

Men and Maternity

Rosemary Mander

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Since the development of modern medicine men have become increasingly involved in childbearing as obstetricians and, more recently, as fathers. Childbearing has been revolutionised due, in no small part, to the involvement of men.

This book argues that the beneficial contribution of men has been taken for granted. Certain changes to childbearing practice have resulted, which, together with men's involvement, have been encouraged without any reference to evidence and without adequate opportunity for reflection.

Considering the findings of recent research and wider literature, and using qualitative research with mothers, *Men and Maternity*

- traces the beginning of men's involvement in childbearing in practising interventive medicine
- discusses the medicalisation of childbirth and highlights the potential for iatrogenesis for the mother and child due to unnecessary interventions
- looks at the difficulties men experience with childbirth as fathers and their responses to these difficulties
- gives attention to certain particularly challenging situations, such as fathers' grief
- analyses the taken-for-granted assumptions about the beneficial contribution men make to childbearing, both as practitioners and as fathers, and asks whether there may also be disadvantages.

This book is the first to question assumptions about the beneficial involvement of men in childbearing. It will therefore be of great interest to academics and postgraduate students of midwifery, obstetrics, medicine and health studies, as well as practising midwives and obstetricians, health visitors, childbirth educators and labour and delivery room nurses.

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Introduction

The menfolk

The childbearing scenario is the unequivocal focus of this book. As with any great story, the major focal point is likely to be found in the *dramatis personae*, rather than in the plot as such. The main actor, of course, is the woman in the process of becoming a mother. She has traditionally and rightly been the major focus of attention for all those involved in childbearing.

It may be, though, that her role as *prima donna* is under threat of being usurped by a range of techniques, interventions and bit players. Two of the relatively recent arrivals on the childbearing scene, the baby's father and the medical practitioner, appear to be particularly guilty of threatening to steal the woman's limelight. In view of this, the purpose of this book is to examine the nature of these men's input into the childbearing scenario. In doing this I will assess the existence, reality and extent of any threat which they may present.

Who the man is

Throughout this book I attempt, as far as possible, to refer to the man in the singular. This is because the generalisation, which a plural would imply, may not be appropriate for such a varied constituency. Having clarified that the focus is on the individuals, it is necessary to explain that those individuals belong to one of two groups, although some may belong to both. These two groups of men are the partners and the attendants; that is, the medical personnel. Although the term 'partner' is less than ideal, it is widely understood and probably accurate, whereas 'husband' in Western Europe is becoming increasingly likely to be imprecise.

At first glance, it may appear that the father and the medical practitioner have very little in common. On the basis of the literature, the assumption is being made throughout this book that their gender, or at least their gender attributes, are widely shared (see [Chapter 2](#), pp. 36–7), although some may question this. Other, more specific commonalities will manifest themselves as the book progresses.

Who the man is not

There are two other groups of males to whom I will not specifically be giving attention.

The boy baby

Being a boy baby may be said to be a mixed blessing. While more boys are conceived and born than are girl babies, they tend to be less healthy. Thus the female/male ratio is approximately equal by the time adulthood is reached (Lorber, 1997:18). It has recently been suggested that, even as a fetus, the boy may make greater demands than his sister on his mother's resources. This is through an association with an increased dietary energy intake in the pregnant woman who is carrying a boy baby (Tamimi *et al.*, 2003).

The grandfather

Unlike the grandmother who is an ongoing source of assistance, support and consolation, the grandfather tends not to feature in the childbearing scenario. The exception is the grandfather of the baby being relinquished for adoption (See [Chapter 7](#)), where the situation is very different. A survey with some qualitative elements (Wenger and Burholt, 2001) found that relations with the grandfather became less intense as the young person became an adult. Perhaps not surprisingly, the factor which was the strongest influence on the maintenance of contact was the existence of capital, or some other form of property, which could be available to be inherited. This may be another example of the relatively short-term influence of the man.

The context

There are a small number of situational aspects which have influenced the development of the ideas in this book. These aspects are both different and differently significant. In addition, they apply unequally to the two main groups of men.

Power relationships

One concept which needs to be taken into account from the outset is one of which the men in the childbearing scenario, and possibly some women, may not be aware. Other women may deny that it is any longer a problem—if it has ever existed. The concept which needs to be borne in mind is patriarchal power, which is defined as: Systemic societal structures that institutionalise male physical, social and economic power over women.

(Reeves and Baden, 2000)

Although the concept of patriarchy may be helpful to some women to the point of being liberating, this is not universally the case (Bryson, 1999). The concept of patriarchy has been condemned by some feminist critics on the grounds that it is part of the problem rather than the solution. Patriarchy has been labelled as a construct created by members of the white middle classes to shore up their own position of strength. Equally, it has been criticised for being too trite. In this way it may be seen as limiting debate and stifling discussion by effectively putting the lid on the difficult questions, rather than opening them up to interrogation, analysis and debate.

The term 'patriarchy' as a form of misuse of power was first introduced to the feminist literature by Kate Millett in 1971. To develop this persuasive argument, she applied the anti-Vietnam and civil rights and student rights political activism of the 1960s to the situations in which women found themselves. In this way women were made to realise that their supposedly individual experiences of underachievement, unhappy relationships and domestic violence were far from unique. These experiences were found to be common enough to justify the recognition of a widespread abuse of male hegemony. Perhaps unfortunately, it was from this recognition that the all too familiar epigram was coined: 'The personal is political'.

The universality of male power is, according to Millett, one of the factors which renders it pervasive to the point of invisibility. Unlike other forms of oppression, patriarchy is not confined to any particular century, socioeconomic class or ethnic group. Its ubiquity carries with it the menace of the widespread assumption that it is the natural order of things.

The oppression of women has often been shown to feature most frequently in work in the home, in paid employment, in statutory structures, in culture, in sexuality and in criminal violence. Because the roles of men and women are more clearly delineated in reproductive functioning, this may not be regarded as a site of women's oppression. It has been argued, though, that this is far from the case (Mander and Reid, 2002:14). One of the ways in which this oppression has been identified is found in the writing of Pollack and Sutton (1985). These authors are unwilling to interpret the father's increasing involvement in childbearing as the saccharine experience to which it is often compared. Instead, they reinterpret his involvement as another example of men exerting their rights at the expense of their women partners.

In this book I advance the argument that the men who are intended to provide care for the childbearing woman are, each for his own individual reasons, unable to do so. While they certainly do not intend to cause her harm, they find themselves in unforeseen situations in which they are unable to behave in anything other than predetermined ways. The result, for a number of reasons which will become apparent below, is a deterioration in the woman's experience of childbearing. This result may further involve a range of phenomena which, ultimately, cause iatrogenic effects for her baby, as well as for the woman herself.

New fathering in the media

The other main contextual aspect which has influenced the development of this book is, arguably, a more recent phenomenon. This is the man who claims or is described as being a ‘new father’ or a ‘nurturant father’ (Storr, 2003:41). Probably originating in North America, this idea is another by-product of the counterculture of the 1960s. Lamb (1986), however, maintains that this man came into being as late as the mid-1970s.

The new father has been given a good press. To the extent that he exists, he has enjoyed the wealth of publicity which has focused solely on the benefits of men’s input into childbearing. The media appear to relish the story which they have cornered on doting and dutiful dads. These journalistic embellishments appear to provide the perfect complement to their other birth story stock in trade—that of the medical miracle. The reality of the father’s contribution will become apparent as this book scrutinises the research literature on the birth process. The rhetoric, however, is well exemplified in the website of the National Childbirth Trust (1998). This website includes two pages entitled ‘Becoming a Dad’. One page is headed ‘Your role at the birth’ and the other ‘Practical steps to help your partner’.

A selection of fathers’ comments are provided. They include the following:

‘This was a wonderful experience and one that I am glad that I did not miss.’

‘I would have been nowhere else that evening.’

‘I was able to help Sarah to cope with the contractions by massaging her back and suggesting new positions.’

‘One thing I felt able to help with was to help Judie use gas and air during contractions. I feel competent with machines, so this felt like something I could contribute.’

Of the nine quotations in this section of the website, eight are similar to the four quoted above. The other quotation shows somewhat less unalloyed delight:

‘For many men witnessing the birth of their child is a fantastic, life-enhancing experience. Others don’t give it such rave reviews.’

The latter seven words are the only indication on the website that there may be a less than totally positive side to this experience.

The old adage ‘Don’t let the truth spoil a good story’ is clearly the agenda here. While there is no suggestion that these are anything other than genuine comments, this book will show that such a positive bias in no way echoes the experience of a large number of men as reflected in the research findings. This misrepresentation of the father’s reality may be seen to amount to an agenda to deprive the father of the research evidence about the birth experience. In a later chapter, this selective truth-telling is referred to as a ‘Conspiracy of silence’ (See [Chapter 8](#)), much to the chagrin of the men on the receiving end who are prepared to articulate it. The

role of the print media as well as the electronic media should not be underestimated here. It may be that the efforts of the press, combined with those of 'new fathers' such as David Beckham and the Prince of Wales, have not served to benefit the more standard form of father.

Another example of the electronic media role in the creation of the 'new father' is found in the website of Fathers Direct (2002). This ambiguously named organisation claims in its website that its mission: 'exists to promote close and positive relationships between men and their children.' There are frequent mentions by Fathers Direct of the father's responsibility. There is, however, no indication of whether anybody, other than the father, is likely to benefit from the existence of this organisation. It may be surprising to some of us to find that the children of the fathers are not actually mentioned and that the mother is only mentioned in a disparaging way. Yet again, it would appear that the media are providing a less than completely balanced picture of parenthood.

The argument

The topic of this book has engendered considerable hilarity in some of the men with whom I have been able to discuss it. Their mirth arises from their need to emphasise the man's crucial contribution at the time of the conception. One example came to me in the form of a personal anecdote:

MIDWIFE: Would you like to be with your wife at the birth, Mr Jones?

MR JONES: Why would I want to do that? As long as I was there at the conception I'm happy.

By way of an introduction to the argument, I would like to contemplate briefly the reasons underpinning this humorous ribaldry. I consider here whether, as is so often the case, such humour has a more serious side. It is necessary to contemplate whether such amusement represents a coping mechanism and, if so, why it is necessary.

Genealogy

In some ways the recognition of the physical fact of motherhood is easy. You might even say that it is obvious. Almost invariably the woman shows abdominal enlargement and ultimately she gives birth to a baby. What is usually patently obvious to any observer is that the woman is pregnant, that she experiences labour and that the baby emerges from her body during the process of the birth.

Fatherhood is not at all like that. The changes that the father experiences are not visible. In most societies there is only one stage in the childbearing process in which the father is actively and crucially involved. That stage is the conception and it is ordinarily a quite private matter.

The lack of visibility of fatherhood has given rise to concerns. In certain situations, especially historically among the nobility, 'precautions' have been

taken around the time of the nuptials in order to ensure that the father is actually the father (Harris, 1984). The need for these 'precautions', however, does not feature among lesser mortals. The need for such 'precautions' among nobility relates to the prestigious inheritance which is likely to be involved, but their existence reflects a range of doubts and anxieties which are not unique to the upper echelons of society. Some of these doubts and anxieties relate to the child's paternity. Because the man is not always expected to be monogamous, he may fear that his partner may be similarly unfaithful. Thus a man is likely to become anxious that his partners' children may not necessarily be his. These traditional uncertainties of fatherhood are reflected in the old adage that: It's a wise child that knows its own father.

Such uncertainties have been exacerbated and developed into modern concerns by the recent advances in assisted reproductive technology. Through these techniques the role of the father may have been further reduced to that of little more than a 'stallion' (Stanway, 1984). In addition, the interventions involved in such technology are undertaken, not by a female partner who might ordinarily be accused of adultery, but by a member of a male-dominated profession. Thus the insult to the paternal self-esteem is likely to be compounded further.

History

The man's assumption of a dominant role in the physiological process of reproduction emerges in an old analogy. It may still be evident in some cultures which have recognised the link between sexual intercourse and the conception (Douglas, 1966:191). The fact that in other cultures this analogy has been overtaken by scientific knowledge may be perceived as yet another blow to the man's self-esteem. The analogy is the perception that it is the male's 'seed' which is the uniquely active agent in the development of the human fetus and the baby (Ahern, 1978:272; Jeffery and Jeffery, 1996:19; Vincent-Priya, 1992). Through this logic the offspring is directly related only to the father, carrying only his characteristics through his genetic material. The woman in this scenario serves merely as the 'soil' into which the man's seed is deposited and which serves only to nourish that seed. The function of her body is just to facilitate the development of the seed to its full potential, but she does not contribute any active components. This perception may not be unrelated to the patriarchal views of paternity which I have mentioned already. The invention of the microscope and the resulting increase in knowledge of the process of fertilisation clearly dealt a serious blow to such ideas of male supremacy.

As well as these long-standing views of the singular role of the man in reproduction and the more recent threats to this role, there is a further underlying and immutable factor. This is the unique ability of the woman to bear children. This fact, which may appear too obvious to even mention, carries with it the inevitable consequence that the man is required to be totally dependent on a woman or women to achieve procreation and, thus, his stake in eternity. It may be

interesting to contemplate whether this dependence, or even impotence, has had any effects on the man's wish for involvement in the processes of childbearing.

Exclusion

The involvement of the man in childbirth has long and extensively been taboo. The rationale for this prohibition is not entirely certain. A number of factors may have been involved, the most obvious being the knowledge base. As long as care during labour was determined solely by the attendant's personal experience of childbearing, it was inevitable that only women would be in a position to provide such care (Tew, 1995:41).

Second, the concept of adultery, which has been mentioned already, may be related to the woman being regarded as her husband's property. This applied particularly to her reproductive functions as represented by her reproductive organs (Towler and Bramall, 1986:29). Thus, it would be logical for a husband to place a veto on a man's attendance at the birth.

The third factor is one that continues to exist in many cultures, but which may be difficult for a woman and for a midwife to comprehend. This is the concept of 'pollution' which has resulted in childbirth becoming 'an unclean subject, fit only for midwives and sow gelders' (Graham, 1969). This concept is not easy to understand in a supposedly sophisticated society, since it features certain quite distinct component parts. As the word 'pollution' and the quote (above) indicate, there is an element of uncleanness. This is probably comparable with current media-hyped anxieties about blood-borne infectious diseases. It resulted in the low status of the midwife indicated in the quotation and also her continuing low status in certain modern cultures (Jeffery and Jeffery, 1996).

The other element of pollution is even more challenging, because it features supernatural phenomena. These phenomena may be deemed to be supernatural because the birth of a child almost inevitably involves bleeding. Unlike the bleeding caused by a traumatic wound, however, the bleeding of healthy childbirth is controlled physiologically and ceases spontaneously. The result is that, contrary to what happens to men and in nature, the woman does not die. Such bleeding has long been incomprehensible to men, who tend to assume that death inevitably follows the loss of blood.

The only possible explanation was that some form of mystical agency was involved in the birth. This agency could constitute a danger to men as much as a benefit. For these reasons the birthing woman (like her menstruating sister) was and may still be secluded and prohibited from a wide range of activities for fear of the dire consequences to the direct and indirect contacts (Frazer, 1922; Shorter, 1983). This line of thought has not only personal, but also policy implications. This was apparent in the essentially pronatalist authorities in many European countries, who were hampered in their efforts to boost the birth rate prior to 1900 by 'profound suspiciousness about the pregnant woman's power to contaminate the world about her' (Shorter, 1983: 288).

As Martin (1987:97) discusses, however, such masculine ‘suspiciousness’ and the resulting vetoes were not without benefit to the childbearing or menstruating woman. The vetoes usually involved prohibition from performing some tediously menial form of food preparation and ‘could very easily be perceived as providing a woman with a welcome vacation’ (1987:98).

Thus superstitious fear and lack of relevant knowledge were initially responsible for the man not being permitted to be present at or involved in the birth. These factors were reinforced by, first, the low status of midwives and, second, potentially hostile patriarchal power which for centuries deterred the man from seeking to provide care routinely (Carter and Duriez, 1986: 60). Two factors ultimately needed to converge to change this situation. It was necessary for the development of fashion to combine with the advent of medical learning to overcome the long-standing and profound resistance to the man’s involvement in childbirth (Loudon, 1992:167).

Recent history

Against this historical backdrop the man-midwife first began to be involved in healthy childbearing (see [Chapter 1](#)). He was soon followed by the obstetrician in the mid-nineteenth century (Carter and Duriez, 1986:77). By the latter part of the twentieth century the man who was the father was successful in pursuing his medical brothers into the birthing room. Although the ingress of each of these men was hotly debated at the time, these changes have not been subjected to considered and objective reflection. Thus this book aims to focus on the research evidence and other literature in order to document the changes associated with the man’s increasing involvement in childbearing. The focus will reflect the many widely accepted benefits of the man’s involvement in childbirth and will attempt to both frame and answer the question of whether there may also be disadvantages.

As well as the genealogical, historical and supposedly unclean aspects of birth, there exists another aspect which may not be unrelated to those already mentioned. This is men’s underlying fear that, at the birth, women are doing something that men are unable to do and from which they have traditionally been excluded. Perhaps the man does not really seek involvement, but neither does he wish to be excluded on terms that are not of his own making.

Chapter 1

Cultures and times

Introduction

In order to be able to describe the role of the man in childbirth it may be helpful to go back to our roots. This resonates with the old adage 'If you want to know the way forward, you must know where you've come from'. In this chapter the aim is to examine where the society of which we are members has come from in this respect. Thus this chapter comprises, first, an analysis of relevant cross-cultural issues. These issues will lead into an assessment of the literature on the history of the man in childbearing. By using these complementary approaches it will be possible to show why the man has traditionally been, and in many societies still is, excluded from childbearing related matters. This material will guide us to consider the series of events which, in modern Western society, have permitted this exclusion to be, not merely abandoned, but to actually be reversed.

Other societies

A cross-cultural approach will provide a pathway to facilitate understanding of the processes which influence attitudes to the role of the man in childbirth. Such an approach has been described by Laderman as 'invaluable in assessing questions of universality and validity of current Western concepts and practices' (1988:86). She goes on to emphasise the way in which people have a tendency to take for granted the practices that are current in their locality. Such complacency is compounded by assumptions that local practices are standard, innate and sensible to the point of being inevitable. Thus, in this section, the intention is not merely to show the wide range of differing practices which pertain, but to use this material to shed light on the attitudes and behaviours that are so commonplace that they are likely to pass unnoticed. This section draws largely on anthropological material. The convention in that science, however, of focusing on individual ethnic groups is constrained here by the need for brevity. Thus, certain generalisations may be necessary. Further, in considering the attitudes prevalent in different societies, it is crucial to bear in mind the dynamic nature of those societies. Inevitably any society features ongoing change and development. This means that

different individuals in that society are likely to occupy different points on the continuum of change (Woollett and Dosanjh-Matwala, 1990). Again, generalisations may appear which may not be accurate.

Presenting symptoms

As has been mentioned already (see above, Introduction), unlike his woman partner, the man shows no visible sign that he is going through the process of becoming a father. In Western society a woman's pregnancy is likely to carry with it certain privileges, such as the woman being excused from some social obligations. For example, at a celebration or office function a woman who is obviously pregnant would be unlikely to be questioned about why she refuses to drink alcohol. Any change in her male partner's behaviour, however, is likely to be noted with interest, concern or even disdain.

In other societies pregnancy may be viewed differently, but in the West pregnancy is likely to engender friendly curiosity. This interest may be found to be supportive by the pregnant woman. Such support would not be available to any male partner, simply by virtue of the fact that his impending fatherhood is not visible to the naked eye. Thus a potential source of helpful support is denied to him.

Against this background of the invisibility of forthcoming fatherhood, the man has been found to manifest a range of symptoms and behaviours. Thus, the man 'presents' his changing state in ways which, either spontaneously or through custom and practice, are considered to be culturally appropriate. This presentation, which has attracted considerable research and other attention, has become widely known as 'couvade'. This term is derived from the Old French verb '*couver*', meaning to cover a nest of eggs in order to help them to hatch into chicks. The term was first applied to the human male by Tylor, an anthropologist, in 1865 when the new science of anthropology was just beginning to develop. Couvade is sometimes interpreted as meaning a 'sympathetic pregnancy' (About, 2002). In its relatively short history, the term 'couvade' has assumed or has been assigned a number of meanings, which may reflect the increasing interest in the man's participation in childbearing.

When it was first introduced, the term 'couvade' was used to refer to the ritual behaviours of the man around the time of the birth and shortly afterwards. An example of this meaning is found in the work of Mead and Newton (1967:190) who describe the restriction of activities and 'regulation' of behaviours that are found in a wide range of 'primitive' peoples shortly after the birth. These behaviours were observed in peoples with beliefs in the power of magic or those who had only recently moved from a matrilineal society to one that was patrilineal (Dixon, 2000).

Subsequently, the terminology was appropriated by psychiatrists who sought to explain the male partner's symptoms which were interpreted as mimicking the pregnant woman's 'minor disorders of pregnancy'. The psychiatrists recategorised the concept of couvade by subdividing it. They renamed the original form '*ritual*

couvade', and the newly described condition 'couvade *syndrome*' (Trethowan and Conlon, 1965).

Another reinvention of couvade syndrome was by a group of psychoanalysts; in this context it was used as evidence of male parturition envy (Bettelheim, 1954). The example which they use is the one that features in the fairy-story of 'Little Red Riding Hood'. Even more recently, a sociological explanation of couvade syndrome has been advanced. The argument in this discipline is that couvade is used to seek to address the perceived marginalisation of the father in childbearing (Summersgill, 1993).

While, for obvious reasons, couvade is generally viewed from a masculine viewpoint, Jacqueline Vincent-Priya (1992) provides a woman's eye-view. In her anthropological whistle-stop tour she describes the benefits of couvade to the pregnant woman. These advantages relate to the couvading man providing the pregnant woman with better support. Additionally, there may be a perception in the woman that the severity of his symptoms are a reflection of the depth of his affection for her. This perception is apparent in one Azark woman's proud boast: 'My man allus does my pukin' for me' (Vincent-Priya, 1992:47).

Symptoms

As well as its varying interpretations, the manifestations of couvade syndrome have been described in a variety of different terms. It would appear that the one common factor in all of the descriptions of couvade syndrome is that, as Summersgill observes, the woman is invariably excluded (1993:92). Originally ritual couvade, as it has become known, was described in terms of the man's behaviour at the time of and after the birth being comparable with the woman's. The man's preparations comprised, first and foremost, preparing for himself a suitably secluded environment. In addition, he abstained from sexual activity, he avoided potentially harmful or stimulating food and drink, and he ensured he took adequate rest. After the birth he would be cared for and would put the baby to his breast (Dixon, 2000). The care provided for the father could be by the new mother and he might even assume her place to the extent of wearing her clothes (Mason and Elwood, 1995). Thus, in these practices the basis becomes clear for McClain's (1982) suggestion that couvade may constitute a culturally approved method for resolving conflicts in the man's sexual identity.

A more recent study has demonstrated a more culturally relevant insight into couvade syndrome. Researchers in Wales have described couvade syndrome in terms of alterations in the man's health status (Thomas and Upton, 2000). These researchers undertook a quantitative study using a structured questionnaire to examine the male partner's experiences and his responses and attitudes to impending fatherhood. Questionnaires were posted to 'all partners of women who were pregnant and attending a hospital antenatal clinic for the first time during a two month period' (Thomas and Upton, 2000:218). As well as an attitude scale the questionnaire included a checklist of somatic or bodily symptoms, on which

each of the men was asked to indicate which problems he had experienced since the onset of his partner's pregnancy.

Of the 52 per cent (n=141) of the population who responded to the questionnaire, only 63 (44.7 per cent) men reported experiencing no symptoms of couvade syndrome. Among the remaining 78 men the number of symptoms experienced varied between one (in 20 men=14.2 per cent) and six (in 6 men=4.5 per cent). These researchers chose to define couvade syndrome as the presence of two or more relevant symptoms. By using this definition, 49 of the respondents (34.8 per cent) experienced couvade syndrome. The symptoms which were included in these researchers' checklist were (in descending order of frequency of reporting):

- Increased tiredness
- Increased stress
- Anxiety
- Inability to sleep
- Headaches
- Loss of appetite
- Weight gain
- Nausea/vomiting

(Thomas and Upton, 2000:219)

These researchers identified a negative correlation between socio-economic class and the incidence of couvade syndrome, although the correlation was not strong enough to reach the level of significance. Thomas and Upton conclude that the incidence of couvade syndrome together with their anxiety, though not high, indicate that the psychosocial needs of the father are not being met. They go on to suggest that couvade syndrome should be renamed 'antenatal stress syndrome', in order to attract more appropriate attention for the father from health care personnel and other sources of support.

Unfortunately, the definition of couvade syndrome offered by Thomas and Upton (2000) is rather imprecise and it corresponds with the general preparations of the birthing environment included by Summersgill and contributing to his definition: 'Couvade...all behaviour associated with childbirth that involves the father giving up his normal routine activities and following new ritualised behaviour' (1993:92).

Although Thomas and Upton supposedly focused on the more somatic forms of symptoms, their checklist features a large component of stress-related conditions. It would be invidious to suggest that the psychological symptoms reported by these researchers' respondents constitute 'ritualised behaviour'. This study may be further criticised on the grounds that there is no indication of the chronology of the appearance of symptoms. For this reason it is necessary to rely on the older work of Klein (1991) to identify the timing of the occurrence of couvade. This researcher identified a biphasic incidence. His study identified an