



Fatherhood as Taking the Child to Oneself: A Phenomenological Observation Study after Caesarean Birth

by Kerstin Erlandsson, Kyllike Christensson and Ingegerd Fagerberg

Abstract

This paper describes the meaning of a father's presence with a full-term healthy child delivered by caesarean section, as observed during the routine post-operative separation of mother and child. Videotaped observations recorded at a maternity clinic located in the metropolitan area of Stockholm, Sweden formed the basis for the study, in which fifteen fathers with their infants participated within two hours of elective caesarean delivery in the 37th - 40th week of pregnancy.

A phenomenological analysis based on Giorgi's method was conducted on the data. The description of the new father's experiences that emerged pointed to a process of being and becoming in taking the child to himself. Fatherhood developed gradually as a result of recurrent experiences of the child's expressions. There was an ebb and flow between taking on the role of being a father and physical withdrawal from the role.

The findings of this study not only confirm previous accounts of new fathers' experiences, but go further in revealing an ebb and flow variation in the fathers' involvement. What this indicates is that the process of transition to fatherhood requires not only presence but time. The period required for this process thus must not be disturbed, but supported, trusting in the father's ability to assume his role as a father. It is suggested that, in addition to their relevance in guiding the attitudes and expectations of those professionally involved in postnatal care and community health, these findings could be useful in antenatal courses for parents, and especially in instances when caesarean birth is planned, to highlight the meaning of the role of fathers as caregivers.

Introduction

Childbirth presents many challenges, but one of the most central and important processes is the development of a relationship between parents and child. The importance of the immediate contribution of parents to an infant's physical and psychological well-being has been recognised in several studies (Brockington, 2004; Klaus, Kennell, & Klaus, 1995; Lamb, 2004; Park, 1996).

Previous studies have been carried out from the

perspective of the needs of the infant, mostly with the mother as care provider (Christensson, 1996; Christensson, Cabrera, Christensson, Uvnäs-Moberg, & Winberg, 1995; Christensson, Siles, et al., 1992; Matthiesen, Ransjö-Arvidsson, Nissen, & Uvnäs-Moberg, 2001; Widström, Ransjö-Arvidson, Christensson, Matthiesen, Winberg, & Uvnäs-Moberg, 1987). In this regard, immediate physical skin-to-skin contact is reported to preserve energy and keep the body temperature within its normal range, as well as provide comfort (Christensson,

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1996; Christensson, Cabrera, et al., 1995; Christensson, Siles, et al., 1992).

In instances when the infant's psychosocial well-being, development and parent-infant interaction have been studied, the observation has taken place weeks or months after delivery, and studies were designed to compare various aspects of fathers' and mothers' interaction with their infant (Diener, Mangelsdorf, McHale, & Frosch, 1998; Kokkinaki & Kugiutuzakis, 2000; Lundy, 2003; Mäntymaa, Puura, Luoma, Salmelin, & Tamminen, 2004). The father's independent role was not illustrated in these studies, as research on fatherhood during the past century has focused on the characteristics of the father as a man rather than the characteristics of the father as a parent. To this extent, fathers have usually been reported as supportive to mother-infant interaction even when the infant's father was shown to be the natural parent and able to interact with the child (Lamb, 2004; Park, 1996). Fathers' experiences and feelings during the initial period following the birth of a child, as well as social support for the fathers, have been described in nursing research (Anderson, 1996; Barclay & Lupton, 1999; Draper, 2003; Fletcher, Silberberg, & Galloway, 2004; Hall, 1995; Kaila-Behm & Vehviläinen-Julkunen, 2000; Levy-Shiff, Sharir, & Mogilner, 1989). However, there are insufficient studies of the father-parental perspective to provide support and guidance for fathers who find themselves in the immediate and complex situation of serving as primary caregivers of the newborn infant (Levy-Shiff, Sharir, & Mogilner, 1989). It would therefore be useful, in order to support fathers in the role of caregivers, to study the fathers' lifeworld when taking care of infants after caesarean birth.

Method

The present study aimed to describe the meaning of a father's presence with his full-term healthy infant, delivered by caesarean section, during the routine post-operative separation of mother and child for care and observation. "Presence" is defined here as referring to the father's *being together with* the child without the mother, during the first hours after the infant's birth. Experiences that could not be brought to expression with words in an interview could, through observation, be brought to expression from the depths of the fathers' silence (Merleau-Ponty, 1948/1968). While both father and infant were videotaped, it was the father who was the focus in the present study, in that the aim was to elucidate the lived experience of the father. A phenomenological approach was implemented for the process of data analysis in line with Giorgi's phenomenological

method (Dahlberg, Drew, & Nyström, 2001; Giorgi, 1997, 2000).

The study was conducted in an observation room in the delivery ward of a Stockholm maternity clinic. In 2004 there were 4,507 deliveries at the clinic, of which 282 were by elective caesarean section (Karolinska Sjukhuset, Solna website, 2005). Observation of fifteen fathers and infants took place within two hours of delivery. Fathers of healthy full-term infants born by elective caesarean section in the 37th-40th week of pregnancy were selected for the study. Caesarean birth was elective due to either breech presentation, contraction of the pelvis, or an earlier caesarean birth. The only specific criterion set for participation was that the father should have knowledge of the Swedish language. Immediately after caesarean birth, the infant was put skin-to-skin on the mother's chest. In line with routine procedure, mothers were transferred without the baby to the post-operative ward for observation and care for about three hours. The healthy infants, along with their fathers, were then reunited with their mothers in the maternity ward. None of the infants required admission to the Neonatal Intensive Care Unit (NICU). The fathers were between 28 and 38 years old and infants varied from the first to the fifth child. Three fathers were of nationalities other than Swedish. The infants were cared for either in an incubator, in a cot, or skin-to-skin on the father's chest. Data was collected by means of audio-visual recording before the infant was measured for height and weight. The camera was set in a fixed position and was focused on the father while he was close to the infant, with the focus for data collection concentrated on the father's non-verbal and verbal expressions. All participating fathers were informed beforehand that a nurse would come in to check the infant and that the father could call the staff at any time. Fathers were told that they would be kept informed of the mother's health. While the level of care was therefore the same for all fathers, the amount of intervention varied during the recording period. The amount of time that fathers were alone with infants also varied in relation to time taken by nurses coming to observe infants or fathers calling for nurses. Time spent providing information about the partner/mother was similar in almost all instances. Videotaped sequences when staff were present, speaking to the father or informing him of the mother's health, were excluded from the data. Other sequences excluded were those times when staff observed, touched or spoke to the infant, but sequences when the father's attention was again focused on the infant following these disruptions were included. The transcribed material contained 30-

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60 minutes from each recorded tape, because it was considered important that fathers were alone and undisturbed with the infant in order to capture the experience of the father's presence in a fully focused way. Informed consent was obtained from each participating parent. The day before the caesarean birth they were each informed about the study both verbally and in writing and advised that participation was voluntary. All of the parents who were approached accepted the invitation to participate. The parents were also offered a copy of the videotape. In each instance, audio-visual recording started approximately 20-30 minutes after delivery of the infant. Each videotape was number-coded.

Before starting the analysis, and in order to assess reliability, two observers (KE and IF) looked through some sequences in order to agree what should be observed, transcribed or excluded from the recorded material. Each videotape was then carefully watched by the principal investigator (KE) in order to confirm what should be excluded. The videotapes were viewed in real time and each was replayed several times at full or slow speed in order to catch every non-verbal and verbal sequence. Each non-verbal and verbal sequence was then transcribed verbatim. The principal investigator (KE) looked through the videotapes again as an inter-rater check, to ensure that the verbatim transcription captured the fathers' non-verbal and verbal expressions and responses to the infants' expressions during the time that fathers and infants were left alone. The fathers were not interviewed, but some fathers used words as expressions, and those were transcribed verbatim. Six months after the material was transcribed, the principal investigator (KE) read through the transcriptions again and compared them with the description of the meaning of the fathers' lifeworld articulated in this study in order to confirm the reliability of the latter. An audit trail was conducted on part of the material. The ethical guidelines for nursing research (*Sykepleiernes samarbeid i Norden*, 1995) were adhered to, and permission for the study was obtained from the local ethics committee at the Karolinska Hospital.

Data analysis

The approach used for analysis of the data followed Dahlberg et al.'s (2001) implementation and further development of Giorgi's phenomenological method (Giorgi, 1997, 2000). The investigators accordingly refrained from engaging their pre-understanding in order not to pre-empt their interpretation of the meaning of the situation observed. The analysis started with several naïve readings of the text of each

transcribed audio-visual recording in order to get a sense of the whole. In the process, it became evident that the fathers observed any crying from the infants and their movements, and then responded non-verbally and/or verbally, or not at all, in relation to the infant. When data became familiar, the focus for parts of it was narrowed, with the text reading then focused on identifying meaning units. The text was divided into the constituent meaning units, and each meaning unit was separated from the preceding one with a mark signifying a change of meaning. Reflection on the similarities and differences of significance in the text as a whole led towards starting to organize the parts so as to understand patterns. The investigators moved back and forth through the entire material. Situations when infants expressed themselves to their fathers and the fathers responded in different ways were observed, as well as moments of silent, shared presence. Meanings were linked together and grouped into clusters. Five clusters emerged. The first, "Being with the child" as a prerequisite for the father's care of the child, involved the father being ready and close by or at a distance from where he was readily available to take responsibility for the child. In the cluster "Feelings and emotions", the fathers showed their feelings and they came close to the child. In the cluster "Interplay between father and child", the children's crying and activity prompted the fathers to take the child to themselves. They kept eye contact with the child and communicated with their child about family, future and the child's ability. The cluster "Father's support for the infant's well-being through body contact" involved consoling through skin-to-skin contact when the child was crying. The father caressed the child's head, body and cheek until the child calmed down or became agitated. The final cluster, "Father's non-supporting activities", contained situations where the fathers did not console or support the child or try to make the child stop crying. They did not interpret or understand the child's expressed need or reconsider what they were doing when caring for the child.

In this step of the analysis - which was a process throughout of dialectic encounter between the three authors - reflection on variations and similarities of significance between meaning clusters crystallised the essence of the fathers' presence with the infant. Ultimately, all the emergent themes and meaning clusters were collated to create a general structure of meaning. The general structure illuminated the essential significance of the phenomenon. The essence emerged as the process of *the father taking the child to himself*. The meaning constituents of the essence were identified as *emotional wave* and *action wave*. The meaning constituents had a lower

abstraction level than the general structure of meaning which illuminated the essence.

Results

The essence of the phenomenon is presented below, followed by an explication of the two meaning constituents. Meaning units, in the form of quotations and observations from the transcribed audio-visual recordings, support the elaboration of the meaning constructs identified. Information regarding sibling order and where/how care mainly took place is included in brackets after each transcription, with fictitious names used for identificatory purposes in order to protect the privacy of the participants.

The essence of a father's presence with his child

The essence of a father's being present with his child yields the meaning of the very first experience when the father increasingly comes closer to the newborn infant. The children gave the fathers access to their own ability to care, while the fathers interpreted the child's reaction as confirmation of that care. A father taking the child to himself gradually develops in this very first life situation, and the fathers did not come close to the child immediately or in a hurry. There was an ebb and flow between becoming a father and a physical withdrawal from the role of being a father, rather than taking the practical approach of becoming a resource for the infant. In this ebb and flow, the fathers temporarily lost their grasp of the child's way of expressing him/herself by crying or moving, and instead the fathers withdrew into themselves. In these ebb and flow motions, the fathers were trying to grasp their new life situation and become fathers.

There was fluctuation between becoming active in caring for the child and passively being with the child. When being with the child without handling him or her, the fathers were at ease with this level of closeness. In this gradual flow the fathers then tried different caring possibilities until they interpreted the child's expressions as confirmation that the required care had been received.

Emotional wave

When initially in the child's presence, fathers would approach the child cautiously. They met, accepted and took in the sight of their child, passing their hand or fingertips lightly over the child's head and body. In one recorded episode the father was observed in this way: *"The infant is calm, open mouthed; its hand is in its mouth. The father caresses the infant's head with the outside of his fingers and with his forefinger he moves on, stroking behind the infant's ear and on the neck. Then he strokes the whole of the ear. He*

takes his hand away for a while. He puts his open hand on the back and then he strokes the back. The infant is calm. The father takes his hand away" [Ian, first child, incubator care].

In this ebb and flow, the child's crying and activity prompted the fathers to become closer to the child. The fathers tried to understand the child's attempt to express itself, verbalising their understanding of the child's expressions: *"Do you want to sleep for a while now?"* [Levi, third child, skin-to-skin care]. When withdrawing into themselves, the fathers fell silent, whispered or spoke in a quiet voice. The fathers, holding their silent child skin-to-skin, sat perfectly still and looked into the distance, and one father even slept for a while. During this time of withdrawal, the fathers whispered and spoke quietly, expressing their reflections on being a father: *"Think that I am a father. I am your father. Is it good to be with your father, is it?"* [Otto, first child, incubator care]. This withdrawal by the father into himself was part of a wave of motion leading closer towards his gradually taking the child to himself. Moving out of a period of withdrawal, the fathers whispered and hummed songs and tried to gain eye contact with the child. The child took part in the interplay using cries and movement, as when the wakeful child's eyes were open and the arms and legs were moving with slow asynchronous movements while the child's father spoke in a soft, slow childlike voice: *"Sweetie Pie you are so sweet, you are so sweet, kiss, kiss, kiss"* [George, second child, skin-to-skin care]. This episode of closeness to the infant was, for this father and others, part of a wave motion that carried him back and forth, as part of an overall experience of taking the child to himself. The fathers put into words their wonder and emotion when looking at their child. They spoke to the child about their complete, fine, able and healthy child, repeating phrases with long silent periods in-between.

Action wave

The father's experience of being together with the child was like a slow ebb and flow movement between action and withdrawal and back again, moving towards an eventual taking of the infant to himself. In the wave of action, the fathers comforted the child with words and actions. If necessary, they put their own comfort aside. They caressed the child until the child fell asleep. They consoled the crying child by speaking or whispering and/or caressing the child until he or she calmed down. With the father's hand on the body, the father's hand holding it, or being in a close, skin-to-skin, prone position on the father's chest, the children stopped crying. *"The father moves the cot. The infant cries more. The*

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father puts his finger in the hand of the infant. The infant falls silent" [Bob, first child, cot care]. When in an episode of withdrawal into themselves, the fathers kept the child from moving about in the bed, moving towards his nipple or sucking the skin on the father's chest: "The infant moves its head from side to side on the father's chest and lifts its head. The father looks at his infant. The father straightens up his body position. Then he changes the infant's position to a prone position. He looks around the room again. The child clicks its tongue. The father removes the blanket from the infant's head and laughing he says - "You won't find much to eat here!" [Edward, second child, skin-to-skin care].

Sometimes, when moving from withdrawal to action, the fathers did not know how to interpret the child's expressions or how to console the crying child. Other fathers reacted by showing awareness of the child's expressions. When moving into the action wave again, if the child's breathing was arrhythmic, the child sneezed, twisted or lost his/her position, the fathers stopped other activities and looked at the child and sometimes took action. One child was silent for a rather long period and the father started to shake the child carefully until the child made a move and cried out. He verbalised his observations: "I can't hear anything. ... Yes, it's okay!" [Allan, second child, skin-to-skin care]. The fathers would check the technical equipment and observe the monitors and sometimes they would call the staff: "The father bends his head, his ear in front of the infant's nose and mouth. He looks at the monitor and bends his head again with his ear close to the infant's nose and mouth. He listens and then he looks at the infant. The infant is silent" [Nick, third child, skin-to-skin care]. In this wave-like motion, the fathers gradually took their child to themselves. The fathers' presence with the child included recurrent experiences in their relationship that took them further in the transition to fatherhood.

Discussion

This study sought to describe the meaning of the fathers' presence with their full-term healthy infants delivered by caesarean birth, during the post-operative period when the mother was separated from the child. Recurrent experiences in relation to the infant took the fathers further, through a process of being and becoming, in the transition to fatherhood. Fifteen fathers together with their infants were observed, and the observation recorded on videotape, within two hours of delivery. While the phenomenological approach allowed for in-depth interpretation of the data, with the method of data

collection enabling the focal experience to be captured in full, it was nevertheless necessary for the researchers to take into account that the presence of the camera could have affected the fathers' interaction with their infants (Riessman, 1993) as much as any intervention might have done. The silence during the fathers' presence, however, is a reminder that our experiences cannot always be expressed in words. The fathers' silently expressed feelings (Merleau-Ponty, 1948/1968) are presented in the results section.

The overall aim of lifeworld research is the description and elucidation of the lived world, in order to expand our understanding of human experience (Dahlberg et al., 2001). The approach and observation method (phenomenology) selected for this study had previously been used in caring science research (Palo-Bengtsson & Ekman, 1997). An essential requirement of phenomenological research is that researchers bracket their pre-understanding and bridle their emergent understanding (Dahlberg & Dahlberg, 2003). The investigators were aware of potential bias due to their pre-understanding, and therefore attempted throughout the whole process, including the transcription of the audio-visual recordings, to refrain from its influence in order to gain clearer perspective on the situation and enable the phenomenon studied to reveal its own meaning.

It is considered that this approach has lent the study a heightened reliability. Furthermore, the open, sensitive and reflective approach of the authors in their dialectic encounter with the data during the process of analysis lent weight to the analysis and to its credibility (Creswell, 1998). Despite the fact that the findings are not generalisable to all fathers in every societal context, the findings presented in the form of the essence and its meaning constituents faithfully reveal what the participant fathers' presence with the infant meant. As such, the findings of this study provide a basis for reflection and clarification of the data in interrelated areas of research.

The *essence of fathers' presence with the child* yields the experience of the fathers increasingly accepting the child in a wave-like motion, trying to grasp their new life situation as fathers, as they tried to interpret the infant's attempts to express him/herself. To be alone with the infant after delivery when mothers were in the post-operative ward could be seen as an opportunity for the father to take the child to himself and to start the transition to fatherhood, an experience in the relationship that could only be lived with his child. The Danish philosopher Løgstrup's (1971) view of caring and relationship is that, when we

personally encounter another person, we are in each other's power. To gain trust in one another, we have to modify our actions as demanded by the other person. In the present study it seemed as if the infants, in line with Løgstrup's (1971) theory, actually asked their fathers to "Take care of me, be my carer". By crying out or by their actions they told their father; "Give me comfort, warmth, something to suck on, some consolation". With this ethical demand (Løgstrup, 1971), the infant actually helped his or her father by engaging the father's own ability to care for the child. As the father experiences an ebb and flow of closeness to his child, it seems, in part, to be driven by the father's own reflections as he adjusts to his new role; in part it is the infant itself who triggers waves of closeness. In the present study, the fathers gradually knew how to interpret the child's way of expressing itself and they gained confidence and trust in how to care for the child. Through this process, founded initially on an ethical demand (Løgstrup, 1971), they became fathers.

In the constituent *emotional wave*, the fathers initially approached the child cautiously, and the child's way of expressing itself encouraged the fathers to gain increasing confidence. When they first approached the child, they passed their hands and fingertips lightly over the child, in a manner similar to Klaus, Kennell, Plumb and Zuehlke's (1970) description of women's behaviour on first contact with their newborn. The fathers seemed to reflect on their fatherhood, using whispered and quietly spoken words, an expressive mode we use when, according to Riessman (1993), we have something really important to say. The wave motion possibly exemplifies what fathers have reported in other studies, that "bonding" was not achieved immediately (Barclay & Lupton, 1999; Fletcher et al., 2004). The closeness to the child, who is making an ethical demand on him, imposes an obligation on the father to step out of himself and his practical withdrawal so that he can form an emotional relationship with his child (Løgstrup, 1971). In his withdrawal, he seems to reflect and get insight into the fact that independence is relative for a father to his relationship with his child (Løgstrup, 1984). The father's relationship with the child could be understood as an interplay of emotional power. The relationship is founded on the idea of the father as an

independent and responsible individual, yet dependent on the child's expression and response in the process of placing an ethical demand of trust on the father (Løgstrup, 1971).

In the constituent *action wave*, the fathers assumed the role of being a practical resource for the infants. In the wave-like process they took on caring tasks even if they did not always know at first how to deal with the infant's pre-feeding behaviour (Rochat & Hespos, 1997; Widström et al., 1987; Widström et al., 1990) or the infant's distress call for close skin-to-skin contact (Christensson, et al., 1995). Action wave motion could be compared with the report by fathers in Barclay and Lupton's (1999) study that they felt satisfaction when they succeeded in caring tasks and felt confused in unexpected situations. The fathers' action wave could be understood as creative art, with them showing naïvety, spontaneous love and a fundamental humanity (Løgstrup, 1971). They acted spontaneously. This is similar to findings reported by Hall (1995) that fathers experienced love at first sight of the child and, later on during the first week, an awakening including both joy and a feeling that it was hard work with a baby. This new insight into the process suggests the need for a flexible attitude towards the various aspects of fatherhood in antenatal care; in delivery, postnatal and paediatric wards; for home visits after birth; and also for community health nurses.

Conclusion

The present study helps to illuminate the essential meaning of a new father's presence with his child, indicating that it is a sensitive, individual and gradual process, a process of taking the child to himself that requires presence and time with the infant. As such, the process must not be disturbed but supported, trusting in the father's ability to assume his role as a father. We suggest that the findings of this study could be useful in antenatal courses for parents, and especially in instances when caesarean birth is planned, in order to highlight the role of fathers as caregivers.

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