“Waiting for Baby”:

First-Time Parents Talk about Worries during Pregnancy

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ABSTRACT

Previous research indicates that positive and negative changes of mood are not unusual during pregnancy, and both men and women may be faced with an overwhelming amount of worries. Although attention has begun to focus on the impact of anxiety disorders during pregnancy, less is known about the nature of the unique time-bounded concerns parents experience during this time. The purpose of this exploratory study was to increase understanding of expectant parents' worries during first pregnancies. The research was guided by a social constructionist approach. By conducting semi-structured interviews, the study aimed to explore the ways a group of 20 first-time parents talked about worries during pregnancy, to bring us closer to the psychology of this transition. Participants were recruited through local antenatal education providers and by word of mouth. Interviews were audio-recorded digitally, transcribed by the researcher, and analysed discursively. Analysis focused on the discursive detail of worries, including how participants constructed worry, what they worried about, and how they managed and made sense of their concerns. The participants drew upon salient discourses to construct aspects of pregnancy and parenthood in a variety of ways. Similarities as well as differences emerged from the men's and women's data. An example of a marked difference was apparent in the way participants constructed worry. That is, while women drew upon a discourse of *all-consuming worry* to construct concerns as negative, pervasive and consuming, the men drew upon a discourse of *sudden reality* to construct their concerns as intense but comparatively short-lived, in response to a tangible event during pregnancy. Both women and men drew upon discourses of the *healthy baby* and *responsibility* to describe and explain the content of their worries. More positive aspects of their talk were captured by discourses of *trust* and *positive change*, which participants utilised to manage and make meaning of their concerns. Increased understanding of pregnancy-related worries is important for informing the development of psycho-education for new parents as well as therapeutic practices. Ultimately, helping new parents manage their worries is essential in preventing the development of more serious distress or illness, as well as working to strengthen the family unit.

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PREFACE

This thesis explores the way meanings are made within first-time parents' experiences of worry during pregnancy. My interest in this area was sparked during my first year of clinical psychology training whilst working on a paper involving research regarding symptoms of depression and anxiety that can occur during pregnancy. My reading at this time covered literature from the disciplines of Psychology and Psychiatry as well as Midwifery, Nursing, and Medicine, and the overriding consensus across these literary persuasions was that most research to date has focused on depression associated with pregnancy and childbirth, while much less attention has examined the experience of anxiety during this time (Brummelte & Galea, 2010; Buist, 2006; Glasheen, Richardson & Fabio, 2010; Petrillo, Nonacs, Viguera & Cohen 2005; Ross & McLean, 2006).

This struck me as a significant gap in our knowledge and understanding, especially given the high prevalence of anxiety that has been identified in childbearing women (Wenzel, 2011), and that anxiety has been regarded as a particularly salient feature of mood disorders experienced by women during this time (Buist, Ross & Steiner, 2006). What struck me as even more surprising was the seemingly sparse body of literature exploring the common everyday experiences of expectant women *and* men, and in particular the experience of *worries* during this time. Time crept forward, and as the due date for my thesis proposal drew near, my interest in this topic continued to grow, gradually developing into the study that fills the chapters of the following dissertation.

Structure of Thesis

The story of my research will be told throughout the nine chapters which make up the body of this thesis. Chapter One provides the context for pregnancy research within which the inquiry is embedded. Chapter Two provides a literature review, reviewing previous quantitative and qualitative studies conducted on the prevalence and experience of anxiety and worry during

pregnancy. Chapter Three locates this inquiry within the wider epistemological foundations of social constructionism and argues for the application of a discourse analytic approach, while Chapter Four provides a detailed account of the design and process of this research. Chapters Five through Eight present the research findings. Chapter Five presents the analysis of twelve women's accounts of worry during pregnancy, and explores the first three discourses utilised in their talk. These discourses illustrate how the women constructed their worry, and encompass the content of women's worries as well as the reasoning behind their concerns and fears. Chapter Six presents part two of the analysis of women's talk, focusing on the more positive discourses that were drawn upon to demonstrate how women managed and made sense of their worries during pregnancy. Chapter Seven and Eight present the analysis of eight men's accounts of worry during this time, again looking at the five main discourses that were drawn upon in two parts. Chapter Nine provides a discussion of the research findings, beginning with a summary of the analysis and considerations for potential implications of the findings. The limitations of this research are acknowledged and I propose further research in this area. The chapter ends with a brief summary of the main conclusions of the thesis.

CHAPTER ONE

Introduction

The Importance of Pregnancy Research: An Introductory Context

The present study begins by considering the current cultural context of pregnancy research within which the inquiry is embedded. Pregnancy is an important and challenging area of exploration. It is a natural, biological, time-limited event, and an essential part of human existence. In one sense, it can be regarded as a female physical process underpinned by complex physiology, but it is also a psychological event and a personal transition embedded with complex meanings influenced by culture and society, and surrounded by stereotypes, social expectations and taboos for both partners (Gross & Pattison, 2007).

I begin this chapter by introducing the biomedical construction of pregnancy as *risk*, which pervades modern pregnancy. Next, I look at the significance of *first-time* pregnancy as a developmental transition and consider the challenges such changes may bring. In particular, changes in mood and the experience of maternal anxiety are discussed, as well as the rationale for including fathers in this study of pregnancy concerns. Finally, I outline what is meant by pregnancy-related worries, and how such worry is distinguished from more serious anxiety disorders.

The Biomedical Construction of Pregnancy as Risk

During the early 20th century, pregnancy began to be reconceptualised from a normal and natural reproductive experience to a medically problematic state (Barker, 1998). While the involvement of the medical profession was initially to reduce the high rates of maternal and infant mortality, it has been argued that biomedical research has continued to focus its attention on the health of the baby ever since (Gross & Pattison, 2007). During this movement, pregnancy was relocated from the private and home-based domain to the public and health domain,

becoming *highly visible*, as well as providing visually salient evidence of a woman's femininity through the role of motherhood (Nicholson, 1992).

Biomedical frames of knowledge and understanding came to be accepted and legitimised through the construction of pregnancy as an inherently risky state requiring specialist management by medical experts (Handwerker, 1994; Lupton, 1999). As pregnancy continues to bring women into contact with health professionals and medical procedures to ensure the wellbeing of mother and baby, biomedical expectations and interventions have become normalised to the extent that it has become customary to be highly solicitous with the processes of human reproduction.

Since the 20th century, women (in Western countries) have been experiencing fewer pregnancies and there are fewer live births than ever before (Gross & Pattison, 2007). It is therefore not surprising that more time and effort is devoted to ensuring that each pregnancy is healthy and results in the desired positive outcome. This sentiment has been referred to as the discourse of the *sacred child* (Nippert-Eng, 1996), and as a result of the exalted state of the event, mother and child both become the focus of a discourse of anxiety and risk (Possamai-Inesedy, 2006). Women are no longer encouraged to simply let pregnancy run its course, rather they are considered essential in ensuring a successful, problem-free pregnancy.

Thus, at the beginning of the 21st century, pregnancy is surrounded by a complex network of discourses, and of particular salience are those directed at the surveillance and regulation of women's bodies. Lupton (1999) identified the discourse of risk as being central to those discourses surrounding pregnant women. This discourse can be seen in action even before pregnancy is confirmed as women are advised by health experts to take special care in preparing their bodies to maximise the chances of conception. Women are encouraged to have health check-ups, maintain a healthy diet, exercise regularly (but not too strenuously), avoid drugs and

alcohol, and take daily folic acid to prevent the risk of spina bifida or cleft palate in their foetus (Burton-Jeangros, 2011).

Once pregnancy is confirmed, avoidance of risk becomes even more important as women are encouraged to be highly cautious in regulating their bodies to ensure that the health of their foetus is not compromised by their own behaviours (Lupton, 1999). Pregnant women are warned of "invisible killers lurking in their ignorance" (Possamai-Inesedy, 2006, p. 407). They are told to avoid certain foods and toxins, and be especially careful about food hygiene, as bacteria and parasites can cause illnesses such as listeria and toxoplasmosis that may cause miscarriage or abnormalities. Women are expected to attend regular antenatal checks and undergo medical tests and ultrasounds to assess and monitor their level of risk (Lippman, 1999). As Lupton (1999) argues, "there is no such thing as 'no risk' in pregnancy, for the potential is ever present for danger to threaten foetal wellbeing particularly if a woman should let her guard down" (p. 66).

Dating back to Victorian times, women were advised to avoid strong emotions during pregnancy for fear of affecting the temperament and physical wellbeing of the child (Lupton, 1999). Today, society continues to place responsibility on the pregnant mother to exercise control over emotions, cultivate calm, and avoid stress in the interests of ensuring a healthy pregnancy outcome (Lupton, 2000). Although it is acknowledged that women experience pregnancy in different ways, all women are recipients of professional advice, instruction and education, sending the message that they must be vigilant of themselves on behalf of their baby (Gross & Pattison, 2007). In doing so, they reinforce cultural norms of *proper motherhood* (Rudolfsdottir, 2000), including the dominant discourse of *maternal sacrifice*, which suggests that good mothering is based on sacrifice for foetal interests (Bessett, 2010).

The biomedical understanding of pregnancy-as-risk carries the implicit assumption of the existence of a rational/emotional dichotomy with medicine and science on one side and the

natural embodied experience of the pregnant woman "at the mercy of her hormones" on the other (Glen, 2012, p. 3). As society takes up the notion that ultimate truth can only be asserted with the backing of medical knowledge (Lupton, 1999), it becomes increasingly difficult not to be drawn into popular biomedical representations of the pregnant body as deviating from the norm, and therefore as vulnerable, susceptible, and in need of *expert* guidance (Ussher, 1992). Ultimately, through this legitimation of medical knowledge, a woman's natural embodied knowledge can become devalued (Donovan, 2006; Young, 1990).

Pregnancy as Transition

Despite dominant societal beliefs that pregnancy is a risky and vulnerable state of being, it is thought that as many as ninety percent of all women will become pregnant at least once during their lifetime (Huizink, Mulder, Robels de Medina, Visser, & Buitelaar, 2004). From a psychological perspective, pregnancy is a time of transition, adjustment and change, for men as well as women. Giving birth has traditionally been the province of women, and knowledge about pregnancy and childbirth has often been passed on as *secret women's business* (White, 2005). However, in today's Western society, greater emphasis is placed on the role of the father during pregnancy and early parenthood, and in the strengthening of family relationships to ensure a child's optimal development (Barclay & Lupton, 1999; Draper, 2002; Finnbogadottir, Svalenius & Persson, 2003).

While women experience dramatic physiological changes over a short period of time, as well as the socially and culturally constructed changes in role, responsibility and identity, it is important to acknowledge that pregnancy also presents challenges for fathers-to-be (White, 2005). Although there are not the same physical changes for men, the psychological ups and downs and expectations placed on oneself (and also by society) as a father, can place enormous pressure on men while they are preparing practically, mentally and socially to become a father. Both partners will have adjustments to make in relation to their pregnancy, and couples may begin to examine their romantic relationship more closely also (Draper, 2003; Hildingsson,

Tingvall & Rubertsson, 2008; Lawrence, Cobb, Rothman & Rothman, 2008; Stevenson-Hinde, Curley, Chicot & Johannsson, 2007). These changes influence men's and women's wellbeing during pregnancy and beyond, as well as the way they are regarded by others (Delmore-Ko, Pancer, Hunsberger & Pratt, 2000; Gross & Pattison, 2007).

Maternal Mood Changes and Anxiety during Pregnancy

Although pregnancy is usually greeted with congratulations and seen as a "joyous life event", it can also be regarded as a major life stressor for many new parents (Gross & Pattison, 2007, p. 2). Whether the stress is a result of worry about the process of pregnancy and birth, concern for the baby's health, or relationship and lifestyle issues, the implications of such concerns are that if stress is left unresolved it can lead to more serious illness and distress (Boyce, Condon, Barton & Corkindale, 2007).

It is widely acknowledged that the peak incidence of mood disorders in women occurs during the childbearing years, and although pregnancy was once believed to protect against mental illness, research indicates this is not always the case (Petrillo et al., 2005; Weisberg & Paquette, 2002). Positive and negative changes of mood as well as rapid swings in emotion are not unusual during this time, and although they are largely considered a normal response to pregnancy, for some women more serious symptoms of depression and anxiety may also be experienced (Riecher-Rossler & Rhode, 2005).

White (2005) suggests that pregnancy can complicate one's ability to maintain balance in life for different reasons. For example, the biochemical and physical changes that occur in a pregnant woman's body challenge her biological and mental systems. Although these are usually *good* challenges as the body prepares for childbearing, sometimes when there are competing problems, such as a pre-existing illness, the additional stress of pregnancy can be more difficult to manage. Most researchers and clinicians agree that mood changes, including the experience of depression and anxiety during pregnancy, are best attributed to a combination

of biological and psychosocial factors (Fox, Heffernan, & Nicolson, 2009; Ross, Sellers, Gilbert, Evans & Romach, 2004).

While there has been a wealth of research looking at the nature, causes, and consequences of depression associated with pregnancy and childbirth (including postnatal depression), much less attention has been devoted to the experience of worry and anxiety during this time (Brummelte & Galea, 2010; Buist, 2006; Buist et al., 2006; Glasheen et al., 2010; Petrillo et al., 2005). The research that exists tells us that it is important to identify and manage pregnancy-related worry or anxiety when it surfaces, as left untreated it becomes a significant risk factor for the development of more problematic anxiety or an anxiety disorder in the postnatal period, such as Obsessive Compulsive Disorder (OCD) or Generalized Anxiety Disorder (GAD) (Grant, McMahon & Austin, 2008; Heron, O'Connor, Evans, Golding & Glover, 2004; Wenzel, 2011).

Furthermore, problematic anxiety during pregnancy has been associated with negative expectations about motherhood, difficulties adjusting to the demands of the maternal role, and development of other kinds of distress, particularly postnatal depression (Khan, 2010). Postnatal depression changes the interaction and attachment between mother (and sometimes father) and baby, which can have a significant impact on the child's development. It has been shown that these children have an increased risk of developing depression, emotional and antisocial disorders, as well as impairments in cognitive, motor, and social development (Brummelte & Galea, 2010; Dipietro, Costigan & Sipsma, 2008).

Since the 1970s, researchers have been interested in the relationship between anxiety during pregnancy and outcomes of birth, infant behaviour, and child development. Recent literature indicates that a mother's psychological state during pregnancy can be linked to foetal neuro-behavioural functioning, and with the development of difficult infant temperaments, developmental delays, and other emotional and behavioural problems in children (Grant et al., 2008).

Research investigating anxiety as a risk factor for pregnancy, has largely focused on the outcomes of pregnancy rather than the women's personal experience of it (Gross & Pattison, 2007). Feminist writers (for example, Young, 1990; Ussher, 1992), have argued that this emphasis on medical outcome utilises a powerful metaphor of containment, whereby the focus is on the impact of various individual or situational factors on the outcome of pregnancy (the baby) rather than on the nature of women's experience. In this light, women are regarded as the vessel for the foetus, an essential but secondary role (Gross & Pattison, 2007). These writers draw attention to the ways this powerful metaphor is utilised in research and publications on all areas of pregnancy, widely appearing in medical advice and popular literature, and in turn contributing to women's expectations of pregnancy.

Outcome-focused research (Brummelte & Galea, 2010; Grant et al., 2008; Heron et al., 2004; Khan, 2010) tells us important information regarding potential implications of pregnancy-related distress. However, it neglects to explore women's (and men's) individual experiences of worry or anxiety, and what these worries *mean* to them. Increasing understanding around these types of concerns, including the nature and extent of worries and how they are best coped with, would better enable the support of expectant parents during this transition.

What about Fathers?

It is important to acknowledge that until recently, men's voices have largely been excluded from the literature on pregnancy-related mood, including depression and anxiety (Diemer, 1997; Draper, 2002; Figueiredo et al., 2008; White, 2005). However, given that the relationship between mother and father has been shown to be significantly related to adjustment and wellbeing during the transition to parenthood (Hildingsson et al., 2008; Stevenson-Hinde et al., 2007), and that excessive worry or anxiety may be associated with impaired partner relationships (Wenzel, 2011), it is important to explore men's perspectives regarding pregnancy-related worries alongside those of their partners. "To care for women effectively, we

must also consider the experiences of their partners, as the health of one partner has the potential to impact on the other" (Peters, Jackson & Rudge, 2008, p. 373).

The present study has been developed to include the perspectives of men as well as women, in an attempt to provide a more balanced account of the worries associated with pregnancy and the transition to parenthood, and to inform efforts to help couples support one another during this time. In the next section of the introduction, I will briefly outline what is meant by pregnancy-related worries and how worry is distinguished from more serious anxiety disorders.

Anxiety and Worry

Anxiety and worry are common human experiences (Borkovec, Ray & Stober, 1998), and it has been asserted that *all* new parents experience anxiety (Kleiman & Wenzel, 2011). Anxiety can manifest as a physical symptom (*my heart races as I go in for my first scan*), a behavioural response (*I have to wait quietly until I feel a foetal movement*), and it can also impact the way a person thinks (*I really hope the baby is okay, I hope I haven't done anything to cause him/her harm*).

Historically, anxiety has been understood as an ally of sorts; an internal signal that serves to protect, motivate, and alert to potential danger (Kleiman & Wenzel, 2011). The *fight-flight* response of anxiety is widely regarded as a natural response to threatening triggers, and can be understood as adaptive, primal and instinctive, crucial to survival (Borkovek, 1985; Zinbarg, Craske & Barlow, 2006). Barlow (2002) refers to anxiety as "the shadow of intelligence" (p. 5) when used successfully to avoid threats or harm.

The literature cautions that it can be difficult to distinguish between *normal* anxiety and that which may be a symptom of a more serious anxiety disorder (Kleiman & Wenzel, 2011). Wenzel (2011) suggests that some amount of anxiety during pregnancy *is* normal and may be adaptive in motivating women to seek knowledge and understanding about the cause of their

anxiety, as well as ways to look after themselves and their unborn babies, and develop ways to prepare for the future. On the flipside, anxiety becomes problematic when it takes over a large proportion of a woman's life, prevents her from fulfilling major responsibilities, and interferes with her ability to look after herself.

The term *worry* is often used to describe the experience of normal or non-pathological anxiety that researchers have identified to be common during pregnancy (Wenzel, 2011). However, the literature is sparse in offering understanding of both the content and process of worry during this time (Affonso, Lui-Chiang & Mayberry, 1999) – adding strength to the importance of this study.

Worry can vary from that which feels acceptable and manageable, to that which feels overwhelming and challenging (Kleiman & Wenzel, 2011). *Excessive worry* is one of the key features of Generalised Anxiety Disorder (GAD) (DSM-IV-TR, American Psychiatric Association, 2000; Barlow, 2002). People with GAD spend more of their time worrying than not worrying, find their worry difficult to control, and estimate that the feared consequences will be intolerable and that they will not be able to cope with them. Although worry is a normal part of human nature, what distinguishes people with GAD is that worry is pervasive, associated with life interference and/or emotional distress, and associated with specific symptoms such as restlessness, fatigue, irritability, muscle tension, and sleep disturbance.

Despite growing interest in more serious cases of anxiety such as GAD, there remains a paucity of knowledge regarding the nature and quality of unique pregnancy-related worries that are frequently experienced, that do not meet the criteria for an anxiety disorder. Literature indicates such worries may in themselves be overwhelming (White, 2005) and pervasive (Wenzel, 2011), and those factors motivated my interest to study everyday worry as a normal activity rather than in pathology or disorder. The focus of this research was to explore pregnancy-related worries commonly experienced by women *and* men.

Therefore, for the purpose of the present inquiry, worry can be thought of as *a normal aspect of daily life that is related to real-life triggers happening in the present or which is expected to happen in the near future* (Biehle & Mickelson, 2011). In this case, the triggers are first-time pregnancy and the imminent arrival of a new baby – experiences filled with dramatic change and a myriad of concerns about the unknown.

It is important to note that a plethora of different terms are used in the English language to describe the phenomenon of worry, including *fears, concerns, panic* and *anxiety* (Barlow, 2002). These terms will be used interchangeably throughout this thesis, reflecting the diversity in language used by participants to construct this (at times ambiguous) concept, and helping to illustrate how women and men understood and made meaning of their experience of worry during pregnancy. Worries are important to study, as increasing understanding of the experience of pregnancy-related concerns will help inform efforts to support expectant parents during this time, and potentially help prevent the experiencing of further distress - the ripples of which may impact on the whole family unit.

Summary

This chapter introduces the cultural context of pregnancy research in which the current exploration is embedded. I have demonstrated how the contemporary biomedical way of understanding pregnancy has come to be accepted through the construction of pregnancy as an inherently risky state, requiring vigilant attention by both the mother and medical profession, and has subsequently contributed to the largely outcome-related focus of pregnancy research to date. In contrast, this study is taking a more holistic approach in examining expectant parents' experiences of worry during pregnancy, by exploring the way they talk about their concerns, and providing space for natural as well as medical discourses to be voiced. This study involves an exploration of first pregnancies which are often described as a transition, from one developmental stage to another, and which carry significant implications for self-image, values, behaviour, and relationships (Darvill, Skirton & Farrond, 2010; Hart & McMahon, 2006;

Haugen, Schmutzer & Wenzel, 2004). It is acknowledged that a first pregnancy may also be regarded as a significant life stressor for new parents. It is a period of dramatic change and uncertainty, at times involving a myriad of worries about the unknown. For this reason, it is important to increase our understanding of pregnancy-related concerns, to inform support attempts for expectant parents, and to help prevent more serious illness or distress. In the following chapter, a review of the literature regarding pregnancy-worry will be presented.

CHAPTER TWO

Review of the Literature

In Chapter Two, I present an overview of previous quantitative and qualitative studies examining worry during pregnancy, as well as studies looking more broadly at the transition to parenthood and the psychological aspects of this period of change. Strengths and weaknesses of the key literature will be considered, providing the foundation for the present study.

Summary and Evaluation of Quantitative Research

It is generally accepted that couples expecting their first child are typically filled with excitement as they anticipate the impending arrival of their new baby (Biehle & Mickelson, 2011; Searle, 1996). However, given the myriad of unknowns surrounding pregnancy (especially first pregnancies), it can also be a stressful time for parents (Boyce et al., 2007; Gross & Pattison, 2007). Although it is widely agreed that pregnancy can be an anxiety-provoking time, research has tended to focus on the more serious aspects of diagnosable anxiety disorders, while studies examining common everyday worries during pregnancy remain relatively sparse (Wenzel, 2011).

Over recent decades, research has begun to identify the content, causes, and extent of women's (and to a lesser extent men's) pregnancy-related worries, showing that expectant parents often worry about various aspects of this transition, including the baby's health, labour and delivery, money, and/or the partner relationship (Biehle & Mickelson, 2011; Ohman, Grunewald & Waldenstrom, 2003; Peterson, Paulitsch, Guethlin, Gensichen & Jahn, 2009; Searle, 1996). Women's worries have consistently been found to be frequent, with researchers suggesting it is normal for expectant mothers to worry around 20-50 percent of the time (Wenzel, Haugen, Jackson & Robinson, 2003). Men however, have been understudied in this area, despite research advocating the importance of the father's role during pregnancy and early parenthood (Biehle & Mickleson, 2011).

One key measurement tool used in quantitative studies of pregnancy-related concerns is the Cambridge Worry Scale (CWS) (Green, Kafetsios, Statham & Snowdon, 2003). This tool was developed in the United Kingdom by Statham and colleagues (1993), specifically to measure women's major worries during pregnancy. The CWS comprises a self-administered questionnaire containing 16 items relating to issues including, the health of the baby, socio-economic and relationship issues, as well as giving birth. Each item is scored on a six-point Likert-type scale ranging from *not a worry* (0) to a *major worry* (5), and the scale also includes an open-ended question for participants to report additional concerns.

The CWS has been used in a number of studies conducted in the United Kingdom and Europe (Ohman et al., 2003; Peterson et al., 2009; Statham, Green & Kafetsios, 1997). In one of the original studies utilising this tool, Statham and colleagues (1997) used the scale to examine the extent to which women in the United Kingdom were worried about the possibility of something being wrong with the baby relative to other worries they may have. These researchers also sought to determine whether demographic, experiential, attitudinal, and/or personality characteristics were associated with women's worry. Strengths of this study included its large sample size of 1072 women, and longitudinal data collected from participants at three different stages during pregnancy (16, 22, and 35 weeks). Results showed that the worry of something being wrong with the baby was most prevalent during the first trimester, although it was not as significant a worry as concerns about miscarriage or childbirth – a finding further supported in subsequent studies utilising this tool (Ohman et al., 2003; Peterson et al., 2009).

Research has shown women's worry drops during mid-pregnancy and rises again during the final trimester, highlighting a *u-shaped* pattern to pregnancy concerns (Ohman et al., 2003; Statham et al., 1997). This finding suggests that the first and final trimesters of pregnancy may entail the most worry for women, perhaps signalling periods of heightened adjustment and stress. Statham and colleagues' (1997) study further showed that the factors most highly correlated with women's worry were trait anxiety, negative mood, previous pregnancy

outcomes (for example, miscarriage), and initial reactions to the pregnancy. More specifically, initial *mixed reactions* to the pregnancy were predictive of worry, and most frequently due to unplanned pregnancy, or housing and social difficulties. The strongest predictor of high worry scores was experience of previous pregnancy loss, whereas women who had had only *previous successful* pregnancies were significantly less worried than the other groups.

Another longitudinal study conducted within a major Australian hospital, found a high level of anxiety and fear among pregnant women surveyed (n=376) and interviewed (n=21) across socio-economic groups, and particularly in first-time mothers (Searle, 1996). The findings of Searle (1996) and Statham and colleagues (1997) contrast with earlier research, which found anxiety during pregnancy was most strongly associated with demographic variables of the mother, such as less education, low income, single-status, and young as well as older age (Lederman, 1990). Taken in unison, these findings suggest that although demographic factors such as age and education may have some influence over worries, they become less significant when other psychological and experiential variables (such as initial reactions to pregnancy and previous pregnancy outcomes) are taken into account (Melender, 2002a; Statham et al., 1997). Furthermore, first pregnancies appear to evoke a high level of worry and anxiety regardless of other extraneous variables (Biehle and Mickelson, 2011; Searle, 1996).

Melender (2002a) took a slightly different approach by examining the causes, objects, and *manifestations* of Finnish women's *fears* associated with pregnancy and childbirth, and like Statham and colleagues (1997), sought to identify other factors associated with these fears. This questionnaire-based study (n=329) found that 78% of the women expressed fears relating to pregnancy and/or childbirth, such as the child and mother's wellbeing, health care professionals, family life, and the birth. Some overlap with Statham and colleagues' (1997) findings was apparent, with self-reported causes of fears for first-time mothers including negative mood (including feeling lonely with respect to the pregnancy), negative stories told by others, alarming information, diseases, and child-related problems (including previous infertility).

Melender's (2002a) study contributed to the literature by highlighting women's self-reported manifestations of fears, which included symptoms of stress (including tearfulness, sleeplessness, and nervousness), effects on everyday life (for example, feeling paranoid and tense), and the wish to have a caesarean section or to avoid pregnancy and childbirth altogether.

The review of the literature revealed no quantitative studies directly examining men's worries during pregnancy, however related terms including *stressors*, *concerns, anxieties,* and *fears* have been used interchangeably in research regarding the transition to fatherhood (Glazer, 1989). In one related study, Boyce and colleagues (2007) used a series of questionnaires to measure 312 expectant fathers' level of *psychological distress* during their partner's first trimester of pregnancy. Almost 20% of the men experienced significant levels of distress that can be associated with higher levels of alcohol consumption, poorer quality relationships, poorer social support, lower quality of life, high levels of neuroticism, and the use of immature defence systems. However, given this study interviewed men during the first trimester, it is not possible to ascertain how distress levels changed throughout the remainder of pregnancy.

Boyce and colleagues (2007) found that fathers who lacked sufficient information about pregnancy and childbirth were more at risk of distress, implicating the importance of providing expectant fathers with quality information, psycho-education and support regarding pregnancy, and adding to the argument for inclusion of men in the study of pregnancy-related concerns. This study was part of a larger *first-time fathers study* which found that pregnancy, rather than the postnatal period, appeared to be the most stressful time for men during the transition to fatherhood (Condon, Boyce & Corkindale, 2004). This finding supports previous research that has found men's anxiety to peak during pregnancy and then decline after the birth, suggesting that increased anxiety for men may be related to concerns about the unknown and abstract notions of the transition to parenthood (Glazer, 1989).

A significant gender difference appears to exist in the self-report of worry, with women often reporting a greater tendency to worry than men (Robichaud, Dugas & Conway, 2003). Biehle and Mickelson (2011) sought to extend previous research by including women's partners in their study of pregnancy-worries, and examining gender differences as well as how worry during pregnancy impacted on parents individually and as a couple. The researchers interviewed 104 couples during their third trimester and found that when participants were asked to list their worries, expectant mothers reported more concerns about baby worries (for example, baby's health, preparation for baby, mother's health), and expectant fathers reported more concerns about security worries (for example, money, job/work and home balance). However, no relationship was found between type of worries and partner's well-being or relationship satisfaction. In other words, what one partner worried about was not related to the other partner's level of anxiety, depression, positive affect, or relationship satisfaction.

Biehle and Mickelson (2011) provided a significant contribution to the literature by inclusion of the partner as well as beginning to identify differences in men's and women's worries during pregnancy. A limitation of the studies mentioned above includes the respective narrow samples of participants (that were primarily white and middle class). However, although the relatively homogenous nature of these groups may not be representative of all couples, it does provide a sound base for further research to consider. In the next section of the review, I will examine qualitative studies relevant to the subject of pregnancy-related worry.

Summary and Evaluation of Qualitative Research

In an attempt to increase the range and depth of understanding, researchers have begun to apply qualitative methods to the study of the transition to parenthood, to reveal the commonalities and differences among new parents, and the meaning and significance of their experiences (Nelson, 2003). In the following section of the literature review, qualitative studies of relevance to the present inquiry will be considered, beginning with those examining Lupton's (1999) discourse

of risk, followed by those relating to support attempts and management of worry, and finally, fatherhood.

Risk.

The salience of the language of risk in relation to pregnancy and childbirth has been documented in a number of studies examining the contemporary experiences of women during pregnancy (Burton-Jeangros, 2011; Carolan, 2008; Lupton, 1999; Possamai-Inesedy, 2006; Searle, 1996). A number of these studies have been conducted in Australia (Carolan, 2008; Lupton, 1999; Possamai-Inesedy, 2006; Searle, 1996), and although they were not developed to directly examine pregnancy-related worries, they often raised risk-related issues relevant to the present inquiry. For example, the qualitative component of Searle's (1996) study showed the 21 women who were interviewed were most fearful of the *outcome* for their baby, and were generally fearful and felt at risk throughout the duration of pregnancy, reporting fears of losing the baby, having an abnormal pregnancy, as well as fears around childbirth.

In a longitudinal study, Lupton (1999) interviewed 25 Australian women just before the birth of their first child and at six time points up until three years after the birth, and analysed the data discursively. From the data collected during pregnancy, this researcher found the women tended to position their pregnancies as *tentative* as they lacked confidence to *trust* their body to perform and produce the *perfect* baby they desired. The women expressed a strong sense of *lack of control* over their bodies and pregnancies, and commonly talked about their desire for greater control over these risks. Control also emerged as a major theme in another Australian study of first pregnancies using a grounded theory approach (Schneider, 2002). These studies raise pertinent questions that will be considered in the present exploration, such as: Is there a link between feeling a loss of control over one's body during pregnancy and worry? Is worry in part related to the fear of not knowing what physiological or psychological changes to expect during pregnancy? And; Is worry related to not knowing if and how they will manage pregnancy-related changes?

In another Australian study, Possamai-Inesedy (2006) interviewed 45 women in the form of birthing narratives associated with either private hospital, midwifery led birthing centre, or homebirth affiliations. Prior to beginning this research, it was assumed that there would be marked differences between the narratives of the different groups. However, a discourse of risk permeated *all* of the mothers' narratives about pregnancy. All women approached pregnancy and childbirth as an event that required constant monitoring, identified possible risks or threats to the unborn child, and spoke about the need for a healthy diet and to avoid unhealthy substances such as caffeine and alcohol. This discourse analytic study highlights the ideas of Lupton (1999), that the social construction of pregnancy (and childbirth) as an inherently risky state leads women to express fear and anxiety in relation to the event.

In a more recent European study conducted by Burton-Jeangros (2011), risk-related issues were again identified as the most salient feature of interviews with 50 pregnant women in Switzerland, around topics of pregnancy experience, information related to pregnancy, and relationships with health professionals. However, two contrasting positions held by the women in response to medical norms regarding pregnancy-related health risks were identified. The first position was characterised by a cautious attitude, highlighted in the studies mentioned above, whereby women were eager to ensure the good health of their foetus which they considered more important than their own (Searle, 1996). These women strove to adjust to and adopt healthy behaviours during pregnancy, which in turn enabled them to re-affirm their personal control over risks and reject fate. A strong sense of personal responsibility for baby's health often resulted in talk of guilt and anxiety, and moral expectations regarding *proper motherhood* further reinforced risk-avoidant behaviour. In contrast, resistant women accepted they could not control all risks during pregnancy and distanced themselves from the medical approach. These women tended to value their own experience above expert knowledge, and regarded pregnancy as a normal and natural event (Burton-Jeangros, 2011).

Coping strategies and partner support.

How women respond to potential risks during pregnancy and manage their related worries and concerns has been devoted less research attention than the causes of worries and the perceived risks themselves. In a unique study, Melender (2002b) conducted a content analysis on interviews with a group of 20 Finnish women to describe the causes of their fears and related coping strategies during pregnancy. This researcher found that discussing fears with members of one's support network and health care professionals helped dispel or alleviate women's fears. Other methods for alleviating fears included, talking about feelings, broadening knowledge about pregnancy, engaging with health services, referring to positive experiences, receiving reassurance from medical screening, and/or feeling the baby move. This study provides useful information in describing ways women may manage fears during pregnancy in addition to social/partner support that the present inquiry aims to explore.

The link between social support and health has been well documented, and support from a woman's partner and social network is a predictor of wellbeing during pregnancy (Hildingsson et al., 2008). Studies have shown that the partner is often most highly valued as a source of support during this time. In contrast, lack of or disappointment with partner support has been associated with high levels of anxiety as well as depression during pregnancy. For example, Furber, Garrod, Maloney, Lovell, and McGowan (2009) explored the experience of self-reported *psychological distress* during pregnancy and the impact this had on women's lives. These researchers found that worry and anxiety were frequently experienced by expectant mothers. Although a number of women described partners who understood their feelings and actively supported them, the emotional loneliness that has been referred to in previous studies of depression during pregnancy (for example, Bennet, Boon, Romans & Grootendorst, 2007) was evident in those that did not have supportive partners.

In an earlier quantitative study, Rini, Schetter, Hobel, Glynn, and Sandman (2006) examined more closely pregnant women's appraisals of the effectiveness of support provided by their

partners and found that as the appraised effectiveness of support increases, so does the ability to manage the stressful effects of a major life transition, in their case, pregnancy and impending parenthood. Much of the existing research on partner support, including the study by Rini and colleagues (2006), has used self-report measures to assess women's perceptions of available partner support. Analyses have then examined the association between partner support and pregnancy outcomes. This outcome-focused research again provides valuable evidence for the existence of significant associations, however it is less helpful in providing explanations of men's actual support processes, and therefore provides inadequate guidance for designing interventions to improve the effectiveness of partner support during pregnancy. A further limitation is the absence of men's perceptions of concerns and related support attempts during their partner's pregnancies. The present study endeavours to contribute to the literature by adding to our understanding of expectant fathers' experiences of worries during pregnancy, the impact this has on them, and their role as partner, support person, and father-to-be.

New involved fatherhood.

It has been acknowledged that fatherhood has been much less studied as a sociocultural phenomenon than motherhood (Barclay & Lupton, 1999). Like motherhood, fatherhood can be viewed as both an individual experience and a social institution (Doherty, Kouneski & Erickson, 1998; Sunderland, 2006). While cultural representations of the *new fathers* of today are more emotionally involved, more nurturing, and more capable of sharing the care of their children (Weiss, 1999), there remains academic debate around the extent to which these representations match the *actual* experience of fathers (that is, the *culture versus conduct* debate) (La Rossa, 1988).

While some researchers argue that men are enthusiastically welcoming the changing nature of men and masculinity and their new fatherhood role (Henwood & Procter, 2003), other research has found that men may feel a tension between the contemporary constructed ideal of *involved fatherhood* portrayed in popular discourses of the media and society, and the reality of their

experience which can often include feelings of detachment from pregnancy and childbirth (Draper, 2002).

Rather than participating in this culture versus conduct debate, Wall and Arnold (2007) sought to contribute to the exploration of contemporary fatherhood by examining more closely the taken-for-granted understandings that are part of that culture. These researchers conducted a discourse analysis examining the cultural representations of fatherhood, evident in a year-long Canadian newspaper series aimed at addressing issues facing contemporary parents. Through representations of parental guilt, responsibility, work-life balance issues, and hegemonic masculinity (Coltrane, 1994), mothers continued to be positioned as primary parents. Father involvement rather existed within a framework of fathers as part-time, secondary parents whose relationship with their children was less important than the mothers (Wall & Arnold, 2007). The men in this study were positioned as workers first and parents second, which has implications for the traditional breadwinner position men are expected to take up.

It is argued that the contemporary Western image and cultural representations of what it means to be a father frame men's experience of *becoming* fathers during pregnancy, labour and childbirth, as well as their experiences after the birth (Draper, 2003). Men report experiencing a range of significant psychological and social changes at this time, including feelings of unreality, inadequacy, exclusion, and responsibility during their partner's pregnancy (Finnbogadottir et al, 2003; Sandelowski & Black, 1994). For example, research exploring the father's perspective during pregnancy following a previous miscarriage, revealed that men commonly felt unable to share their own anxiety and fear because they wanted to protect their pregnant partner; and societal pressure to "be strong" and the belief that "men don't share" also appeared to inhibit men's disclosures of worry (O'Leary & Thorwick, 2005, p. 78).

Summary and Rationale: Why this Research is Important

The literature suggests that knowledge and understanding of the unique emotional experiences of women and men during pregnancy remains limited (Biehle & Mickelson, 2011; Da Costa, Larouche, Drista & Brender, 1999; Draper, 2002), and in particular, few studies have explored *in depth* the specific fears and worries related to pregnancy (Huizink et al., 2004). Overall, the existing body of literature related to pregnancy-worry tells us useful information about what expectant parents worry about (Biehle & Mickelson, 2011), as well as providing important evidence that worries and fears are commonly experienced during pregnancy (Wenzel, 2011), can be caused by a multitude of different factors (Statham et al, 1997), and can manifest in undesirable ways (Melender, 2002a). The worries of expectant fathers have been studied less than those of expectant mothers. However, the increased awareness into some of the challenges experienced by men strengthens the argument for a deeper examination of their perspectives regarding pregnancy and childbirth, including their perspective regarding their role as support person during this time (Rini et al., 2006).

What remains to be more fully investigated are the ways in which women and men make sense of the unique experience of pregnancy-related worry, how they relate to and *manage* this experience, and the discourses they draw upon to give meaning to and construct this experience (Schmied & Lupton, 2001; Weaver & Ussher, 1997). Further, by examining the discourses men and women use to construct their experiences of pregnancy, oppressive constructs may be challenged to help pave the way for more equality between the genders with regards to building a family.

Guided by social constructionism, I am concerned with the way in which expectant parents understand and explain the world in which they live. As meaning is constituted through language, I am interested in exploring the ways that women and men *talk* about worry during pregnancy. By considering the relationship between worry and the dominant discourses surrounding pregnancy (and expectant parenthood), I endeavour to help deepen our

understanding of the culturally constructed way of making meaning of concerns during this time. For example, with regard to the particularly poignant notion of risk, one goal of the present study is to explore how expectant parents respond to these risks. I am interested in how the dominant biomedical way of understanding pregnancy impacts on *both* parents' experience of worry during pregnancy, and how such understandings coexist alongside a more natural and holistic approach towards pregnancy that also contributes to shaping the way that pregnancy and childbirth are conducted and organised (Burton-Jeangros, 2011; Cosslett, 1994; Smith, 1992).

There have been no qualitative studies to date which have specifically focused on first-time parents' experiences of worry during pregnancy. Specifically, I aim to build on previous research by exploring the discourses women and men draw upon to talk about their unique pregnancy-related worries and construct their experiences within the current cultural climate in Aotearoa, New Zealand. Increasing our understanding of these types of worries would better enable us to support new parents and their families during this developmental transition, to offer well-informed psycho-education to new parents about what sorts of worries and anxieties they are likely to experience, and to provide them with tools they can use to help support one another to manage these worries, and prevent developing more serious illness or distress.

It is important to identify stressors and worries during this time, and to equip new parents with the tools to manage them effectively, as women and men who are able to successfully deal with this type of emotional distress have the potential to develop hope and resiliency that will prepare them for significant life transitions or stressors in the future (Wenzel, 2011). Further, by developing positive coping skills for managing their worries, they will be able to model a balanced approach to handling life stressors for their children.

Aims

The general aim of this research is to discursively explore the ways first-time parents talk about worries during pregnancy.

The specific aims are to explore the various discourses employed by women and men to construct their unique pregnancy-related worries within the current cultural climate and navigate the increasingly divergent positions of medicine and nature. I seek to examine what first-time parents worry about, how much they worry, how worry changes over the trimesters of pregnancy, as well as to gather information about how these worries are managed by women and men during this time - and what they mean. The discursive analytic method chosen to enable this exploration is discussed next.

CHAPTER THREE

Approach to Knowledge

Chapter Three locates the present study within the wider epistemological foundations of social constructionism, and provides an overview of discourse analytic methodologies and subject positioning that informs the current integrative approach. A researcher's approach to knowledge is fundamentally based on how reality is understood, and reflecting on changing ideas regarding the concept of *truth* can help place the present study in its theoretical context.

The Search for Truth

Throughout history, truth has been regarded in different ways. During mediaeval times, God was looked to as the sole bearer of truth and morality, taking the responsibility away from individual persons to decide what was true (Burr, 1995). Gradually, with the birth of the Enlightenment, a switch was made bringing the human intellect to the forefront of knowledge (Durrheim, 1997). Belief in the practices and values of science - namely rationalism and empiricism - as ways of understanding the world, lay at the heart of Enlightenment and its search for universal meanings (White, 2004).

The period of Enlightenment was not without its critics, and the ideas of Nietzsche who argued that all knowledge is perspective (Blatner, 1997), were one influence in the rise of postmodern thought. Postmodernism questioned the role of science to produce ultimate realities, promoting instead the idea of the existence of multiple subjective truths, each one as valid as the other (Cosgrove, 2003). Within the rubric of postmodern thought, social constructionist ideas developed out of the recognition of the importance of social aspects of knowledge and encouraged a shift in attention to the ways in which language and knowledge interact, shaping social practices and relations, and constructing our sense of our selves (Burr, 1995).

Social Constructionism

This study is embedded within the social constructionist approach to knowledge based around four central epistemological assumptions first outlined by Gergen (1985), which include a critical stance towards taken-for-granted knowledge; the historical and cultural specificity of knowledge; knowledge is constructed through social interaction, especially language and discourse; and constructions of knowledge influence social practices and vice versa. A social constructionist approach to research can be loosely thought of as grounded in one of more of these key assumptions (Burr, 2003).

Taking a critical stance towards taken-for-granted ways of understanding, social constructionism cautions us to question the categories and concepts we use to make sense of the world, arguing they are not simply the reflection of a naturally-occurring reality (Gergen, 1999). It is therefore in opposition to the scientific traditions of positivism and empiricism which assume that knowledge is based on direct unbiased observation of how we perceive the world to be (Burr, 2003). From a social constructionist perspective, the ways in which we commonly understand the world, the categories and concepts we use, are considered to be culturally and historically relative. Ways of knowing the world can be regarded as provisional truths, open to negotiation and change in the light of new evidence. Ultimately, social constructionism questions the existence of a transcendent fixed truth (White, 2004).

Social constructionism takes the perspective that people construct knowledge between them in their everyday lives. Knowledge and meaning-making can therefore be regarded as a social process, as Burr (1995) argues "when people talk to each other, the world gets constructed" (p. 7). Social interactions and language are therefore of paramount interest within this theoretical approach. What is regarded to be true is not the product of objective observation but rather the social processes and interactions in which people are currently engaged. Further, these socially constructed understandings of the world can take a wide variety of forms and therefore numerous or plural *truths* may exist. These constructions can also be regarded as consequential

in that they generate, validate, and sustain certain types of social practices while excluding others. In this way, our understandings of the world are tied up in power relations, which carry significant implications for human behaviour (Parker, 2005).

The importance of language.

Social constructionism therefore carries significant implications concerning the nature of truth and knowledge, the argument being that "what we say is just as important as what we see" (Tuffin, 2005, p. 67). Rather than regarding thought and reality as preceding language, social constructionists regard language as preceding and influencing our perceptions, thoughts, and understandings of the world. Further, language is considered to be active, constructive and *performative*, inextricably linked with our social achievements. For social constructionists, language is actively involved in the construction of our experiences, social realities and lived subjectivities, and it is from this vantage point that I am arguing it is important to study the language around pregnancy worries.

Discourse Analysis

Discourse analysis can be thought of as a philosophical approach to language rather than a discrete methodology. The term discourse has been defined by Potter and Wetherell (1987) as "all forms of spoken interaction, formal and informal, and written texts of all kinds" (p. 7), indicating the myriad of potential sources of data for analysis. Burr (1995) refers to a discourse as "a set of meanings, metaphors, representations, images, stories, statements and so on, that in some way together produce a particular version of events. It refers to a particular picture that is painted of an event (or person or class of persons), a particular way of representing it or them in a certain light" (p. 48). Burr's definition encapsulates the social constructionist argument that language provides the means for an unlimited number of alternative versions of events surrounding any one object, event or person, and therefore there may be many different discourses, each telling a different story about the object in question, and thus providing different representations to the world.

Two major strands of discourse analysis that have been influential in psychological research share the concern with the role of language in the construction of social reality but address different sorts of research questions (Willig, 2008). These two analytic approaches can be described as *macro* and *micro* (Tuffin, 2005), and will be briefly outlined below.

The macro approach to discourse analysis has been inspired by the post-structural theorists Foucault and Derrida, and is represented in the work of Ian Parker. This approach is interested in identifying the discourses that influence our views of the world and ourselves (Tuffin, 2005). Discourses are described as coherent systems of meaning and can be regarded as the key building blocks through which both personal and political relationships operate. This type of discursive analysis is particularly concerned with issues of power and subjectivity, and aims to encourage the possibility of challenge, resistance, and change to oppressive social constructions and practices.

In comparison, the micro orientation to discourse analysis is especially interested in the interactive features of talk and text, and examining the ways in which language is used to achieve particular ends, such as offering justifications and explanations around questions of responsibility and accountability (Tuffin, 2005). It is interested in the rich details of everyday talk and text to construct versions of reality and people's understandings of the world (Potter & Wetherell, 1987), and is most concerned with the action orientation of talk (Willig, 2008).

My Approach to Research

The present study has been guided by both discourse analytic traditions outlined above to produce a more integrated style of analysis, and address the interactive features of parents' talk as well as aspects of social relations and subjectivity during pregnancy. The analytic approach thus draws on aspects of the discourse analytic methods outlined by Potter and Wetherell (1987) and Parker (2005), to explore how first-time parents construct worry during pregnancy, within the New Zealand social context of contemporary parenthood.

Potter and Wetherell (1987) identified three key features of their analytic tradition to be *construction, function,* and *variability*. Construction asks the questions: *How* do these first-time parents construct their particular account of worry, and what are the discourses they use to make their descriptions, explanations, and arguments work and seem reasonable and plausible? Function then attends to the active, *doing* elements of the parents' talk. Parents' talk is examined for possible interpersonal and psychological achievements, such as accountability, responsibility, and causality. Finally, variability in parents' accounts is expected as a natural feature of talk and highlights the importance of taking *context* into account when interpreting what is being said.

Potter and Wetherell (1987) refer to the linguistic resources people use to construct their accounts of events as *interpretative repertoires* which have been defined as "broadly discernable clusters of terms, descriptions and figures of speech often assembled around metaphors or vivid images" (Potter and Wetherell, 1995, p. 89). Burr (2003) refers to these interpretative repertoires as a "kind of culturally shared tool kit of resources for people to use for their own purposes" (p. 60). Different repertoires can be used to construct an event or viewpoint in different ways and are performative in that they may be used to justify, excuse or validate behaviour (Potter & Wetherell, 1995).

Although there is considerable overlap in the two analytic traditions – including the intense interest in language and belief in the importance of words (Tuffin, 2005) - Parker (1990) argues against the use of the term interpretative repertoire (Potter & Wetherell, 1987) defining a *discourse* instead as "a system of statements which construct an object" (p. 191). Parker (2005) identifies four key ideas for discourse analytic research, which act as supportive conditions for his working definition.

The first of these ideas is that this approach to research invites examination of the *multivoicedness* or variability of language rather than the search for underlying processes or

themes. Differences and contradictions in parents' language use allow examination of how people are positioned in different social categories regarding parenthood. Secondly, Parker talks about the focus of discourse analysis on the use of *semiotics* or the way in which language both constructs and constrains ideas in this case for example, about *good* (and *responsible*) parenting, by the existence of inherent meanings in words and phrases.

The third idea of *resistance* looks at what language *does* and includes examination of how dominant ideologies or power dynamics such as the dominant biomedical construction of pregnancy as a vulnerable medical state versus pregnancy as a normal and natural phenomenon, are maintained or challenged by people's accounts. Finally, Parker (2005) links together the ideas of *mutivoicedness*, *semiotics* and *resistance*, suggesting that discourse analysts can study discourse as a kind of *social bond* formed by the organisation of language that is situated in its specific historical context. These social bonds or discourses categorise social belonging and exclusion, and lead to an examination of how discourses work to maintain or challenge accepted versions of our social world. Identification of discourses within language enables the analyst to explore their function with regard to dominant social and power relations. By recognising oppressive discourses resistance can develop, ultimately encouraging change.

A Question of Positioning

In addition to drawing on aspects of the analytic approaches of Potter and Wetherell (1987) and Parker (2005), this study also utilises the ideas of Davies and Harré's (1990) positioning theory. Discourses have been talked about as systems of representation through which social actors make their world meaningful (Potter & Wetherell, 1987), and it has been argued that discourses also produce knowledge and power (Parker, 2005). As a final thread to the current approach to analysis, I will also look at how socially and culturally available discourses provide subject positions for first-time parents to take up, resist, or negotiate (Davies & Harré's, 1990), which in turn produce their sense of self and identities, and offer a way of understanding the process by which the construction of a person is achieved (Burr, 2003).

Discourses can be seen to provide us with the means to represent both ourselves and others in certain ways. Subject positions provide ways of describing a person, such as *feminine*, *young* or *unwell* (Burr, 1995). Discourses of femininity often construct women as close to nature, nurturant, intuitive, emotional, vulnerable, and negatively affected by hormones. Discourses of masculinity, on the other hand, construct men as rational and able to separate their emotions from their reasoning. Every discourse can be seen to have implicit subject positions, which have implications for the person who is located within them. Davis and Harré's (1990) refer to the positions available within discourses as bringing with them a *structure of rights*, which provide both the possibilities and limitations on what a person may or may not do within a particular discourse, including the expectations, obligations, and responsibilities associated with the particular role.

Positions within discourses are also seen as providing us with the content of our subjectivity (Davies & Harré's, 1990). Subject positions encourage us to experience the world and ourselves from the vantage point of that perspective and once a certain position has been taken up, we take on the related discourses as our own. This entails an emotional commitment to the categories we see ourselves as belonging to, evident during parenthood, as well as the appropriate system of morals (Burr, 1995). Positioning is of particular salience to the present exploration given that first-time parents are entering a whole new psychological world filled with attendant subject positions. Given that some of these positions are changeable, identity is not fixed but is also open to change. Subject positions construct and constrain what we do, and are taken on as part of our psychology, providing us with our sense of self, including the self-narratives we use to think and talk about ourselves (Burr, 2003).

Discourses of knowledge about pregnancy in particular, can accommodate complex and often contradictory images and truths. These provide space for resistance, and open up subject positions, which may be in opposition to the dominant way of interpreting medical understandings. In this light, it is important to explore how first-time parents negotiate their

position in relation to the knowledge produced by the biomedical construction of pregnancy dominant in today's contemporary Western society (Rudolfsdottir, 2000) alongside a more natural approach to understanding this transition (Cosslett, 1994).

Terms

The term discourse is used by researchers and writers in different ways (White, 2004). In presenting this research, I have chosen to use the term discourse to refer to *systems of related statements, metaphors, meanings, images and ideas which construct a particular person (or group of people), concept or version of events in a certain way* and which are generally regarded as *a culturally accepted way of understanding* (Burr, 2003). The way first-time parents use language to construct and make meaning of their worries during pregnancy are the focus of this study, rather than possible underlying thoughts or beliefs held by participants.

Summary

This chapter has located the present study within the wider epistemological foundations of social constructionism, and has provided an overview of the discourse analytic traditions (Parker, 2005; Potter & Wetherell, 1987) and positioning theory (Davies & Harré's, 1990) that inform the current integrative approach. From the vantage point of social constructionism, language is regarded as actively involved in the construction of our experiences, social realities, and lived subjectivities, and for this reason it is important to study the language around pregnancy worries rather than parents' underlying thoughts and beliefs.

The integrated discourse analytic approach of this study enables an exploration of how first-time parents constitute particular subject positions during pregnancy through the images, concepts, and meanings certain discourses provide them with. It allows examination of how men and women make sense of their social world by navigating the multiple and potentially contradictory positions made available to them, with regard to the dominant biomedical construction of pregnancy as risk versus pregnancy as a natural and normal state of being. A

focus on positioning also meant being aware of the interview process as an ongoing, dynamic, meaning-making procedure where in participants took up certain positions (Davies & Harré's, 1990). A detailed account of the design and process of this research, including the interview procedure, will be provided in the following chapter.

CHAPTER FOUR

Methodology

The present study involved exploring the salient discourses first-time parents used to construct their experience of worry during pregnancy in interviews. The interviews set out to explore participants' sense-making not as isolated sets of beliefs, but located within a wider universe of socially and culturally constructed meanings (Henwood & Procter, 2003). This chapter provides a detailed account of the design and process of this research including, participant recruitment, ethical and bicultural considerations, interview procedure, transcription, coding and analysis, as well as the issue of reflexivity.

Participants

Age, ethnicity, occupation, and pregnancy information can be seen in Table 1. The participants included 20 first-time parents who were in their third trimester of pregnancy at the time of the interview. Given previous findings that pregnancy-related concerns tend to be *u-shaped*, with peaks in the first and final trimesters (Ohman et al., 2003; Statham et al., 1997), participants were interviewed during the final stage of pregnancy to enable them to reflect on worries over the majority of their pregnancy.

Inclusion criteria included the pregnancy being the parent's first pregnancy and being part of a couple. The rationale for choosing to explore *first* pregnancies was based on literature asserting that they are regarded a significant developmental transition and at times a major life stressor for new parents, often involving a myriad of worries about the unknown (Darvill et al., 2010; Hart & McMahon, 2006; Haugen et al., 2004). A small number of participants talked about previous pregnancy experience that had resulted in termination or miscarriage. These participants considered themselves "first-time" parents despite previous pregnancy loss. All participants were in a heterosexual relationship and the length of relationships varied from one to twelve years. The rationale for interviewing participants individually was to provide them

with the freedom and space to talk openly about their worries, without potential pressure to censor information in the presence of (or in protection of) their partner. Additionally, given obvious differences in biology, it was anticipated that interviewing women and men separately would allow for similarities and differences in their experiences to be examined in the analysis. Similar stories began to surface after interviews with twelve women and eight men, and it is believed that this number of interviews provided a rich pool of information indicating saturation of the data, and that it was not necessary to conduct further interviews for the purpose of this exploration. Participants were recruited through information given to parents by the researcher at local antenatal education classes, and by word of mouth. Participants were local to the Wellington area.

Table 1.

Participant Details

Men

Pseudonym	Age	Ethnicity	Occupation	Partner's gestation
Luke	38	British	IT	39 weeks
Christian	35	NZ/European	Computer Programmer	33 weeks
Garth	31	South African	Doctor	37 weeks
Diggy	34	South African	Plumber	37 weeks
Simon	33	Samoan	Work Force Planner	34 weeks
Danny	29	NZ/European	Musician	38 weeks
James	31	NZ/European	Lawyer	37 weeks
Josh	44	NZ/European	Film Maker	37 weeks

Women

Pseudonym	Age	Ethnicity	Occupation	Gestation
Grace	31	American	Film Director/Producer	37 weeks
Jackie	43	British	Conservation Advisor	39 weeks
Sylvie	34	German	Digital Modeller	32 weeks
Caroline	26	NZ/European	Kindergarten Teacher	32 weeks
Mims	31	NZ/European	Accounts Administrator	32 weeks
Imogen	31	South African	Doctor	37 weeks
Chrissie	30	Māori	Teacher (Primary)	37 weeks
Leticia	31	NZ/European	Sales Manager	34 weeks
Freda	30	Māori	Teacher (Primary)	38 weeks
Amy	31	NZ/European	Teacher (Secondary)	37 weeks
Emma	33	NZ/European	Student	33 weeks
Ann	32	NZ/European	Film Technician	39 weeks

Ethical and Bicultural Considerations

This research was planned and carried out with respect to the principles detailed in the *Massey University Code of Ethical Conduct for Research involving Human Participants*. The study was judged to be *low risk* and peer review regarding ethical issues related to the study was sought and obtained accordingly.

Potential participants were provided with an information sheet (Appendix A) and consent form (Appendix B) to read before volunteering for this study. The information sheet included information about the purpose of the research and what the participant's interviews would be used for. Potential participants were invited and encouraged to contact the researcher and ask any questions regarding the study before signing the consent form, and were advised that they had the right to withdraw and/or withhold personal information at any time. Interviews were recorded by digital voice recorder, and participants were advised that recordings would be destroyed after the completion of the research project.

Participants were assured that the researcher would make every effort possible to maintain confidentiality and anonymity. They were informed that the data would only be viewed by the researcher and her thesis supervisors. Pseudonyms were chosen by participants at the time of interview and were used on all recordings, transcripts, and research notes. Any other details which could be identifying of the participants such as names, locations, and workplace indicators, as well as information about specific service providers or health professionals, were changed as needed to maintain confidentiality. Participants were given the option of reading over their transcript to ensure what had been transcribed was accurate, and had the right to change or clarify the document. All participants were viewed as the experts of their experience, and as such the data they provided was respected as a valuable resource. A summary of research findings was sent to participants at the completion of the study (Appendix C). Participants' names and details were kept securely by the researcher and were destroyed at the end of the research process.

Due to the potential sensitivity of the topics involved, accessibility to appropriate support and mental health services for participants was organised before interviews took place, in order to ensure they would have support should the discussions cause any distress. All of the participants were happy to talk about their experiences during the interview, and none became uncomfortable or distressed about any of the topics discussed. None of the participants requested to stop the interview early, or to have their transcripts altered or removed.

This research was not aimed to target or unjustly exclude any specific ethnic group within New Zealand, however it was still important to consider the bicultural nature of New Zealand society. Given the qualitative, exploratory nature of this research, I did not assume to hold any objective knowledge about participants' experiences, but rather I understood that the knowledge would be created and defined within the research process. It was not assumed that participants who identified as Māori represented the experience of all Māori, just as it was not assumed that participants who identified as Pākehā represented the experience of all Pākehā. The sample of participants included two women who identified as Māori as well as participants who identified as British, South African, Samoan, American, German, and New Zealand/European. It is important to acknowledge the variability within as well as between cultures (Carpenter & McMurphy-Pilkington, 2008), and to make generalisations and inferences about the New Zealand population as a whole was not the intention of this research.

Interview Procedure

Data was collected through in-depth interviews with individual participants. Location of interview was selected by the participant, allowing the participant to choose where would be most convenient and comfortable for them. Privacy and lack of interruptions was an essential part of location selection, but comfort of the participants was also a high priority. Most of the interviews took place at the participants' homes, and a smaller number at the Massey Psychology Clinic in Wellington. Most interviews were 60-90 minutes long. Interviews were semi-structured and flexible, allowing participants to talk openly and freely, and allowing the

researcher to explore the research questions more deeply with participants. Time was allowed for building rapport immediately prior to the interview, allowing increased levels of openness in participants' talk about their experience of worry during pregnancy.

A relatively short interview schedule was developed (Appendix D), which included questions around the subject of worries during pregnancy that were used as prompts to address four main areas: What do parents worry about during pregnancy? How much do they worry? How does worry change over the trimesters of pregnancy? And; How do parents manage these worries? This schedule was used as a starting point for the interviews, however discussions tended to follow the direction of the interviewee regarding their unique experience of pregnancy-related worries. Additional questions were asked where necessary to elicit further information.

Analysis

Essentially analysis of the data is an interpretative exercise that seeks to highlight patterns of meaning (Tuffin, 2005). There exist no *recipe-style guidelines* for conducting discourse analysis (Parker, 2007) and it does not follow fixed steps (Potter, 2003). I took guidance from my primary supervisor and a past Massey Master's student who had conducted research from a similar analytic viewpoint (Pack, 2009). I approached my analysis in the following way:

1. Interview recordings were listened to carefully and repeatedly so that I was able to immerse myself in the data, and were transcribed verbatim using a transcription notation based on Potter and Wetherell's (1987) adaptation of Jefferson (1985). For example: underlining indicates words uttered with emphasis; pause lengths (in seconds) are shown by numbers in brackets; CAPITALS indicate the volume is louder than surrounding text; an arrow (↑) indicates rising intonation or pitch and; audible breaths are indicated by (.hh) for inhalation and (hhh) for exhalation.

Transcription took 15-20 hours per one hour of interview once the interview was complete. Between 300 and 400 hours was spent transcribing the data over a period of three months. For ease of reading, minimal encouragers, fillers, and repeated prefixes or words were sometimes edited out before being quoted in the study, providing this did not alter the meaning of the utterance.

2. After initial readings of the transcripts, it was decided that the women's and men's data would be analysed separately given clear and poignant differences in their talk. Relevant material was selected for analysis and coded, with many sections allocated one or more codes. These codes were developed to summarise the main idea that was being talked about. For example, the code *responsibility* was quickly developed from discussions regarding the variety of concerns relating to the fathers' responsibilities as first-time parents.

3. Following this initial coding, each extract allocated to the code responsibility for the fathers (for example) was examined and grouped into one of the subheadings, such as *support person*, *provider*, and *good father*. Examples from each of these subheadings were selected to illustrate the rhetorical work that was being accomplished by constructing worries in this way. Attention was paid to terminology, stylistic and grammatical features, and repeated metaphors used by participants.

4. From the initial groupings, the wider discourses being used were identified such as those referring to the *health of the baby*, *responsibility*, *trust*, and *positive change*. The codes and their associated extracts were used as evidence to illustrate the broader discourses being drawn upon by the first-time parents in discussing their worries during pregnancy. The discourses were analysed to see how they function to shape new parents' experiences of worry and their management of worry.

Reflexivity

One of the central assumptions of social constructionist research is that knowledge is something people *do* together. Therefore, I as a researcher and contributor to the interview discussion am an active participant in the construction of knowledge about participants' experiences of worry during pregnancy. By choosing to explore this topic, seeking out participants, asking them questions and interpreting their responses, and presenting my interpretation of their experience in this thesis format, I am also a participant in constructing knowledge about pregnancy-related worry. In this light, reflexivity is an essential aspect of this research and, in order for my interpretation to be transparent, it is important to share my interest and motivation for this topic.

My orientation to this research is as a critical clinical psychology student eager to explore how first-time parents talk about worry during pregnancy, and the implications this has for their lived subjectivities. Multiple aspects of my life have a bearing on how I interpret the data. Perhaps most importantly, I have experienced pregnancy and continue to be a first-time parent to my 7-year-old daughter. I have also watched many close friends experience their first and subsequent pregnancies in more recent years. My experience as a 32-year-old female living in New Zealand involves pregnancy, childbirth, and parenting as a normal part of my every-day life. Although participants were the experts in relation to the meaning and understanding of their worries during pregnancy, I believe their knowledge that I had also experienced pregnancy helped build rapport and encouraged participants to talk about their own experiences.

Summary

Chapter Four has provided an overview of the methodology of this study including participant recruitment, ethical and bicultural considerations, interview procedure and analysis, and reflexivity. The next four chapters provide the analysis of the data, beginning with an examination of women's talk about pregnancy-related worry, and followed by an examination of men's worry talk.

CHAPTER FIVE

Analysis of Women's Worries

Introduction to Analysis

The analysis showed that this group of first-time mothers drew on discourses which constructed aspects of worry, pregnancy, and parenthood in five main ways. The discourses of *all-consuming worry*, the *healthy baby*, and the *responsible mother* will be presented in this chapter. These discourses illustrate how the women constructed their worry, and encompass the content of women's worries, as well as the reasoning behind their concerns and fears. The discourses of *trust* and *positive change* will be presented in the following chapter. These latter discourses demonstrate how the women managed and made sense of their worries, and encompass the more positive aspects of their talk. Although the analysis will examine each discourse discretely, it is important to acknowledge that they are fluid and dynamic (rather than rigid and separate) and at times overlap and seep into one another.

After interviews with twelve women, it became apparent that the unique context and circumstances of their individual experiences worked as a foundation for what types of worries were talked about. It has been previously acknowledged that there are many personal variables that may influence a woman's experience of pregnancy as well as the meanings attached to them (Schneider, 2002). These may include a woman's philosophy on life, culture, health and financial status, educational background, support network, life experiences, her partner, friends and family, as well as her unique needs and expectations regarding the pregnancy. The extracts used as examples throughout the analysis illustrate how women's talk about worry was influenced by individual factors such as age, career or occupational background, history of mental illness, whether the pregnancy was planned or unplanned, conceived naturally (and/or easily) or through IVF, or whether it followed a previous miscarriage. Although each woman's circumstances were unique, salient patterns emerged from the interviews, drawing attention to the dominant discourses that were drawn upon.

Discourse of All-Consuming Worry

The discourse of all-consuming worry examines how the women discursively constructed their concerns. The women used a number of different words and phrases such as *worries*, *concerns*, *panic*, and *anxiety* to construct their experience of worry as largely negative, and most often described their concerns as *intense*, *pervasive*, and *consuming*. All women talked about worrying at least some of the time and for most women their worry was *constant*, as Ann describes:

Ann. *Um↑ (2) pretty consumed↑ ((laughs)) yeah I do worry a lot I think…I don't know really…Just too many thoughts and feelings just swirling (.) just a bit of a jumble like I don't even know in my own head…What the problem is (.) like what's going on…I think it's anxiety yeah↑ (1) just worries and concerns (.) just <u>everything</u>…Um and not specific or related to any one thing (.) just like <u>life stuff</u> I don't know (.) yeah ((laughs)) I think one thought will just totally be flowing in to something else which then is something else completely unrelated and then (.) mmm…Yeah (.) like <u>losing perspective</u> I think or (.) I'm not sure ((laughs))*

This extract demonstrates the somewhat diffuse nature of worry during pregnancy for Ann, and a sense that she is struggling to make sense of her anxiety (*losing perspective*) is evident in her talk. Ann is constructing worry (*anxiety, worries and concerns*) as confusing (*just a bit of a jumble)* and consuming (*I do worry a lot*), and this account implies her experience is negative and challenging. A tension is apparent as Ann explains the worry is not related to any one thing going wrong, but rather a more a constant feeling that permeates her daily activities as she goes about life (*just…life stuff*). The *intensity* of worry experienced by the women is further demonstrated in the following extract:

Caroline. *It's hideous! (1) It's like so black? (1) And (2) just a dark dark place (1) and you just want to be in the light and feel free again?…And then when you're worrying about this other human you've got inside you it just makes it ten times worse…Yeah it's been <u>really tough</u>*

actually…I just hate feeling in that black hole you know (1)…At the beginning (.) you feel like if you just ride this bull it'll tire?...And the bull is not getting tired (1) that's how it feels (1)…It's so invasive you know and permeates everything…My mind is just so on fire (1) I need it to slow down…And people say once the baby's born you'll relax and everything will be okay (.) and I'm thinking (.) yeah I hope so

Caroline's use of language evokes visual images of darkness, depression and fear, working to construct her experience of worry as negative, consuming and challenging (*hideous, black, a dark dark place, invasive, really tough)*. Her use of metaphor (*and the bull is not getting tired*; *my mind is so on fire)* further works to construct her worry as a strong, frightening and potentially destructive force (*fire*) or creature (*the bull*) that may have more endurance than she does, and emphasises the relentless nature and intensity of Caroline's worry, positioning her as seemingly powerless to its grasp. Caroline alludes to a light at the end of the tunnel with the hope that things will be more relaxed after the birth, emphasising both the time-bounded nature of pregnancy as well as the pervasive sense of uncertainty (*I'm thinking yeah I hope so*) women talked about while experiencing pregnancy for the first time. Another salient aspect of worry commonly spoken about was the *unexpected* nature of pregnancy-related concerns, as the following extracts demonstrate:

Sylvie. *I never expected pregnancy to be the way it is…Pregnancy is a constant worry about things*

Amy. *I thought like before I was pregnant that I'd be one of those women…Who just go about totally normal life with a baby bump…But I have found being pregnant very consuming…I think I've been quite consistently worried? (.) Throughout? (1) Um:: so:: I don't know if I can pinpoint a particular time that it's been (.) especially stressful (1) yeah↑ it's very all-consuming (1) and even to the point where I'll feel ill (1) or hot or you know actually just physically kind of… And it's just quite exhausting really*

Sylvie and Amy's comments around the unexpected nature of worry during pregnancy suggest they were unprepared for what was to come. Again, Amy is constructing worry as constant and *all-consuming,* and she also refers to the impact of such worry taking a physical as well as a mental toll. Amy's experience is in contrast to her initial expectation of continuing through pregnancy as she would in *normal life*, and her account implies that pregnancy deviates from everyday experience and is special or unique. The construction of pregnancy as lying outside of normal everyday experience helps to explain why the women constructed their pregnancy-related worries as being more *important* than *usual* worries, as Amy describes below:

Amy. *I probably am more worried than usual…Yeap definitely…The worry's <u>more intense</u> I guess…Like the worry's more important or something (1) yeah the things I'm worried about <u>seem</u> more important*

By describing her pregnancy-related worries as being more important than other worries, Amy is also constructing her pregnancy as highly important and is actively positioning herself as concerned for the wellbeing of her baby.

Summary.

The discourse of all-consuming worry functions to illustrate how the women constructed their experience as largely negative, intense, pervasive, and consuming. The extracts above demonstrate the way worry was spoken about as an unexpected outcome of pregnancy many women felt unprepared for. This discourse positions the women as somewhat powerless as they appear to lack control over their worry. Talking about worry in this way achieves a level of understanding and empathy from their audience, in this case myself as the interviewer and researcher seeking to explore this experience. This finding has considerable implications for wellbeing during pregnancy that will be addressed in the discussion section of this thesis. While the discourse of all-consuming worry constructs the nature of pregnancy concerns, the women

utilised additional discourses to talk about their specific worries, including those relating to the health of the baby which will be explored in the following section of the analysis.

Discourse of the Healthy Baby

The discourse of the healthy baby was utilised by all women, and emerged across many of the accounts and explanations available in the data. Consistent with previous qualitative and discursive research reviewed (Burton-Jeangros, 2011; Carolan, 2008; Lupton, 1999; Possamai-Inesedy, 2006; Searle, 1996), all women talked about worries regarding the health and wellbeing of their baby, and were acutely aware of potential risks and sources of harm to the foetus. An important feature of this discourse also included women's talk about fears of miscarriage or stillbirth, and although these fears were commonly talked about, they remained mostly implicit. That is, the women only occasionally elaborated on what was meant by baby being born *unhealthy* – and the implications of *losing* baby appeared almost unspeakable.

Health of baby.

In the extract below, Ann talks about her worries around drinking alcohol while pregnant, but before she knew of the pregnancy:

Ann. *It pretty quickly became clear (.) that we were going to (.) have the baby ((laughs)) um but that in itself brought other concerns because obviously it wasn't planned and we'd been going out (.) so we'd been drinking↑ (1) obviously not like when we were 23 or something but there were still nights out (.) so I had that concern as well…Like I think that's just quite a natural (1) like just wanting to know that the baby's born and it's okay and healthy (1) I do think about that quite a lot…Um↑ (1) I guess it's just making me a bit anxious like (1) I want that moment to have passed where the baby's been born and he's had all the health checks and they've said yeap he's fine and (1) yeap you've got a healthy baby*

Ann is constructing her *concerns* for the health of her baby as being *natural,* drawing on implications of nature or biology to explain her worries. She is positioning herself as a good mother concerned for the wellbeing of her child, and simultaneously constructing the foetus as vulnerable to risk she engaged in before she knew she was pregnant, such as *drinking* alcohol during *nights out*. Alcohol consumption during pregnancy is warned against due to the risk of foetal alcohol syndrome and is highly publicised within the media (Oaks, 2000). Ann therefore finds herself in the unenviable position of been exposed to risk during the early weeks of pregnancy. Her repeated use of the word *healthy* emphasises the importance of this worry as her overriding concern, and there is also a sense of urgency to dispel her concerns (*I want the moment to have passed where the baby's been born and he's had all the health checks*). In the next extracts, Leticia and Grace talk about their worries around having a healthy baby:

Leticia. *Every now and then I do have a little worry (.) you know I don't know that she's going to come out with ten fingers and ten toes (.) and so things cross my mind*

Grace. *I thought to myself if she has (.) impairments then (.) we will just have to deal with it↑…And it will be <u>hard</u> and it will be really sad because I've built this healthy child in my brain*

The unknown and uncertain nature of pregnancy is evident in Leticia's talk. Her reference to baby's ten fingers and toes is emblematic, and this subtle emphasis on baby's health being interpreted as normality is also evident in Grace's comment *I've built this healthy child in my brain* (that is, one without *impairments*). Leticia invites reassurance and understanding (*you know*) for her concerns, and these extracts reinforce the idea that the ultimate desired outcome of pregnancy is a healthy, normal, perfect baby (Glen, 2012). In the next extract, Emma explains how her experience as a student of psychology contributes to her concerns around baby's health:

Emma. *I worry about other things as well like (.) obviously my partner's older…He's 45? (1) So I worry about the rates of autism and I think there's something else (.) oh schizophrenia (.) I mean I know it sounds silly because there's no one in my family with either but you do start thinking (.) <u>older father</u>↑ (.) genetically (1) I suppose it's coming out now those links related to age (.) age of the father being <u>possibly</u> responsible (1) but I'd never want to think that that would happen or anything but then imagine if you did have a kid with autism (1) how difficult it would be...Because you kind of take it for granted that you're going to be given a healthy child (.) but (1) it's not always a given*

Emma is acknowledging potential risk factors relating to her partner's age, illustrating worries that go beyond the physical health of the baby and extend to the psychological wellbeing of the child. She is justifying her concerns (*I mean I know it sounds silly*) by drawing on the biomedical discourse prevalent across pregnancy literature, suggesting evidence of links between foetal health and father's age. Emma explicitly states the taken for granted assumption *you're going to be given a healthy* (normal) *child* with the alternative (in this case, *schizophrenia* or *autism*) being very difficult to comprehend. By acknowledging that babies are not always born healthy, Emma is positioning herself as a realist, possibly serving as a self-protective device should she be faced with future challenges. In the next extract, Imogen talks about her time of most worry, when future challenges became a reality for her family - disrupting the taken for granted status and assumption of a healthy baby:

Imogen. *Um very worried prior to the scan because…[Partner] at the time was doing (.) paediatric anaesthetics and was seeing a lot of kids um born with problems (.) and so we were imagining all these things they were going to pick up on the scan (.) um and then after the scan they told us that our baby's got a cleft lip and palate… So obviously that then was a big worry*

Imogen refers to the context of her worries (*Partner…seeing a lot of kids born with problems*) to explain why her worry around the time of the scan was so intense. This extract provides an

example of where the abstract notion of worry becomes more tangible with identification of a specific health issue before the child's birth. Imogen's experience highlights the very real nature of pregnancy-related concerns. Although most couples experience a healthy pregnancy and give birth to a healthy baby, some will be faced with extra challenges causing their worries to become more specific, potentially of longer duration, and more intense, as the following extract demonstrates:

Imogen. *So it's almost like once I've given birth (.) like I don't have that feeling of "oh my gosh it's going to be so wonderful because I'll hold this amazing child" (1) it's more like once I've given birth I'll hold this child and know how bad it'll be…And then I'm just going to be part of this medical system that (1) just (.) does things…Previously it felt as though a baby would just come and be a part of <u>our family</u> but now…It's almost like (.hh) the baby's going to come and then determine (.) what life looks like*

Apprehension and sadness about becoming a *part of this medical system* is evident in Imogen's talk, and a sense of losing control over her family's future is also apparent. Imogen's experience has important implications for those supporting new parents and families who have children born with extra challenges. It is important to acknowledge that for these families, ensuring a successful birth and delivery may only be the beginning of a myriad of worries that surface with childbirth.

Losing baby.

Another important feature of the healthy baby discourse related to fears around losing baby, with worries about miscarriage or stillbirth expressed by all women. The intensity of this worry varied, and again appeared to be influenced by personal factors and the unique context of women's pregnancies. At the lower end of the spectrum, worry about miscarriage was likened to background noise, while at the higher end it was described by many women as their *biggest*

fear. The following extracts demonstrate the varying intensity of this worry, beginning with Freda's re-telling of a re-occurring dream she had during pregnancy:

Freda. *I've had a few little funny (dreams) like this where suddenly my tummy shrinks?...I look down and my tummy just shrinks (1) and in this one it shrunk completely and then all we could see the outline of a cat ((laughs)) and we were like oh:: no::: it's a cat! (1) After all that! (1) And it was really disappointing↓ {spoken with sadness} because we were like we've already got a cat (.) and we kind of wanted a baby…It's so weird (1) and they're so subconscious because I never would have said without having those dreams that I was worried…That the baby isn't going to be a baby (.) Maybe it goes all the way back to the very beginning when you think you're going to have it and then maybe you don't or something…So this baby (.) instead of being the little baby that you imagine is like a cat or something ((laughs)) or something that you don't really want (1) well you do I'm sure but you'd rather have the baby (.) (the cat) wouldn't fit all the clothes*

Freda's dream provides a vivid illustration of some of the worries that were spoken about by the women within the overriding discourse of the healthy baby. Although the purpose of the analysis is not the interpretation of dreams, Freda's narrative symbolically encapsulates the fear of losing the baby (*I look down and my tummy…shrunk completely*), as well as the fear of giving birth to a baby that is not the perfect child the mother desires and imagines it to be (*oh no it's a cat!*). The idea of giving birth to a cat symbolises the implicit unwanted fear that the baby will be born with imperfections (*or something you don't really want*). Freda actively works to make sense of her dream by relating it to earlier worries about miscarriage (*maybe it goes all the way back to the very beginning when you think you're going to have it then maybe you don't*) and the uncertain nature of pregnancy outcome. The following extracts further demonstrate the varying intensity of this worry:

Caroline. *I was worried about losing the baby↑ (1) at the back of my mind you know before the twelve-week mark um (1) and stillbirths (1) all that sort of stuff that goes through your head I guess (.) when you're pregnant*

Imogen. *Yeah (.) yeah (.) and then I suppose you always prepare yourself for a miscarriage early on (1) just 'cause that's what you're told to do really*

Freda. *I definitely did (1) when I went to the toilet to check every now and then to make sure there was no blood you know (.) just 'cause that's what people said (.) you've got to be really careful?…Don't tell people too soon (.) and try not to get too excited*

The comment *just 'cause* is utilised by Imogen and Freda as a rhetorical device to explain their concerns around miscarriage as being due to generally accepted knowledge (often given as advice), that the chance of miscarriage is highest during the first trimester of pregnancy and should be considered as a possible outcome to be prepared for. A tension is evident between this form of advice and the comparatively taboo nature of talk about pregnancy loss after a miscarriage has occurred, exposed with Freda's comment *don't tell people too soon*. In contrast to the previous accounts, Leticia's pregnancy was conceived through IVF and as a result she had been made *acutely aware* of the risk of miscarriage at every stage of her pregnancy:

Leticia. *I was aware at each week what my percentage of miscarriage could be? (1) So literally you're counting down waiting to get to nine weeks where it would drop to 17% or something like that (.) and then ten weeks where it would get to (.) yeah↑ (1) that's probably when I was really acutely aware of…Like there was a period of time there when someone mentioned <u>stillbirth</u> to me and that really hit home (.) and then I read a book that mentioned it again and I thought God! <u>That would be horrible!</u>*

Leticia talks about *counting down* the weeks to reach a point where her chances of miscarriage became less. The ongoing fear of losing baby is apparent even after fears of miscarriage have reduced, as Leticia voices her horror at the idea of stillbirth, implying that this is a fear that can only be dispelled by a successful birth of a healthy baby. Women's fear of losing baby can be seen to be even greater than worries around baby's health, as although impairments may be manageable, miscarriage or stillbirth is final and unable to be controlled or repaired. In the next extract, Emma talks about her worries around miscarriage and stillbirth in the context of an unplanned pregnancy in a new relationship:

Emma. *It's funny isn't it because even though it was unexpected (1) and the shock and stuff (.) but you get quite (1) once the decision's made (.) which it was anyway initially I knew there was no way I was going to get rid of it (1) I shouldn't say that but yeah I was always going to have the baby (.) but yeah you get attached and then it's like oh shit what would happen if I lost it…I'll still look up stuff like stillbirth rates and stuff like that (1) and now it's worries if I don't feel him move as much*

Emma is explaining her worry around miscarriage and stillbirth by talking about her attachment to her baby and the grief she would feel should she experience such loss. Variability is evident as she refers to having a *decision* to make regarding her pregnancy soon after expressing she was *always going to have the baby*. In this light, Emma can be seen to be positioning herself as a good woman by fulfilling the reproductive expectations of society, quickly repairing and self-censuring her comment that there was no way she was going to *get rid of it* (*I shouldn't say that*) – (correcting the moral bluntness of considering termination). Her reference to termination highlights the taboo nature of elected abortion even within a society boasting pro-choice (Oaks, 2000). At the end of this account, Emma comments on her more recent fears around lack of foetal movements, providing an example of how a woman's embodied connection with her baby can serve as both a source of worry *and* reassurance during pregnancy. In the next extract, Jackie talks about miscarriage as being her *worst* fear:

Jackie. *My worst fear has not been that I couldn't manage but that (.) something has happened and it will all be over and taken away from me…And that clearly has stemmed from the previous miscarriage…And mixed up with all of that is that I know I'm an older mum as well and you know it's (.) first-time (.) older mum (.) miscarriage last year (.) so there are all of these things in the mix and I'm probably↑ not the most relaxed of people anyway (1) so I guess my anxiety levels might be a little bit higher than most ((laughs)) I don't know…Maybe everybody feels the same I don't know I don't know*

Jackie refers to the context of her circumstances to explain her worries, and is actively constructing herself as vulnerable, inviting reassurance that she is not alone in her concerns. This extract demonstrates the influence of previous pregnancy outcome on current pregnancy experience, and Jackie conveys a lack of confidence in her body to produce the desired outcome (Lupton, 1999). Another salient aspect of this discourse related to women's talk about ensuring a successful delivery and birth. Talk of fear and excitement coexisted meaningfully across the interviews with the women regarding labour and childbirth, emphasising the complex nature of this experience, as the following extract demonstrates:

Chrissie. *Yeah well I'm just excited that um there will actually be a wee baby↑…I'm excited to meet the baby! And to see the baby! And now I'm just worried that something will happen during the birth ((laughs)) um you know (1) you hear these horror stories (1) but I haven't been listening to horror stories (1) but yeah I think that's a natural worry that your baby would need some sort of intervention↑ or (1) would maybe not come out very healthy↑…I think it was about miscarriage in the first couple of months↑ (1) um and then yeah it was just like (1) um now I just think I'm going to go through the labour and maybe (1) maybe there'll be no baby*

A marriage of excitement and fear is evident in this extract as Chrissie talks of great excitement about meeting her baby, followed immediately by disclosure of her fear of stillbirth and *maybe there'll be no baby*. A contradiction is evident as she refers to hearing horror stories but not listening to them. Thus, acknowledging the stories as a potential source of her concerns but denying paying too much attention to them. In this way, Chrissie is positioning herself as aware but removed from such tales. In the next extract, Amy talks about her worries around something happening to the baby during childbirth:

Amy. *My worries around labour (1) um I'm not really worried about the pain or anything like that but I'm worried about something happening to the baby…I think it is all ultimately about something happening to the baby*

Self-sacrifice is evident in Amy's talk, as she expresses that she is not worried about the pain or side effects of labour on herself, but rather her biggest concern is *about something happening to the baby*. In this light, Amy is positioning herself as willing to suffer (in other words, feel pain) for the welfare of her child. Talk of *superstition* was also commonly weaved throughout this discourse, further emphasising the uncertain nature of pregnancy as well as women's sense of powerlessness or lack of confidence in their bodies to produce a healthy child, as Amy and Chrissie describe:

Amy. *In the early stages (.) I'm sure everybody worries about miscarrying…My husband's Mum was like what can I buy you, what can I buy you…And I found that quite hard because…I find it quite hard to think beyond labour…Like jinxing or something silly you know but yeah…My biggest fear is that I don't come home with a baby…And I think that's why I have found it difficult to read any books beyond labour?…I almost think even thinking about it…It's like I'm superstitious about it or something (1) and it would be devastating*

Chrissie. *At times I worry that I've counted my chickens before they've hatched (1) you know we've got our cot and we've got our Moses basket and we've got so many clothes and we've bought all this stuff for the baby and initially I was very reluctant to do all that (1) because (.) I was just worried that I would lose the baby (1) but I think also that is something that I'm used to (.) like I'll think about the worst things and get them ready in my head so that if it happens I know how to deal with it?*

These extracts demonstrate how the women constructed the vulnerability of their babies by talking about *superstition* and a belief that their actions (for example, buying baby things) would somehow *jinx* their pregnancy and cause an unfavourable outcome. This *superstition* is not dissimilar from *thought-action fusion* (a cognitive bias often experienced by people with OCD) or the belief that thinking about something will increase the likelihood it will occur (Barlow, 2002; Wenzel, 2011). Chrissie further explains her stance as a protective device to enable her to deal with adversity should it come her way.

These examples highlight the idea that, although a positive pregnancy outcome by way of a healthy baby is so strongly desired, women lack certainty that they will produce this perfect result. The women can be seen to be drawing on beliefs of superstition which would usually be given less credence than versions of natural events provided by science and medicine (Burr, 1995), suggesting a conflict over what and who to trust. Ultimately, the worries behind women's superstitions are clearly identified as concerns relating to the health of the baby as well as the fear of losing the baby, as Chrissie sums up in the final extract:

Chrissie. *Imagine if one of us lost our baby or something went wrong with the birth and there were complications and they had cerebral palsy or (.) <u>just something</u> (1) and then everybody else has got these <u>beautiful healthy babies</u> and then you know you're sitting there and your baby's not there anymore or (.) oh↑ it would just be HORRIBLE!*

Summary.

The discourse of the healthy baby functions to illustrate women's talk about worries and concerns for the health of the foetus as well as fears around miscarriage or stillbirth. By drawing upon this discourse, the women position themselves as concerned mothers-to-be who are deeply invested in their pregnancies and fearful of potential loss and what that would mean for them. Through the emphasis of these concerns the integrity of this position is achieved. This discourse also illustrates the paradoxical position women are faced with as their embodied connection to their baby can serve as both a source of worry and reassurance during pregnancy. The next discourse demonstrates how the women responded to their worries and lack of confidence in their bodies by constructing the good and *responsible mother*, devoted and dedicated to doing everything in their power to ensure a favourable outcome. The construction of the responsible mother is in this way inextricably linked to the healthy baby discourse and will be explored in the following section of the analysis.

Discourse of the Responsible Mother

The discourse of the responsible mother was one of the most frequent discourses to emerge from women's talk. Using this discourse, the women actively constructed pregnant women as mothers who are responsible for carrying baby, making sure baby is healthy, and keeping baby safe from harm. Although there are similarities and overlaps with the healthy baby discourse (in particular, with regard to talk about potential sources of risk to the foetus and concerns around carrying baby successfully to term), the responsibility discourse *differs* from the preceding one in that it involves talk about women's *actions* or behaviours to *control* and thus alleviate pregnancy concerns. This discourse was evident across all interviews, and the pervasiveness of talk around responsibility suggests the women consider it an essential quality for *good* mothers.

A significant feature of the responsible mother discourse included talk about protecting the unborn baby from potential risks that may be harmful to its growth and development. In the first

extract, Ann is constructing her responsibility for the health of her baby as beginning before she knew she was pregnant:

Ann. *The first concern was I guess the health of the foetus (1) knowing there's so many things you're supposed to do pre-pregnancy and as soon as you're pregnant (.) and taking the right vitamins and looking after yourself and obviously no drinking and all that stuff so…I guess that was a first major concern…You know you hear in the media...It's bad to do these things so yeah and as soon as we knew (we were pregnant) it was all focused on (.) doing the right things and being healthy (1) I was just so relieved it was not like it was ten years ago when we were ((laughs)) partying like we were*

Ann expresses that there are so many things *you're* (that is, all pregnant women) *supposed* to do pre-pregnancy. The use of the word *supposed* suggests that this is not only normal behaviour but the correct action you *should* be taking as a pregnant woman, and here the moral element of this construction of responsibility becomes apparent (Glen, 2012). Because it is general, common, accepted knowledge that pregnant women should look after themselves (for example, implement a healthy diet) and avoid causing harm to their foetus (for example, by avoiding alcohol), those who do so are positioned as good or responsible mothers who are seen to be proceeding in the correct and appropriate way. A clear distinction between the right (*taking the right vitamins and looking after yourself*) and wrong (*obviously no drinking*) way to behave as a pregnant mother is evident in Ann's talk as she works to repair the mistakes she made before she knew she was pregnant and position herself as the responsible mother, expressing that as soon as she knew she was pregnant she was *focused on doing all the right things*:

Ann. *It's not like we're not old enough to be having a kid but it still kind of felt…Like I was a 19 year-old and I'd done something a bit foolish…I mean I am really pretty healthy and I've looked after myself and I eat really well and I exercise and I mean every now and then I do think back right to the beginning (1) I don't know just acting off medical advice at the time and*

professional opinion and (1) um there's nothing we can do to turn back that time at the beginning and initial first few weeks

Unplanned pregnancies outside of the institution of marriage can be regarded as deviating from the notion of good and responsible parenthood (Gross & Pattison, 2007), a position which Ann can be seen to be negotiating with care. She speaks of the paradox that despite being in her early thirties she felt like she was *a 19 year-old and…done something a bit foolish,* suggesting that unplanned pregnancy can carry negative connotations regardless of the mother's age. Although there is a lingering worry about potential risks that could have *ideally* been avoided in the early weeks, Ann is actively resisting the position of the bad or irresponsible mother and continuing to position herself in the role of doing her best to ensure the wellbeing of her baby is not compromised by her lifestyle or behaviour. Although she is unable go back and undo her regrets around drinking in the early weeks, she reassures herself (and the researcher) that she is *really pretty healthy*, drawing on the biomedical discourse commonly utilised during pregnancy, relying on *medical advice* and *professional opinion* to alleviate her concerns. In the next extract, Sylvie talks about worry around the responsibility of *planning* to have a baby:

Sylvie. *Because (1) I'm in a situation I wanted to be in for a while and I mean I always wanted kids…But once you start (.) <u>planning</u> okay let's try for a baby then this becomes really important and really precious and then it happens so then you have this <u>new person</u> you have to take care of which can't take care of itself (.) so you have to do that…And you want everything to be fine…And what if I don't do everything right and you worry for that little person who you have to take care of…Because she can't take care of herself*

This extract illustrates how Sylvie is positioning herself as the responsible mother devoted to taking full responsibility for the *little person* who is going to be completely dependent on those who care for her. By referring to her baby in this way, Sylvie is endowing her with personhood and identity separate from herself. She is constructing her pregnancy as *important* and *precious*,

and her baby as vulnerable (*can't take care of itself)*. She is explaining her worry in relation to the responsibility she feels for this *new person* (*and what if I don't do everything right*), hinting at feelings of self-doubt for the future and concerns around the responsibility of parenthood. In the following extract, Leticia talks about avoiding potential risks, including drinking alcohol and coffee to ensure her body is in the *optimum state* (*to get it right*) for her baby:

Leticia. *I think you're just really aware and conscious of everything like we'd done all this prep prior…I'd stopped coffee prior to that (.) I'd stopped um my normal drinking ((laughs)) because you're just more aware of how you want your body to be in the optimum state (1) to get it right, so I think that's when I was most (1) worried…That something could go wrong…So for this period of time it's all about her and what she needs and that's why the weight (gain) and all the rest of it doesn't even come close to doing anything (.) because I need to make it the best possible chance of everything working out really well while I'm looking after her in this space?*

This extract demonstrates Leticia positioning herself as *aware* and *conscious,* highly attentive to potential risks to her foetus and dedicated to protecting her from potential external sources of harm. Her comments suggest an increased sensitivity to these matters while pregnant, explained by the desire for *optimum* health *to get it right* (that is, by producing a healthy child). Self-sacrifice is once again evident as Leticia shows she is willing to dismiss her weight gain to ensure her baby has the *best chance* while she is looking after her *in this space.* Here, she is also utilising the salient metaphor of containment, taking on the role of vessel for her unborn baby, an essential but secondary role (Gross & Pattison, 2007). Below, Leticia talks further about sacrifices she has made during pregnancy to ensure the health of her baby is not compromised by her own actions:

Leticia. *So I had stopped playing netball (.) I'd reduced my exercise (.) I was eating um↑ really (.) really conscious of what I was eating (.) so I was trying to do everything to*

ensure to the best of my ability I wasn't doing anything to cause anything to go wrong (1) but just aware and anxious…I actually rang the Midwife and asked her if I could have a cup of tea (.) and she was like "oh my God imagine how many cups of tea your Mother had when she was pregnant!" (1) You just need someone to reassure you at times

This extract highlights the significance of talk around not wanting to be responsible for something going wrong with the pregnancy, the suggestion of hypersensitivity (tea example), and the importance of reassurance for women. The concern of being responsible for something going wrong with the pregnancy was talked about by all women, and in the next extract Amy talks about her specific worry around food, constructing, explaining and justifying her worry as being something she can *control*:

Amy. *I think the thing I worry about the most is food?...Like (2) and I think that that's because (1) that's something I can control? (1) Like I sort of feel (1) like I do worry (.) obviously I worry all the time that the baby's going to be okay (1) um but I also feel like there's nothing I can (.) like it's kind of done?...And I think it's because I feel um quite responsible?…I think it's also about that (1) like I feel (1) like I've got the responsibility of carrying the baby but it's not only my baby?...And so um…If something happened that I could have prevented (.) it's so much worse than something happening (.) that I couldn't have*

This extract hints at the ambiguity of Amy's position. Despite taking on the responsibility to do everything she can to ensure a positive pregnancy outcome, essentially she says *it's kind of done* (that is, the health of the baby is already determined), explaining why her concerns are focused on ensuring she does nothing to jeopardise her baby's health *now*. A tension is evident as Amy places constraints around what she is able to control during pregnancy, and what is beyond her control. The ability to avoid risks (in this case, food) is one way Amy is able to exert control over her pregnancy, and in avoiding potential sources of harm to her foetus she is positioning herself as a good and responsible mother, acting in a morally favourable way.

Amy further explains her risk-avoidant behaviour being due to a sense of responsibility for *carrying* the baby that is *not only* hers. In this light, Amy is explaining that her strong sense of responsibility is enhanced by virtue of her partner's stake in the child: The pregnant mother holds the responsibility of protecting and growing a healthy baby not just for herself, but also for the father. This has implications should something go wrong with the pregnancy, as women may feel responsible for the disappointment, sadness and grief of their partner (as well as themselves), resulting in potential recrimination, guilt and shame for not meeting the challenge of maternal responsibility and producing a healthy child. The women commonly talked about their worries around *doing things right* to ensure their baby is born healthy, and not wanting to be responsible for causing any kind of *preventable* or avoidable harm, as the following extracts illustrate further:

Emma. *There's the reality that in seven weeks' time there's going to be a baby (1) <u>is he going to be healthy?</u> (1) Am I doing things right?...I've tried to follow everything…<u>I'd hate to think</u> that I'd been doing something (.) or haven't been doing something, eating enough or getting enough nutrients (.) something like that (.) that's going to be responsible for anything wrong with him*

Jackie. *Even <u>now</u> (a week out from the birth date) I worry about things… It's just my behaviour and what effect it's having on the baby and it all stems from what happened a year ago you know (previous miscarriage) just wanting to do the absolute best and not jeopardise anything (.hh) (2) (hhh)…The responsibility of you know it's just down to you really isn't it to look after this growing life inside you*

These extracts highlight the intensity of worry felt by women around the constructed responsibility of doing everything *right* to ensure their child is born healthy. A sense of uncertainty is evident in Emma's talk as she struggles to know whether she is eating well enough to ensure adequate nutrients are available for her baby. Jackie talks about the

responsibility for carrying the baby as being hers alone, drawing light to the important reality that *biologically* the responsibility for growing a healthy baby is essentially the mother's. This idea of baby's health being the sole responsibility of the woman is reflected in concerns around diet and nutrition, exercise, and risk avoidance more generally, to ensure the child's development is not compromised by her behaviour or lifestyle. Importantly, some women talked about their increased anxiety around not being able to control all potential sources of risk to their foetus. For example, in the next extract Caroline talks about her worries around the effects of her antidepressant medication and anxiety on baby's health:

Caroline. *Um (I worry about) whether the baby's going to be okay::↑ (1) cause I'm on antidepressants?…Um↑(1) a big fear is actually…How it's affecting the baby? (1) I really worry about that (1) and um (1) feel guilty almost?…And I was very worried about…Um↑ I think a lot about my own Mum and she says she was highly anxious when I was in her womb (1) and so I wonder (.) well I really believe that that has impacted on me (1) so I hope it that it doesn't impact on this guy*

This extract demonstrates the potential negative implications for women who are unable to control all risks to the foetus without causing further harm to themselves. Caroline talks of worry and guilt around her use of medication during pregnancy as well as concerns about the impact her own anxiety could have on her son. Women's talk about the desire to control their anxiety emerged as a particularly salient concern whereby worry was regarded as a significant source of risk in it's own right, as the following extract demonstrates:

Amy *That sense of feeling responsible for someone else (.) um (1) yeah meant that I worried…It's probably more that I worry about my worrying? (.) Cause then that has an impact on the baby as well↑…There is research that suggests that um (1) that mothers' attitudes and stuff (.) have an impact on the foetus (1) and so I know that I'm not completely off when I am*

concerned about that (.) um but equally I just tell myself I'm just going to make it worse if I continue to worry about worrying about worrying about worrying ((laughs))

This extract further demonstrates the commonly talked about predicament of women worrying about worry, placing them in a difficult bind when there is no comfortable position for them to be in, because everything is fraught. Amy alludes to *research* suggesting that *mothers' attitudes and stuff* (in this case, worries) may have an *impact on the foetus,* drawing on the discourse of biomedical knowledge as a way of asserting a stamp of truth on her claims and concerns. Amy's talk about worrying about worry also illustrates an important source of conflict for women, when the messages they are receiving from health experts is that they must be aware and cautious of potential risks or sources of harm to their foetus, while remaining calm and serene on behalf of the wellbeing of their baby – a difficult balance to achieve and maintain.

Summary.

The discourse of the responsible mother included women's talk about worries around maternal responsibility. This discourse functioned as a means for women to actively construct pregnant women as mothers already, responsible for carrying baby, making sure baby is healthy, and protecting baby from potential sources of harm. This discourse included talk about lifestyle factors such as diet and exercise, as well as personal characteristics of the mother such as age and history of mental illness, that may impact on the wellbeing of the foetus. This discourse positions pregnant women as already being highly vigilant, dedicated and responsible parents, who are devoted to ensuring the health of their child is not compromised by their own actions. The pervasiveness of talk around responsibility suggests that these women consider it an essential quality for good mothers to endow. This position can also be seen to entail a degree of self-sacrifice so that by meeting the challenges of maternal responsibility they can be seen to be acting in a morally desirable way.

The three discourses presented in this chapter illustrated how the women constructed the nature and content of their worries as well as the reasoning behind their concerns and fears. In the next chapter, the discourses of *trust* and *positive change* will be examined to illustrate how the women managed their worries and made sense and meaning of their experiences.

CHAPTER SIX

Analysis of Women's Management of Worry

Introduction to Analysis

Chapter Six takes the reader through an analysis of women's talk about management of worry during pregnancy, as well as the more positive aspects of their pregnancy experience that were also powerfully evident in the data. The tension between women's negative and positive talk was smoothed over through the use of contrasting discourses, and the more positive discourses of *trust* and *positive change* will be presented in this chapter. These discourses illustrate the ways women talked about coping with pregnancy-related worries, and how they made sense and meaning of their concerns and fears.

Discourse of Trust

As well as talking about *external* sources of potential harm to baby, the women also talked about the importance of managing their worries which were commonly regarded as potential *internal* sources of harm. The women talked openly about ways of coping with their fears and anxieties during pregnancy, and although there was some talk about self-care activities to reduce overall stress, the most salient discourse to emerge was one of trust. The discourse of trust means different things to different people and included talk about trusting in the *natural* process of pregnancy, including the mother's embodied experience and the partner relationship, to help reduce anxiety and fears. In the first extract, Ann talks about unplanned pregnancy, implying the significance of trusting in her relationship and pregnancy as *meant to be*:

Ann. *I guess the next fear was how long we'd been together↑ and (.) like were we ready for this…Um↑ (1) I guess it was just so not we had had planned (.) at all…It was a pretty (1) pretty serious bridge to be crossing so early on (.) in the relationship (1) but yeah I think it would have been a huger concern if it didn't feel right with that person but mmm (1) I think we both felt pretty okay with it…And so it was obviously a lot sooner than we would have (.) ideally*

planned but (1) it was probably what was going to be a natural progression anyway…I think deep down we both probably thought would it be such a bad thing? (.) Maybe there's that subconscious thing going on

Ann's use of metaphor to describe the couple's unplanned pregnancy as a *serious bridge to cross* in a new relationship works to position her as aware and responsible, and constructs her pregnancy as important. She talks about her partner as being the *right* person to have a child with, and refers to the *subconscious* as *maybe* playing a role, suggesting she has accepted the pregnancy as being positive (*would it be such a bad thing*) and right (*it was probably going to be a natural progression anyway)* for them as a couple. Ann can be seen to be actively dispelling her worries around pregnancy by trusting that it is *right* and *meant to be,* drawing on notions of fate and destiny as a guiding philosophy. In the next extract, Freda talks about her relationship as being a *beautiful* catalyst for having *trust in life*:

Freda. *I think meeting [Partner] was when the trust like (.) I totally was like <u>wow</u> okay so I can trust in life (1) things or your dreams or ideas of the perfect can actually happen…You know it might not be exactly when you want or (1) but it's totally there (1) and so it was a really <u>beautiful</u> um kind of acknowledgement of that which is an awesome thing to have (1) kind of <u>just trust in life</u>…Like it's funny and I guess you never really know but…I really did feel like it was pretty awesome and it was going right…Meant to be (1) um so it wasn't totally consuming worry (re miscarriage) but (.) yeah…I think it's just the feeling that you have when you meet the right person…So I knew what ever happened we'd be fine (1) it might not be very nice but we'd be totally sweet…I was so:: in the <u>beauty of being pregnant</u>…The worry that was there was kind of overrided a bit…I was just so in love*

Freda's excitement and positive outlook on pregnancy and childbirth has an almost contagious effect and like Ann, she is constructing her pregnancy as *meant to be* and talks about her trust in the pregnancy as overriding her early worry about miscarriage. She talks with conviction that

everything *was going right*, and the trust in her relationship gives her the faith to believe that even if something were to go wrong, they would manage. Again, like Ann, she refers to being with the *right person*. In this light, both women can be seen to be positioning themselves as responsible (and fortunate) mothers by choosing the *correct* partner to have a child with (Gross & Pattison, 2007), and their relationship progressing in the culturally appropriate way by becoming a mother and forming a family together.

The women commonly talked about baby's movements as providing the greatest reassurance for their worries, encouraging them to trust the pregnancy was progressing in the desirable way. From this position, the women were conveying a sense of trust in their own pregnant embodiment, knowledge which has become devalued within the biomedical construction of pregnancy dominant in the early 21st century (Young, 1990). The following extracts demonstrate this position of trust:

Sylvie. *Usually when I get the worries (1) I'm pushing myself to thinking that the baby is just having a quiet day (1) you know it's just having a day without much moving and it's just sleeping and stuff like that (.) and I talk to the baby (.) and then usually when I do that it starts kicking me pretty much right away (1) like telling me "I'm fine Mum don't worry about it!"*

Jackie. *That control (.) that internal way of knowing that things are alright rather than having to rely on external advice (.) that you don't know if you can trust…If I want reassurance about the baby then I will um I'll just listen↑ basically (1) I'll just wait and listen and see what's happening in there (.) um until she makes a movement and lets me know she's still alive at least*

Sylvie and Jackie talk about trusting in their embodied experience and the movements of the foetus as an *internal* guide of knowing their baby is healthy (or, *she's still alive at least)*. Jackie expresses that she finds this reassurance more helpful than *external advice that you don't know*

if you can trust. A conflict emerged throughout women's talk between constructing (and trusting in) pregnancy as a natural human experience versus a vulnerable medical state. Adherence to the dominant biomedical way of understanding pregnancy was highlighted within the discourses of the healthy baby and responsible mother, including talk of risk that frequently emerged from the data. Resistance to this way of understanding becomes more apparent within the discourse of trust, and is again hinted at in the following extract:

Freda. *I just don't see having a baby as medical thing? (1) Unless obviously if something goes wrong…The whole pregnancy and the whole everything is just so natural…And we haven't had any scans (.) I didn't want to have any scans (1) well neither of us did…I think it was my idea (.) of what it's like to be inside there ((laughs)) is that you are in your own little world and you're safe kind of from anything outside? (1) And as soon as you have a scan or get into that side of it you sort of then become a part of the system or a little bit (.) or you're getting compared against…It's like peeking into a world that's not ready for you to look in to…We get to see you but not until you're on the outside...And um (.) because I think the trust in everything's okay? Has been so strong that that's helped?*

This extract demonstrates Freda simultaneously constructing pregnancy as *natural* while actively resisting becoming *part of the system* by engaging in the dominant medical practice of having scans, that is widely regarded and accepted as commonsense behaviour for parents-to-be (Glen, 2012). Freda is choosing to *trust* in her natural pregnant embodiment over and above scientific technology to tell her whether her baby is healthy. Despite her resistant position, she acknowledges the place of medicine should something go *wrong* with the pregnancy. Her use of the word *obviously* implying that medical intervention would be a given in this event. In the extract below, Sylvie talks about a different kind of embodied experience she trusts for reassurance that her pregnancy will progress in the desirable way:

Sylvie. *I'm not a spiritual person…But sometimes I get like (.) little visions? I would call them when I'm doing just something and I see the baby being a couple of years old…And that reassured me as well that you know the baby is fine and in a couple of years exactly that will happen (.) the baby comes running towards me…I didn't have them very often but always related to being worried and that something would happen to the baby…Yeah it's kind of like the brain (.) or the body (.) or the baby has (.) I don't know (.) is trying to tell you don't worry too much*

Sylvie's use of the disclaimer (*I'm not a spiritual person…but)* highlights the tension between biomedical and natural ways of understanding pregnancy, and positions Sylvie as eager to present as a good and responsible mother (that is, adhering to the behaviours and responsibilities of a good mother as implicated through the practices of biomedicine). Discourses of spiritual matters or magic (such as *visions*) are traditionally given less credence than those of medicine or science (Burr, 1995), and Sylvie can be seen to be managing this disclosure with caution, not wanting her experience to be disregarded as unimportant. Her comment that the brain, or the body, or the baby is trying to tell her not to worry too much utilises a three-part-list emphasising the strength of her embodied experience in alleviating her concerns. In the final extract illustrating this discourse, Grace draws on implications of nature or biology to explain her protectiveness around pregnancy as being *instinctual* and coming from somewhere within herself:

Grace. *Protecting yourself it's instinctual (1) and this is (hhh) I can't be sure but my inclination is to feel that my (.) body↑ (.) and my psyche↑ (.) is protecting me right now from anything that might (.) put me (.) in physical harm in any way or emotionally in harm's way*

Grace refers to her *inclination* that her *body* and *psyche* are *protecting* her from *anything* that might put her in *harm's way,* again inviting approval that her natural instincts and embodied experience can be trusted as knowledge or truth during pregnancy.

Summary.

The women commonly drew upon a discourse of trust to talk about ways of managing and coping with their fears around pregnancy. This discourse included talk about trusting in aspects of the natural process of pregnancy, including the embodied experience, the partner relationship, and the self. Resisting dominant power hierarchies and constructing pregnancy as a natural state as opposed to a vulnerable medical position, enabled women to trust their maternal instincts and abilities as well as their embodied connection to their baby, to reassure them that the pregnancy was progressing in the desirable way - and thus functioning to reduce their worries. Trust in the pregnancy as *meant to be* and the partner as being the *right person* to father their child further eased worries associated with pregnancies that were unplanned. As well as utilising the discourse of trust to talk about managing worries, all women talked freely about important positive changes associated with becoming pregnant and drew on a discourse of positive change to make meaning of their experiences.

Discourse of Positive Change

The final discourse to emerge from the analysis of the women's data was the discourse of positive change. The tendency of women to spontaneously draw on positive talk suggests that although worry was a very constant and consuming reality for many, it was not the whole picture of pregnancy the soon-to-be-mothers wanted to paint. Women's positive talk about aspects of pregnancy, childbirth, motherhood, and partner relationships will be examined more closely to illustrate this discourse in action.

Constructing meaning out of motherhood.

Positive talk is highlighted in the first extract as Freda constructs pregnancy as a time of *transformation, amazement,* and *love*:

Freda. *I think the most overwhelming feelings (.hh) have been the ones of <u>love</u>...Or yeah <u>just the amazement of it</u>…When I think back to the moment that we (.) ah no I don't know*

the moment we conceived really but um (.) the weekend it would have happened? (1) It's just like I look at myself and there's this little white glow all around me it's so cool!…It's just like this little glow of life…I don't have any fear around labour because I think that's maybe more people's worry (.) and I've been really surprised in myself that I'm just like yeah! This is going to be great! ((laughs)) And really excited and sort of kind of have this idea of it being quite a transforming time…Like so lucky to experience such an amazing physical change…And I sort of just have such a nice secure feeling? (1) I think around it (.) that makes it okay

Freda talks about having a *nice secure feeling* around labour which helps her to anticipate childbirth positively, constructing her experience as a *transforming time* and an *amazing physical change*. Her comment *that's maybe more people's worry,* suggests concerns around childbirth are generally accepted as commonsense knowledge that she is actively working to resist. Instead, Freda is focusing on the positive aspects of pregnancy and childbirth, and constructing *this little glow of life* as *exciting*, *so cool*, *amazing*, *transforming* and *great*. Using the discourse of positivity, pregnancy was constructed by all women as a time of positive change, and motherhood as meaningful and important, as the following extracts demonstrate:

Jackie. *Yeah↑…I am (.) extremely happy that I'm fortunate enough to be pregnant at my age because I've quite a good stretch at having a career…And it just feels right for me now, for us now (.hh) so I think I'm really really fortunate and I just want to concentrate on that…It's just such an incredible journey that a woman takes and I'm really glad that I've had the opportunity to do it yeah↑ (1) I think it will have added to my life experience incredibly yeah (1) yeah (hhh) ((laughs))*

Leticia. *It's actually been interesting…It's not until you are pregnant that you realise that you're opened up to a whole new world of things you were oblivious to before you were pregnant? (1) Like I suppose when you haven't had kids or you haven't been pregnant…You hear mothers say things but it's of less interest…And then when you've started going through it*

and you've started connecting with this little baby already (.) then it starts becoming wow I can see why these things mean so much to these women (.) so it actually opens up a whole new (1) ah a new world…Realising all of the emotions (1) and everything they've been going through

These extracts demonstrate the common position of the women who talked about pregnancy as adding meaning to their lives. Jackie uses the metaphor it's been *such an incredible journey,* implying that pregnancy has been full of new experiences which have contributed to her life *incredibly*, and also alludes to the powerfully feminine nature of motherhood. She uses the term *fortunate*, positioning herself as lucky as she is aware that a healthy pregnancy could have been more difficult for her to achieve at her age. Here, she appears to be implicating the power of luck above personal control or agency over her pregnancy, suggesting she lacks confidence in her body to achieve a healthy pregnancy and produce a healthy child. In the second extract, Leticia talks about pregnancy as opening up *a whole new world* of emotions and experiences that she had previously been *oblivious* to, positioning herself as belonging within a new group (that is, of pregnant women) and taking on the new perspective of a now prospective mother. Below, Grace talks about what motherhood and being a family means for her:

Grace. *A child coming into your life does create a new awareness for joy? (.) And a new awareness for health (1) what health and happiness and wellbeing actually is (.)…Real true joy comes from your heart and it comes from you know (.) persevering and (.) getting through the big stuff successfully and being victorious and being able to enjoy you know (.) these little moments because of that*

Grace talks about how having *a child coming into your life* creates *a new awareness for joy, health* and *wellbeing*. She is constructing pregnancy as *big stuff,* acknowledging the challenge involved, and attaching importance and significance to the experience that she says will change *your* (that is, all pregnant people) perspective on what matters in life and what *real* happiness is.

Constructing closeness and love.

Another salient aspect of the discourse of positivity was evident in women's talk about the positive changes that have occurred in their partner relationships. The following extracts demonstrate the common threads:

Sylvie. *Yeah I think it brought us closer together as well as for (.) having that little one to worry about*

Amy. *Um↑ (1) we've been together a long time (1) I think we're definitely <u>even closer and stronger</u>*

Imogen. *Um (2) probably at the risk of sounding a bit clichéd but it probably has brought us together*

These extracts highlight this salient aspect of the discourse of positive change, whereby all women talked about the relationship with their partner as growing *closer* and *stronger* during pregnancy. Talk about partner support was another important thread of this discourse, as the following extracts demonstrate:

Jackie. *He's [partner] very aware of his role as <u>support person</u> and he's a very <u>caring</u> person anyway um (.) and so he's just become even more supportive throughout the (.) whole nine months (1) um so if there's been an effect it's probably bought us closer together*

Mims. *[Partner] is incredibly supportive (.) he's not one to shy away from vomit or gore or anything like that (.) he's been <u>amazing</u> (1) and I feel really lucky at how supportive he is*

Jackie and Mims are positioning their partners in the role of support person during the pregnancy, and talk about the positive effect of their support and caring as contributing to the strengthening of their relationship. Mims' comment that she feels *really lucky* at the support provided by her partner implies awareness that not all pregnant women may receive this level of support. In the extract below, Leticia talks about pregnancy as deepening her relationship as she and her partner embark on a new chapter in life:

Leticia. *Definitely um:: (3) it's changed our relationship (1) but if anything it's probably stronger... I think you just get a real sense that you're both growing up you know what I mean?...Yeah I suppose it just deepens everything (1) it's the start of your family (1) it's the start of your family life with your partner*

Leticia is actively constructing pregnancy as the beginning of *family life,* implying a change in the partner relationship *and* lifestyle, which entails a degree of maturity or *growing up* that she anticipates will add depth and meaning to their lives. In the extract below, Freda talks about the *beauty* of this transition:

Freda. *It's all just quite beautiful and also then the way you look at your partner then is a little bit more like wow! This is (1) we're going to make someone that's like us (1) so more of their beauty comes out maybe or something…Yeah↑ I think it's pretty (2) yeah it's pretty kind of special*

Freda is actively constructing pregnancy as a joint creation and venture. She suggests that the knowledge of having a child with someone brings out more of their beauty and adds to the wonder and amazement of it all. Although a small thread of worry wove itself through women's talk around how things would change after baby's arrival, this was not elaborated on in any depth. Once again, it appeared that women found it difficult to think too far beyond the birth, which Ann constructs as a *barrier* to what lies beyond:

Ann. *Yeah↑ I do think about it (.) I don't know if I know how they're (aspects of the partner relationship) going to change (.) I know they are going to change but I can't (.) it's hard to imagine I think (.) or hard to play it out when I've still got those barriers to get through like (.) the labour and birth and then (.) yeah I'm finding it hard to get past those things at the moment*

Summary.

The women drew upon a discourse of positive change to enable them to talk freely about positive aspects of pregnancy, constructing love and meaning from their experiences, and positioning themselves in a more joyful and optimistic light. Utilising this discourse, the women actively constructed the transition to motherhood as important, life changing, transforming, and meaningful, and also talked about the positive changes that occurred in their relationships during this time. In particular, women's talk emphasised the strengthening and deepening of the partner relationship during pregnancy, as well as the importance of partner support. The positive talk that was powerfully evident across women's interviews highlights the finding that worry was just one aspect of the pregnancy experience, and coexisted meaningfully alongside the wonder and awe of this *beautiful* life transition. The positive aspects of pregnancy therefore provide the context within which concerns may be viewed. The way men constructed these experiences will be explored in the following two chapters.

CHAPTER SEVEN

Analysis of Men's Worries

Introduction to Analysis

The analysis showed that this group of first-time fathers also drew on discourses which constructed aspects of worry, pregnancy, and parenthood in five main ways. The discourses of the *sudden reality*, the *healthy baby*, and the *responsible father* will be presented in this chapter. These discourses illustrate how the men constructed their worry, and encompass the content of men's worries, as well as the reasoning behind their concerns and fears. The discourses of *trust* and *positive change* will be presented in the following chapter. These latter discourses are organised around how the men managed and made sense of their worries, and encompass the more positive aspects of men's talk that were also powerfully evident in the data.

Discourse of the Sudden Reality

Interviews with the soon-to-be fathers revealed the men most commonly talked about their worry as being triggered by a key event during their partner's pregnancy, causing a sudden escalation in concern as they acknowledged the *reality* of the situation. When the men were asked to talk about a time when they felt *most worried,* they commonly referred to a *tangible* event such as seeing the first scan of their baby or their partner experiencing a labour scare nearing the birth date. The first extract illustrates this finding, as Josh describes his anxiety in response to seeing the first ultrasound image:

Josh. *Probably around about the time we had the first scan? (1) It all became (.) very real (1) you get to see that there's actually a real baby in there (.) and it's actually got a heart↑ (1) that beats (.) which is pretty freaky, but around that time (1) yeah↑ I think it just became quite (.) real (.) hugely exciting but I think there was it's like a low-level of (1) anxiety that you wouldn't even identify as normal anxiety? Because it's not an anxiety for now (.) it's a slight anxiety for the future*

Josh talks about the pregnancy becoming *real* and *hugely exciting* as a result of being able to see his baby on the ultrasound. His repeated use of the words *actually* and *real* emphasises the importance of this event in triggering the realisation that the pregnancy is really happening and no longer merely an abstract idea. The beating heart signifies tangible evidence of life and the imminent reality of baby's arrival. Josh describes this worry as *low-level anxiety* for the future, and by constructing pregnancy-related worry as lying outside of *normal anxiety* he is implying it is unique and different from anxiety he experiences more commonly in his everyday life. A tension is evident in that although worry is constructed as a response to this event, it occurs simultaneously with excitement. While Josh describes his pregnancy-related worries as mostly low-level at this stage of the pregnancy, he also retells an experience of much more *intense* worry when he visited the hospital labour ward in preparation for the upcoming birth:

Josh. *That really ah knocked me (1) that was (.) oh my god! (.) This is the place where we're going to have the baby (.) and yes we're actually going to have the baby and it's going to be soon (.) and it's going to be in that place which is fine but we're going to be here having this fully intense experience which could go well could go badly don't know…And we're one day soon going to drive the car↑ into that car park (.) and push that intercom and go up in the lift and be greeted and then go into that white clinical room and we're going to have (.) our baby (1) right there (.) it was quite (1) intense for me (.) more so than [partner] (.) I felt the most stressed that I've ever felt during any other part of the pregnancy (1) walking being shown through the birthing unit by a midwife! (1) It was just (3) ultra-tangible (1) like people have babies in that place!*

This extract illustrates the unknown and unpredictable nature of pregnancy and childbirth that was commonly constructed by the men. Josh talks about the upcoming birth as *could go well could go badly don't know* - the uncertain outcome of labour and delivery contributing markedly to his worry. Josh's account also highlights the construction of the sudden, dramatic

and *intense* nature of worry approaching this event as it becomes *ultra-tangible* by way of visiting the ward where the birth will take place. Josh's metaphorical account continues below:

Josh: *…You know it reminded me a little (.) it's like that (1) stress you used to feel when you went to the Dental Nurse at school…Terrifying (.) it's like the low-level stress that a kid feels who doesn't enjoy swimming when they go to the pool and just that smell of chlorine and you go oooooh it makes you feel (1) a bit (1) not calm ((laughs))…And how will it go (1) you know it's like visiting the scene of your future plane crash! Or car crash! ((laughs)) What if you knew that this was the bend where you were going to slam in to a lamp post? (.) You'd be pretty freaked out*

Josh uses language such as *terrifying*, *freaked out* and *most stressed* to describe and construct his apprehension around childbirth as intense and frightening. This construction of the fear of childbirth implies he is aware of the significance of this event as well as the uncertainty of its outcome. He constructs the hospital environment as *clinical* relating it to memories of the fear of visiting the school Dental Nurse as a child, evoking understanding from his audience by referring to a childhood experience commonly accepted as anxiety-provoking. By using the comparison to the scene of a *plane crash* or *car crash*, Josh is actively constructing the intensity of his fears around labour, implying potential disaster and devastation should things go unfavourably during the birth – the consequences of which would be difficult to recover from. Josh's account also highlights the popular cultural construction of the new involved father (Draper, 2002), who in contrast to generations of men before him is aware and affected by the wider process of pregnancy. In the next extract, James talks about his reaction of worry when his partner experiences unexpected bleeding a month before their baby's due date:

James. *I think since Saturday (when bleeding occurred) it really hit home for me that the baby's on it's own timetable (1) it could come any time…Perhaps finally I'm really starting to think about a real person that's coming now…I mean you knew it was coming and you knew*

it was going to be great and exciting and everything but still really hard to conceptualise um the being I guess and whereas [partner's] right here (1) but Saturday was a panic and was definitely the time I was most alarmed it was definitely heart in the mouth (.) type of intense (.) I guess because we're a lot closer as well (1) this is probably wrong (.) but in my mind the closer you get the more concerned you are about things going wrong

Like Josh, James describes a sudden realisation in response to a potential complication with the pregnancy that there is a *real person* on its way. This *intense* awakening resulted in a *heart in the mouth panic* relating to the health and safety of the baby in that moment. The use of the disclaimer *this is probably wrong but…* works to position James in a non-expert role, suggesting he is being guided by his individual perception of the situation and not by scientific fact. The men commonly spoke of their worry as increasing as the birth date of their baby became closer, as James said *the closer you get the more concerned you are about things going wrong*. Below, Danny describes a similar experience of worry when his partner experiences cramping:

Danny. *I was working and [partner] came down and dropped me off…And…Hadn't quite got to the place she wanted to go but had had this sort of cramp and um so came straight back because she didn't feel comfortable driving and it was sort of at that stage um (1) that I realised how vulnerable she was and how it can just come so quickly…I think being the male in the relationship you can sort of just forget about it in a way you know because it's not inside you or anything you don't have the hormonal rushes (1) like [partner]…Yeah I think as it gets closer to becoming more of a reality (.) yeah just being a parent I think (.) and just that massive responsibility*

Like Josh and James, Danny is positioning himself outside of the pregnancy that is largely the experience (at least physically) of mother and child. His comment *you can sort of just forget about it in a way because it's not inside you* works to explain why his worry in response to

hearing about his partner's cramping felt so sudden and intense. This was the common position of the men, and although they expressed desire to take on their own roles and responsibilities during pregnancy, ultimately they talked about their worries as being in response to events they could *see*, such as an ultrasound or their partner's physical symptoms of pregnancy. The men explained that these *tangible* visual guides made the pregnancy feel more *real* as they do not have the same internal and physical connection to the baby as their partners. One of the consequences of this construction of worry was that the men were more likely (than the women) to attribute positive qualities to their fears and concerns, further constructing worry as *normal, important* and *motivating* in their journey towards fatherhood, as the following extracts illustrate:

Simon. *Yeah↑ (2) I'm scared but it's a good scared...I think (1) when it happens I'll know what to do (1) and it will all be okay (1) but yeah I am scared but I think you should be (2) and if this is our only chance then I get one chance at it and how fun will that be (2) yeah (1) I can't wait*

Diggy. *Worry makes you do things (1) and if you just sit there and don't worry about things you just (.) you know?...Yeah (.) worry is a bit of a motivator for me*

Simon is constructing his worry as positive and important by using language such as *good scared* and *I think you should be (scared)*. He is also constructing the pregnancy as special and important by his acknowledgement that this may be his *only chance* at parenthood, further positioning himself as dedicated to parenting. In the second extract, Diggy constructs worry as an important motivator for taking action in his life with the comment that *worry makes you do things*.

Summary.

The discourse of the sudden reality functioned to construct men's worry as intense and frightening, as it was triggered by a sudden tangible event, which caused them to acknowledge the reality of the pregnancy. This intense realisation and associated worry tended to occur as the baby's birth date became imminent. A tension was evident in the way men constructed their worry as both intense and terrifying while also being important and motivating. The additional tension between excitement and fear was also paramount as the men worked to negotiate between these contrasting positions. The following section of the analysis examines the discourse of the healthy baby, which encompasses the content of one of the men's biggest fears.

Discourse of the Healthy Baby

The healthy baby discourse that was particularly salient in women's talk was also utilised by the men. This section of the analysis is concerned with how the men constructed their concerns around baby's health and how these concerns presented themselves, as the following extracts illustrate:

Simon. *I just want her to be healthy (1) I know that's very cliché (1) but I just hope she's healthy…(1) Five fingers on each hand (1) pretty much (1) and no illnesses (.) nothing like that*

Christian. *The idea that we were going to have something other than a perfectly healthy happy pregnancy (.) like I know that there's lots of things people, that medical people can do and it's unusual for a normal pregnancy to go drastically wrong but (1) just the fact that that was possible, that that could happen to us, that was really quite worrying*

The worry that baby may not be born healthy was one of the biggest fears expressed by the men, and again emphasis on baby's health being interpreted as *normal* (*five fingers on each hand, no illnesses*) reinforces the idea that the ultimate desired outcome of pregnancy for both

women and men is a healthy, normal, *perfect* baby (Glen, 2012). Christian's reference to a normal pregnancy being *perfectly happy* and *healthy* implies an emotional component (in this case, happiness) is intimately linked with baby's health and has implications should specific health concerns emerge in the future. Below, Josh talks about his fears around childbirth:

Josh. *I mean the birth yeah (1) we don't know whether it will (1) well we don't know if we'll have a healthy child or not (1) you know that's the bottom line…And even though everything's (.) been very normal so far you know it's um (1) you know <u>anything could happen</u> (1) everything's been great (.) yeah but um…You're almost suspicious…That you know…When's life going to throw something at you ((laughs))…That <u>worry</u> is <u>tempered</u> in fact mostly extinguished by just the <u>excitement</u> I think that we'll have this (.) we'll be having this birth and we'll have this little baby <u>hopefully</u> (.) and it will be healthy and we'll be starting a new life…A new phase of life (1) ah but it's definitely there (.) I don't tend to be someone who makes assumptions that everything will work out well (.) you know I will look at the worst case scenario and in a way entertain the worst case scenario as a (.) <u>method</u> of (1) hopefully ensuring it doesn't happen*

This extract illustrates a number of the features of the healthy baby discourse, including concerns for baby's health and worries around baby's safe arrival into the world. Josh's account highlights the uncertainty surrounding childbirth and the fear of encountering unforeseeable complications, *even* when things have progressed *normally* throughout pregnancy. A tension is evident as Josh asserts that his worry is *mostly extinguished by excitement* of having a baby and entering a new phase of life, emphasising the position of worry as being psychologically minimal compared with the excitement entailed with first-time parenthood. He is positioning the pregnancy as tentative (*we'll have this little baby hopefully*), implying that childbearing is ultimately unpredictable and that he is aware of potential hardships, considering *the worst case scenario* as a protective mechanism should the couple face future challenges. This idea of *expect the worst and hope for the best* emerged as a common coping strategy within the men's

data. Another aspect of this discourse included men's talk about preventing potential harm to the foetus, and ensuring its health was not compromised by variables they could potentially control. For example, Danny talks about the pre-emptive tactic of working to create an optimal environment for baby while in mother's womb:

Danny. *It's been a conscious decision to try to be as relaxed and stress free as possible (1) because we're conscious of the effect that that has on the baby that's growing…Well it's just sort of a feeling really not really based on any sort of research but (1) um:: I've heard a few times that the wellbeing of a mother hugely effects the way a child grows (.) and um…You can kind of understand it (.) when you're around someone who's really tense you can feel that tension even when they're not speaking or anything so you can imagine a baby growing inside a woman and she's feeling all tense (.) that's obviously going to translate through to the baby*

Here, Danny is alluding to the emotional wellbeing of the mother as being essential to the physical wellbeing and *growth* of the foetus. He says he is *conscious* that negative emotions such as stress and tension may be harmful to a baby's development and therefore should be minimised. He is positioning himself as aware of potential sources of risk, basing this awareness on *feeling* rather than scientific *research* or fact. His *feeling* is that stress may pose a threat to the foetus whom he is actively constructing as vulnerable within mother's womb. Danny elaborates further on the avoidance of risk regarding the couple's decision not to have scans during pregnancy:

Danny. *And that's part of the reason why we didn't have any scans either was just the thought of having an ultrasound which is ultra-high frequency sound waves going in to the belly…I mean when you have a high frequency that's beyond what the human ear can hear it just sort of gives you quite a sick feeling…It can make you feel nauseous and give you a headache and stuff so (1) and because the baby's in a fluid and sound travels through fluid and sound is waves like (.) ripples in water (1) so I sort of thought that while there's no research to*

back it up potentially it wouldn't be that good for a baby↑…I mean it might not be that bad but it would probably be quite uncomfortable to have that sort of (.) weird sonic feeling…That will just make you feel a bit strange

Danny explains the couple's decision not to have scans as a pre-emptive protective action on behalf of the growing *baby*. By resisting the medical procedures that are regarded as commonsense practice in today's society, Danny is positioning himself outside of biomedical way of understanding pregnancy. He is choosing to trust his own personal knowledge or instincts over those commonly accepted within the dominant discourses surrounding pregnancy, and positioning himself as aware and knowledgeable about potential risks to the foetus as well as a dedicated parent. Danny's account highlights an important feature of this discourse evident in men's talk about how they are able to help *create* a healthy baby, as Garth acknowledges is the ultimate goal:

Garth. *You're sort of worried about your child's health and it's kind of (.) like your goal is (1) the child's health and then how are you going to manage to create that (.) you sort of get reminded that nothing's certain (1) um:: and that (3) people go through sort of hardships all the time…It would just be devastating you know (to lose baby)…It would be close to the end of the world*

Garth's account illustrates the profound disappointment that would be associated with experiencing such a loss, highlighting once again the deep desire for a healthy baby and the men's commitment to do what ever they can to ensure baby's health is not compromised in any way. This account also highlights the construction of an emotional connection with the foetus, powerfully evident in the men's data despite their position as outside observer due to the biological reality of their disembodied state (Sandelowski & Black, 1994).

Summary.

The men drew upon the healthy baby discourse to talk about one of their biggest concerns around baby's health. This discourse included talk about the desire for baby to be born free from extra challenges or disability (that is, *normal*), as well as talk about concerns that baby would arrive safely into the world. By utilising this discourse and talking about their worries in this way, the men actively constructed the foetus as vulnerable within the mother's womb. They positioned themselves as concerned fathers aware of the associated risks and uncertainties of pregnancy and childbirth, and dedicated to helping create a healthy baby despite some aspects lying outside of their control. In this light, they can be regarded as positioning themselves as responsible fathers devoted to their unborn child. The discourse of the responsible father will be presented below.

Discourse of the Responsible Father

The most frequent and expansive discourse to emerge from men's talk revolved around constructing the responsible father. The following section of the analysis explores what responsibility means to these men by examining three salient subject positions the men navigated between - and which make up this discourse. The men actively positioned themselves in the roles of *support person* and *provider,* and talked at length about their worries around the responsibilities of fatherhood and being a *good father*. The pervasiveness of talk around responsibility suggests these men consider it an essential quality for fathers to endow, further positioning them as committed to the anticipatory roles of fatherhood.

The responsibility of support person.

The first aspect of the discourse of responsibility examines how men constructed their position as support person during their partner's pregnancy, as well as exploring what this position entails and what it means. As Christian describes:

Christian. *There's a reason you get really protective around pregnancy (.) I mean [partner's] more vulnerable and so it's just natural to want to be protective and (.) it's going to be a baby! (.) And a baby is a really big deal…It ramps up your abilities (.) it makes you a more dedicated parent (.) and (1) yeah (1) I mean it's not as though [partner] can't take care of herself but…Maybe it's just because at the moment she's very pregnant (1) I just think I should (.) she should just be able to lay back a bit and (.) I know she can take care of herself but I am here to take care of her so yeah (.) mmm*

Christian describes his partner as being *vulnerable* and *very pregnant*, implying that the reduced mobility and tiredness (for example) inherent in the later stages of pregnancy render her in need of extra care and support. Christian describes his desire to be protective as *natural,* implicating the laws of biology and nature as influencing his behaviour and suggesting his protective instinct comes somewhere from within himself. By acknowledging that his partner is still able to take care of herself (despite her vulnerable state), Christian is demonstrating respect for his partner as well as positioning himself in the role of support. Further, by talking about the baby as being *a really big deal*, he is constructing the pregnancy as highly important and positioning himself as a responsible father dedicated to parenthood. In the next extract, Simon also talks about his efforts to protect mother and child (in this account, in a physical capacity):

Simon. *I imagine when you're pregnant and you get baby brain (.) and don't really think too much (.) um but at night when she gets up and needs to go to the bathroom (1) I'll get up with her and we've got that chest of drawers out there (.) I'll sit on that when she goes to the bathroom (.) and when she comes out I'll just have my hand on the corner (1) cause I can imagine she could just walk straight in to it (.) little things like that*

Simon's account implicates mother's *baby brain*, suggesting he is concerned that his partner's intellect or thinking may be impaired as a result of pregnancy, therefore rendering her more vulnerable and in need of extra protection. Both extracts above illustrate men's talk around the

physical and mental vulnerability of their pregnant partners, constructing and exposing their pregnant state as somewhat fragile, and working to justify their position in roles of protection and support. Accepting this role also emphasises the father's position outside of the immediate embodied experience of pregnancy, as James describes in the extract below:

James. *I certainly have been um (1) just trying to be as supportive as possible cause at the end of the day (.) it's not my show (.) you know I'm a part of it and a really important part but um (1) I think you grow real admiration for your partner (.) going through all of this and I'm sure everybody tells me (.) you'll have even more admiration for them at the end of it all really because you're there and you see it all…And it's kind of funny it makes you think about how times used to be (.) I talked to my Grandfather about it and he said "oh it's all changed you know when I dropped your Grandmother off to the hospital and then went home and got a phone call from the Doctor to say you'd had a girl"…Yeah (1) and thinking about even if he was at the hospital he would have been smoking in the waiting room and stuff like that it's just kind of incredible…So we've come a long way in 30 or 40 years and no I feel like I've been a part of it*

In this extract, James talks about the upcoming birth of his child as *not my show*, and although he is positioning himself on the periphery of the experience, he acknowledges that he is able to be more involved than the generations of men before him. This account highlights the changing roles and expectations of men in recent decades, alluding to the construction of the new involved father (Draper, 2002). James says he is *trying to be as supportive as possible* and conveys a sense of respect and wonder for his partner who is carrying their child. Variability regarding James' level of involvement hints at the somewhat ambiguous nature of his position. That is, while he does not have the embodied experience of his partner, he seeks a sense of involvement to feel *a part* of the pregnancy and connected to the experience. In the next extract, Diggy provides an explanation regarding his perspective of the man's ability to be involved during pregnancy:

Diggy. *I think mums are more involved because they actually carry the baby (.) they feel the baby move (.) they see the baby move (1) we don't (.) we don't feel anything…We try to be involved (.) but you can only be involved so far?...Maybe when (.) definitely when this little baby comes we'll be more involved together (1) you know 50-50 (1) instead of she's carrying the baby and I'm just doing dishes or helping out…My job I suppose is just to make her as relaxed as possible you know?...That's probably my part of the pregnancy at this moment…I'm just trying to be a better support you know?…Boys and girls are different aye?*

Diggy is actively positioning his role as father outside of the embodied experience of his partner. He explains that men don't *feel this living thing* that women *feel*, and for this reason they are less involved in the pregnancy. He says men can only *try* to be involved, positioning them as committed to the responsibility of parenting, and again talks about his *job* being to support his partner and try to *make her as relaxed as possible.* He repeatedly invites reassurance and approval (*you know?)* emphasising his non-expert position outside the pregnancy he has helped to create. Like Diggy, Christian also talks about his responsibility growing from support person to a more equal parenting role after the baby is born:

Christian. *That's when I've really got more of a job to do (after the birth) so up until then obviously um I need to be helping [partner] deal with sort of not being able to shave her legs anymore…And all of the can't do this and that cause there's this great big belly in the way…But that's just really that's easy stuff?...It's (.) giving birth that's where I know I've got almost a job (.) not nearly as much to do as [partner] has…But once the baby's born that's when it's really a partnership instead of she's doing all the work and I'm sort of catching up with the things she can't really do anymore*

Christian is again conveying a sense of respect for his partner by minimising the significance of his role (*that's just really that's easy stuff*) during pregnancy compared with hers. The comment *I've got almost a job* positions him as partially involved during labour and childbirth while

acknowledging that his partner will be doing most of the work. He is eager to assert his intentions of taking on an equal parenting role once the baby is born, implying alliance with the construction of new involved fatherhood. In the next extract, Josh talks about his role as support person and describes his apprehension around the implications of taking on this level of responsibility during the birth:

Josh. *The great thing about pregnancy is that (1) for me anyway is I've got um someone I'm in love with who um is pregnant to our baby! (1) So I see it as (1) as my job because I can't <u>have</u> the baby ah to support her↑ and provide some good positive energy around that because you know I do believe that the right sort of energy will help you have a good birth and actually a <u>healthy baby</u> (1) I think babies pick up on the stress vibes…Yeah and we'll be fine (1) I believe that we'll be fine (.) I'm not actually (1) <u>terrified</u> (.) but I'm ((laughs)) I'm a little bit terrified if I'm to be perfectly honest (.) I'm a little bit terrified of <u>appearing terrified</u>…At the hospital (.) because I'm the <u>support person</u>! (.) You know (.) I've got to be the one that's "no it's okay!" (.) And be the <u>calm one</u> and um <u>I think inside I'm going to have a swarm of butterflies</u>*

Josh is constructing the role of support person as a *job,* which involves the task of supporting his pregnant partner and providing *some good positive energy.* He is inviting agreement and reassurance (*you know*) that his *belief* that he has some influence over the health of his baby and the birthing process is valid and plausible. His metaphorical example, *I think inside I'm going to have a swarm of butterflies* (a common somatic sensation associated with anxiety), illustrates another important aspect of the men's construction of responsibility as support person, which involves protecting one's partner from one's own worries and fears regarding pregnancy and childbirth, and not worrying them with their worries. As Luke and Christian explain in the following extracts:

Luke. *It's watching [partner] really and watching what's worrying her (1) um and trying to alleviate that or trying to…Respond to it um counteract it (.) reassure (.) so yeah you're taking the signals from [partner] (1) and her fears…If it wasn't a big enough problem in my head (.hh) um why concern her more because she's more of a worrier than me (.) that's my position (2) and the trick is to keep her calm and make sure the whole birth and pregnancy goes well*

Christian. *I think I just sort of put on the <u>man face</u>↑ (1) and sometimes like when I was worried about not hearing the baby I was <u>really</u> poker-faced (1) and I don't know if that was just the way I reacted or whether I was putting it on to make sure I didn't worry [partner] about it (.) about my worries…I've just got the (.) don't let anyone know that you're frightened sort of reaction…Part of it is that I don't really want to make it harder on her um…But I think maybe a part of it is (.) just the way that men aren't supposed to look weak (.) and having big negative feelings is I don't know something that makes you look like you're not a strong guy (.) so the less you talk about it the less people know about you having those feelings (.) and um I don't know what else there is um:: (.) and just not <u>knowing</u> how to talk about feelings or not knowing how to <u>identify</u> (.) what you're feeling*

Luke's account illustrates the common position of the men who talked about the importance of monitoring and filtering their own worries to protect their partner from undue concern, a form of protection that can be regarded as a significant feature of their responsibility as support person during pregnancy and childbirth. In the second extract, Christian is tentatively (*maybe*) constructing what it means to be a man and a father as someone who is *strong* and who does not have *big negative feelings* or worries that may be regarded as a sign of weakness. He expresses uncertainty (*um I don't know*) around this idea, offering variability by drawing on stereotypes of traditional masculinity (for example, Coltrane, 1994) suggesting maybe it is more to do with *not knowing* how to *identify* or *talk about feelings*. Whatever the reason for men minimising or

hiding their worries, it appears that revealing their own vulnerability is not a desirable quality, and is intricately linked with the moral imperative to be a good, *strong* and supportive partner.

Responsibility as provider.

The second major aspect of the discourse of responsibility included men's talk about worries around the ability to *provide* for their family, and the analysis examines how the men constructed this position as well as what it means to them, as the extracts below illustrate:

Christian. *I suppose it's almost a cliché but am I going to be a good provider? And am I going to be able to (.) you know <u>support</u> you know my new (.) my family!…So there's definitely quite traditional um (1) <u>being the man!</u> (.) Am I up to it you know…It's almost this primal thing where um (1) making money is that's one thing but just (.) letting um just letting [partner] know…That's not something she has to worry about that um (1) I'm always going to be there for her…What does it <u>mean?</u> (2) I'm not really sure beyond just going out there every day and working um (2) and that I do that for (1) for the family…Even if I just suddenly didn't like my job anymore it's not like I could just give it up and go (.) I don't know touring or hitch hiking around the world (.) I just need to need to (.) be (1) <u>not the free-spirit anymore</u>! (.) You've got to make just that extra level of commitment (.) my decisions are (1) not so much for my own interests anymore? (.) Because I need to (.) keep on providing*

Once again, Christian is drawing on implications of nature or biology as influencing his behaviour (*it's almost a primal thing)* to provide for his family, and moral implications are suggested for this *clichéd* construction of *being the man* and the breadwinner by way of self-sacrifice and making that *extra level of commitment*. He acknowledges how the responsibility to provide for his family may impact on his own life, for example by potentially having to remain in a job he was not happy with and not having the same freedom to give it up and go travelling around the world (*not be the free spirit anymore)* in order to *keep on providing.* The idea that this construction of the provider is a *cliché* suggests that it is not a new responsibility unique to

modern fatherhood but rather has become further ingrained across time. In the next extract, Diggy talks about his worries around the *financial side of things*:

Diggy. I think probably financial side of things…From the guy's perspective (1) it's probably quite a big worry for me (.) you know (.) cause you want to make sure you can feed your little baby…Of course it's our first little thing and (.) it's not like a little goldfish (1) it's just trying to make sure you can give the best (.) not the best of everything (.) but just be able to really look after this little thing properly…So yeah I think every dad's like that…It's definitely a male thing (.) it must be aye?…Yeah in nature it's always well not always (.) but it's always the lion looking after all his little wives and little (.) it's the same with nature you know it's just (1) yeah (1) hunter-gatherer

Diggy is actively constructing the role of provider as being a *male thing,* owning the responsibility to provide for his family as his alone. He is placing importance on this responsibility with his comment *it's not like a little goldfish,* implying that a child requires more care and financial provision than a small household pet. Like Christian, Diggy draws on implications of nature to explain his position as *hunter-gatherer,* inviting agreement *it's the same with nature you know.* In the extract below, Luke also refers to his responsibility as *hunter-gatherer.* Like Diggy, Luke talks about being able to look after his family *properly,* implying that there is a proper or correct way to be a good father which involves providing financially for your family:

Luke. *I suppose I worry about being (1) well yeah as male hunter-gatherer and all of that…There's the ongoing worry of being able to compete out here and being able to get a job and being able to look after your family properly having enough money and all that um (1) so yeah so of course that's clearly a worry…It's the context of it all (1) you know it's the font that the book is written in (.) um it's exciting (.) but scary as hell (1) because that's about self-worth*

and about believing in what you can do…But yeah I think it's appropriate as the man to worry about these things (1) I think that's a reasonable worry to have

Luke's comment about his ability to provide being *scary as hell because that's about self-worth* implies that providing is more than just a practical responsibility, but is also tied into the way he sees himself. The responsibility for men to provide adequately for their family appears to be inextricably linked not only to their survival, but also to their sense of self-worth and identity during this time of dramatic change in their lives. Luke's comment *it's the font that the book is written in* implies that the responsibility to provide is entrenched in his (as well as society's) expectations of fatherhood, predetermined and unable to be easily changed. The men commonly constructed this aspect of responsibility as being primal and traditional, while continuing to be valued as something modern fathers aspire to.

Responsibility of the good father.

A strong emphasis on talk about worries around fatherhood and constructing the *good father* was evident across the men's interviews and makes up the third salient strand of the discourse of responsibility. The following analysis examines what modern fatherhood entails for the men as well as what it means to be a good father. Luke's account is presented first:

Luke. *As well as proving oneself as hunter-gatherer and bringing stuff home (1) it's also being enough of a (.) you know I think ahead and when I watch all these blokes surfing (.) I think well my daughter's going to want to surf oh bloody hell I'm going to have to learn how to surf (1) so okay I've got about seven years before she's going to want to go out on the water (2) she's not going to want to see her dad on the shore line saying "oh↑ sorry love I can't do that"…You want your daughter to look at you…As a hero well not as a hero but just an infallible can-do (.) kind of guy and you think well actually I'm not that…I'm going to have to learn a few things…I'm worried about her graduation (1) and ah:: the first boyfriend she brings home…All the clichés (hhh)…As soon as you've embraced um that you're having a child*

Luke describes his desire to be seen as a *hero* by his daughter, which he then repairs by constructing the good father as *an infallible can-do kind of guy* who is able to teach his daughter how to do things by example, in this case surfing. He appears to have self-imposed high expectations of what a father should be able to do and given that no-one is completely infallible, this may be difficult to achieve. The examples he gives of worries are long-term and future-orientated such as his daughter's *graduation* and the *first boyfriend she brings home*, suggesting he has accepted that parenting is forever and is committed to his role. In the next extract, Christian also talks about his desire to be an example to his daughter of *what a man can be*:

Christian. *((laughs)) Well ah (.) I know (.) it's again it's almost a cliché and I never really thought of myself as being this traditional (.) gender roles thing but (1) um:: I think maybe partly because it's a little girl we're having (1) I'm going right I've got to provide and be an example of what a man can be and at the same time part of that is well what is a man supposed to be? (1) There's all sorts of different things that I know are important like you know okay there's the real old school okay you've got to provide a nice house and um keep them fed and make sure they're clothed (.) and then there's sort of the stuff that I'm quite looking forward to like just playing with her and um (1) being there (2) playing with her (.) caring for her (.) and stuff that hasn't been back in my parents' day (1) I don't think if my parents had had a girl my dad would be going to tea parties and (1) um playing along with me as a girl um (.) dressing up and all of that stuff but I actually think that's going to be quite a big part and (1) an important bit of being a dad*

Like Luke, Christian is constructing fatherhood as entailing more than the *old school* notion of providing for your family, suggesting that a big part of being a dad today is *playing with* and *caring for* your children. He suggests that ideas about parenting were very different even a generation ago, highlighting the importance of context and culture in shaping our ways of understanding the world. Variability is evident in this extract as although Christian says *he never really thought of himself as being this traditional gender roles thing,* the knowledge he is

having a girl has influenced his worries and thoughts around fatherhood. The dominant discourse of femininity (for example, Burr, 2003) is apparent in his talk around having a daughter and what this will entail (*tea parties* and *dressing up*). In the extract below, Christian elaborates further the emotional aspect of modern fatherhood:

Christian. *I think um (.) letting them know that they're loved (1) teaching them right from wrong (1) and:: just sort of (.hh hhh) ah:: giving them (.) showing them by example sort of how to (1) I need to do things that I love so that she knows how to do things that she loves (.) so I don't know it's (.hh hhh) I don't exactly have a plan (.) but I've got some <u>really good intentions</u> (1)…I think it's much more acceptable now (1) for guys to be ah (1) more open about emotions and things (1) and I think that's something I would like to be an example to for my daughter*

The moral aspect of fatherhood becomes even more evident as Christian talks about letting your children *know they're loved*, teaching them *right from wrong*, and providing a good example of what a man can be. This extract highlights the construction of fatherhood as entailing much more than the traditional notion of providing financially for your family but also entailing a strong emotional component which involves tending to your child's emotional needs, teaching them about morality and living a life of love. Despite Christian acknowledging the importance of these features of modern fatherhood he confesses he doesn't *exactly have a plan*, but rather talks of *good intentions*, implying that the reality of parenthood remains largely unknown. In the following extracts, James talks at some length about his worries around fatherhood:

James. *I guess it's probably not even for me about what I don't know in the first day (.) week (.) month because ah (1) yeah because everybody's new and we'll all be learning heaps…But more just in a wider sense of asking yourself "God are you really ready for this"...And at a really high level it's those questions like (.) "<u>Am I going to be a good father</u>?" You know (1) "<u>Will my son or daughter like me</u>?" (1) "<u>How will I teach them to do this or that?</u>"*

A sense of self-doubt and uncertainty is apparent in James' talk as he questions his readiness, likeability and capability for fatherhood. By talking about his specific worries in the extracts that follow, James can be seen to be actively working to construct what it means to be a good father:

James. *You see dads with their son or daughter…At the park (.) at the beach…Teaching them how to ride a bike or whatever and you think how will I be when I do that…He looks like he's doing a good job (.) will I be like that? Or um (1) particularly for me I'm not a very practical person…So I'm thinking like if stuff goes wrong in our house (.) what if I can't fix it?...That's not very dad-like (.) that's what dads do (.) dads have a shed and a toolbox and if something goes wrong they go out and fix it um you know (1) in a way I guess it's questioning your (.) credentials to be a dad? (.) Because you have this concept in your mind of what a father is*

By talking about his worries in this way, James is constructing the good father as someone who can *teach* his children how to ride a bike, who is *practical*, who has a *shed* and a *toolbox* and can *fix* things around the house. These qualities encompass traditional stereotypes that in past generations have been generally accepted as the commonsense and correct way of being a father. Despite these qualities being more fluid and negotiable for the modern-day father, they can be seen to contribute to James' *questioning* of his readiness and *credentials to be a dad* as well as what kind of a dad he will be, adding further to the plethora of uncertainties that mark this developmental phase. James' worries are around measuring up to these traditional notions of fatherhood, implying that not conforming to these norms would make him a bad father, as he elaborates below:

James. *And I suppose it's quite idealistic but you want to be the dad that teaches their son or daughter how to ride a bike…And coach the netball team or cricket team…I mean I had a round of golf over the holidays and I'm rubbish at golf and I thought what if I have a son and*

he wants to play golf with his dad and dad's crap? …And I think I value that not because I want to play golf but because you want to have the time with them and have some special things that you just do with them and I know that's miles away in the future…But it's the sort of anxiety that kind of builds up (1) I mean I think my kids will like me as a person but I want to be an interesting dad as well I don't just want to be (.) a nice dad who's there for them all the time, I want to be that but I also want to be a dad that can take them to do cool stuff or introduce them to cool people…They're all things you think about ((laughs))…That's what a good dad does

In this extract, James is building a model of the kind of dad he aspires to be based on activities that extend beyond the stereotypical notion of the traditional father. He is constructing the good father as someone who is *able* to coach his child's sports team and is not just a *nice* person but is also *likable* and *interesting* and *cool*. Here the traditional masculine ideals of practicality and physical ability broaden to include concerns regarding the more modern construction of involved fatherhood, around spending quality time with your children and doing things they will enjoy and respect you for. Despite James acknowledging that his desires are somewhat idealistic, self-worth and positive self-identity can be seen to be riding on this aspect of responsibility to be a good dad. James is positioning himself as aware that his worries are future-orientated. However, he describes it as the *sort of anxiety that kind of builds up,* suggesting that his concerns are difficult to control. The potential failure to succeed thus harbours significant implications for self-regard and further alludes to the strong emotional component entwined with modern-day fatherhood.

Summary.

The discourse of the responsible father included men's talk about worries around paternal responsibility. The men actively positioned themselves in the roles of *support person* and *provider,* and talked at some length about their worries around being a *good father.* A core element of the responsibility as support person was apparent in the men's desire to protect their partners from their own worries and concerns. Although the men commonly talked of worries

around the traditional notion of providing financially for their family, there also existed a significant emotional component regarding their concerns around modern fatherhood and being a good dad. The pervasiveness of talk around responsibility suggests that these men considered it an essential quality for good fathers to endow and it appears inextricably linked with their sense of self-worth and identity. The high level of responsibility constructed by the men involves thinking beyond the edges of selfish concerns and entails a degree of self-sacrifice, and by meeting the challenges of their responsibilities they can be seen to be acting in a morally desirable way. All men talked with enthusiasm about their roles as new fathers and their accounts were often tinged with both excitement and fear.

This chapter has explored the discourses of the sudden reality, healthy baby, and responsible father to illustrate how the men constructed the nature and content of their worries, as well as the reasoning behind their concerns and fears. In the next chapter, the analysis will examine the discourses of *trust* and *positive change* drawn upon by the men to illustrate how they managed their worries and made sense and meaning of their experiences.

CHAPTER EIGHT

Analysis of Men's Management of Worries

Introduction to Analysis

This chapter takes the reader through the analysis of men's talk about management of worry during pregnancy, and illustrates the positive aspects of men's talk that were also powerfully evident in the data. As was the case for the women, the tension between negative and positive talk was smoothed over through the use of contrasting discourses, and the more positive discourses of *trust* and *positive change* will be presented in this chapter. These discourses illustrate the ways men talked about coping with their worries, and how they made sense and meaning of their concerns and fears.

Discourse of Trust

The discourse of trust was utilised by the men to talk about ways of coping with pregnancy-related worries. The analysis examines how men talked about ways of managing their fears and concerns around pregnancy, as well as ways of coping with the ups and downs that are an integral part of this developmental transition. This discourse was constructed using language such as having *faith*, being *lucky*, and listening to one's *intuition*. One salient aspect to emerge from this discourse included talk about positive thinking to cope with worrying situations, as the first extract illustrates:

Danny. *Yeah (1) confident that we'll be able to push through it (.) and you know (.) <u>just see the brighter side of things</u>…But you know um (1) [partner's] been so happy and healthy this whole time that it's reduced any worries that there would be something wrong?...Because I'm sure you'd feel it if there was something strange going on there…And just trust in the way that we live and our outlook on life that just trying to keep it positive all the time and (.) expect positive things to roll off that…Yeah and just putting faith in the process that you know why would anything go wrong when you're doing everything as best as you can…Yeah I mean it's*

not any religious faith or anything like that (.) but it's just <u>trust</u> in that something will go according to plan (.) and if it doesn't you'd probably know about it

Danny talks about trusting his instincts and *putting faith in the process* that everything is going well with the pregnancy. This extract provides an example of how the men used positive thinking (*just see the brighter side of things*) to manage and reduce pregnancy-related concerns. Danny relates his optimistic stance to his partner being *so happy and healthy*, implying that he is taking cues from the mother's embodied experience regarding the health and wellbeing of the foetus. In the next extract, Josh also talks about trusting his *instincts* to reduce anxiety around early parenthood:

Josh. *Um↑ (.) after a while we had read all these books and realised that everyone had different opinions and actually we realised…I mean there are a few practical things we'll need to know but mostly (.) we just need to follow our <u>instincts</u>…And um::↑ (1) you know hopefully let the baby tell us (.) in it's own snivelling way ah::↑ kind of what it wants…And sort of <u>read the baby</u> rather than <u>read the books</u>…So once we realised that I think both [partner] and I felt (.) a lot calmer*

Josh alludes to the mass of information surrounding pregnant couples (that is, *all these books*) offering advice on how to approach pregnancy and parenthood as initially contributing to the couple's anxiety. He is actively resisting this information and talks about being guided by the baby rather than external sources of conflicting advice to help reduce his worries around parenthood. In doing so, he is implying that he is aware all babies are unique in their needs and what might work for one child may not work for another. In the extract below, James talks about trusting in the medical system as a way of easing his anxiety around childbirth:

James. *I know that if something significant happens…There'll be Obstetricians and Midwives and a whole lot of people that will presumably have seen what was happening before*

and (.) you can't do anything but trust those people to get it right and tell us what we should do (.) or what I should do…I mean I've got no background with the system at all?...But when you're this close what can you do except trust in the system…I'm not the expert you know so you just have to trust (.) we're a first-world country there's a good hospital they see lots of complicated cases all the time (1) that's about as much as I need to know

James is actively positioning himself as non-expert, relying on medical professionals to lead him through the birth of the couple's baby. Without having direct experience with *the system*, in a sense James has no choice but to put his trust in those who have the experience and knowledge. In the next extract, Luke also talks about trusting the medical *system*, trusting the pregnant *body*, as well as trusting and having *faith* in the child, as a way to manage his worries around miscarriage after a previous loss:

Luke. *It was absolutely a relief (.) to get past that time (when previous miscarriage occurred) and for me I was less worried from then well…And you trust (1) trust the system and you trust the body that it's doing the right things and as long as the signals that you're getting from the Midwives and the scans are all going in the right direction then you've got to have faith you know (.) or it'll be whatever it is…I mean it's this whole nature thing it's happened for millennia before and it will happen for millennia after and um (1) the child will find it's own way (1) and kind of having faith in the child you know (.) it'll make it's choices and that if it wants to live it will live (.) and if it doesn't it'll (give up the ghost)*

Variability is evident within this extract as Luke interchangeably draws upon the dominant biomedical discourse surrounding pregnancy and implications of evolution, by talking about trusting the *system* and the *signals* from health professionals as well as trusting in *nature* and in the *child*. By naming the unborn baby a child and talking about her as being able to make *choices* (for example, whether to live or die), Luke is potentially endowing her with a maturity and responsibility that is beyond her developmental capacity, and subsequently positioning

himself on the outside of the pregnancy and with little control over the outcome. The men commonly talked about drawing on wider systems of belief or spiritual faith to guide them through pregnancy and its associated worries, as Luke goes on to describe in the following extract:

Luke. *Even if you're not coping internally (1) um with the mental side of things (.) all you can do is just get out and be fit and um (.) "serve life" is a phrase…It's Buddhism and all of that…What ever internal struggles are going on…You do ritual ah life boring things wash up cook uh go through that routine…And that (.) you know gets you through it…You stop worrying about the self and your own worry which are (.) uh fleeting internal things and you just go on with life bit…Care (.) that's another one (.) care about things…It's about the relationship between the individual and um the world around them…Goes back to Zen and the Art of Motorcycle Maintenance (1) um caring about your bike (.) caring about the small things (.) and again that's serving life*

Luke is constructing worry as *internal* and *fleeting* and talks about coping with worry by engaging in everyday rituals and activities and being present in *life (serve life).* By talking about worry in this way he is constructing his concerns as manageable and able to be coped with. He also talks about the importance of *caring,* sharing his philosophy on life that assists him with coping with worries and concerns during the pregnancy.

Summary.

The extracts above illustrate how men utilised the discourse of trust to construct their worries around pregnancy as manageable, and to position themselves as able to cope. The discourse of trust highlights the uncertainty that first-time parents are faced with during pregnancy as they are forced to place trust in the process of bringing a new life into the world despite having no previous experience in doing so. This discourse included talk about trusting the pregnant body and nature, trusting the baby, trusting the medical system, and trusting the self. Talk about faith

and philosophy - spiritual, religious and otherwise - was also weaved throughout this discourse, implicating trust in something intangible and separate from the self to help guide the men through pregnancy - and serving as a mechanism of coping with worry during this time.

Discourse of Positive Change

The final section of the men's analysis focuses on how the men drew upon the discourse of positive change to make sense of their experiences of pregnancy and to talk about the transition to fatherhood and becoming a family, including the changes that have occurred within their relationships and themselves. Like the women, all men talked about positive aspects of their pregnancy experience as well as the more negative aspects of worry. Again, the tendency of men to spontaneously draw on positive talk suggests that, although worry was at times an intense reality for many, it was not the whole picture of pregnancy the soon-to-be fathers wanted to paint. Men's talk around the associated positive changes of pregnancy will be examined in more detail to illustrate this discourse in action.

Constructing a more solid love.

One especially salient aspect of the discourse of transition included men's talk about positive changes within their relationship. Danny's account is presented first:

Danny. *Yeah↑ I guess it's made it more…Solid?...And it wasn't a…Mistake to get pregnant either (1) (so) it just <u>solidifies those feelings</u> and (2) yeah it sort of made it more (2) I guess with less worries because um (2) I don't know it just feels like there's more of a solid future (1) for us (.) now…And we're more of a team…Like heading towards a <u>tighter unit</u>…<u>Coming together</u>…And just yeah <u>building a family</u>…*

Danny talks about pregnancy as solidifying the couple's *feelings* and *future* and becoming more of a *team,* implying that pregnancy has pulled them together in ways they had not been previously. His repeated use of the word *solid* suggests he sees his relationship as being more

secure and stable now that they are having a child together. By making the comment *it wasn't a mistake to get pregnant*, Danny is positioning himself as a responsible father, implying he is aware of the negative connotations associated with unplanned pregnancies that deviate from what is commonly regarded as good parenting. In the following extracts, Luke and James talk about how pregnancy has made their relationships *closer* and *stronger*:

Luke. *(Pregnancy) brings you closer together (.) in all relationships you make commitments…You get married and that's a commitment, that's an absolute statement of commitment to each other, and pregnancy is another one of those biggies you're saying well let's do this journey as well*

James. *I think um (1) right now our relationship is probably a lot stronger um↑ than it was (.) I mean we've only been married for nearly two years and I've never considered it weak um but it feels like we're probably (.) I guess we've spent a lot more time talking about pretty important personal stuff (.) so you do get closer (1) through that period? (1) Um::↑ (2) I don't know (1) right now it's affected our relationship positively I suppose*

Luke constructs pregnancy as a *commitment*, implying a degree of morality and loyalty to be there for his partner during this transition as well as what lies beyond. James' use of language (*probably; I guess*; *I don't know; I suppose)* draws attention to the abstract and intangible nature of love and relationships, implying that it may be more difficult to talk about in a concrete or concise way despite the assertion of the positive nature of changes. In the extract below, Josh talks about pregnancy as *softening* his relationship:

Josh. *So actually what pregnancy did was soften that relationship (.) and move it (1) away from a work relationship…Ah and pregnancy instantly um turned it into a nurturing ah a non-work nurturing very loving (.) relationship again (1) and in fact more so than ever…I think because we just were both thrilled and we're both aware that we're sharing the same*

experience even if I don't have to carry it around (.) I still emotionally I think we share (1) the idea that we're both having this baby together (.) yeah so it's definitely bought us closer (.) together (.) without a doubt

Josh is constructing his relationship as *softer*, more *nurturing* and more *loving than ever,* attaching to it a stereotypically feminine quality compared with the previously work-orientated relationship he describes. He explains that the *shared* experience of pregnancy has brought them *closer together without a doubt* and in this way he is constructing pregnancy as an *emotional* as well as a physical experience, and implying that it is the emotional aspect that can be shared during this time. The men were less inclined to talk about worries around how having a baby might change their relationship in the future, and overall they tended to remain optimistic in their talk, expressing that the excitement and joy of the *idea* of the new baby outweighed any fears of the unknown, as Christian explains:

Christian. *It's going to be (2) a huge (1) huge (.) change…I know we probably won't have as much time for each other (.) just in terms of the relationship between [partner] and me um (1) but there's this part of both of us running around on two legs that's going to take up a lot of our energy (.) um:: ah:: we're going to be running low on that (1) but I think it's probably going to make our relationship more meaningful…We're not going to have as much easy time together um…But ah I think the most important time is going to be sort of we're the parents now and (.) most of our time is going to be focused on the baby um (1) which isn't a bad thing (.) it's the thing we do together (1) but it's just a change (1) it's not ah it's certainly not a step down either (1) it's a much more (.) a more meaningful thing to do together than to go out to see a movie (1) we can stay in and raise a baby*

Christian is actively constructing *meaning* from the changes entwined with having a baby. He is positioning himself as aware of potential challenges to the relationship with his partner and is actively resisting negative implications of these by focusing on positive aspects of the transition

and the meaning that a child will bring to their lives. In this way, Christian is constructing the child as an important and valuable part of the couple's adult lives.

Making meaning out of change.

A discourse of transition is often associated with first pregnancies (Gross & Pattison, 2007) and the examples above illustrate men's talk about positive changes in their relationship with their partner during this time. Another salient aspect of this discourse was evident in the men's talk about changes to their lives more generally during the journey through pregnancy. Once again, it contains threads of the implications of nature and biology as well as notions of the less-tangible power of excitement and love, as the following extract demonstrates:

Josh. *It's a big shift! (1) You know it's as big as the shift of moving from childhood in to adolescence or adolescence in to adulthood (.) and yet it's a faster shift (.) it's a more defined shift (.) you find out in one day (.) we're pregnant…Boof!! (1) Your world changes…I'm sure that ah that knowing you're going to have a baby ah (1) causes all sorts of unconscious re-wiring of your brain…Everything changes (.) your priorities change…There's not that many things that happen in life that change everything (.) you know (1) ah meeting the love of your life changes everything (1) um figuring out what you're going to do with your life professionally once you've had that click-moment that changes everything (.) getting your first job actually changes quite a lot (1) ah:: but for a lot of your twenties and thirties and for me even my early forties you know↑ (.) you're pretty much doing the same thing that you always did ((laughs)) and so it's thrilling to think that everything will change…It's nice to think that there's more to life than lattés on a Saturday morning at L'affare (1) um (2) yeah and I think it would be fair to say that it's been the most <u>thrilling</u> (1) eight and a half months of my life (2) mmm (.) wouldn't have expected that either*

Josh is drawing on the discourse of positive change to make meaning of the dramatic *shift* to parenthood, framing it as a critical life event. He asserts and invites agreement (*you know*) that

there are *not that many things that happen in life that change everything* in the way that pregnancy does, and he illustrates this point adding power to his argument by comparing it to life-defining moments such as, *meeting the love of your life* or *figuring out what you're going to do with your life.* His storytelling ability draws his audience in, so that you *feel* the importance of his words and believe him: Pregnancy changes everything. Josh actively constructs this *change* as being *positive, thrilling* and meaningful (*it's nice to think that there's more to life than lattés on a Saturday morning at L'affare)*, implying pregnancy has added a depth, joy and importance to his life that was previously (unknowingly) lacking. As well as adding meaning to their lives, the men commonly talked about pregnancy as offering them an escape from the demands of work, as James describes:

James. *(.hh hhh) It's a different focus (the worry) I think…Much more of it's focused on this home area whereas ah in the past it's probably been a lot more unbalanced towards my work life (1) um (.) and so that's (1) to put on a selfish hat for a moment um (1) that's one (.) side effect of going through this process and um and having a child that I hope will really benefit me?...Because I think it <u>will help me balance out my life a bit more</u> (1) um ah (1) I suppose just with my profession and with my industry (1) it's very <u>all-consuming</u>…And I'm actually really looking forward to (.) almost by <u>force</u> (.) because it <u>needs</u> to be taken from me by force (1) having something else to focus on that's really much much more important…I think it's going to be really <u>positive</u> for me and actually force me to stop and (.) yeah just pull back a bit from work (.) which will be good*

James talks about his work as being *all-consuming* and by actively constructing his partner's pregnancy as *much much more important* than work, he is positioning himself as a responsible and dedicated parent devoted to his new family life. He also refers to the important idea of *balance,* implying that having a child to care for will help him achieve this and put into perspective what is most important in life. All of the men talked about pregnancy signalling the beginning of a new chapter, as Danny describes in the extract below:

Danny. *It definitely feels like a progression in to the next stage of life (.) or of adulthood… Making a family and (1) creating a life in one place…Getting a shed and getting a garden ((laughs)) Um↑ I guess it's a bit more serious (1) in my past I wasn't really ready for that sort of seriousness and that sort of responsibility but um (1) but just in the last few years (1) I've sort of come to be ready I guess…I'm pretty excited aye (1) yeah I think in the past I just didn't think I was um (1) like man enough to be a dad?*

Danny talks about the transition of *making a family* as a progression into the next stage of adulthood. His comment that in the past he did not feel *man enough to be a dad* implies a sense of insecurity and self-doubt, and that he sees fatherhood as entailing certain qualities that he has not always endowed. By accepting his new responsibilities and constructing the transition as *a bit more serious,* he is positioning himself as ready and committed to fatherhood and being a good dad. In the next extract, Josh further constructs this time of transition as powerfully *emotional*:

Josh. *I think there's an emotional (.) you're experiencing emotions (.) even as a guy (.) for the first time…A good example is the theory of going in to see your scan…It was just magical (1) even though it was totally clinical (1) ah and that feeling of I suppose magic or kind of um very deep joy (2) it's not something you experience very often (1) and it's certainly not something that I've ever experienced in that way (1) you know maybe it's like the first time you have sex (1) you know well there is only one (.) first time ((laughs)) and that's a kind of a transition point and something you know for most people that's truly magical (1) you know and they remember for ever um yeah I think I'd be missing out in life if I hadn't ever in life experienced the first scan and I can't wait until that moment you know of holding our actual baby (.) in my hands (.) or seeing it emerge and take his first breath (1) um again I know the theory (.) but I truly don't know how it will actually feel*

Josh is constructing the meaning attached to seeing the first scan of his baby as a feeling of *magic* or very *deep joy* which he compares to having sex for the first time, something you remember forever, an event that is emotionally charged and poignant. He uses these comparisons to help make tangible the intangible nature of new emotions that surface with a first-pregnancy. In the next extract, he talks about the significance of the element of *surprise* involved in having a baby:

Josh. *You know (there are) <u>not too many surprises in life</u> (1) um well the big surprises in life really are <u>birth love and death</u>…Um (2) and well you know (1) done love (1) and you know occasionally done a little bit of death ah:: (1) prefer not to experience too much of that surprise too early (1) ah::↑ but have never experienced the surprise of birth (1) you know have never experienced that from the <u>inside</u>…<u>It's like you're waiting for Christmas</u> …In fact it's <u>particularly</u> like you're waiting for Christmas at the moment where it's just like <u>feeling [partner's] belly</u> (.) <u>is just like being a kid and feeling up the Christmas presents under the tree</u>…And you kind of go "ooh what's this shape" (.) "ooh it moved!" (.) "ooh ooh! it must have batteries" (.) but no ((laughs))…Except you can't sneakily open it and have a look! (.) And we don't know what day Christmas is going to come (.) but we do know it's going to come soon…Ah::↑ and there's huge excitement in that…We just hope it's not going to be a stink present…We hope it won't be broken ((laughs))*

Josh talks about the upcoming birth as one of *the big surprises in life,* illustrating this idea by comparing it to *waiting for Christmas,* an evocative metaphor emphasising his child-like excitement and anticipation as the birth becomes imminent. However, an undercurrent of anxiety and uncertainty around the outcome of the pregnancy (*we just hope it's not a stink present, we hope it's not broken*) is evident as he simultaneously draws on the discourse of the healthy baby, implying once again that the desired end product is a healthy, normal, perfect baby – the crux of both the worry and the wonder of it all.

Summary.

The men utilised the discourse of positive change to talk about developments that have occurred within their relationships and within their lives. All of the men talked about pregnancy as having a positive influence on the relationship with their partner, which they commonly talked about as growing closer and stronger. They further utilised this discourse to talk about other positive changes that occurred during pregnancy, including helping them to achieve work-life balance as well as adding depth, joy, and meaning to their adult lives. This discourse highlighted the positive and meaningful aspects of pregnancy that were powerfully evident in the data and emerged alongside talk about worries and concerns during this time. Implications and contributions of the findings presented in the analysis chapters will be considered in the following discussion.

CHAPTER NINE

Discussion

This chapter discusses the discourses of pregnancy worries. I begin by presenting a summary of the main findings, and discuss the implications of these and their contribution to the existing literature. Limitations of the study are acknowledged, and I propose further research ideas to address some of these issues. Finally, a summary of the conclusions of this research is presented, including implications for health professionals, and family and friends, supporting the transition to parenthood.

The aim of this research was to examine the worry talk of first-time parents during the final trimester of pregnancy. The purpose of the analysis was to investigate the ways in which women and men made sense of the unique experience of pregnancy-worry, how they related to and managed this worry, and the discourses they drew upon to give meaning to and construct this experience. This study was exploratory, and although I did not set out to compare the talk of women and men, the findings demonstrated that pregnancy was a transition experienced differently by the expectant mothers and fathers. Despite the emerging view of pregnancy as an event that couples experience together (Biehle & Mickelson, 2011), this study showed that the soon-to-be mothers and fathers had their own distinctive concerns about the impending arrival of a new baby. This study thus contributes to knowledge and understanding of the differences *and* similarities between men's and women's pregnancy-related worries, as well as what they *mean* to parents.

The expectant mothers and fathers talked about issues relating to age, occupational background, history of mental illness, whether the pregnancy was planned or unplanned, conceived naturally or through IVF, or whether it followed a previous miscarriage as being significant factors impacting their experience of worry. Previous research has also acknowledged that the unique circumstances and personal variables entwined with parents' experiences may influence their

worries and the meanings attached to them (Schneider, 2002). Individual differences in the participants' experiences provided a unique psychological overlay against which some common patterns emerged. The findings revealed that these expectant parents drew on discourses to construct aspects of worry, pregnancy, and parenthood in a variety of different ways. Although the discourses will be discussed discretely, it is important to acknowledge that they are fluid and dynamic (rather than rigid and separate) and at times overlap and seep into one another. Both negative and positive constructions emerged from the parents' talk, and rather than being competing, the discourses worked alongside one another to put negative aspects of worry into a more positive frame. That is, the parents' worries appeared to exist within a context of excitement and wonder entailed with first-time parenthood.

Discussion of First-Time Parents' Talk about Worry

Discourse of all-consuming worry.

One of the most striking differences in the talk of women and men, related to how they constructed the nature of pregnancy-related worry. The women constructed worry as largely negative, pervasive, and consuming, and for many the intensity of concerns was an unexpected outcome of pregnancy they felt largely unprepared for. The expectant mothers spoke of being surprised by the all-consuming nature of pregnancy, having thought prior to conception that life would continue as normal with the novel addition of a *baby bump*. At first glance, this finding may seem curious given the plethora of information and advice directed at pregnant women (Lupton, 1999). However, it is less surprising when the *content* of this information is considered, tainted by a discourse of risk, and placing the onus on the woman for ensuring a successful, problem-free pregnancy.

Avoidance of risk becomes paramount as women are cautioned to remain vigilant in the regulating of their bodies to ensure the health of their foetus is not compromised by their own behaviours. This element of risk permeated almost all of the discourses drawn upon by the women (and to a lesser extent, the men), suggesting it continues to pervade modern

sociocultural understandings of pregnancy within New Zealand. As with previous studies examining the contemporary experiences of women during pregnancy, almost all the women in this study felt fearful and at risk throughout the duration of pregnancy (Searle, 1996), and approached pregnancy as an event that required constant monitoring and attention (Possamai-Inesedy, 2006).

A *u-shaped* pattern to pregnancy-related concerns has been identified in previous research (Ohman et al., 2003; Peterson et al., 2009), suggesting that the first and final trimesters of pregnancy entail the most worry for women, perhaps signalling periods of heightened adjustment and stress. However, the women I talked with constructed their worry as constant throughout the trimesters, giving them little opportunity to relax and escape from concerns and fears. This finding highlights the importance of support being readily available throughout the entirety of women's pregnancies, as levels of worry appear to be unwavering.

Discourse of the sudden reality.

While the women tended to construct worry as all-consuming and enduring throughout pregnancy, the men commonly talked about worry as dormant until triggered by a specific moment during their partner's pregnancy, causing them to acknowledge and engage with the *reality* of the situation, and worry, *freak-out* or *panic*, for a limited period of time. This sudden realisation tended to occur towards the end of the pregnancy as the birth date of their baby became imminent.

Previous research has identified that one of the most characteristic features of the talk of childbearing couples is the recurring use of variations of the word *real* to convey what they perceive to be the ambiguous reality of pregnancy (Sandelowski & Black, 1994). With the absence of a child to sense in the flesh, and in the presence of the at least initially uncertain biological reality of pregnancy, both women and men have been shown to actively construct what is "really real" about the pregnancy and the baby (Glen, 2012; Sandelowski & Black,

1994, p. 603). While the pregnant mother's knowledge of the foetus is embodied (corporeal and concrete), enabling tactile and kinaesthetic awareness, a man cannot have this same experience. Therefore, a new father awaiting a baby is in a sense a "vicarious knower" in that his knowledge of the foetus is limited to visual and external tactile sources of information, via his pregnant partner's body or ultrasonography (Sandelowski & Black, 1994, p. 607). In this way, a man's knowledge of the foetus is disembodied, and therefore more disconnected and abstract than his partner's.

As with previous research (Draper, 2003; Finnbogadottir et al., 2003; Sandelowski & Black, 1994), the men commonly related their lack of physical connection to the foetus to explain why it seemed less real to them. Their sense of disconnection was abruptly ended by the sudden acceptance of the reality of the pregnancy, which was often triggered by seeing the foetus in an ultrasound or their partner experiencing a labour scare nearing the birth date. Interestingly, it appeared to be via this very knowledge and acceptance of the pregnancy, that men's worries began to surface and grow. However, in contrast to the women, the men were more likely to attribute positive qualities to their worries, constructing worry as normal, important, and motivating in their journey towards fatherhood. This finding is consistent with literature that suggests that although worry is often regarded as negative, it can be an important step as a form of inner preparation for dealing with perceived stressors used prior to coping with a situation (Biehle & Mickelson, 2011), in this case impending parenthood.

Discourse of the healthy baby.

This study showed that although women *and* men drew upon the discourse of the healthy baby, there were marked differences in how they constructed these concerns. All women drew upon this discourse to talk about worries and concerns for the wellbeing of the foetus, as well as fears of miscarriage or stillbirth. This finding is consistent with previous research, which has found worries about baby's health to be particularly pertinent to pregnant women (Biehle & Mickelson, 2011; Ohman et al., 2003; Peterson et al., 2009; Possamai-Inesdy, 2006; Statham et

al., 1997). The women in this study commonly drew upon implications of biology or nature to explain their worry as *natural* and as coming from somewhere within the self. Talk of the naturalness of their worries also implied a sense of lack of power or control over concerns and fears. Lack of control has emerged as a salient theme in previous studies of pregnancy (Lupton, 1999; Schneider, 2002), suggesting a significant link with women's worries during this time.

In accordance with Lupton's (1999) study, the women tended to position their pregnancies as tentative, as they expressed anxiety around their body's ability to perform and deliver the healthy baby they desired. The intensity of this worry was impacted by individual differences such as mother's age and history of pregnancy loss, reinforcing the importance of health professionals remaining aware of unique circumstances when supporting couples during this time. This study supports previous research (Melender, 2002a; Statham et al., 1997), which has found previous pregnancy loss to impact on level of worry during a subsequent pregnancy, implicating the importance of support being freely available to these women to help them manage concerns and fears around miscarriage.

An element of risk also ran throughout the discourse of the healthy baby, as women commonly referred to potential sources of harm to their foetus such as drinking alcohol, smoking cigarettes, and eating foods deemed unsafe for pregnant women (Burton-Jeangros, 2011; Lupton, 1999; Possamai-Inesedy, 2006; Searle, 1996). Positioning themselves as acutely aware of the correct and incorrect ways to behave during pregnancy, many women constructed retrospective concerns about engaging in risk-taking behaviours (for example, drinking alcohol or not taking the right vitamins) often before they knew they were pregnant. As with previous studies (Lupton, 1999; Schnieder, 2002), the women commonly talked about their desire for greater control to contain these risks. Taking risks that may jeopardise the health of the baby was deemed incompatible with being a *good mother*, placing women in a predicament of there being no comfortable position when risk undeniably permeates their everyday lives (Carolan, 2008). The discourse of the healthy baby could be seen to actively shape women's concept of

health, their desire for a perfect pregnancy outcome, as well as their relationship with morality and responsibility. Worries about baby's health endured throughout pregnancy and would only be resolved with the desired result.

The common emphasis on baby's health being interpreted as normality reinforces Glen's (2012) finding that the ultimate desired outcome of the pregnancy for *both* partners is a healthy, normal, perfect baby. This finding carries significant implications for couples who experience complications during pregnancy or childbirth, and for those whose babies are born with disability (Goodley, 2013). Given the onus placed on the woman to ensure a positive pregnancy outcome (Lupton, 1999), it is possible that mothers of children born with disability may experience sadness, shame, or guilt at not having been able to fulfil their maternal responsibility by producing a healthy child (Goodley & Runswick-Cole, 2013). Further, giving birth to a baby with poor health would likely add considerably more stress and worry during the post-natal period when couples are already adjusting to parenthood for the first time. In this light, it is essential for health professionals supporting new parents to be aware that these couples may need extra care, validation, and support around helping them to adjust to a life quite different to the one they had imagined (both during pregnancy and beyond).

Although the men were less likely to talk at length about their concerns relating to the health and wellbeing of the baby, the worry that their child may be born unhealthy was often the *biggest* fear to be talked about. Utilising the healthy baby discourse, the men constructed the foetus as vulnerable within the mother's womb, and positioned themselves on the outside of the embodied experience of their partner. The paradox between men wanting to be involved in their partner's pregnancies and their inability to engage with its reality due to their disembodied experience was again apparent (Draper, 2002). This sense of disembodiment could be seen to contribute to why the men were less likely to be worried about potential risks to the baby, and more likely to be concerned with the wellbeing of their pregnant partner (who was more tangible than the relatively abstract idea of the foetus). Here, links between the discourse of the

healthy baby and that of the responsible father can be seen, in particular with the men's construction of the role of support person during pregnancy and childbirth.

Discourses of responsibility.

Both women and men drew upon discourses of responsibility to talk about their respective new roles as mothers and fathers. The pervasiveness of talk around responsibility suggested all participants considered it to be an essential quality for *good* parents to possess, and these constructions were intimately woven into their sense of self-worth, identity, and wellbeing.

The responsible mother.

Utilising the healthy baby discourse (discussed above), the women constructed the foetus as a baby and endowed it with personhood, positioning themselves as mothers already. They responded to their worries around baby's health and sense of lack of control over their bodies by constructing the responsible mother, devoted and dedicated to doing everything in their power to ensure a favourable outcome, to re-affirm their personal power over risks and reject fate (Burton-Jeangros 2011). The construction of the responsible mother is in this way inextricably linked to the healthy baby discourse, and worked to help alleviate these concerns and fears. It also has links to the ideology of *intensive motherhood* (Hays, 1996), which advises women to expend an enormous amount of time and energy in nurturing their children at each stage of development. The women actively constructed pregnant women as responsible for carrying baby, making sure baby is healthy, protecting baby from potential sources of harm, as well as ensuring a successful delivery and birth.

This position entailed a degree of self-sacrifice by the women, and by putting the welfare of the child ahead of their own wants and needs they could be seen to be acting in a morally desirable way (Bessett, 2010). The findings of this study support contemporary biomedical and societal views, which position the health of the foetus as more important than the health and wellbeing of the mother (Gross & Pattison, 2007), therefore legitimising maternal sacrifice (Burton-

Jeangros 2011). Although maintaining good health was most often in the best interests of both mother and child, the overwhelming sense of maternal responsibility constructed by women places them at risk of compromising their own wellbeing for that of the baby.

The discourse of responsibility also has implications for women whose pregnancies fall outside the parameters of the construction of good motherhood - a position that has traditionally been restricted to women who are pregnant and married (or in a stable relationship), who fall between a certain age, and who are willing to conform to the expected changes in behaviour (such as avoiding potential risks to the foetus) (Gross & Pattison, 2007). For example, for the women whose pregnancies were unplanned, additional and intense worry around how their pregnancies would be responded to by family and friends was a poignant source of concern. Unplanned pregnancy deviates from the popular conception of good motherhood, and the women's concerns highlight the negative inferences for wellbeing as they struggle to find any identifiable (or comfortable) space in between (*good* and *bad* motherhood).

The features of responsible motherhood are shaped not only through dominant constructions of the good mother but are also constructed through the embodied connection women have with their children (Lupton, 2000). The pregnant mothers appeared very aware of the expectation for them to exercise control over emotions, cultivate calm, and avoid stress in the interests of ensuring a healthy pregnancy outcome. Furthermore, the women constructed a strong sense of guilt and anxiety around their perceived inability to control and contain certain risk factors, including their own anxiety or depression. The experiencing of negative or strong emotions during pregnancy has long been warned against (Lupton, 1999), and women taking medication for mental illness are faced with the additional burden of the medications also posing risk to the foetus. Once again, these findings highlight the difficult position of women eager to conform to the structures of responsible mothering (but which is not always possible). While responsible mothering appears to entail worry (and vigilance) as a normal aspect of the role, for women who are unable to meet the demands of this position, anxiety may be further heightened.

The responsible father.

The men's position outside of the embodied experience of their partners was again emphasised through the discourse of the responsible father. Utilising this discourse, they positioned themselves in the roles of support person, provider, and the good (responsible) father. As was evident in the women's data, the pervasiveness of talk around responsibility suggested the men considered it to be an essential quality for fathers to possess. However, their concerns were rather different from the mothers'.

The men responded to their concerns for their partners by constructing their role as support person during pregnancy and childbirth. They constructed this role as a *job*, and enthusiastically embraced this position, which enabled them to feel a sense of involvement in the pregnancy and connected to the experience. Previous research has shown that partner support is often the most highly valued source of support for pregnant women (Hildingsson et al., 2008), and the findings of this study suggest it is also an important avenue for men to feel involved in the pregnancy. In line with research exploring the father's perspective following a previous miscarriage (O'Leary & Thorwick, 2005), one paramount aspect of the men's support role was to protect their partners from their own anxieties around pregnancy and impending parenthood (during subsequent pregnancies). Societal pressure to be *strong*, and the belief that men are not supposed to have *big negative feelings*, were identified as reasons to inhibit men's disclosures of worry, demonstrating respect and caring towards their pregnant partners, while potentially neglecting their own need for emotional support.

Concerns around providing for their new family were also common across the men's accounts. The construction of these worries functioned to position the men in the role of breadwinner for the family, and again included the importance of not worrying their partner with these concerns. The men commonly drew upon implications of nature and biology referring to their job as *hunter-gatherer*. They constructed the provider role as *old school* and *cliché,* implying they acknowledge it is not new to modern fatherhood but has become further ingrained across time.

The man's position as provider has been a dominant feature of discourses of fatherhood for all of the 20th Century (Cabrera, Tamis-LeMonda, Bradley, Hofferth & Lamb, 2000). Although there is ongoing debate regarding the importance of this role (Rouch, 2009), it has been argued that providing continues to be the most visible means by which men can demonstrate their dedication to being a good father (Doherty et al., 1998).

Although the act of providing was regarded an essential aspect of responsibility as a father, as previous research has discovered (Rouch, 2009), it was the emotional aspects of fatherhood which took centre stage. Talk about worries around being a good father were especially popular across the men's accounts. The men commonly talked about the importance of committing time and energy to playing with their children, teaching them how to do things, as well as being a good example of a father *and* a man.

While cultural understandings of fatherhood and masculinity can be regarded as multiple, fluid, and changing (Lupton & Barclay, 1997), some researchers have identified a sense of unease with the coexistence of new involved fatherhood (especially of young children) (Draper, 2002) and (albeit changing) ideals of masculinity (Wall & Arnold, 2007). Contrary to this suggestion, and in line with other researchers (Henwood & Procter, 2003), the men I spoke with consistently talked with enthusiasm and passion about their impending role as fathers, anticipating being very much involved in their child's care. Although the men talked of having less of a role (than the mother) during pregnancy, there was no talk of being part-time fathers, rather they spoke of their desire of taking on an equal role in parenting after the baby's birth. Traditional masculine characteristics were still very much a part of this discourse, evident in men's talk about the importance of breadwinning activities, and descriptions of the ideal father coaching sports teams and being involved in moral and political issues (Wall & Arnold, 2007). The data also provided evidence that a father's responsibility can be seen to expand to encompass more traditionally feminine qualities of warm, loving and nurturing care-giving, without losing masculinity (Weiss, 1999).

The discourse of the responsible father could be seen to give men a sense of society's notions of what fathers can provide and why fatherhood should be valued. It also enabled them to validate the desires they perceived in themselves for emotional connection with others, and to see themselves as liberated from the constraints of operating as their own fathers and grandfathers had, and who, as a consequence, were unable to benefit from being as involved during this time (Henwood & Procter, 2003). The flipside of this popular contemporary construction of fatherhood means that men have a number of competing demands to meet during early parenthood, which may be stressful.

This research supports previous studies that have shown men to experience a range of significant psychological and social changes, including feelings of unreality, inadequacy, and responsibility during their partner's pregnancy (Draper, 2002; Finnbogadottir et al., 2003; Sandelowski & Black, 1994). This, together with the finding that the men tended to minimise their own worries, preferring not to share them with their partners, may place them at risk of developing further mental health concerns. These findings highlight the importance of including men in pregnancy research and providing them with the space to freely voice their own concerns alongside those of their partners. Only when their voices are heard may dominant and oppressive or harmful constructions be challenged, allowing both partners to receive appropriate support.

Looking beyond pregnancy.

While men's worries were most often future-orientated and based around long-term aspects of fatherhood, women's worries appeared to be much more present-focused and based around aspects of pregnancy and childbirth. When questioned about potential changes that might occur after the baby is born, women commonly voiced great difficulty in seeing beyond the birth, focusing instead on getting through the remainder of pregnancy, labour and childbirth. This finding is in line with previous research that has suggested midwives frequently encounter resistance when discussing the realities of motherhood (such as bodily changes and role

transitions) with women during pregnancy, because often their main concern is to gain information to assist them with their impending labour and delivery, which is naturally anxiety-provoking (Choi, Henshaw, Baker & Tree, 2005). To this extent, antenatal education classes tend to focus on the most present concerns such as labour and delivery, with little focus on more general issues such as expectations about parenthood, planning one's adjustment to parenthood, coping with the demands of a new baby, breastfeeding and so on. This sense of unpreparedness may mean it is more difficult for women (and their partners) to cope with the demands of early parenthood. The implications of this finding are important, and should inform educational interventions and support services first-time parents may require in the antenatal *and* postnatal period, so they are better able to manage changes associated with having a new baby.

Discussion of First-Time Parents' Talk about Management of Worry

Discourse of trust.

A discourse of trust was evident in both women's and men's accounts of coping with worry. Although parents talked about self-care to reduce overall stress, trust was the most eminent discourse to emerge from talk about ways of managing worries around pregnancy. For the women, this discourse included talk about trusting the natural aspects of the process of pregnancy including, the embodied experience, the partner relationship, and the self. Resisting dominant biomedical power hierarchies and constructing pregnancy as a natural and transforming state (as opposed to a medically vulnerable position), enabled women to trust their maternal instincts as well as their physical connection with the foetus. Previous research has found that feeling the baby move can help dispel or alleviate *fears* associated with pregnancy (Melender, 2000b). Trust in foetal movements and the naturalness of pregnancy also helped reassure the women in this study that their pregnancy was progressing in the desirable way, thus working to reduce worries.

There have always been advocates of a more natural approach to pregnancy and childbirth (for example, Cosslett, 1994), and one of the central features of this model is that it draws attention

to the subjective experience of the pregnant woman and away from her objectified body as vessel. From this viewpoint, a woman is encouraged that "she must, above all, have learned to trust her body and its instincts" (Kitzinger, 1962, p. 31), and here lies the paradox of modern women having to *learn* to be natural in a society wherein this position has become devalued (Donovan, 2006).

Burton-Jeangros (2011) identified contrasting positions of conformity and resistance in response to medical norms regarding pregnancy-related health risks. However, the women I spoke with appeared to navigate alternately between these positions, highlighting the fluid and complex nature of their concerns. All women's talk was characterised by a marked degree of caution as they presented as eager to conform to the biomedical expectations to ensure the good health of the foetus. However, the women also demonstrated a degree of resistance as they accepted they could not control *all* risks during pregnancy, thus distancing themselves from the dominant biomedical approach. The women commonly spoke of the conflict between valuing their embodied experience above expert knowledge, implying there is no comfortable position in between.

Trust in the pregnancy as *meant to be* and in the partner as being the *right* person to father their child further eased worries associated with unexpected pregnancies. The women could be seen to be drawing on this discourse to align themselves with good and responsible mothering and avoid negative connotations associated with pregnancies that were unplanned.

The men also talked openly about ways of managing their fears and anxieties around pregnancy, as well as strategies for coping with the ups and downs that are an integral part of this developmental transition. The men used the discourse of trust to construct their worries around pregnancy as manageable, and to position themselves as able to cope. The power of optimistic thinking was commonly addressed, and for the men, this discourse included talk about trusting the (pregnant) body, the baby, the medical system, nature, and the self. Talk about faith -

spiritual, religious and otherwise - was also weaved throughout the men's accounts, implicating trust in something intangible and separate from the self, as a source of guiding philosophy throughout their partner's pregnancy. This discourse can be seen to be particularly important for the men as they seek sources of trust and reassurance in an experience they lack a corporeal embodied connection to. Despite the pervasiveness of biomedical understandings used to conceptualise pregnancy, the discourse of trust served to resist these dominant constructions and provide an alternative resource for understanding and coping with worries. This discourse allowed expectant parents to accept their individual circumstances and manage unique concerns and fears. It also provided the space for more positive aspects of their pregnancy experience to begin to emerge.

Discourse of positive change.

Although this research was slanted towards exploring pregnancy-related worry, some very positive constructions also emerged. The discourse of positive change allowed expectant parents to talk freely about positive aspects of pregnancy, and provided the context for where their worry fits within the wider pregnancy experience. It has been noted that mood is often conceptualised on a one-dimensional continuum, with negative affect on one end and positive affect on the other (Clark, Skouteris, Wertheim, Paxton & Milgrom, 2009). However, researchers have found that perinatal mood is better described as a mixed affective state with elevated levels of both positive and negative moods (Wilkinson, 1999), a conclusion supported by this study.

Positive aspects of the pregnancy experience have tended to be neglected in the literature (Biehle & Mickleson, 2011). However, positive mood and affect is an important aspect of an individual's wellbeing (Salvoey, Rothman, Detweiler & Steward, 2000). Research suggests that positive emotions can increase an individual's resilience and range of coping strategies (Fredrickson, 2001), which is especially important to expectant parents preparing for a stressor such as the transition to parenthood. Furthermore, given research has shown that thinking about

positive experiences of pregnancy and childbirth can help dispel or alleviate pregnancy-related *fears* (Melender, 2002b), it is important to understand potential factors that could enhance positive affect in expectant mothers and fathers.

Pregnancy is unique in being an event (for women) that is culturally, socially, and physically transformative (Schneider, 2002). While it has been suggested that the most overwhelming aspects of motherhood are the changes it brings to a woman's life (Weaver & Ussher, 1997), this study showed that by utilising a discourse of positive change, the women actively constructed the journey to parenthood as important, life changing, transforming, and meaningful.

The women also talked about positive changes that occurred in their relationships during this time. In particular, all women talked about their appreciation for, and the importance of, the support provided by their partner. Women's positive talk about partner support highlights one of the homogenous aspects of this group, and it is likely this helped them to manage stress associated with pregnancy (Rini et al., 2006), as well as serving as a significant protective factor against more serious anxiety disorders or depression (Furber et al., 2009). The association between social support and health has been well documented, and partner support is a predictor of wellbeing during pregnancy (Hildingsson et al., 2008).

The men also drew on a discourse of positive change to make meaning and sense of their experiences of pregnancy, to talk about the transition to parenthood and being a family, including the changes that occurred within their relationship and within themselves. Once again, their accounts contained threads of the implications of nature and biology, as well as notions of the less-tangible power of excitement and love. The men talked positively about the transition to the next phase of life, and attributed meaning and importance to having a child, positioning themselves as good and responsible, supportive fathers, dedicated to the anticipatory roles of parenthood. The cultural image of the new involved and responsible father appears to have

opened up an identifiable space for men to occupy in the complex and changing landscape of family life. By accepting this subject position, the men were able to strengthen their own and other people's confidence in the importance of fatherhood, and in their own self-perceptions as fathers (Henwood & Procter, 2003). This discourse highlighted that worry was just one aspect of first-time parents' experiences of pregnancy and existed meaningfully alongside the more positive aspects of the *wonder*, *awe*, *magic*, and *surprise* of this *beautiful* life transition.

Considerations and Reflections on the Research Process

For first-time parents, pregnancy is a time filled with both excitement and worry (Biehle & Mickelson, 2011). Although worry can be considered a normal and natural part of the pregnancy experience, the existing literature provides little more information than what expectant parents worry about (Ohman et al., 2003; Peterson et al., 2007; Statham et al., 1997), how much they worry (Wenzel, 2011), and how worry can manifest (Melender, 2002a). Furthermore, of the small body of research that has been conducted on worries, the primary focus has been on the pregnant mother. Pregnancy has traditionally been regarded as the province of women, and until recently men's voices have largely been excluded from research exploring this period of transition (White, 2005).

Contributions of the research.

Cultural representations both reflect and shape taken-for-granted assumptions about the role of expectant parents, and although social change evolves through interactions between structure, agency, and ideology, cultural understandings and expectations play a key role in defining boundaries of the plausible, the possible, and the acceptable (Wall & Arnold, 2007). This research provides valuable information regarding how this group of first-time parents related to and made sense of the current sociocultural understandings and discourses surrounding pregnancy in New Zealand, and illustrates how they have changed (and remained the same) in recent history.

One of the strengths of this study lies in the unique approach of interviewing men as well as women during the final stages of pregnancy, to explore their experience of worry at this time. This is the first qualitative study to explore men's and women's experience of worry during pregnancy, and by focusing on worry as a normal everyday experience I have steered away from the dominant biomedical research approach of outcome-focused studies of pathology. Instead, I have taken a more holistic and health-based approach towards studying pregnancy that was interested in exploring in-depth the experiences of both women and men including, what they worry about, how much they worry, how they manage worries, and what these worries mean.

The findings of this research suggest that the types of worries talked about by this group of parents are a normal and natural part of the pregnancy experience. That is, while most of the existing research has focused on disorder-level anxiety (Wenzel, 2011), this study has shown that current sociocultural influences and discourses surrounding pregnancy *normalise* the level of worry and vigilance that was talked about by these women and men. The implications of this finding are important and suggest that even worry which is considered normal may provide challenges for parents-to-be.

In this light, the depth of information gathered and analysed in this study provides an invaluable resource for education providers and health professionals supporting the transition to parenthood to consider, when working to promote parental mental health. For example, given that antenatal education classes are a major source of information for parents (Schneider, 2002), it would be important for providers to be able to reassure new parents that worries and concerns (such as the ones discussed) are a normal part of the pregnancy experience – and that for women worries may be all-consuming and enduring whereas, for men their worries may be more intense and discrete. This knowledge (and validation) may help circumvent the *worry about worry* that was so often identified by the parents. Mindfulness-based approaches and self-

validation strategies may be useful to enable women and men to notice their worries and reassure themselves that they are a normal and natural part of the pregnancy experience.

Professionals supporting the transition to parenthood should work collaboratively with parents to assess what level of support may be relevant or helpful to their individual circumstances. It would also be beneficial to explore with parents their personal understanding of pregnancy (from a medical and/or natural viewpoint), as well as the issue of control, the importance of partner support, and the couple's level of communication and coping strategies. Such a discussion may help new parents manage worries more effectively, and may also be helpful in preventing feelings of disappointment, guilt, or failure should their ideal outcome of pregnancy not be achieved (Schneider, 2002). Ultimately, it remains important for health care professionals to listen to the unique concerns of parents during pregnancy and provide information and/or additional time or assistance as required (Melender, 2002b). As was discussed in the introduction section of this thesis, worry that is associated with significant life interference and/or emotional distress may signal a more serious anxiety disorder that requires extra support and/or intervention (Wenzel, 2011).

Limitations and future directions.

Although generalisation of the results was not a goal of this research, limitations of the study are reflected in the nature of the sample used. It has been acknowledged that couples remain at the heart of New Zealand families, with over 50% of all adults aged 16 years and over being partnered and living together in the last decade (Cribb, 2009). However, because the sample consisted primarily of professional working couples experiencing their first pregnancy, it is unclear how much these results would generalise to other couples. For example, it may be that professional couples have more resources to deal with the transition than those with lower incomes or education and therefore, may experience fewer worries or worries of a different nature than other demographics.

Further, absent from this research is a voice detailing how single parents experience worries during pregnancy. In New Zealand, the make-up of families is changing and the number of single parent families has grown rapidly over recent years, with one in four children living in a sole-parent household (Brown, 1999). Further, Māori and Pacific Islands women are considerably more likely to be single parents than women from other ethnic groups (Cribb, 2009), highlighting an important focus for future research. Sole-parent families are in a disadvantaged income position compared with two-parent families, and it is likely that financial hardship may breed a further aspect of worry. Also, given the abundant literature outlining the importance of social support, and partner support in particular, during the transition to parenthood (Furber et al, 2009; Hildingsson et al., 2008; Rinni et al, 2006), it is likely that pregnancy for single parents or couples in less stable relationships may be more challenging. Additional studies are needed to examine the impact of cultural, social, and relationship context (also including same-sex couples) on worries during pregnancy to increase our understanding of these issues for those potentially in need of extra care and support. Furthermore, future research incorporating an indigenous Māori world view of pregnancy in Aotearoa, New Zealand, may offer alternative conceptualisations of pregnancy (in contrast to the medicalised Western views) that would likely entail important implications for providing support to this group.

A future consideration for research to expand on the findings from this study would be to interview pregnant couples before the birth of their first child and again in the post-natal period, to explore how worries change after baby is born. Because this study focused on worries during the pregnancy period, it would be beneficial for future studies to explore how worry changes across the transition to parenthood. This study suggested that during pregnancy women's worries were more present-focused and about baby's health, whereas the men's worries appeared more future-orientated and focused around aspects of fatherhood. After a couple's baby is born, little is known about how worries are experienced by new parents and the impact they may have. It could be that they become more differentiated between mothers and fathers as they encounter different experiences in parenting, or they may become more similar as they are

both responding to the child's needs. During pregnancy, many of the worries that parents are concerned with are about potential unknowns that could happen with the baby, labour and delivery, or with adjustment to parenthood (Biehle & Mickelson, 2011). Following birth, it may be that parents worry less about unknown possibilities and more about tangible concerns they are facing. Therefore, it is possible that due to the different nature of worries during pregnancy compared to the postnatal period, the impact of worries may also differ.

Further expansion in the examination of partner worries would also be beneficial in our understanding of pregnancy worries. Given our knowledge that first-time parenthood involves significant changes in self-identity as well as partner relationships (Barclay & Lupton, 1999), it would be useful to explore how communication and discussion of worries within couples could encourage relationship satisfaction during pregnancy as well as in the post-natal period. It may be that knowledge about a partner's worries (even when different from one's own) is an indicator of communication between partners. Given the present finding that men are less likely to share their worries during pregnancy, being able to comfort a partner who is worried about an issue could represent a particular type of partner support that is important during transition periods such as pregnancy. In a related matter, it would be useful to examine the impact of one parent's mental health on their partner's sense of wellbeing, as it may be that the topic of worry is less important than how much distress the worry evokes (Biehle & Mickelson, 2011). These and other lines of inquiry in the future will help broaden and deepen this important area of knowledge for the benefit of new parents, their children, and the strengthening of the family unit.

Conclusions

Conducting this study, I was interested in contributing to the exploration of worries within the contemporary culture of pregnancy in Aotearoa, New Zealand, and examining more closely the taken-for-granted understandings that are part of that culture through an analysis of first-time parents' talk. It has been acknowledged that pregnancy can be a stressful and challenging time

for couples as they negotiate their relationship with a being who is simultaneously present (in utero) and absent (not yet born) (Gross & Pattison, 2007; Sandelowski & Black, 1994). Expectant parents find themselves in a state of being (pregnancy) that is both biomedically confirmable and socially constructed. It is an experientially liminal phase in the transition to parenthood in which they are becoming mothers and fathers for the first time.

The findings of this study have contributed to knowledge and understanding of some of the types of worries first-time parents may experience during pregnancy. Recognition of women's and men's changing roles in pregnancy, and deeper insight into their experiences of worry, is of relevance to all those supporting the transition to parenthood, including Midwives, Obstetricians, Ultrasonographers, Counsellors, Psychologists, and Childbirth Educators. Increased awareness and understanding should inform support given to first-time parents and reinforce the importance of relevant antenatal preparation that effectively meets the needs of both expectant women and expectant men (Draper, 2002).

From a psychological perspective, deeper understanding of pregnancy-related worry will better enable us to support new parents and their families during this developmental transition, to offer well-informed psycho-education to new parents about what sorts of worries and anxieties they are likely to experience, and to provide them with tools they can use to help support one another to manage these worries and prevent developing more serious illness or distress. It is important to identify stressors and worries during this time, and to equip new parents with the tools to manage them effectively. Women and men who are able to successfully deal with this type of emotional distress have the potential to develop hope and resiliency that will prepare them for significant life transitions or stressors in the future, as they continue to navigate the wondrous journey of parenthood. Ultimately, working towards strengthening the partner relationship (and the wider family unit) will have a positive impact on family functioning that will benefit all family members, including the new baby and future children.

REFLECTION

Carrying out this research has affected how I see (know) the world through language. The most precious gift that I took away from conducting this study was hearing the stories of the women and men who participated in the research. Every parent's story told a unique experience, and I was heartened by the ability of participants to spontaneously draw upon positive aspects of pregnancy despite the interview's slant towards worry. While parents' worries were at times deep, dark and frightening - the magic and beauty of first-time pregnancy was still at the forefront of their experiences. I acknowledge that this was a restricted sample and for other women and men pregnancy-related worry, anxiety, distress or depression may be more difficult to manage. I hope this study will provide the beginnings for more discussion, insight and inquiry into holistic focused pregnancy research with diverse groups that reflect the wider New Zealand society. I am grateful that this research process has opened my eyes and broadened my knowledge and understanding, so that I may identify and use the privilege I have had in my future work as a Clinical Psychologist.

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APPENDIX A

Participant Information Sheet

MASSEY UNIVERSITY
COLLEGE OF HUMANITIES
AND SOCIAL SCIENCES
TE KURA PŪKENGA TANGATA

Participant Information Sheet

First-time parents talk about worries during pregnancy

My name is Annabel Marshall and I am undertaking this research as part of my Doctorate of Clinical Psychology training at Massey University in Wellington. I would like to talk with first-time parents about worries during pregnancy. My supervisors on this project are Associate Professor Keith Tuffin and Dr Joanne Taylor, Massey University.

What is the purpose of this study?

This research aims to explore the worries and concerns first-time parents have during pregnancy. In particular, we are interested in looking at what people worry about, how much they worry, awareness of partners worries and how such concerns are managed. Gaining a greater understanding of worries during pregnancy may contribute to educational and therapeutic practices for those working with first-time parents.

Invitation

I would like to invite you to participate in our research exploring the ways women and men talk about worries during pregnancy. Participation is entirely voluntary. If you agree to take part you are welcome to ask questions at any time and you are also free to withdraw from the study at any time.

What will participants be invited to do?

If you would like to participate, I will discuss the details of the study with you over the telephone and we can decide on a time and place for the interview that is comfortable and convenient for you. I am anticipating to interview ten women and ten men, individually. These sessions will be for about one hour and I hope to undertake them between September 2011 and February 2012. You may choose to have a support person present.

Interviews will be recorded by digital voice recorder then transcribed once the interview is complete. Your transcript will be forwarded to you to read over to ensure the information is accurate. You may change or clarify your transcript and return it to us in the pre-paid envelope provided within three weeks from the date it was sent. If we do not receive your transcript back from you we will assume you are happy with the information to be analysed as it is.

Te Kunenga ki Pūrehuroa

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Privacy, confidentiality and safety

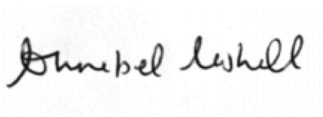
Information you provide will not have your name and you will not be identified in any reports resulting from this study. Anonymity will be assured by employing pseudonyms that will be used on all recordings, transcripts and research notes. Any other details which may be identifying of you will be changed as necessary to maintain your privacy. I will store all information safely and securely, and information obtained during the interviews will be available only to myself and my supervisors. Recordings of the interviews will be deleted at the completion of this project.

It is important to me that women and men experience no ill-effects through participation in this project. You retain the right to not answer any specific question or area of questioning, ask for the recorder to be turned off at any time during the interview, and to have information wiped from the recording or the notes on request. Should you become fatigued or upset during an interview, flexibility for breaks or stopping as needed will be assured. If you want to talk to someone about anything which caused you to feel uncomfortable or need further support I will refer you to the appropriate service or discuss with you other avenues of support. All participants will receive summaries of research findings.

Thank you…

I would greatly appreciate your participation in this study. Thank you for considering this request.

Warm Regards,



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Associate Professor

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Palmerston North Campus

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This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher's named above are responsible for the ethical conduct of this research.

If you have any concerns about the conduct of this research that you wish to raise with someone other than the researchers, please contact Professor John O'Neill, Director, Research Ethics, telephone 06 350 5249, email humanethics@massey.ac.nz.

APPENDIX B

Participant Consent Form

MASSEY UNIVERSITY
COLLEGE OF HUMANITIES
AND SOCIAL SCIENCES
TE KURA PŪKENGA TANGATA

Participant Consent Form

First-time parents talk about worries during pregnancy

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time. I agree to be involved in this project, knowing I have the right to withdraw at any time and have all information wiped from the recording or the notes. Any information which could identify me will not be used. I am aware I may choose to have a support person present during the process.

I agree to the interview being sound recorded.

I agree to participate in this study under the conditions set out in the information sheet.

Signature:_____ **Date:**_____

Full Name –printed:_____

Phone number:_____

Email address:_____

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APPENDIX C

Summary of Research Findings

MASSEY UNIVERSITY
COLLEGE OF HUMANITIES
AND SOCIAL SCIENCES
TE KURA PŪKENGA TANGATA

"Waiting For Baby": First-Time Parents Talk About Worries During Pregnancy

February 2013

Dear

I want to thank you once more for your generous participation in my doctoral research. To all participants - thank you so much for making the time to talk to me, welcoming me into your homes and speaking freely about your pregnancies and experience of worry during this time. I thoroughly enjoyed listening to your stories, which at times made me both laugh and cry. I am writing to provide you with a summary of the findings from the study.

The purpose of the study was to explore the way *first-time* parents talk about worry during pregnancy and to increase our understanding of such concerns. After talking with twelve women and eight men, it became apparent that the unique circumstances and personal factors entwined with pregnancy influenced worries and the meanings attached to them. Both women and men talked about issues relating to age, occupational background, history of mental illness, whether the pregnancy was planned or unplanned, conceived naturally or through IVF, or whether it followed a previous miscarriage as being significant factors impacting the experience of worry. These individual circumstances provided a unique psychological overlay against which common patterns (summarised below) emerged.

Summary of Women's Talk About Worry

Women most commonly talked about pregnancy-related worry as negative, pervasive, and consuming. For many, the intensity of concern was an unexpected outcome they felt largely unprepared for. Women spoke of being surprised by the all-consuming nature of pregnancy, having thought prior to conception that life would continue on as normal with the novel addition of a *baby bump*. All women talked about worries for the health of the baby as well as fears of miscarriage or stillbirth. Implications of biology or nature were used to explain this worry as natural and as coming from somewhere within the self, and also suggested a lack of control over concerns. Pregnancies were positioned as tentative as there was anxiety around the ability to deliver a healthy baby. There was common reference to potential sources of harm to the baby such as drinking alcohol, smoking cigarettes and eating foods deemed unsafe. Acutely aware of correct and incorrect ways to behave during pregnancy, many expressed feelings of guilt and shame for engaging in risk-taking behaviours often before they knew they were pregnant, and commonly talked about the desire for greater control to contain these risks.

Worries around baby's health endured throughout pregnancy and there was also talk of the responsibility for carrying baby, protecting baby from potential sources of harm as well as ensuring a successful delivery and birth. The ubiquity of talk around responsibility suggested women considered it an essential quality for "good" mothers to imbue, and was related to women's sense of self-worth, identity and wellbeing. This finding also has implications for women whose pregnancies fall outside of the parameters of what is commonly considered "good motherhood" - which has traditionally been restricted to women who are pregnant and married, or in a stable relationship, who fall between a certain age and who are willing to conform to the expected changes in behaviour. For example, for the women whose pregnancies were unplanned, additional and intense worry around how they would be responded to by family and friends was a poignant source of concern.

While there was talk of self-care to reduce overall stress and talk of trusting in the more natural aspects of pregnancy, including the physical experience, the relationship with one's partner and the self was the most salient theme to emerge regarding ways of managing and coping with worries. Talking about pregnancy as a natural and transforming state (as opposed to a vulnerable medical position) enabled women to trust their maternal instincts and abilities as well as their physical connection to the baby to reassure them that the pregnancy was progressing in the desirable way, thus working to reduce worries. Finally, talk about positive changes associated with pregnancy was powerfully evident. All of the women talked about the transition to motherhood as important, life changing, transforming and meaningful, and also talked about the positive changes that had occurred in their relationships during this time – including the importance of partner support. This positive talk highlighted that worry was just one aspect of women's pregnancies, and coexisted meaningfully alongside the more positive aspects of the wonder and awe of this *beautiful* life transition.

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Summary of Men's Talk about Worry

Although men shared some of the same concerns as women, differences in their talk were pronounced. For example, while women commonly talked about worry as all-consuming and enduring throughout pregnancy, men most often talked about worry as being triggered by a specific moment or event during the pregnancy (for example, the first scan or a labour scare), causing them to acknowledge and engage with the *reality* of the situation and worry, *freak-out*, or *panic* for a limited period of time. This sudden realisation and associated increase in worry tended to occur towards the end of the pregnancy as the birth date approached. Men typically remarked on their lack of physical connection to the baby that made it seem less real to them as well as the related significance of seeing their child in ultrasound imaging. Interestingly, it appeared to be via this very knowledge and acceptance of the pregnancy as real that caused worries to surface and grow.

Men attributed positive qualities to worries, constructing worry as normal, important and motivating in their journey towards fatherhood. Although worry is often regarded as negative, it can be an important step as a form of inner preparation for dealing with perceived stressors used prior to coping with a situation, in this case impending parenthood. Although men were less likely to talk at length about concerns relating to the health of baby, the worry of having an *unhealthy* baby was often the *biggest* fear. Men's lack of physical connection to the baby also contributed to why they were *less* worried about potential risks to the baby and *more* concerned with the wellbeing of their pregnant partner - who was more tangible than the abstract idea of the foetus.

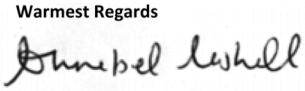
Men talked at length about the responsibilities of new fathers, including the role of support person and provider as well as what it meant to be a "good" dad. The pervasiveness of talk around responsibility suggested men considered it an essential quality for fathers to imbue, and was intimately woven into their sense of self-worth and identity. Men typically talked about the role of support person as a job, and they enthusiastically embraced this position, which enabled them to feel a sense of involvement and connection with the pregnancy. One important aspect of this role was to protect their partners from their own anxieties around pregnancy and impending parenthood (including providing). Men talked at length about providing for the family, commonly drawing upon implications of nature and biology - referring to the role of *hunter-gatherer* as *old school* and *cliché,* implying it is not a notion new to modern fatherhood but has become further ingrained across time. However, although providing was regarded an essential aspect of a father's responsibility, it was the emotional aspects of fatherhood that were considered most important. Men commonly talked about the importance of committing time and energy to playing with their children, teaching them how to do things as well as being a good example of a father and a man. Men consistently talked with enthusiasm and passion about the impending role as father, anticipating being very much *involved* in their child's care.

Men talked openly about ways of managing fears and anxieties around pregnancy as well as ways of coping with the ups and downs that are an integral part of this developmental transition. Positive thinking was commonly addressed and they also talked about trusting the body and nature, the baby, the medical system, and the self. Talk about faith - spiritual, religious and otherwise - was also weaved throughout men's talk, implicating trust in something intangible and separate from the self as a guiding philosophy throughout the pregnancy. Men talked positively and with excitement about the transition to the next phase of life and attributed meaning, love and importance to having a child, positioning themselves as good, responsible, and supportive fathers, dedicated to parenthood.

This study has provided insight into first-time parents' experiences of worries during pregnancy and has contributed to the understanding of contemporary expectant parenthood in Aotearoa, New Zealand. Recognition of women's and men's changing roles during pregnancy and deeper insight into their experiences is of relevance to all those supporting the transition to parenthood, including relevant health professionals. Increased awareness and understanding should inform the antenatal support given to first-time parents and reinforce the importance of relevant antenatal preparation that effectively meets the needs of both expectant women and expectant men.

Thank you once again for helping to contribute to this knowledge. If you would like more information about any aspect of this study (including the findings), please feel welcome to contact me. Your babies will now be growing into toddlers as they enter their second year - I wish you all the best with the new additions to your family as you embark on this next chapter in life.

Warmest Regards



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APPENDIX D

Interview Schedule

Table 2.

Interview Schedule

Questions used to guide interview	
1.	First, I want you to think back over your pregnancy so far. Can you tell me about a time during your pregnancy when you found yourself worrying the most? What sort of things were you worried about?
2.	How intense or consuming were these worries for you?
3.	Have you noticed your worries change over the course of your pregnancy? How would you describe this change?
4.	Do you ever feel, or have you ever felt that your worries are overwhelming or are/have been too much to manage?
5.	How did you manage these worries?
6.	Do you share your worries with your partner and does he/she share his/her worries with you?
7.	How do you feel that worry has impacted on your relationship with your partner (this could be your worries or theirs)?
8.	How do you feel pregnancy has changed your relationship?
9.	Do you think about how having a baby might change your lives?
10.	Is there any advice you would want to give pregnant women and their partners to help them manage worries during pregnancy?