others would take days or weeks to build. During the interviews and focus groups all 16 of the participants expressed how helpful it was talking and observing the veteran dads with their babies. Question 7 of the focus group asked the participants what training or education might help them prepare for the childbirth process and being a father? One of the focus group participants stated:

As far as any education that comes to mind, I also have taken some other classes but my opinion for education that's helpful would be classes that you actually get to talk to other dads, talk about their experiences, and what they have gone through. I guess as far as you becoming father and childbirth, talking to people who have been through it before, and

not just sitting in a class, but you need classes with parents with their babies. It is also important to talk to multiple people about these fathering topics.

Another focus group participant stated:

The way we guys are is, we are problem solvers. To get into a room and you see all these guys with their babies, and I don't even know if this should be called a class or a course, but actually locking up us guys into a room for three hours with guys with babies, with guys who are going to have babies, and you don't even need the coach there. If the coach would have left us with just the vet dads it would have been beneficial. You would still learn, so in my opinion talking to real dads with real babies is the way to go.

### **Implications**

This qualitative, collective case study explored the fears of expectant fathers who attended the BCND program in Orange County, California, for the purpose of gaining a greater understanding of their fears when making the transition to fatherhood. The implications for this study are related to the primary research questions.

#### **Practical Implications**

The first research question was: How do expectant fathers in the BCND program cope with fears during the course of the pregnancy? The results of this study indicated that this group of expectant fathers was fearful about their adequacy and preparation for fatherhood. The main implication for these fears is that expectant fathers can benefit from prenatal education that targets the essential skills to care for the mother and baby. Many of the participants stated that educating themselves with regard to their fears was crucial to overcoming the fears.

The second research question was: How do expectant fathers perceive events that tend to trigger these fears during the pregnancy? This study found that a changing relationship, mood

swings with the mother of the baby, and invasive in-laws were the primary causes for concern in the participants. The implications for these findings are far-reaching both relationally and programmatically. Many of the participants commented on the importance of improving communication with both their wife and loved ones. Listening to those who have just experienced these circumstances was a powerful experience for the participants. This demonstrates the potency of learning communication in community during the transition to fatherhood. As prenatal education goes forward a very important implication needs to be recognized. Firstly, men should not be isolated during the transition to fatherhood. Secondly, communication with their significant other and loved ones should be emphasized in the context of the community support.

The third research question was: How do expectant fathers in the BCND program experience fears during the course of the pregnancy and one month after the birth of the baby? The participants presented both a problem and the solution during the study. The problem is they feared the health of the mother and baby, and the solution was to not fear things alone. Many of the participants expressed that supportive significant others and loved ones helped to relieve these fears. The implication is simple but not easy: Significant others and loved ones need to understand that they can make a huge difference in how the fear is handled by the expectant father.

The last research question was: How do fathers report participating in the BCND program helped them develop and utilize strategies to cope with fears during the pregnancy? The findings in this study gave tremendous credence to utilizing veteran fathers as the crux of paternal prenatal education program. The participants expressed that observing new fathers take care of their babies and share their experiences of pregnancy and the delivery of the baby gave a

significant boost to their confidence levels. The participants left the program feeling as though if the vet dads can do it, so can I. The primary implication for this finding is that learning life skills is best approached from a real life perspective. This study found exceptional educational value in veteran fathers sharing their experience, strength, and hope with the rookie fathers.

### **Theoretical Implications**

I chose two theoretical frameworks to provide a foundation for this study. The instructional focus employed in the BCND program aligns theoretically with the presuppositions of Bandura's theory of self-efficacy (1977) and Knowles' theory of adult learning (1978). Bandura (1977) postulated that whatever the expectation of self-efficacy is determines the initiative, persistence, and effort that will be expended toward that coping skill. Andragogy hinges upon the following six factors: adults are less dependent, enter educational activities with life experience, have a need for relevance, have some degree of intrinsic motivation, and rationale for learning (Knowles, 1970). Most expectant fathers have a need to acquire fathering skills but may lack the confidence to pursue these skills on their own. This scenario provides the motivation, relevance, and rationale for adult learning. It also propels the need for independence and determination, which the BCND program focuses on during the orientation. The results of this study expand the current knowledge of the application of these two theoretical constructs in prenatal education.

In regard to Bandura's self-efficacy theory (1977) the results of this study indicated that many of the participants had doubts about their ability and competence with regard to becoming a father. This directly relates to self-efficacy of the participants. The participants may enter the BCND program with relatively low levels of confidence and this tended to propel them to make more of an effort to prepare for fatherhood. This provides evidence that some degree of fear may



actually be beneficial to expectant fathers. Some of the participants gave context to this point of how the lack of self-confidence gave reason for furthering their prenatal education. One participant in an interview stated

Well, I think just the fear of the unknown. Never been a dad before, and you see these things on the television with all the stress with kids, and will my relationship with my wife change? the most terrifying thing for me would be am I capable of being a good father (personal communication, February 7, 2015).

Another participant described his fear during the pregnancy as the fear of uncertainty and stated

I would describe those fears as fears as fears of uncertainty, and inadequacy, the baby's health, the wife's, health, and things out of my control really bothered me (personal communication, February 8, 2015).

One participant actually described his fear during the pregnancy as the fear of preparation and stated "It came to me when I was putting the crib together." He also went on to explain that he was concerned for the health of mom and baby (personal communication, February 28, 2015). All of these responses give credence to the notion that some fear gave these men the motivation to prepare for fatherhood.

After completing the BCND the participants expressed how becoming educated helped them to cope with these fears. The increased self-efficacy levels were evident in many of their responses. One participant illustrated how education helped him to cope with fear and stated "I don't feel like I have it all figured out by any stretch, but I would say the fear of the unknown was the main thing, but getting educated on those fears made things easier" (personal communication, February 28, 2015).

Knowles' theory of adult learning (1970) had direct application to this study in that the participants entered the BCND program with relevant life experiences. The program also affords the expectant fathers with the opportunity to place questions on the whiteboard that are answered directly by the facilitator and veteran fathers. Allowing the expectant fathers to drive the instruction with questions and prior life and relational circumstances is critical to the program. They can discuss issues that have occurred with their wives and family. This approach creates an environment that utilizes relevance, intrinsic motivation, and rationale for learning. The responses from the participants helped in making vital connections between adult learning theory and its application to experienced fears of pregnancy and delivery and the associated coping mechanisms that accompany these fears. One expectant father in a focus group stated:

The way we guys are is, we are problem solvers. To get into a room and you see all these guys with their babies, and I don't even know if this should be called a class or a course, but actually locking up us guys into a room for three hours with guys with babies, with guys who are going to have babies, and you don't even need the coach there. If the coach would have left us with just the vet dads it would have been beneficial. You would still learn so in my opinion, talking to real dads with real babies is the way to go.

This statement helps to crystallize the importance of allowing the expectant fathers to drive the instruction and come to their own conclusions as to what their solutions will be. This is a critical part of the BCND approach to coaching expectant fathers. No one knows their situations better than they do, so gaining multiple perspectives from multiple expectant and veteran fathers allows the learner to make informed decisions independently. Another expectant father in a focus group pointed out how important personal relevance is and how the BCND program may help them to cope with these circumstances by stating

When things come up with your spouse sometimes you don't express it, but with pregnancy it's good to express things upfront and really you are trying to learn each other better. You are supposed to learn and grow with your spouse and before it did not seem as relevant; it just brings your marriage to a stronger place. This part of my life was addressed differently because of the pregnancy.

### **Limitations**

The limitations of a collective case study are numerous due to its limited generalizability to other populations of expectant fathers. The small sample size of expectant fathers and a relatively small geographical area utilized for the study hindered its ability to be generalized. A limitation that should be recognized is the motivation levels of the participants. Expectant fathers who participate in prenatal education tend to be motivated and may differ characteristically from those who are not attending classes, thus limiting the assertions that can be made with regard to how low motivation may affect their fears.

Another limitation was the original intent of the study was to have two focus groups of six participants or larger. Due to the hectic schedules of the expectant fathers, it was extremely difficult to secure a time and a place where this could occur. Consequently, the focus groups were five participants and three participants. Another limitation with regard to the focus groups was that when the focus groups occurred, four of the eight total participants in the two focus groups had already delivered their babies. This was not intended, but the participants were asked to reflect back to that time. It is unknown whether or not the participants reflecting back during the focus group altered the responses to any degree.

Another limitation was only five of 16 participants completed all three portions of the data collection. Fourteen of 16 of the participants completed the Kessler-6 scale and a focus

group or interview. This limited my ability to triangulate the data across each individual case. Some of the participants were very concerned about confidentiality. To help conceal their identity, I strategically did not list every participant's number every time during the presentation of the data. This created an uneven presentation of data and made it difficult to demonstrate the triangulation process to the reader. The last study limitation is the evaluation and interpretation of the data collected was a very subjective process.

### **Subjectivity of Analysis**

A limitation with all qualitative research is the subjectivity of the data analysis process (Stake, 1995). My personal experiences and biases influenced the data analysis of this study, but to limit any personal bias that exists my experiences were bracketed out, but my history, culture, and experiences were interwoven into the research (Creswell, 2007). In a collective case study the researcher needs to evaluate his experiences and biases to increase objectivity (Yin, 2009). The principal investigator must report any professional or personal information that affects data collection, analysis, and interpretation (Creswell, 2007). As a child, I experienced numerous family conflicts and this variable was taken into account when performing the data analysis portion of the study. Some expectant father fears involved a mild level of conflict with their wives. These conflicts were analyzed well after the interviews and focus groups took place to allow for any emotions that surfaced in me to subside.

### **Recommendations for Future Research**

The data that was collected in this study provided valuable information with regard to how fathers experienced and coped with fears during the pregnancy and the 30 days following the birth of the baby. The participant perceptions of how the BCND program helped them cope

with fears gave context to this frequent problem of successfully transitioning to fatherhood. The themes identified by this study help to illuminate potential areas for future study.

The first theme is: Am I prepared for fatherhood? This identifies one fear, but leaves many questions unanswered with regard to how communities can meet the challenge of helping expectant fathers to become prepared. This is an overarching societal problem because fatherhood has shifted to include the role of caregiver and not much is known in regard to how fathers experience these new pressures (Marsiglio, 2008). Therefore, future qualitative research is recommended to better understand these new pressures and how to better equip men for fatherhood.

The second theme is: Will mom and baby be in good health? It was revealed during the study that some of the participants felt very uneasy about health complications during the delivery, genetic predisposition for disease and defects for the baby, and finally pain management for the mother. Studying how prenatal education might alleviate these fears would help to fill this gap in the literature.

The third theme is: Will I ever get my wife back? This study provided evidence that the changing relationship during the transition to fatherhood was a significant trigger to fear. Not much is known about how prenatal education can better facilitate communication and teamwork between expectant parents. Studying this aspect of expectant parent education could help in the development of future interventions.

The fourth theme is: I'm not alone. The data collected in this study demonstrated how vital support and encouragement from significant others and loved ones is. Literature that targeted the affects of positive reinforcement during the transition to fatherhood was not

discovered during this study. Researchers may want to consider targeting the effects of positive reinforcement intervention to alleviate the fears of fatherhood.

The last theme is: If the veteran dads can do this, so can I. This finding has far reaching implications for future research. An overwhelming message from the participants of this study was that real babies with their fathers was extremely helpful in attaining relevant skills to care for new moms and babies. It was also gave the participants a measure of resolve and confidence to become the fathers that they desired to be. A major recommendation for future research would be to study the effects of veteran fathers mentoring rookie fathers for several weeks prior to the birth of the baby.

### **Summary**

This study sought to explore the fears of a small group of expectant fathers and discover how one prenatal education program for new dads helped them to cope with these fears. As our society continues to change, so will the experiences and educational needs for expectant fathers. These experiences and needs should be fully understood for the equipping of a new generation of fathers to successfully parent a new generation of children. The findings from the study provided themes that encapsulated some of the unique experiences and needs vital to understanding the phenomena of expectant father fears. To this date little is known with regard what fears and concerns expectant fathers are experiencing. This study provides vital link of information that may lead to additional studies for the future planning of prenatal education programs, government policy, and community-based organizations. The information gleaned from the study will assist others in making more informed decisions with regard to expectant father education and preparation. One thing is for certain: Absentee fathers have already had staggering effects on

the family. Training programs and a more connected community network for supporting fearful expectant fathers may be part of the solution for rebuilding this damaged edifice called family.

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## Appendix A

## Institutional Review Board (IRB) Letter of Approval

**LIBERTY UNIVERSITY.**  
INSTITUTIONAL REVIEW BOARD

February 2, 2015

Robert Grand

IRB Approval 2063.020215: A Collective Case Study of Generation Y Expectant Father Fears

Dear Robert,

We are pleased to inform you that your above study has been approved by the Liberty IRB. This approval is extended to you for one year from the date provided above with your protocol number. If data collection proceeds past one year, or if you make changes in the methodology as it pertains to human subjects, you must submit an appropriate update form to the IRB. The forms for these cases were attached to your approval email.

Thank you for your cooperation with the IRB, and we wish you well with your research project.

Sincerely,

**Fernando Garzon, Psy.D.**  
*Professor, IRB Chair*  
**Counseling**

(434) 592-4054

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## Appendix B

### Consent Form

The Liberty University Institutional  
Review Board has approved  
this document for use from  
2/2/15 to 2/1/16  
Protocol # 2063.020215

#### CONSENT FORM

#### A COLLECTIVE CASE STUDY OF GENERATION Y EXPECTANT FATHER FEARS

Principal Investigator: Robert Grand

School: Liberty University

You are invited to be in a research study of expectant father fears. You were selected as a possible participant because you are registered for the Boot Camp for New Dads Program. I ask that you read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by Robert Grand, a doctoral candidate in the School of Education at Liberty University

#### **Background Information:**

The purpose of this study is to explore expectant father fears and to determine how the Boot Camp for New Dads Program helps to cope with these fears.

#### **Procedures:**

If you agree to be in this study, I would ask you to do the following things: Participate in an audio recorded interview after the Boot Camp for new Dads Program to answer questions related to your fears during the pregnancy. I would also need you to participate in audio-recorded focus group after the completion of the program. One month after the birth of the baby you will be completing the Kessler 6 Scale. This short scale takes approximately 5 minutes to complete. It is designed to elicit your perspectives of fears experienced during the pregnancy and the first four weeks following the birth of the baby. This interview should be approximately 30 minutes and the focus group will take approximately 45 minutes.

#### **Risks and Benefits of the Study:**

The risks of this study will be no more than those experienced in everyday life. Keeping a safe physical environment during interviews and focus groups will minimize all of the physical risks. Being sensitive and cognizant of your needs and not coercing you to share information that you are not comfortable with will minimize the psychological and social risks. The data will be secure and private both during and after the study. The data for privacy purposes will be assigned pseudonyms rather than your personal name. Your responses will be coded and then locked in a place separate from the code information. All computers utilized for research purposes will be password protected, and used by the principle investigator.

There are no direct or tangible benefits from participating in the study.

#### **Compensation:**

No reimbursement will be given for participating in the study.

#### **Confidentiality:**

The records of this study will be kept private. In any sort of report I might publish, I will not include any information that will make it possible to identify a subject. Research records will be stored securely and only the researcher will have access to the records. Coded information will be stored separately from the raw data to protect confidentiality and privacy. The data will be secure and private both during and after the study. All of your information, responses, and data for privacy will be assigned pseudonyms rather than your personal name. All computers utilized will be password protected, and if you become uncomfortable at any time during the study, please feel

The Liberty University Institutional  
Review Board has approved  
this document for use from  
2/2/15 to 2/1/16  
Protocol # 2063.020215

free to withdraw, and the data collected will be destroyed. Due to the fact that this study has focus groups I cannot guarantee that other participants will not share information with others, but it will be stated at the beginning of each focus group that confidentiality is of paramount importance to all the participants of this study.

**Voluntary Nature of the Study:**

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University or the Boot Camp for New Dads Program. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

**How to Withdraw from the Study:**

To withdraw from the study, please contact Robert Grand by phone at (714)767-0128, and mail a letter to the following address of: PO Box 292894 Phelan CA 92329 stating that you officially withdraw from the study with a date and signature. If you choose to withdraw from the study the audio recordings will be deleted from the digital recordings and any completed survey data will be shredded.

**Contacts and Questions:**

The researcher conducting this study is Robert Grand. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact him at (714) 767-0128 or his faculty advisor, Dr. McClendon, at (972) 567-4295.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd, Suite 1837, Lynchburg, VA 24515 or email at [irb@liberty.edu](mailto:irb@liberty.edu).

*You will be given a copy of this information to keep for your records.*

**Statement of Consent:**

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

I also understand that by placing a check in the box below that this study involves audio-recording.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix C

### Interview and Focus Group Guide

#### **Purpose**

The purpose of this research study is to explore the fears and concerns of expectant fathers and to discover how the BCND program helps them to cope with fears.

#### **Confidentiality**

All information collected is kept confidential in locked filing cabinets and in password protected computer files to protect your anonymity and confidentiality. All identifying information will be replaced with pseudonyms or numbers to ensure participant confidentiality. Only the researcher and will have access to any data collected. Data will be aggregated in the final report.

#### **Response Guidelines**

This interviews and focus groups are to explore the fears of expectant fathers and discover how the BCND program helps them to cope with fears. There are no right or wrong answers to the interview or focus group questions. All of these questions are open-ended, and all participants are encouraged to ask questions and/or seek clarification whenever necessary.

#### **Permission to Record**

To ensure accuracy of participant responses, all interviews will be audio recorded using an electronic recorder. The participants have the right to decline recording.

#### *Interview Questions*

1. How would you describe the fears you have experienced during the course of the pregnancy?
2. How would you rank the severity of your fears on a scale of 1 to 10 ( mild to severe)?
3. What generated your fears of fatherhood?
4. What fears or concerns do you have about the actual childbirth process?
5. How would you summarize the challenges that you have encountered during the pregnancy?
6. Articulate the excitement that you have experienced during the pregnancy.
7. What excites you about being a father?
8. Summarize how the BCND seminar helped you with the fears and apprehensions you have about being a father?

9. What specific strategies or skills did you learn from the BCND program that helped you cope with fears during the pregnancy?
10. Please share the most impactful experience that you encountered during the BCND program.

*Focus Group Questions*

1. Provide an example of how your past experiences influenced your fears of fatherhood.
2. Explain how the fear of fatherhood has impacted the relationship with your 'significant other'.
3. Describe your concerns and excitements surrounding the childbirth process.
4. Share the ways your significant other has reacted to your concerns and excitements surrounding the childbirth process.
5. Provide an example of how fear has altered your approach to preparing for fatherhood.
6. Identify examples of ways you are coping with fears of impending childbirth and Fatherhood.
7. What training or education might help you prepare for the childbirth process and being a Father?

## Appendix D

### Kessler-6 Results

The Kessler-6 scale was utilized to glean additional information about the expectant fathers' levels of distress during the delivery of the baby and the 30 days following the birth. Fourteen of the 16 participants completed the Kessler-6 scale, which consisted of six questions regarding feelings of nervousness, hopelessness, restlessness, worthlessness, effortlessness and depression over a period of 30 days. Responses are based on a 5-point rating scale for all six questions with a maximum score of 24. All six questions had the same response scale: (4) All of the time; (3) Most of the time; (2) Some of the time; (1) A little of the time; (0) None of the time with the lowest point value (0). A K-6 score of 0-4 indicates no mental distress, a score of 5-12 indicates moderate mental distress, and a score of 13-24 indicates severe mental distress. Table 2 shows the overall scores for each participant along with their temperament and physical/work status 30 days after the birth of the baby.

Table 3.

#### *Participant Kessler-6 Responses*

Participant Number	Overall Kessler Score	Feelings/Temperament 30 Days After Birth of Baby	Physical and Work Status 30 Days After Birth of Baby
1	1	Experienced sadness a little of the time. Distress level was negligible in nature. Felt about the same as usual.	Did not visit a doctor, have any health problems, miss work, or experience a 50% reduction in ability to work.
2	2	He experienced sadness and effortlessness a little of the time. Distress level as negligible in nature. He felt about the same as usual.	Did not visit a doctor, have any health problems, miss work, or experience a 50% reduction in ability to work.
3	7	He experienced sadness, restless, and effortlessness some of the time. Distress level as moderate in nature.	Did not visit a doctor, have any health problems, miss work, or experience a 50% reduction in ability to work.



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		He felt about the same as usual.	
4	9	He experienced nervousness and restlessness most of the time, effortlessness some of the time, and hopelessness a little of the time. Distress level as moderate in nature. He felt about the same as usual	Did not visit a doctor, have any health problems, miss work, but did experience a 50% reduction in his ability to work for 5 of those days
5	No Response		
6	No Response		
7	3	He experienced nervousness a little of the time, and effortlessness some of the time. Distress level as negligible in nature. He felt about the same as usual.	Did not visit a doctor, have any health problems, miss work, or experience a 50% reduction in ability to work.
8	4	He experienced nervousness and restlessness some of the time. Distress level as negligible in nature. He felt about the same as usual.	Did not visit a doctor, have any health problems, miss work, or experience a 50% reduction in ability to work.
9	5	He experienced nervousness some of the time, and hopelessness, restlessness, and effortlessness a little of the time. Distress level as moderate in nature. He also felt this way less often than usual.	Did not visit a doctor, have any health problems, missed work 1 day, and experienced a 50% reduction in his ability to work a total of 4 days
10	5	He experienced restlessness most of the time and effortlessness some of the time. Distress level as moderate in nature. He felt this way less often than usual.	Did not visit a doctor, have any health problems, miss work, or experience a 50% reduction in ability to work.
11	11	experienced nervousness most of the time, depression, effortlessness, worthlessness some of the time, hopelessness, and restlessness a little of the time. Distress level as moderate in nature. He felt this way more often than usual.	Did not visit a doctor, have any health problems, missed work 2 days, and experienced a 50% reduction in his ability to work a total of 10 days

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12	1	He experienced nervousness and effortlessness a little of the time. Distress level as negligible in nature. He felt this way more often than usual.	Did not visit a doctor, have any health problems, miss work, or experience a 50% reduction in ability to work.
13	2	He experienced nervousness a little of the time, and effortlessness some of the time. Distress level as negligible in nature. He felt about the same as usual.	Did not visit a doctor, have any health problems, miss work, or experience a 50% reduction in ability to work.
14	2	He experienced nervousness and effortlessness a little of the time. Distress level as negligible in nature. He felt about the same as usual.	Did not visit a doctor, have any health problems, miss work, or experience a 50% reduction in ability to work.
15	3	experienced nervousness a little of the time, and effortlessness some of the time. Distress level as negligible in nature. He felt this way more than usual.	Did not visit a doctor or have any health problems, missed 3 days of work, and experienced a 50% reduction in his ability to work 8 days.
16	2	He experienced nervousness and effortlessness a little of the time. Distress level as negligible in nature. He felt about the same as usual.	Had 4 doctor visits, 4 days of missed work, no health problems, and experienced a 50% reduction in his ability to work 4 days.

Thus, most fathers experienced low to moderate stress 30 days before and after the birth of their baby. When asked how they would rank the severity of their fears on a scale of 1 to 10 (mild to severe), expectant fathers answered the questions with simple numerical answers to summarize their perceived levels of fear during the pregnancy. After calculating the numbers reported, the level of fear could be characterized as moderate in intensity with a mean score of 4.77 and a median score 5.00. Thus, while they experienced low to moderate stress, their fear level was higher.

## Appendix E

### Interview Results

A semistructured interview guide was utilized by the researcher in all of the interviews with the expectant fathers. The questions were designed by the researcher and based on prior research findings. These guiding questions helped to steer and facilitate discussions that occurred during the interviews and focus groups. The developed interview guide was useful in beginning and also sustaining the dialogue for somewhat difficult and sensitive questions that probed into their fears. Thirteen interviews in total were completed individually, and the responses are presented in this appendix.

*Question 1.* The first interview question asked the expectant fathers to describe the fears that they experienced during the course of the pregnancy. Expectant fathers 10, 12, and 13 did not participate in the interview portion of the study due to time constraints. The expectant fathers described these fears in the context of their newly formed family and all of the associated worries and unanswered questions that they were consumed with the onset of the pregnancy. Their responses to this question emphasized the need for having a safe place to ask questions about what others have experienced. Over all, their responses were commonly pertaining to the health of mom and baby and the fear of the unknown.

Table 4

*Participant Responses for Interview Question 1*

Participant number	Participant Responses
1	He described his fear during the pregnancy as reasonable and mostly related to wanting to have a healthy baby and stated “ I don’t feel like I have it all figured out by any stretch, but I would say the fear of the unknown was the main thing, but getting educated on those fears made things easier.”
2	He described his fear during the pregnancy as the fear of the unknown, but also relationship fears with his wife, He stated,“ Well I think just the fear of the unknown, never been a dad before, and you see these things on the television with all the stress with kids, and will my relationship with my wife change, the most terrifying thing for me would be am I capable of being a good father.”
3	He described his fear during the pregnancy as the fear of the unknown and stated “I am especially afraid my wife miscarrying.”
4	He described his fear during the pregnancy as the fear of uncertainty and stated, “ I would describe those fears as fears as fears of uncertainty, and inadequacy, the baby’s health, the wife’s, health, and things out of my control really bothered me.
5	He described his fear during the pregnancy as the fear as a combination of nervousness and excitement. He stated, “I have been a little nervous about things but I am more excited than anything else, I don’t know what’s going to happen.”
6	He described his fear during the pregnancy as the fear of preparation and stated “It came to me when I was putting the crib together.” He also when on to explain that

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- he was concerned for the health of mom and baby
- 7 He described his fear during the pregnancy as the fear of contagious diseases at hospitals and made this statement “Have you heard about all the measles outbreaks”
- 8 He described his fear during the pregnancy as the fear of responsibility and stated “ I am mostly worried about the health of wife and baby.”
- 9 He described his fear during the pregnancy as the fear of the health of mom and baby and stated “ I am worried because my wife has been placed on bed rest for false labor pains.”
- 11 He described his fear during the pregnancy as the fear of finances and work and stated “ My baby is breech right now so I am worried about it will be able to take enough time off work.”
- 14 He described his fear during the pregnancy as the fear in the following way “ I am excited and apprehensive all at the same time.”
- 15 He described his fear during the pregnancy an over all anxiousness and stated “ I am also very curious as to what is going to happen.”
- 16 He described his fear during the pregnancy as something you can educate yourself about and stated “ I read lots of books about pregnancy and talked to other people to help my fears.”
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**Question 2.** The second question asked the expectant fathers how they would rank the severity of their fears on a scale of 1 to 10 (mild to severe)? The expectant fathers answered the questions with simple numerical answers to summarize their perceived levels of fear during the

pregnancy. After calculating the numbers reported, the level of fear could be characterized as moderate in intensity with a mean score of 4.77 and a median score 5.00. The range was 6 with 2 being the lowest and 8 being the highest perceived values of fear. The mode was 3 and occurred 4 times with 7, and 5 appearing three times each.

Table 5

*Participant Responses for Interview Question 2*

Participant Number	Fear Level	Comments for Question 2
1	2	This expectant father pondered this question for lengthy amount of time and perceived his fear as mild.
2	7	His response was very immediate and perceived his fears as fairly strong.
3	3	He delayed his response and asserted that his fears were mild.
4	5	He responded quickly and perceived his fear as moderate in nature
5	7	He seemed to be confident about his answer and perceived his fears as significant.
6	3	He answered quickly and perceived his fear as short in duration.
7	5	He promptly answered and perceived the fear as moderate in nature.
8	5	This expectant paused briefly before answering and perceived his fears as more moderate in nature.
9	8	This expectant father gave a concerned look and perceived his fears as significant.
11	4	He was contemplative with his response and gave himself a 4.
14	7	He gave the explanation that his high score was due to not knowing what

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		was going to happen.
15	3	He explained that the fears were related to the unknown.
16	3	He perceived the fears as fairly mild.

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**Question 3.** The third interview question asked the expectant fathers what generated their fears of fatherhood. The expectant fathers shared their experiences and sentiments that related to the question. The responses from the expectant fathers covered a wide variety of areas. In summary the generation of their fears could be placed into three categories relationship, health, or finances.

Table 6

*Participant Responses for Interview Question 3*

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Participant Number	Participant Responses
1	He directly answered the question and stated, “social media, news, and family generated my fears.”
2	He explained that his dad generated his fears of fatherhood and stated, “You never want to be like your parent, and also just bringing another human being into the world generates some fear.”
3	He stated, “The fear of the unknown and miscarriage are the primary sources of my concerns.”
4	He explained that the lack of control over his circumstance is at the root of his fears. He stated, “My wife might drink coffee, or take Tylenol on accident.”
5	He expressed that his sister in law had had recently miscarried and this brought

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about some fear in him.

6 He stated, “The fear of the unknown and how things would change generated my fears.”

7 He explained that the media and his wife had generated his fears and stated, “Because my wife was worried all the time I started to worry about things.”

This illustrates how the attitudes and actions of spouses have a circular affect on the other.

8 He stated, my fears were generated from family heredity, conditions that are passed on to the baby.”

9 He explained that he has a bad relationship with the mother and this instability generated some fears in him

11 He explained that he was going through work and financial pressures which generated some of his fears.

14 He stated, “Do I know how to do this?” and also expressed some fears being generated by not knowing if mom and baby would be healthy.

15 He simply stated, “Uncertainty, the fear of the unknown.”

16 He was very brief in his response and stated, “The unknown”

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**Question 4.** The fourth interview question dealt with the fears or concerns that the expectant fathers had regarding the actual childbirth process. This question represents one of life’s most dramatic events, and deserved a high level of attention and focus.



Table 7

*Participant Responses for Interview Question 4*

Participant Number	Participant responses
1	He was concerned about something going wrong during the delivery of the baby and stated, “Anything that would put mom or baby in danger.”
2	He was concerned about the health of his wife and baby.
3	He stated, “I do not do well with blood and surgery rooms.”
4	He expressed his concern for the development of the baby.
5	He was concerned about everything! He also communicated this statement, “The baby is so big we will more than likely need to have C-section.”
6	He stated, “I’m not sure I can handle this, I want to support my wife but I am concerned that the sight of blood will make me pass out.”
7	He stated, “I’m concerned about everything.”
8	He had some very insightful comments about his relationship with his wife. He stated, “I am concerned about my wife changing her feelings about me, will she focus solely on the baby
9	He was hoping that everything would go well and stated, “I’m concerned about something going wrong with my wife or the baby.”
11	He expressed concerned with his wife’s ability to handle the delivery of the baby. He stated, “I am worried about her pain threshold, the hours of labor, possibly having a C-section, and her and the baby not being harmed.”
14	He was concerned about things going wrong and stated; “I do not want nurses

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making decisions if there is no Doctor present.”

15 He stated, I am concerned about the unknown.”

16 He expressed that he was not concerned about the delivery.

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**Question 5.** The fifth interview question asked the expectant fathers to summarize the challenges that they had encountered during the pregnancy. Challenges can sometimes precede fears and helped to gain the full contextual circumstance surrounding these cases. The frequent challenges for this group of expectant fathers were varied depending upon their mindset and circumstances. One commonality that the fathers shared was hormone changes that tended to cause mood swings with the mother. Another repeating scenario was the busyness of preparing for the arrival of the baby, and various physical ailments that occur in the mother that cause discomfort.

Table 8

*Participant Responses for Interview Question 5*

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Participant	Participant Responses
Number	
1	He explained that one of the biggest challenges that he encountered was his wife’s hormone. He stated, “My wife has always been extremely mellow, so mood swings really threw me off.”
2	He stated, “The preparation part is very challenging, it feels so much more chaotic now.” He also expressed that all of the activities like the baby showers, and appointments on top of work and other responsibilities caused him to feel over whelmed.

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- 3 He explained that the challenges that he faced were in the life adjustments that needed to take place. He stated, “Everything is new and my wife has a shorter temper.”
- 4 He explained that things were constantly evolving and stated, “It was difficult and seemed like a moving target.”
- 5 He exclaimed “All the preparations, doctor appointments, and getting the baby preparations done made time management difficult.”
- 6 He did not think he had that many challenges but stated, Getting ready for the baby is a bit challenging and overwhelming.”
- 7 He stated, “You have to rise to the occasion.”
- 8 He did not feel like they have experienced too many challenges and stated, “We’ve been very communicative.”
- 9 He stated, “My wife became very depressed and has lots of mood swings and this made it difficult to be supportive.”
- 11 He expressed that he gave everything due diligence with regard to preparation and stated, “The physical discomfort was the biggest challenge.”
- 14 He conveyed the fact that he did not feel as though too many challenges were occurring with the exception of a minor car accident and premature contractions
- 15 He stated, “My biggest challenge is my wife’s mobility.”
- 16 He stated, “My biggest challenge was changing the birthing plan due to needing a C-section.”
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**Question 6.** In the sixth interview question expectant fathers were asked to articulate the excitement that they experienced during the pregnancy. Over all the experiences articulated by the expectant fathers could be characterized as life changing and gave the men a new lens to view life from. The masculine point of view was presented as the excitement of a new adventure in life and a chance to become a hero for their children.

Table 9

*Participant Responses for Interview Question 6*

Participant	Participant Responses
Number	
1	He had a heartfelt excitement for the birth of his baby and stated, “This was one of the most exciting things that I have gone through. Watching a life grow inside my wife’s belly is mind blowing: the ultrasounds and listening to a little heartbeat melted my heart.”
2	He explained his excitement regarding the birth as an adventure. He went on to say that he always wanted a family and was super excited about it.
3	He described his excitement as “off the hook”
4	He explained his high level of excitement was equal to the fear that he experienced.
5	He explained his excitement as a new chapter of his life and he is very excited about what the future holds.
6	He explained his excitement as coming in stages and stated, “When I first found out it was surreal, then it started to materialize when the baby started moving inside the womb.”

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- 7 He stated, “The boot camp caused me to be more excited about the birth of the baby, my friends also got me more excited.”
- 8 He found a new sense of joy and closeness with his wife during the pregnancy. He also went on to explain that his relationship with his wife is now stronger.
- 9 He exclaimed, “I cannot wait to become a father.”
- 11 He explained that he and his wife had tried to get pregnant for a year and consequently it made it that much more exciting. He also mentioned that seeing other young families created some excitement as well.
- 14 He conveyed the fact that he has never been so excited and yet so tired.
- 15 He explained that he cannot articulate his excitement into words and further stated, “The excitement is so motivating.”
- 16 He stated, “It is great experience and it opened my eyes to a whole new world.”
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**Question 7.** The expectant fathers were asked to share what excites them about being a father? They answered the questions with a diverse set of priorities and viewpoints. Some generalizations that can be drawn from their responses are, many of these fathers were excited about providing for their family, and teaching their child.

Table 10

*Participant Responses for Interview Question 7*

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Participant	Participant Responses
Number	
1	He disclosed that everything excites him about being a father and stated, “Learning on the fly, adapting to new scenarios, bonding and working together

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with my wife to hopefully raise a productive member of society.”

- 2 He discussed the importance of providing for the child, and felt that just about everything is exciting with regard to fatherhood.
- 3 He was very excited about the whole birthing process and stated, “I am just thankful, and feeling a lot of joy about the pending birth of my child.”
- 4 He was very excited about getting to spend time with the baby, and is just looking forward to raising his child.
- 5 He stated, “I am excited about the future of my family, and also about proving myself as a father.”
- 6 He was excited to play with and hold the baby. He was also looking forward to connecting with the baby so that he could eventually share his view of the world with his child.
- 7 He shared that he is very excited about being a father and stated, “don’t want to miss it.”
- 8 He expressed that he was excited about becoming a family, and stated, “I will be responsible for a person, and have a purpose.”
- 9 He was excited about providing for his family and stated, “I always want to be there for her.”
- 11 He communicated that he was excited about everything with becoming a father. He also confessed that he has always wanted to be a dad, and now feels very blessed in becoming a father.
- 14 He conveyed that he was very excited about shaping a new person and forming a family.
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| 15 | He stated, “I am looking forward to be a hero to my daughter.”      |
| 16 | He stated, “I am excited about learning from, and teaching my son.” |
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**Question 8.** The expectant fathers were asked to summarize how the BCND program helped them with their fears and apprehensions about becoming a father? Most of the expectant fathers had similar responses of how observing the veteran dads taking care of their babies helped to convince them that they can do it to. Another frequent response was that watching the fathers take care of their babies calmly helped them to overcome fears of caring for their own baby.

Table 11

*Participant Responses for Interview Question 8*

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Participant Number	Participant Responses
1	He stated, “I had so many questions, it was great to be in a room full of dads to be that had similar questions and fears.”
2	He stated, “Seeing other guys who felt the same as I did, and also seeing the veterans be a dad made me think I can do this too.”
3	He stated, “Gaining another guys perspective was important, and the actual real babies with the veteran dads made me think I can do this too.”
4	He stated, “After I saw the veteran fathers, I can do this too.”
5	He stated, “You hear about all the horror stories, and then you see the veteran dads getting this thing done, and I thought I can do that too.”
6	He stated, “I think it made it clear that being a dad is doable and also that you need

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- to be very involved in the process.”
- 7 He stated, “It was a group of guys with honest questions getting honest answers.”
- 8 He stated, “The boot camp shed light on the fact that we are all in the same boat.”
- 9 He stated, “The veteran dads calmed my nerves about things.”
- 11 He stated, the boot camp helped me to communicate with my wife, and gave some great tips on becoming a father.”
- 14 He stated, “The boot camp and veteran dads helped me a great deal with fears and apprehensions.”
- 15 He stated, “Seeing dads actually being dads, and seeing how calm they were really helped me with my fears.”
- 16 He stated, “The boot camp help to solidify everything I learned from books.”
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**Question 9.** The ninth question asked the expectant fathers to communicate what specific strategies or skills they learned from the BCND program that helped them to cope with fears during the pregnancy? The participants frequently stated that communication with their significant other and also information with regard to sleep deprivation were the most common responses for this question.

Table 12

*Participant Responses for Interview Question 9*

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Participant	Participant Responses
Numbers	
1	He stated, “Listening to the veteran fathers talk about the birthing process and how they handled being in the delivery room helped me to cope with my fears.”

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- 2 He related to the question by explaining that the BCND program helped him to realize that it was not about him but it is about the business of helping your and baby.
- 3 He felt that learning about crying babies, psychology of pregnancy, checklist, and practical advice helped him to cope with his fears and concerns.
- 4 He conveyed that the BCND program helped him to talk things out and also learned that communication is important. He also felt that another really helpful segment was the learning to deal with the frustration of a crying baby.
- 5 He learned from The BCND program that communication skills with his partner helped him to cope.
- 6 He stated, “I think the stories from the veteran fathers getting up at night as a team with your wife so that she could get some sleep really helped me to cope with the fear.”
- 7 He felt that the BCND program helped him cope by adding relational confidence with the in-laws and his wife.
- 8 He felt that the BCND program helped him to cope by learning about crying babies.
- 9 He stated, “Learning to talk about things with your wife before hand was very helpful for me.”
- 11 He communicated that learning about sleep deprivation and all of the helpful tips helped him considerably.
- 14 He learned that avoiding the trap of gate keeping from other family members was very critical relieving his fears. He expressed that he had experienced some difficulties with his mother in-law
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| 15 | He learned from the BCND program that being prepared and staying calm helped him to cope with his fears. |
| 16 | He stated, “I learned to keep my communication flowing with my wife.”                                    |
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**Question 10.** The tenth interview question asked the expectant fathers to share their most impactful experience that they encountered during the BCND program. The expectant fathers expressed that seeing the veteran fathers with their babies live was the most frequent response. Secondly several of the participants found the shaken baby presentation to be very impactful as well.

Table 13

*Participant Responses for Interview Question 10*

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Participant Numbers	Participant Responses
1	He stated, “The most impactful experience was watching the veteran dads deal with the babies in a three hour period, they all had different techniques that worked for them.”
2	He stated, “Seeing the veteran dads with their babies was very helpful to me, it made me feel like I can do this too.”
3	He stated, “Seeing the shaken baby syndrome with the broken egg demonstration and being aware that you cannot solve everything was huge for me.”
4	He stated, “Watching the veteran dads share and communicate their calmness was very impactful for me.”
5	He stated, ‘The small groups really helped me out, it was more personal and you

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were able to ask questions, it was great program.”

- 6 He stated, “I think it was holding one of the babies, I felt like I was responsible for that child, I also saw the importance of being a team.”
- 7 He stated, “The small groups made thing more open to questions and this was the most impactful for me.”
- 8 He stated, “Meeting with the veteran dads and their babies was the most impactful part of the program.”
- 9 He stated, “When the vet dads did the small groups I was able to ask more questions.”
- 11 He stated, “Seeing the veteran dads take care of their babies was very comforting to me.”
- 14 He stated, “Seeing the live babies and veteran dads was the most impactful experience for me.”
- 15 He stated, “The shaken baby example with the broken egg was the most impactful experience in the program.”
- 16 He stated, “The entire process was great for me.”
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## Appendix F

### Focus Group Results

#### Focus Group One

The first focus group which contained five participants went as expected. The focus group data was very similar to and in alignment with the interview data thus providing a high degree of corroboration with regard to expectant father fears and how the BCND program helped the participant to cope with their fears.

*Question 1.* The participant were first asked to provide an example of how past experiences influenced their fears of fatherhood. Each expectant father gave examples of these experiences in round robin fashion. One participant explained

Well, this question does not apply to me so I will pass on this question.

Another expectant father answered with the following statement:

It really was the lack of experience that caused my fears of fatherhood and not really any well you know it s all a new experience to me, and not past experiences.

Another participant gave the following example of a past experience influenced his fears of fatherhood:

My wife's family made it more difficult for me because they are somewhat clannish, I did not really start out neutral but more negative because of the way my wife's family is, I just think it contributed to my fears a little bit.

The next participant shared his past experience in the context of genetic predispositions that existed in his family.

I did not really want to bring a child into the world that had any serious health problems but I just had to trust in God that everything would be ok, and you just have to charge through it if anything did happen.

The next participant shared his experience regarding other family members having complications with pregnancy and childbirth.

I think just experiencing other family members who have had problems during the pregnancy, you to look at the possibility that something could go wrong, sometimes the historical influence can influence things.

**Question 2.** The participants were asked to explain how the fear of fatherhood has impacted the relationship with their significant other. One participant explained

My girlfriend has a child from another relationship and I think my fear, my standoff approach with her son causes her to think that it might happen that way with our kid. She thinks well, if that can happen with my son it could a happen again. I don't see the same thing at all, that child has a father. I am playing a dual role with that situation.

Another participant felt as though his relationship with his wife was strengthened through the past experiences and answered in the following way:

I really feel like the relationship between me and my wife was impacted in a positive way, my wife has grown up with lots of young children around nieces and nephews and as I have been questioning myself she has been reassuring me and says things like things are going to be ok and you do not have to worry so much. It is good to have knowledge, it's good to care, but the fears are not always there because of that. This has actually made a relationship better.

Another participant shared his experience of how his reluctance to embrace family has impacted his relationship with his wife.

I just think that her family was more hands on than mine, and I just think were learning to create our own family, it's been just a little bit of a struggle to get to place of openness, and understanding with each other.

Another participant felt as though his past experiences had a positive impact on his relationship with his significant other and stated

I just think that my past experiences have had some traumatic things, well not that traumatic but these things have made our relationship stronger as a result of that.

**Question 3.** Asked the participant to describe their concerns and excitements surrounding the childbirth process and one participant stated

Um my girlfriend is having a cesarean, and lets just say I don't well with autopsies as long as I can stay on this side of the curtain, I think I will be ok.

One expectant father explained that he was concerned about being supportive during the childbirth and stated

Well the main thing that I am concerned with is being supportive, I just want to make sure that I can keep her calm and keep her happy, I am definitely excited about that moment when we get to hold the baby for first time, you know it's kind of the most important thing.

Another participant revealed that

My main concern was whether or not I would do the right thing when my wife began the physical symptoms of childbirth, my fears were about that, and also what was he going to look like.

The next participant was concerned with what he felt was selfish and stated

My wife is a self reliant kind of a self starter, and I feel like she is going to be the stronger parent in terms of discipline and thing like that, she comes from a military family so my concern with the pregnancy is well now that she has the baby I'm I just a second class citizen now, I've got my baby I've got my house I will see you in thirty years.

Another expectant father stated

I guess just the ambiguity of the fact that complications can occur, I think um just being concerned with that and that's it.

**Question 4.** Asked the participants share the ways your significant other has reacted to your concerns and excitements surrounding the childbirth process which resulted in the following statement by a participant:

I think it was more her calming me down versus me calming her down so, I can't think of anything specific but there has been so much that has happened, I'm having difficulty recalling anything.

Another participant stated

For me it's just been my wife being very open and supportive, She was trained to do what you got to do, and I was trained to ask why, so bringing those two things together, you start to see a family has dynamics, and you have to be aware that there are good dynamics, but also bad, it's just something you got to grit your teeth over, and just find a way to make it work, my fears and concerns that I brought are just try to find a way to create our own family.

The next participant expressed the following:

For me as said earlier, she has been very supportive and I have been afraid of the whole process, but she keeps reassuring me that I have been great with other little kids, and I have child like sense, and she just keeps telling me that I am going to be really good at kids and stuff, she seen the worst of it, and she has seen the best of it, and she just keeps telling me that I am one of the best.

Another participant stated

I cannot really think of anything that she has reacted to, or done so I will pass on this question if that is ok.

**Question 5.** Asked the participants to provide an example of how fear had altered their approach to preparing for fatherhood and the first expectant father stated

It definitely made me take things more seriously, because honestly, as you said earlier it's real but it's also surreal, and we tried to have kids for quite a while, and we tried but things just did not happen, so when my wife became pregnant I still could not believe that she really was pregnant, so for me it was taking it more seriously, and reading more about being a father and pregnancy, it was also going online and looking up resources.

The next participant stated

That little bit of fear was good for me, it helped to get prepared, and get things accomplished.

One expectant father expressed his sentiment of

When things come up with your spouse sometimes you don't express it, but with pregnancy it's good to express things upfront and really you are trying to learn each other better, you are supposed to learn and grow with your spouse and before it did not seem as



relevant, it just brings your marriage to a stronger place, this part of my life was addressed differently because of the pregnancy.

One expectant father emphasized the importance of education in calming his fears of the pregnancy and future fatherhood.

Um well lets see, being at boot camp also making sure that I attended all the classes, I get all the education that I can, speaking of education, I am finishing up my Masters and on top of that my wife's diabetic so, I have that, plus stress with school, just trying to find as many ways as I can to calm my fears by learning as much as I can, that's the best example that I can give.

The next participant stated

I have a lot of ignorance about the process and I think someone else used the word surreal and once you see the ultra sound images, when she first got pregnant we had issues with bleeding, there was a lot happening, and it was very weird, we basically went through this situation with the baby and then to realize we may not have a baby, it's very much like well you sit there, and wonder do we want this, do we not want this, and I think we both became very close to each other, We became very determined and said we are going to this, and um it's been very interesting to see how encouraged we became, to see how the next couple of years, the fruit of that labor, I'm very curious as to how the whole thing is going to go down.

**Question 6.** Asked the participant to identify examples of ways you are coping with fears of impending childbirth and fatherhood. One expectant father stated

One obvious thing is being in this room right now, coming to a place where you can learn more about the process and what happens afterward is important, but also what I think is,

this program is sort of a paternity to be able to sit here just knowing that you are sitting in a room of guys who are going through the same thing, or already having gone through it gives you more confidence.

Another participant stated

For me it's been about friends and family, we have had an amazing amount of support, we have an aunt that's flying out from Oregon for a month to stay with us, and her mother after my aunt leaves, and my sister is going to come out, so we have sort of this resource of friends and family, and that to me really helps out with anxiety.

The next participant stated

For me the coping mechanism or therapy has been getting stuff ready every weekend, it's wax on wax off, I'm painting, doing molding, doing the baby room and doing the nursery and all of that, to me it's keeping me sane.

Another participant stated

Well I think when you start a family you don't know what's going to happen where it's going to go, just having that belief that you know whatever it is that you believe in that gives you that total confidence that things are going to be ok that faith in God, that's kind of helping me with things that you cannot do anything about, I think that purpose is you know, a big thing is you have something to draw on in addition to having other men to talk to is really important, I mean hey, why not e-mail me, and lets together, this is a really good thing, it benefits me and the group benefits as well.

Another participant stated

Well, it's kind of the same thing, I'm trying to gather as much knowledge, when I had almost zero knowledge, as before, like coming to all of these classes, going to all the

doctors appointments, asking questions whenever I can has really helped me a lot, and if it wasn't for classes like this, I really don't know where I would look for that information, I mean I could ask my parents but, you know that was thirty years ago, it is completely different now, I do not have any friends that have had kids, I have some family but for the most part they live far away, for me getting the information that I want, I think having these structured classes is the way to go.

*Question 7.* Asked the participants what training or education might help them prepare for the childbirth process and being a father.

One participant explained

I think it's just hands on experience, just trial be error, and I know that would be good for me, and I think that I love kids, and I have been around them, and I think in some cases we do have instincts, that in some cases are just as strong as the mom.

Another participant stated

I think at this point, I've got a lot of information out of the classes, I've got a lot of information out of the books, and things like that, I think the last piece would be the hands on experience in some way, practice, and just even like holding a child, I think at this point it's just confidence building, and figuring out what the baby needs.

Another participant stated

YouTube, there is nothing you cannot learn on the Internet, but it brings about every opinion in the world though.

Another participant stated

My wife knows about this mommy and me class, but I think if guys had a longer-term class that was structured it would be very good.

Another participant stated

I think hands on type classes would really help us guys get a feel for things, I'm a, until it's real and I can touch it kind of person, so these types of classes would be great.

### **Focus Group Two**

The second focus group was smaller in size with 3 participants, but actually collected more data than the larger focus group due to the group dynamics. This focus group was also very similar to and in alignment with the interview data and provided a high degree of corroboration with regard to expectant father fears and how the BCND program helped the participant to cope with their fears.

*Question 1.* The participants were first asked to provide an example of how past experiences influenced their fears of fatherhood. Each expectant father gave examples of these experiences in round robin fashion. One participant explained

I came from a big family and I am a professional uncle, I'm the youngest of 6, and so there are 10 nephews, what's interesting is some of the fears I can come up with is the life transition that happens, not being able to go out as much, or the sleep deprivation thing, or even just the differences of opinion with my wife, like circumcision, or other things that come that could potentially cause a rift between me and my wife, I guess I have fears about how my wife and I would agree about stuff, as it turns out those would be the things that influenced my fears, I wanted to not fight with my wife, I wanted to be a team, and even if we disagreed on things like parenting style or in the crib or out of the crib type stuff, I had a great dad, he had a little bit of temper, so my fears would be transported into me, but your own experiences with your own father, and then seeing

another family with a baby when issues come up would contribute to my fears that come up.

Another participant stated

I guess to answer the question, I guess getting prepared for the baby like the car seat and all the furniture caused me to worry some, I m very methodical by nature, so it's been quite a process trying to get all those things together, and after I become a father, I come to these classes and hear your not going to mess things up, and you will know how to take care of your baby, and give her everything that she needs and just try not to over think things like I have heard in class, I also have had some concerns about communications with my wife but also being around for the baby, for me I had good parents, and a good father, but for me growing up with my dad, I was afraid of him, and I don't want that for my son, I don't want him to grow up being afraid of me, mostly I just do not want to be seen as just a disciplinarian, I want to be seen as loving parent.

Another participant stated

I also have a large group of nieces and nephews, 12 in all, so it really is not a fear of having kids or taking care of a child, feeding or changing a child, both of my brothers and sisters all had kids really young, so my biggest fear is not being able to provide for my child, or financially making sure that I had a stable environment, I have seen the problems my siblings had growing up and having kids as teenagers, and not having stable relationships, having kids out of wedlock, so one thing I really wanted to do, was make sure not only that I had someone that I wanted to spend the rest of my life with, but also be financially stable.

**Question 2.** The participants were asked to explain how the fear of fatherhood has

impacted the relationship with your significant other. One participant explained

I would say this is borderline, it does not really apply to me, or my fears, did not really affect my relationship with my wife in any way. If anything, the idea, the concept of us being parents is bringing us closer together.

Another participant stated

This question, I think it's been a challenge and stressful because you know getting everything ready as I said before, so it's been a little stressful at times just staying organized and making sure that we have everything that we need, it's been stressful that way, as parent you don't want to deprive your baby of something, or not be safe, or not good for him, as far as my relationship with my wife, I think it's brought us a little closer together, I try to take care of my wife by cooking more for her, I try to be more attentive to that at times it been hard to because, some times you need a short break during the day, to tell my wife, I can't rub your back right now, I need a little time for my self, I know as a husband you are not supposed get tired of these things, but you always need a little time for you.

Another participant stated

My only concern is when we have kids I think early on we established we were going to have good relationship, my concern is are we sure we are going to be together, are we certain we both want to have kids, not only that, is the timing right, the timing had to be right for not only me, but for her as well, it is one of the reasons we decided to wait a little bit to have kids, just wanted to make sure everything was right.

**Question 3.** Asked the participant to describe their concerns and excitements surrounding the childbirth process and one participant stated

Since this is anonymous I will be super honest, I really was not concerned with any kind of help, my biggest concern is my in-laws coming to the hospital her family is very aggressive and told me they were coming whether you want us to or not, “wild horses could not keep us away” is what my mother in-law told me, and in her family my wife’s family that’s fine, that’s how they do things, in my family they are way more respectful about the hospital stay, and they said if you want us to see the baby after the hospital that’s fine will come by, and if you want us to, we can see you at the hospital. My concerns were my extended family on my wife’s side, and how intrusive they would be in the excitement of having a baby. I guess the main thing is we can agree upon something for the hospital. Time off work is also a concern for me, I am concerned about the finances, the whole newborn thing is also a concern, and what that will mean for our careers, and who is going to stay home with the baby. We do not want the baby with a nanny because nobody is going to take care of the baby better than us, the excitement part is I am going to be a dad and I am going to have my baby looking at up at me and all the joys that it brings.

The next participant stated,

My concerns about the childbirth are not sure how my wife is going to handle it, she does not have the highest pain tolerance, so I am not sure how she is going to handle that aspect of it, she can get stressed out little bit, and when a I try to help her when she is stressed out I get a little anxious too, that why I am kind of fearful we are going to have a Doula, that should help, The Doula is a kind of advocate for both of us, my fear is more for my wife’s stress or anxiety, I just want to be able to calm her down.

The next participant stated

I would say the biggest fear we have is making sure we have a plan in case there is too much pain, she does not have high pain tolerance but she is wanting to have a natural childbirth and my concern is after researching there is no way you can do that without suffering through the process and feeling miserable so I just want to make sure that all of her needs are met. I mean that plan in place and that comfort for my wife, we have our own Doula picked out. The biggest concerns are whether or not we will have Cesarean birth or complications during the delivery.

**Question 4.** Asked the participants share the ways your significant other has reacted to your concerns and excitements surrounding the childbirth process which resulted in the following statement by a participant

I think my wife she reacted very positively to both my concerns and excitements because really both communicated her that I was totally one hundred percent bought in involved and ready to roll, she definitely the entire time has like we are doing it together, the rubbing the ankles, making the kale salads, the family concerns got mixed reactions from her she is torn and totally understand it it's her family, she is very close with her family and my family is so different than hers, she did not react in anger or you know we did not get into any fights about it but she was bummed about the way that I felt but as they said in the boot camp happy wife happy life, it's good to express your concerns but ultimately you're the one going through this so whatever you want whatever you need is what I want. My wife reacted in ways that helped us to communicate better.

The next participant stated



I guess the way that my wife has reacted to concerns and excitements about the childbirth process is she kind of pushes us to have the extra person around in the Doula to try to have a positive childbirth, just to help with the stress or fear of childbirth I don't want her to feel lost or she is alone and not know what to do.

The next participant stated

The concern that I have is the epidural to have or not have it, initially she has been a little defensive about it, when I told her there is no way you can have it natural, she took it a little personal, her sister said you are going to want the epidural she was not really dead set on natural but this something she thought about or wanted to do, it's something I was concerned about having.

**Question 5.** Asked the participants to provide an example of how fear had altered their approach to preparing for fatherhood and the first expectant father stated

That's a really good question, most of the things we have done were based upon the concerns that we have, I am not sure what it would have been like if we did not have concerns about things, I guess an example of this would be that the fear has caused us to prepare, meaning we have taken every class, signing up for consumer reports, signing up for every stroller, every binky report known to man.

The next participant stated

I don't know that fear has altered my approach to preparing for fatherhood, I think maybe I am a little bit of an over-preparer because I have been very anxious about getting everything ready, all the products that the baby needs, and just wanting to provide a safe environment for him, like I said it's a little stressful getting that all together I also think

that worrying about how it's going to change my relationship with my wife kind of changed my approach soon it's not going to be us two but us three.

The next participant stated

I would probably have to agree with everything that has been said because we have a tendency to over-prepare, we have interviewed several doctors and a Doula, hospitals we have taken fifteen classes including the boot camp, so I really have not had a lot of specific fears but the fear that I had was the fear of having the fear which caused me to prepare, sometimes the fear comes from not knowing what to fear.

**Question 6.** Asked the participant to identify examples of ways you are coping with fears of impending childbirth and fatherhood. One expectant father stated

The example of coping, with some of the anxiety and concerns you have leading up to the event um, I kind of touched on before on my wife's family, stuff like that, it materialized for me, I was focusing too much on that, and my wife helped to point that out to me, that is one of the ways I was coping, what was really going on at a deeper level was excited and nervous for my wife to go through this process physically, never ever had any kind of surgery, and we knew it was breach so we know we were having a C-Section, and so I guess the ways in which that anxiety, concerns, and excitements all bundled into one materialized was that I became laser focused on how things should be instead of what are they going to be like, is it a big catastrophe if everyone shows up at the hospital, I guess that's the way it materialized the impending event that was going to come with us, having a plan and not having it go that way could be very stressful.

The next participant stated

We had everything picked out, the house, the furniture, it was the opposite of procrastination we over prepared, we had six months to go and I wanted to make sure that the house and furniture and everything was installed, and we actually had the carpet cleaners come out to early because it became dirty again after six months that's how I dealt with the fears, I kind of over-prepared and purchased many things we did not need.

The next participant stated

Between weeks twenty and twenty five I guess I really was not preparing for childbirth, and I was procrastinating a lot with getting ready for the childbirth, and then I finally told my wife we need to get the furniture and get ready for the baby, so part of coping with my fear was procrastination and then, I told myself I need to get my stuff together this is a certainty the baby is going to come. So the other part is preparation when I finally got things ready.

**Question 7.** Asked the participants what training or education might help them prepare for the childbirth process and being a father. One participant stated

You know in my point of view, I felt like I needed to read every book and take every class, we have taken fifteen classes, probably 3 or 4 the classes had some overlap, but you needed to take the class before you took the class, but when it comes to it, intuition and instinct will be our best resource, so anything that helps to raise awareness would be helpful.

The next participant stated,

As far as any education that comes to mind, I also have taken some other classes but my opinion for education that's helpful would be classes that you actually get to talk to other

dads, talk about their experiences, and what they have gone through, I guess as far as you becoming father and childbirth, talking to people who have been through it before, and not just sitting in a class, but you need classes with parents with their babies, it is also important to talk to multiple people about these fathering topics

Another participant stated

The way we guys are is, we are problem solvers, to get into a room and you see all these guys with their babies, and I don't even know if this should be called a class or a course, but actually locking up us guys into a room for three hours with guys with babies, with guys who are going to have babies, and you don't even need the coach there, if the coach would have left us with just the vet dads it would have been beneficial, you would still learn so in my opinion, talking to real dads with real babies is the way to go.