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An Exploration of Perinatal Stress and Associated Mental Health of Transitioning First-Time Fathers

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AN EXPLORATION OF PERINATAL STRESS AND ASSOCIATED MENTAL
HEALTH OF TRANSITIONING FIRST-TIME FATHERS

By

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DEDICATION

To my wife Shelia H. Burkhalter and daughter Sydney, who without your sacrifices and support during my Ph.D. pursuit this would not be possible. To my mother, father, extended family, and close friends, thank you for your shared wisdom and encouragement. To my close professional colleagues, supervisors, supervisees, mentors, and mentees over the years, I have learned so much from each of you and am a better person as a result. Lastly, to “Pop Pop” John R. Burkhalter and “Grandmom Becky” Burkhalter, I will always remember the life lessons and importance of legacy you both taught me before you transitioned. I am forever grateful for all who have joined me on this journey.

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ABSTRACT

Becoming a first-time parent is a stage in life that can be full of excitement but also trepidation. Much common knowledge and research focus on the maternal experience. To add to this established knowledge, this phenomenological study will explore the perinatal stress experiences of transitioning first-time fathers in the U.S.

Keywords: Stress, father, paternal, perinatal, first time, mother, maternal

TABLE OF CONTENTS

Dedication	iii
Acknowledgements	iv
Abstract	v
Chapter One: Introduction	1
Background on Maternal Perspectives	1
Background on Paternal Perspectives	5
Problem Statement	9
Nature of the Study	10
Purpose of the Study	10
Operational Definitions	11
Assumptions, Limitations, Scope, & Delimitations of the Study	13
Significance of the Study	16
Chapter Summary	17
Chapter Two: Literature Review	18
Introduction	18
Review of Theories on Perinatal Stress	19
Review of Similar Previous Studies	23
Chapter Summary	33
Chapter Three: Research Design and Methodology	35
Introduction	35

Design	36
Role of the Researcher	39
Context for the Study	46
Participants	51
Data Analysis	52
Trustworthiness	54
Chapter Summary	55
Chapter Four: Results	57
Introduction	57
Research Question	57
Data Collection Overview	58
Trustworthiness	60
Analysis	61
Data Analysis Overview	61
Participants	62
Findings	63
Chapter Summary	122
Chapter Five: Discussion	123
Introduction	123
Findings and Interpretations	125
Implications	135
Future Studies	148
Considerations and Limitations	152
Conclusion	157

References	158
Appendix A: IRB Approval Letter	171
Appendix B: Recruitment Sources and Contacts List	172
Appendix C: Dissertation Study Recruitment Flyer	174
Appendix D: Participant Inquiry Email Response	175
Appendix E: Organization or Group Recruitment Email	176
Appendix F: Dissertation Study Participation Invitation Letter	177
Appendix G: Email Confirmation of Participant Interest	179
Appendix H: Participant Information and Scheduling Form	180
Appendix I: Email Confirmation of Participant Interest	182
Appendix J: Interview Protocol	183
Appendix K: Interview Questions	186
Appendix L: Email for Member-Checking	188
Appendix M: Participant Thank You Email	189
Appendix N: Dissertation Codebook	190
Appendix O: Less Prevalent Themes	197
Appendix P: Overall Thematic Prevalence	200

CHAPTER ONE: INTRODUCTION

Parenthood is a goal to which many people aspire. There are perceptions of tremendous joy and excitement for this aspect of life. Some scholars have indicated that the transition to parenthood is one of the most significant transitions one may experience in their lifetime (Mckenzie & Carter, 2012). However, there is acknowledgment in some popular media and professional literature that suggests aspects of this experience can be very challenging and may result in negative relational and health consequences. The transition to parenthood comes with significant disruption, new roles, and responsibilities (Ohashi & Asano, 2012). This transition has also shown to be accompanied by psychological and interpersonal stress (Giallo, et al., 2012; Parfatt & Ayers, 2014). Much of this experience has been honored in literature focusing on the perspectives of transitioning and postnatal mothers (Ngai, Chan, & Holroyd, 2007; Gavin, Bradley, Lohr, Meltzer-Drody, Garlehner, & Swinson, 2005; Roomruangwong & Epperson, 2011).

Background on Maternal Perspectives

Literature specific to chronicling the experiences of transitioning mothers identifies changes in personal identity, responsibilities, roles, and relationships (Nelson, 2003). Though many mothers can navigate this transition successfully and with happily, others feel overburdened and depressed during the perinatal period, ultimately resulting in negative effects on infant psychosocial development (Gauthier, Guay, Senecal, & Pierce, 2010; Ngai, Chan, & Holroyd, 2007; Pawlby, Sharp, Hay, & O'Keane, 2008).

Depression has been identified as the most common global mental health condition for transitioning mothers during the perinatal period (Shidhaye and Giri 2014). Research shows that perinatal depression affects approximately 12% of pregnant women and 19.2% of women three months after childbirth (Bennett, Einarson, Taddio, Koren, & Einarson, 2004; Gavin, N. I., Bradley, G., Lohr, K. N., Meltzer-Brody, S., Garlehner, G., & Swinson, T., 2005). Research has also shown that mental illness during the perinatal period is frequently under-diagnosed and untreated (Beyondblue 2011). Several researchers recommend that long-term intergenerational approaches focusing on diagnosis, treatment, and increasing community awareness can help diminish the presence of perinatal mental illness (Anhalt, Telzrow, & Brown, 2007). According to Shidhaye and Giri (2014), the lack of treatment of anxiety and depression during the perinatal period is a significant public health concern. Early 2000's research shows that approximately 20% of randomly selected screened women met the criteria for depression (Bonari, Pinto, Ahn, Einarson, Steiner, & Koren, 2004; Nulman, Rovet, Stewart, Wolpin, Pace-Asciak, Shuhaiber, & Koren, 2002) with rates as high as 40% for those with low socioeconomic status (Hoffman & Hatch, 2000). Use of MindfulnessBased Programs has resulted in improvement of depression symptomology in cases where there have been a previous diagnosis for depression and anxiety for at-risk clients, but not in cases involving healthy pregnant women (Matvienko-Sikar, Lee, Murphy, & Murphy, 2016). Also, recent research incorporating Caring for Body and Mind in Pregnancy (CBMP) suggests potential effectiveness in reducing perinatal depression, perinatal anxiety, and stress for at-risk pregnant women who possess a prior history of mental health issues, inclusive of self-harm and trauma (Townshend, Caltabiano, Powrie, & O'Grady, 2018).

Research related to the lack of proper treatment for transitioning mothers and depression has shown associations with antenatal depression, stress, pre-eclampsia, preterm labor, low birth weight, shorter gestational age, and neonatal care unit admissions (Matvienko-Sikar, Lee, Murphy, & Murphy, 2016). Given the widespread concerns, it is not surprising that several scholars have identified the need for specialized perinatal mental health services (Anhalt, Telzrow, & Brown, 2007).

The field of perinatal mental health has been established to focus on the support and emotional well-being of mothers from conception through the first year after childbirth (Austin & Priest, 2005). This discipline involves preventative mental health services, case management, cognitive therapy, and exercise that promotes well-being (Field, Diego, Hernandez-Reif, Salman, Schanberg, Kuhn, Yando, & Bendell, 2002) and supports the needs of pregnant mothers and postpartum women experiencing depressive symptomology (Scholle, Haskett, Hanusa, Pincus, & Kupfer, 2003). Literature suggests there are many implications for the exploration of the perinatal mental health of women. These include the psychopharmacological treatment of maternal affective disorders (Austin & Priest, 2005; Oberlander, Grunau, Fitzgerald, Papsdorf, Rurak, & Riggs, 2005; Simon, Cunningham, & Davis, 2002), physiological development of maternal stress (Huizink, Mulder, & Buitelaar, 2004), the central nervous system's development during the perinatal period (Townshend, Caltabiano, Powrie, & O'Grady, 2018), and the transactional nature of parenting and stress that may result in negative social and emotional functioning of children (Lyons-Ruth, K., Wolfe, R., & Lyubchik, A., 2000; Scholle, S. H., Haskett, R. G., Hanusa, B. H., Pincus, H. A., & Kupfer, D. J., 2003). Women with high levels of depression in the later stages of pregnancy are more likely to have infants who are admitted to neonatal care units (Chung, Lau, Yip, Chiu, & Lee,

2001). These experiences can also result in increased levels of anxiety and depression for mothers in the second and third trimesters while also serving as a predictor for poor neonatal adaption and poor health (Misri, Oberlander, Fairbrother, Carter, Ryan, Kuan, & Reebye, 2004). If the mother experiences chronic stress, it can harm the baby, even more so than occasional or acute stressors (Dole, Savitz, Siega-Riz, Hertz-Picciotto, McMahon, & Buekens, 2004; Gurung, Dunkel-Schetter, Collins, Rini, & Hobel, 2005; Lobel, DeVincent, Kaminer, & Meyers, 2000).

In a review of recent literature focusing on 86 studies in Asian countries there was a 20% prevalence rate of perinatal depression during pregnancy and 21.8% postnatal (Roomruangwong & Epperson, 2011). The consequences can be widespread, impacting the mother, infant, parenting relationship, and infant development (Pawlby, Sharp, Hay, & O'Keane, 2008) with most serious cases resulting in postnatal depression, maternal suicide or infanticide (Friedman & Resnick, 2009). The transformational theory of stress and coping (Lazarus & Folkman, 1984) helps to illustrate how maternal resourcefulness has a mediating effect on perinatal depression (Ngai, Chan, & Holroyd, 2008). The utilization of learned resourcefulness skills, such as problem solving and positive thinking, has been deemed a more effective approach to handle stressful situations (Wong, D., Leung, S., Ko, C., & Lam, D., 2001) and lessen depressive symptomology. Thereby, acquisition of resourcefulness skills and effective coping techniques assists with emotional self-management and adaptation to motherhood while promoting emotional well-being (Ngai & Chan, 2012). Studies show that reported high degrees of social support accompany this enhanced ability to overcome disturbing emotions and to adapt to the new maternal role (Lee, Yip, Chiu, Leung, & Chung, 2001; Giurdescu, Penckofer, Surkan, Peterson, Hughes, & Gottlieb, 2006). Particular to literature involving Chinese

mothers, researchers suggest that the cultural and familial traditions that emphasize care for vulnerable family members may add to the critical support provided to mothers in transition (Park & Chesla, 2007). Further, in Chinese cultures there is a dependency on extended family for advising and assistance for knowledge and skills to help overcome the stressors and challenges faced by new mothers (Ngai & Chan, 2012). Researchers recommend that early perinatal depression detection and prevention should be conducted for mothers, in addition to health promotion for stress (Ngai & Chan, 2012).

In cases involving adverse impact on children, collaborative interventions involving school counselors and social workers in intervention and referral services are recommended early on for toddlers and preschoolers (Townshend, Caltabiano, Powrie, & O'Grady, 2018). Engagement with effective partnerships involving schools, community programs, and community agencies are recommended so that they provide continuity of mental health services (Weist & Evans, 2005).

Literature shows that the effects of stress on transitioning mothers and their children are complex and involve interaction with numerous etiological factors (Kishani Townshend, Nerina J. Caltabiano, Rosalind Powrie, Helen O'Grady, 2018). The roles of health professionals are substantial in supporting women and their associated maternal stress as they transition into motherhood (Ngai, Chan, & Holroyd, 2012). Researchers assert the importance of interventions grounded in maternal experiences and supportive resources for coping and the promotion of positive adaptation (Ngai, Chan, & Holroyd, 2012).

Background on Paternal Perspectives

Documented research regarding the parallel experiences of the perinatal stress of fathers, however, is limited in capturing paternal coping, management, and healthy

transitions to parenthood. In the identification of this research gap, in no way is this to minimize the role, complexity, importance, or experiences of mothers, but merely to acknowledge that there is a unique perspective of fathers occurring at this same time. This perspective is often misunderstood, misinformed, or overlooked. There also appears a potential correlation between the experiences of maternal and paternal partners which may warrant further exploration.

The perceived stress and lack of social support during the transition to parenthood impact depression for both partners. Fathers may feel overwhelmed, isolated, stigmatized, and frightened while coping with postpartum depression in a partner (Davey, S.J., Dzuirawiec, S., & O'Brien-Malone, A., 2006; Melrose, S., 2010). Fathers also report feelings of anger, fatigue, frustration, and resentment, though the symptoms manifested in fathers are not as apparent as compared to their female partners (Letourneau, Duffett-Leger, Dennis, Stewart, & Tryphonopoulos, 2010). In review of the related research on this topic, there is a greater amount of literature on the impact of postpartum depression on mothers as compared to fathers. A substantial number of men whose partners have postpartum depression may also experience depression, thereby making maternal postpartum depression one of the strongest predictors of paternal postpartum depression (Letourneau, Tryphonopoulos, Duffett-Leger, Stewart, Benzies, Dennis, & Joschko, 2011). Little research exists on other potential risk factors for men. Those factors whereby transitioning fathers have shown to be vulnerable include age (younger fathers) and prior mental health concerns. The prevalence of depression for fathers in transition is approximately double the national average for men not transitioning to fatherhood (Paulson & Bazemore, 2010). Despite this growing concern, there is still a lack of research concerning paternal stress, assessment, and treatment to improve wellbeing.

The pregnancy stages are referred to in different periods: antenatal/prenatal, perinatal, and postnatal. For purposes of this study, these periods will be used as reference points in the transition to fatherhood. According to the World Health Organization, the latter stages of pregnancy (22 weeks) through the first week of childbirth is the perinatal period. Transitioning fathers' mental health is very vulnerable during this period. New fathers may experience emotional, employment, physiological, and relational concerns that result in unhealthy coping during the perinatal period (Letourneau, Duffett-Leger, Dennis, Stewart, & Tryphopoulos, 2010). The two most common mental health problems experienced during this part of the fatherhood transition are anxiety and depression (Baldwin, Malone, Sandall, & Bick, 2018). Correlations in the literature that coincide with this stage involve a lack of paternal mental health screening and treatment, in addition to inadequate professional health information and training that would otherwise support the needs of transitioning fathers. Though it appears this level of evaluation and intervention occurs on occasion and in some parts of the world, there is a lack of consistent, systemic global practices where this type of attention and care is the norm.

Literature on the lived experiences of first-time fathers during the perinatal period is limited, especially regarding fathers in the United States (U.S.) and its overall diversity of subjects. In 2003, researchers as part of an international consortium conducted a study on mental health in five countries: Canada, Chile, Germany, the Netherlands, and the U.S. In this comparative study concerning the prevalence and treatment of mental disorders, the prevalence rates for anxiety, substance abuse, and disorders were highest in the U.S. (Bijl et al., 2003). However, the levels of mental health treatment in the U.S.

were among the lowest compared to the other countries. The researchers suggested that the between country prevalence could result from mental health stigma (Bijl et al., 2003).

Typically, the prevalence of mental illness is lower in men than women, according to the Substance Abuse and Mental Health Services Administration in 2018. It is believed this is more so the result of greater help-seeking behavior and treatment by women (Chatmon, 2020). Yet, depression and suicide are leading causes of death among men, and men are four times more likely to die by suicide in the U.S. than women per Mental Health America in 2020. In 2017, according to the Center for Behavioral Health Statistics and Quality, men died at almost three times the rate of women due to alcohol-related causes. Men are also two to three times more likely to abuse drugs as compared to women. These statistics are alarming and suggest that men have a higher prevalence of mental health concerns, lower levels of help-seeking behavior, and a more substantial likelihood to resort to unhealthy, often dangerous behaviors (Chatmon, 2020). Given the subject population of this research will focus on men who are transitioning to fatherhood, consideration will be given to these statistics for greater comprehension of the potential influence mental health concerns may have on fathers' lives and how they are prone to respond.

This study will focus on understanding the perinatal stress of transitioning first-time fathers in the U.S. by examining their lived experiences, perspectives, and meanings made during this period of their life. For purposes of this research, only biological fathers, residential fathers (living in the same residence as the child), and American fathers (those claiming U.S. citizenship status) will be studied. By examining how men experience this significant life change, there can be greater understanding regarding their new fatherhood identity, competing challenges of fatherhood, and negative feelings and

fears. Baldwin, Malone, Sandall, and Bick (2018) identified and used these categories to distinguish sources of significant stress endured as fathers undergo this transition.

Chapter Two will go into greater detail with the literature review in discussing related research on comparable yet distinctly unique studies. Review of this literature will also help clarify gaps and justify rationale for the research.

As a result of this study, the research findings can provide meaningful guidance in the areas of parental education, screening, diagnostic testing, and training of clinical and health professionals. In addition to helping address this growing public health concern, these outcomes can aid in the advancement of the American Counseling Association's (ACA's) mission on research and publication to promote understanding for a healthier society. Further, a closer examination of the lived experiences of more diverse populations of transitioning fathers provides knowledge from which Counselors and health professionals can advocate for and address potential inequity concerns to support the needs of fathers from different backgrounds.

Problem Statement

This study will focus on the perinatal stress experiences of men as they transition into fatherhood. Related to these experiences, associated anxiety and depressive symptomology will be explored along with interactions with mental health professionals for coping resources, interventions, and support for positive adaptation. Though men can become a father multiple times, this study will focus on the first time this happens as research suggests this occasion tends to have a more significant impact on men psychologically and socially (Mckenzie & Carter, 2012). Specifically, increases in stress levels that generally occur during this time are due to many factors, including changes in the man's identity, competing demands with their new role, and fears of being a father.

For purposes of his study, the paternal experience of transitioning fathers in the U.S. will be carefully examined. Given the lack of literature on this topic, this foundational research can serve as an impetus for further exploration, development, and implementation of best practices that increases the knowledge base on fathering. In so doing, this enhanced comprehension can also be utilized to lessen mental health stigma for paternal help-seeking and treatment. Paternal health can improve via greater health education, early detection of depressive symptoms and assessment, healthy coping strategies for stress, and more treatment. The improvement in individual health positively affects the relationships with the partner and better interdependency for co-parenting. By enhancing the father's health and relationship with the partner, there is a greater likelihood of fathering self-efficacy increasing.

Nature of the Study

The overarching research question guiding this study is: What are the perinatal stress experiences of first-time fathers in the U.S.? Given the emphasis on the perspectives of fathers in response to this major life change, it is important that this research is conducted in a manner that provides insight into the lived experiences of subjects, their points of view, contexts in which they act and are influenced, and make meaning (Maxwell, 2013). This aim in the research strongly suggests a need for a qualitative research design to conduct the study.

Purpose of the Study

In a review of the research on paternal perinatal stress experiences, there are noticeable gaps in the literature. The lack of research on the topic underscores reasoning for limited knowledge. Phenomenological research is a qualitative design that was developed to help provide an in-depth understanding of a small group of homogenous

participants that typically involves a major transition or significant life experience (Glesne, 2016). These defining characteristics of phenomenological research support why it is the most prevalent of research design approaches of the 27 qualitative studies identified in comparable studies between 1990 and 2020. There is a paucity of insight in these studies that provides understanding about American father perspectives and perceptions as they transition to fatherhood.

At the center of phenomenological research is the ability to understand individual relationships with a phenomenon. Philosopher Merleau-Ponty wrote on the concept of embodied and one's relativistic perspective. As a result, a tenant of the phenomenological approach is that no two people experience the same phenomena in the same way (Glesne, 2016). Philosopher Sarte also believed that through phenomenology, one could focus on perceptions of self and the world through the presence or absence of different entities in our world (Glesne, 2016). So, in using a phenomenological approach, the researcher can focus on understanding the unique relationship each participant has with the presence of their biological child from the middle stages of the pregnancy through childbirth.

Operational Definitions

Antenatal: Before birth; prenatal. (American Heritage Dictionary of Medicine)

Anxiety: In reference to the DSM-5, anxiety includes the presence of at least three of the main symptoms of generalized anxiety disorder inclusive of the following: Being restless or feeling that you are on the edge; experiencing frequent tiredness and also getting easily fatigued; having an issue concentrating or feeling as if the mind is blank; being easily irritated, sometimes irritability can be noticed by other people or not; muscle tension, this presents with muscle pains or soreness; and, having sleep problems where one has trouble

getting sleep, staying asleep, being restless as you sleep or having an unsatisfying sleep. (DSM-5) As measured by the Kessler Psychological Distress Scale.

Depression: In reference to the DSM-5, depression includes the presence of at least five of the following symptoms during the same two-week period and at least one of the symptoms should be either depressed mood or loss of interest or pleasure: Depressed mood most of the day, nearly every day; markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day; significant weight loss when not dieting or weight gain, or decrease or increase in appetite nearly every day; a slowing down of thought and a reduction of physical movement (observable by others, not merely subjective feelings of restlessness or being slowed down); fatigue or loss of energy nearly every day; feelings of worthlessness or excessive or inappropriate guilt nearly every day; diminished ability to think or concentrate, or indecisiveness, nearly every day; and, recurrent ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide. (DSM-5) As measured by the Edinburgh Postnatal Depression Scale.

Father: A man who has impregnated a woman and had a child. (American Heritage Dictionary of Medicine). Note: for purposes of this study, a father is the biological father and resides with the pregnant/expectant mother and child.

Perinatal: This period is identified as 22 weeks of pregnancy through seven days (one week) after childbirth. (World Health Organization)

Postnatal: Of or occurring after birth, especially during the period immediately after birth. (American Heritage Dictionary of Medicine)

Stress: A normal psychological and physical reaction to the demands of life. Small amounts can be good, but multiple challenges daily can push you beyond your ability to cope. If the brain perceives a threat, it signals the body to release a burst of hormones that

increase the heart rate and raise blood pressure to deal with the threat. Once the threat is gone, the body is meant to return to a normal state. Unfortunately, nonstop complications of life may mean that some people's alarms systems rarely shut off. (adapted from mayoclinic.org) As measured by the Kessler Psychological Distress Scale.

Assumptions, Limitations, Scope & Delimitations of the Study

Assumptions

Given the paucity of research on the perinatal stress among first-time fathers, there is little foundation for discussing shared assumptions. Consequently, identifying literature that examines fatherhood experiences during pregnancy and just after childbirth is challenging. According to Paulsen and Bazemore (2010), "paternal prenatal and postpartum depression represents a significant important public health concern" (p. 1966). As a result, many fathers have limited insight into a paternal perspective on pregnancy, childbirth, and parenting.

Expectant fathers lack the information and guidance needed to know what to expect in fatherhood and for the changing relationship with their partner. Barriers identified include the lack of resources and information tailored for fathers in transition and the lack of acknowledgment about paternal concerns from health professionals (Baldwin, Malone, Sandall, & Bick, 2018). Additional challenges include concepts of masculinity and stigma that inhibit help-seeking behavior for men (Wagner, Vaughn, & Tuazon, 2018). Regarding fathers from underrepresented populations, there is a cultural context that exists that can provide additional challenges. Specifically, for those of black/African American descent, there is a historical lack of trust with the medical profession, discomfort talking about mental health, and an over-reliance on self, religion, and clergy to help with emotional and personal issues (Aponte & Crouch, 1995; Masuda,

Anderson, & Sheehan, 2009). Those from Asian and Latino cultures are also known to be reluctant to seek mental health treatment as compared to whites/Caucasians (Masuda, Anderson, & Sheehan, 2009; Mendoza, Masuda, & Swartout, 2015).

Limitations

An inconsistency noticed in researching stress experienced by transitioning fathers is that not all the studies specify which stage or period the stressors occur. Some studies also are not clear or consistent in their definition of the perinatal period. There are findings (Leight, Fitelson, Weston, & Wisner, 2010; Letourneau, Duffett-Leger, Dennis, Stewart, & Tryphopoulos, 2010; Paulson & Bazemore, 2010; Schetter & Tanner, 2012; Da Costa et al., 2017) that support the prevalence of concerning behavior and of symptoms resulting in adverse effects on individual health, monetary issues, lifestyle concerns, and relationships. Due to the more narrowly defined focus of the perinatal period, it can be challenging to differentiate findings and implications that may result from stressors occurring during this stage as opposed to other times during this period of transition. Another inconsistency in which there is uncertainty in the current literature exists in the lack of clarity regarding whether the fathers' biological and residential status in relationship to the child. Though some fathers who participated in studies may have a parental role or serve as a father/father-figure, in some cases, their relationship with the child has not been specified.

There are many challenges and barriers faced by transitioning fathers, some of which are self-imposed, others due to health systems and public perceptions. It is unclear when these barriers surface, in what forms they manifest, and how long they remain in the conscience of transitioning fathers. Each barrier has the potential for future study. Understanding these barriers, as well as the wellbeing implications, is not confined to a

small timeframe. Since this research is not a longitudinal study, only more immediate and short-term ramifications will likely be apparent in the findings. This study is not designed to show longer-term influences on participants.

Phenomenological research, despite its overall suitability for this study, does possess inherent challenges. There are limitations on its generalizability as the findings will be based on the unique perspectives and experiences of the participants. Data analysis and interpretation are very time intensive and laborious (Heppner, Wampold, Owen, Thompson, & Wang, 2016). Whereas the findings may provide insight into the lived experiences of transitioning fathers, they do not help with understanding causality due.

Scope

The breadth of this study is limited to the characteristics of the sample. The perinatal stress experiences explored in the population are the subject of the research focus, which may manifest in anxiety or depression. Related behaviors due to stress may also be discovered in this study.

Delimitations

By focusing research efforts on fathers in the U.S., this study will help address the lack of understanding on the experiences of transitioning American fathers. Further exploration of this void may open new pathways of future research and practice that considers cultural influences compared to fathers from other countries to those in the U.S., as well as regional influences that may occur inside U.S. borders and territories. In addition, racial, ethnic, class, religion, relational (adoptive versus biological), and other aspects of paternal background may also be explored in future research. The potential implications may provide a much deeper understanding of an overlooked area of the

paternal experience that may lead to healthier fathers who are also more competent and satisfied in their parenting and partner relationship.

Significance of the Study

Research study findings can provide foundational literature from which collaborative, evidence-based best practices to help minimize or treat perinatal paternal stress can be established. These practices may consist of parental education, systemic perinatal stress assessment and treatment, and health professional training inclusive of the needs of fathers. Further, implementations involving future studies can provide greater insight into understanding risk factors for depression and increased education on perinatal stress. These efforts may help reduce stigma and increase treatment. Improvements to the detection of mental health concerns, adoption of healthy coping strategies, and engagement in effective treatment have a strong likelihood of enhancing individual paternal health, increasing satisfaction in the co-parenting relationship, and enhancing the self-efficacy of new fathers.

The knowledge generated can provide further insight into what to expect in a positive or ideal transition to fatherhood. This knowledge may include providing healthy, more modern depictions of fathering and masculinity; defining the transition to fatherhood; recommending ways to broaden paternal support; and helping transitioning fathers (plus those who support them) understand warning signs of related anxiety and depression. Professionally, in-depth training should be developed and implemented for health professionals to actively inform, engage, and support fathers in transition. Systemic screening, recommended treatment, and coping strategies and mechanisms to deal with the stressors should become a regular part of practice for medical and mental health professionals who work with transitioning fathers. In addition, fathering

psychoeducational classes should be just as available and routinely offered as childbirth classes.

The degree to which utilization of this new knowledge occurs can largely dictate the societal changes regarding perinatal stress and fathering observed in the coming years. The research findings can portend more accurate fathering depictions, role modeling, and imagery for paternal roles in co-parenting. More future fathers with access to this information will become aware of their changing roles and identity, thereby resulting in increased understanding of what to expect and how to prepare as they transition to fatherhood. In addition to personal influences with one's partner, there is potential for increased paternal advocacy and support in social, employment, medical, and health environments.

Chapter Summary

The content of Chapter One provides the structure upon which this study will be conducted. In addition, a rationale is provided that supports the study, discloses its limitations, and highlights potential contributions to advance knowledge and practice regarding first-time fathering. Chapter Two will provide an analysis of professional literature on the topic, which will further support the topic of perinatal stress and fathering, and limitations and gaps in the current literature. This examination will provide an overview of current knowledge while identifying areas for further exploration, thus bolstering the need for this study. Chapter Three will present the proposed research methodology to answer the established research question for this study regarding the perinatal stress experiences of first-time fathers.

CHAPTER TWO: LITERATURE REVIEW

This chapter will consist of related literature that helps support the need for examination of the research topic: exploring the perinatal stress experiences among first-time fathers. A critique of relevant professional literature addressing this topic will follow. Thereafter, literature on perinatal stress and research critiques inclusive of similar studies and methodology will be presented. Related studies on perinatal that employ different methodology yet still not sufficiently addressing the research question will also be examined.

In preparation for this study, a search was conducted involving the exploration of APA PsycArticles, APAPsycInfo, Education Source, and ERIC databases. The keywords utilized were father, paternal, stress, first time, and perinatal. This search focused on scholarly (peer reviewed) journals in English and resulted in 27 results. To capture recent research which provided context for the birthing parent perspective, mother and maternal were later used as additional key words in place of father and paternal. This search also focused on scholarly (peer reviewed) journals in English and resulted in 152 results. Searches for first-time fathers and mothers focused on 2010 to April 2021, which encompasses 10 years and four months. The majority of the studies that surfaced for father or paternal experiences are not applicable models or comparisons for purposes of this study. Several factors were involved that influenced the degree to which other studies were not considered ideal cases for purposes of this research project. The themes of those

studies not included are: birthing trauma; parental medical/health complications; couple conflict and predictive birth outcomes; parental post-traumatic stress disorder and child abuse; parental sleep disturbances; babies with hypothermia; obstetric staff experiences during the loss of a baby; and, NICU experiences.

Studies concerning the experiences of transitioning first-time parents predominately focus on maternal perspectives. Despite occasional cultural differences documented regarding mothers based on their country of origin, there are also universal findings particularly around symptoms of depression. In comparison, regarding the experiences of men who transition to fatherhood and their related stress, the peer-reviewed research is limited. Noticeably absent in many of these studies are the narratives involving American fathers in the United States (U.S.) and in studies regarding fathers from diverse backgrounds.

To better understand perinatal stress, the literature review leads with research on maternal and paternal perinatal stress for comprehension of the current theoretical framework. This section is then followed by critiques of eight articles, each focusing on different characteristics that together consist of many of the qualities that comprise the subject of this project but are still lacking fundamentally in addressing the research question. Of the studies summarized in this section, three are similar previous studies, one is a study conducted in the U.S., three involve recent qualitative research designs, and one is a recent phenomenological study.

Review of Theories on Perinatal Stress

Literature Regarding Maternal Perinatal Stress

Perinatal stress in mothers is a well-documented global phenomenon that often presents as a mood disorder or depression. The most severe cases result in depression,

suicide, or infanticide (Friedman & Resnick, 2009). In a report on the Confidential Enquiry into Maternal and Child Health (2004), suicide was identified as the leading cause of death for women during the perinatal period (Pawlby, Sharp, Hay, & O'Keane, 2008). Depression in the postpartum period is the most prevalent complication of childbirth that is often not recognized (Hanusa, Scholle, Haskett, Spadaro, & Wisner, 2008).

The impact of untreated depression to transitioning mothers can result in impaired bonding, insecure maternal-baby attachment, decreased cognitive skills, language development and long-term child behavioral problems, and partner relationship issues (Reck et al., 2004; Gunlicks & Weissman, 2008; Dietz, Jennings, Kelley, & Marshal, 2009; Pawlby, Sharp, Hay, & O'Keane, 2008). The presenting symptoms of postpartum depression are the same as depression during other life stages as defined in the DSM: depressed mood, loss of interest in activities, sleep disturbance, changes in appetite, feelings of worthlessness or excessive guilt; psychomotor retardation, fatigue, decreased concentration, and suicidal thoughts (Friedman & Resnick, 2009). At least five of these symptoms resulting in impairment or distress for at least two weeks must be present for a DSM diagnosis (Friedman & Resnick, 2009). Specific to perinatal depression, areas affected include fetal growth and nutrition, infant biochemical/physiological profile, infant intelligence and development, and maternal-infant interaction (Roomruangwong, C. & Epperson, C.N., 2011).

Risk factors for maternal postpartum depression include prior history of depression, anxiety or depression in pregnancy, family history of depression, stressful life events, a lack of support, and sleep deprivation (Friedman & Resnick, 2009). Prevention involves early detection with screening or sensitive questioning as paramount (Friedman

& Resnick, 2009). Literature on depression and treatment options in medical waiting areas and availability of mental health services are also recommended (Friedman & Resnick, 2009). The Edinburgh Postnatal Depression Scale is a common, effective instrument used for screening most prevalent in recent literature. Other instruments identified in the literature include: Beck Depression Inventory (BDI), Hospital Anxiety and Depression Scale (HADS), Center for Epidemiologic Studies Depression Scale (CES-D), Patient Health Questionnaire (PHQ-9), and Postpartum Depression Screening Scale (PDSS) (Hanusa, Scholle, Haskett, Spadaro, & Wisner, 2008; Roomruangwong, & Epperson, 2011).

In review of the literature there were studies that helped to provide comparisons between transitioning mothers in Asian cultures to those in western cultures. Though there are overwhelming similarities, there are differentiating factors highlighted in the literature. Overall, the prevalence of perinatal depression is slightly higher (21.8% to 20%) in Asian countries compared to western countries (Roomruangwong & Epperson, 2011). Though risk factors are also comparable, in Asian cultures additional risk factors for perinatal depression involve premarital pregnancy, conflict with mother-in-law, and dissatisfaction with infant's gender (Roomruangwong & Epperson, 2011). Antepartum (period which overlaps with perinatal) factors which may contribute towards depression are prior abortion, substance abuse, family violence, negative cognitive style, pregnancy ambivalence, low income, and history of abuse (Roomruangwong & Epperson, 2011). Although research supports perinatal depression as a universal maternal experience, there are unique cultural attitudes, customs, and norms that influence its presentation, identification, and prevalence (Roomruangwong & Epperson, 2011).

Literature Regarding Paternal Perinatal Stress

The increased onset of mental health issues and personal concerns for transitioning fathers is consistently supported in the literature (Leight, Fitelson, Weston, and Wisner, 2010; Letourneau, Duffet-Leger, Dennis, Stewart, & Tryphopoulos, 2010; Paulson & Bazemore, 2010; Schetter and Tanner, 2012; Da Costa et al., 2017). Specifically, regarding anxiety and depression symptomology, the data involving transitioning fathers is at least twice the occurrence of adult males in the United States (Paulson, Dauber, & Leiferman, 2006).

Given recent findings (Da Costa et al., 2017; Giallo et al., 2013; Letourneau et al., 2011; Paulson, Dauber, & Leiferman, 2006; Paulson & Bazemore, 2010) regarding paternal mental health during the perinatal period, the lack of medical and mental health staff training, parental education, assessment, and treatment for fathers is very concerning. Men who are transitioning to fatherhood during the perinatal period are at great risk for developing anxiety and depression (Baldwin, Malone, Sandall, and Bick, 2018).

Da Costa et al. (2017) estimated between 10% and 18% of men experience anxiety or depression in the process of transitioning to fatherhood. Paulson & Bazemore (2010) found a 10.4% prevalence of depression (4.8.% national average for men) which in their estimation represents a “substantial public health concern” (p. 1966). In a study of 11 fathers, Letourneau, Duffet-Leger, Dennis, Stewart, & Tryphopoulos, (2010) discovered participants reported lacking understanding, energy, and feeling overwhelmed during the perinatal period. All fathers except one in this study reported an inability to find information or resources that could be beneficial for them. Those fathers who attempted to get help felt ignored by health professionals. Letourneau, Duffet-Leger,

Dennis, Stewart, & Tryphopoulos, (2010) reported fathers stating that the health professionals with whom they were in contact about the pregnancy during the perinatal period would only speak with their partners. Letourneau, Duffet-Leger, Dennis, Stewart, & Tryphopoulos, (2010) noted that the fathers shared they would accompany their partners for support to appointments with health professionals to discuss post-partum concerns, but that the health professionals excluded them from the treatment process. Letourneau, Duffet-Leger, Dennis, Stewart, & Tryphopoulos, (2010) also stated the stigma surrounding postpartum depression added to their partner's denial and resistance to getting help.

According to Letourneau et al. (2011), the sense of perceived stress and social support impacts depression for both partners. The authors also added that fathers may feel overwhelmed, isolated, stigmatized, and frightened while coping with their partner's post-partum depression. Father's symptoms are not as obvious, though they have reported fatigue, frustration, anger, and resentment (Letourneau, Duffet-Leger, Dennis, Stewart, & Tryphopoulos, 2010).

Review of Similar Previous Studies

Dallos and Nokes (2011) conducted a study on "the experiences of men as first-time fathers who were encountering psychological difficulties following the birth of a baby" (p. 146). Center to this study was the transition to fatherhood and its effects on identity and well-being (Dallos & Nokes, 2011). An interpretive phenomenological analysis was selected as the methodology and to provide insight into how the father created meaning.

A focus group of five new fathers ages 28 to 40 who all had a child less than one year of age was used in developing the interview. Due to difficulties in recurring male

involvement, the research was conducted with one male participant. In addition to the interview, the participant also took the Edinburgh Postnatal Depression Scale (EPNDS) for status and comparative purposes. The subject of the individual semi-structured interview was asked questions based on five primary areas: changes since birth of his child; experience becoming a father; childbirth influence on relationships; current difficulties experienced; and, challenges faced as a man. There were also two predominant themes that emerged: feeling loss in relationship to his partner and having difficulties adjusting to fatherhood. The former area highlights his attempting to understand his new social roles in society. The latter focuses heavily on lacking confidence in parenting abilities. This appears more confounding as the subject strives to be an involved, contemporary father, yet is experiencing a strain on his masculine role and paternal expectations.

By comparison, there are some similarities between the Dallos and Nokes study and the subject for the study that is the focus of this research project. Initially, what is most salient is the qualitative phenomenological research design and focus on paternal psychological distress. The overall aim is very similar in attempting to provide insight into the experiences of fathers as they transition to fatherhood. Differences, however, exist in other key areas such as the utilization of one subject and the administration of EPNDS. The researchers provide explanations and benefits for the inclusion of both, but they do come with limitations. The extremely limited sample size only provides one paternal perspective; one of which we also have very limited information about the background of the participant. The subject's age range is provided, but all other background information, biological relationship to the child, and residential connection to the child are not clear. Also, regarding EPNDS, this introduces another variable into the

study about which there is a professional ethic of care for its administration and support for the participant, thereby adding another dimension to the study.

Iwata (2014) published research regarding the experiences of Japanese men on their transition to fatherhood. This study was conducted in Japan and involved hermeneutic phenomenology with 12 participants. The rationale for this study was based on shifting in Japanese families whereby traditional norms of fathering are evolving due to increased employment of mothers and the demands this has had on parenting. This study was conducted to understand the lived experience of Japanese men during the transition to fatherhood in hopes this will lead to greater sensitivity and individualized nursing care and better fathering (Iwata, 2014).

Purposive sampling was used to for recruitment and selection of Japanese (language, cultural) participants in local community centers. All the fathers were biological, married to their female partners, and had a first-time child less than one year of age. In-person semi-structured interviews were used to gather data. Follow-up interviews were used with eight of the participants to help validate initial analysis. Transcriptions were translated into English for peer debriefing and then translated back into Japanese by a professional interpreter. Hermeneutic methodology was used for analysis and the identified themes were compared. Though the use of an interpreter was used initially, it was deemed unnecessary in latter stages of the study.

Six themes were generated to capture fatherhood during the first year: Feeling like a father; realizing oneself as a husband; finding the wife's pregnancy and delivery for the first time to be an impressive experience; sharing time and space with one's child; being aware of a change and trying to adjust to a new life; and, being aware of the difference between oneself and one's wife (Iwata, 2014). Despite some similarities in comparison to

the planned study design—namely, the number of targeted participants and plan for analysis—this research clearly speaks to the experiences of Japanese fathers who are all married to their partners, and neither of these characteristics are required for participants in the research project. Though the study suggests capturing their transition to fatherhood, this only seems to cover the first year after childbirth. Thereby, this study does not explore the experiences during pregnancy. It was also noted that the findings were consistent with fathers in studies conducted in other countries.

Kowlessar, Fox, and Witkowski (2014) examined the experiences and transition to parenthood of first-time fathers in the United Kingdom (U.K.). 10 first time fathers participated in semi-structured interviews conducted via interpretive phenomenological approach seven to 12 months after birth of their first child. Participants were recruited via antenatal classes organized by the National Health Service and all identified as White British. It is not clear if they were the biological father or if they resided with the mother and child, though it was stated they were involved in parenting the child.

Analysis was done in an idiographic manner and involved a cyclical, refining process (Kowlessar, Fox, & Witkowski, 2014). Researchers reviewed field notes and transcriptions multiple times. They also coded (interest, thoughts, ideas, themes meaning), indexed sub-ordinate themes into a table, identified relationship connections, and drew sub-ordinate theme clusters (Kowlessar, Fox, & Witkowski, 2014). Researchers generated two super-ordinate themes from their findings and six sub-ordinate themes. The super-ordinate themes were experiences during pregnancy and the early days of fatherhood. During pregnancy, fathers spoke of feelings of separation; feeling physically and psychologically removed from their partners and the pregnancy. During the early days of fatherhood, they spoke of a sense of helplessness/lack of prior knowledge and

experience, trial and error parenting, she leads/I follow method of operating, learning to work together/co-parent, and striving to gain confidence and control (related to confidence and competence as fathers). The Transition Theory (Draper, 2003) was mentioned as a framework for first-time fathers' experiences in antenatal and post-natal periods as they dealt with separation, transition, and incorporation. However, it was not clearly explained how it was a part of the study. There was also little information addressing how they coped with the stressors experienced.

This study occurred between seven and 12 months after childbirth. Given the subject study's focus on the perinatal period, it is very challenging to address the experiences several months and possibly a year later than when they occurred. It is also not clear how the interview questions were developed. Though one may speculate the transition theory may have been a guide, this was not made clear. It is not clear to what degree the Transition Theory was integrated in the study as it was only briefly mentioned in the article and that was towards the end. Also, the lack of participant diversity was a limitation. By comparison to the sample population that is the subject of this paper, all participants were White British and in the U.K.; thereby no American fathers participated and there was also a lack of racial and ethnic diversity represented.

Study Conducted in the United States

The only study emerging from the research that examined the lived experiences of transitioning fathers that was conducted in the United States (U.S.) focused on the experiences of Japanese fathers in Honolulu, Hawaii. This study was conducted by Taniguchi, Shimada, and McIntyre, and focused on many of the cultural challenges faced by these men residing outside of their homeland in addition to the typical stressors and adjustments faced transitioning to fatherhood.

The researchers utilized a descriptive phenomenological approach in conducting a study involving interviews in Japanese with nine fathers. The rationale for the study was due to the changing roles of Japanese fathers who are evolving in their gender roles and becoming more involved in their parenting. In America, fathers are expected to participate more during childbirth, in parenting, and in being an active participant in future childcare (Genesoni & Tallandini, 2009). In addition to the interview, there were face-to-face meetings, telephone conversations and emails to stay in touch with participants. In the article, it did not speak to the content of the participant follow-up beyond the interview except the mentioning of member-checking for verification of each account.

The findings consisted of 34 themes, 11 themes clusters, and three main categories. The three main categories were: making active efforts for childbirth preparation in a foreign country; challenges in pregnancy; and, challenges in transition to parenthood. Unlike the other articles researched, this study mentioned that seven of the nine men had unplanned pregnancies. They also were in mid-life and had been heavily focused on their careers. Consequently, an already significant transition may have been amplified in their adjustment beyond the normal experience of having a child in another country. The fathers were excited about the pregnancy, but struggled in their bonds with the child, were unsure how to attend to the needs of their wives and in their new role as a father. As they spent more time at home, they began to understand parenting and fathering better. Their value and appreciation for family life and what it requires to develop a family grew. Regarding the cultural transition, the fathers also appreciated the more welcoming environment experienced at the hospitals and in their employment as compared to their homeland.

This study also was conducted using a phenomenological approach with a similar number (nine) of participants and thematic/descriptive analysis. However, much of the emphasis in this study focused on the cultural aspects of being from another country, transitioning and starting a family in the U.S. So, there were areas of comparisons drawn between medical care and employment support in the U.S. compared to their homeland. Also, it was not clear about the content, frequency, and duration of the constant follow-up after the interview. The methodology, how data was gathered, recorded, and then analyzed during this part of the research study was not fully explained. For purposes of this study, there will be clearer parameters to help conduct all aspects of the research.

Recent Quantitative Studies

Three research studies occurred in Italy, all involving quantitative research designs and similar instrumentation. Vismara et al. (2016) conducted a quantitative study on perinatal parenting stress, anxiety, and depression on mothers and fathers. This research was conducted at three to six months after birth of a first child and involved 362 Italian parents (181 couples) to discover any differences between first-time fathers' and mothers' postnatal parenting stress, anxiety and depression between in the early stages after birth of a child. Researchers were also interested in how parenting stress and anxiety levels contributed towards one another's postnatal depression.

All parents completed the Parenting Stress Index-Short Form (PSI-SF), the Edinburgh Postnatal Depression Scale (EPDS), and the State-Trait Anxiety Inventory (STAI). Each item is a self-reporting instrument. The PSI-SF measures stress specifically associated with parenting. The EPDS focuses on depressive symptoms within the previous seven days; it is also an instrument reported in other studies involving postpartum depression. The STAI is a common measure used for anxiety. All inventories

were taken twice, initially at three months post-partum and then at six months post-partum. All inventories showed a drop a decrease in the area observed (stress, depression, anxiety) from three months to six months. IBM SPSS was utilized for data analysis. The findings showed that mothers were more likely to experience depression and anxiety than their partners, as shown in the having higher scores at three months and six months. Also, both parents scores were correlated at three-month and six-month intervals, suggesting the experiences of one partner may affect the experiences of another partner.

Rolle et al (2017) conducted a structured equation model study focusing on parenting stress, mental health, and dyadic adjustment. The aim was to conduct a study that examined the relationship among these areas. Researchers in this quantitative research design administered the Parenting Stress Index-Short Form, the Edinburgh Post-natal Depression Scale, the State-Trait Anxiety Inventory, and the Dyadic Adjustment Scale to participants. This study involved 268 first-time parents (134 couples). This study sought the examination of relationships between parenting stress, depression and anxiety symptoms, and dyadic adjustment. In this study, the data was collected at approximately 12 months (one year) postpartum. The Dyadic Adjustment Scale, an addition compared to the previous study, is also a self-report instrument that focuses on marital adjustment. Consistent with previous studies, anxiety and depressive symptoms were higher for mothers than fathers. Regarding the dyadic adjustment, mental health was shown to have an important, mediating role between the marital adjustment and parenting stress of both mothers and fathers, sometimes having an inverse relationship (Rolle et al., 2017). The impact did not differ between mothers and fathers.

Lastly, in a recent study regarding a dyadic approach to stress and prenatal depression in first-time parents, Mangialavori, Caccioppo, Terrone, and O'Hara (2021)

conducted a quantitative study whereby they collected data from 154 expectant White European Italian male-female couples in 2017 and 2018. Similarly, this study involved the perceived Stress Scale, Dyadic Satisfaction subscale of the Dyadic Adjustment Scale, and the Center for Epidemiologic Studies Depression Scale. The aim of this study was to evaluate levels of stress, dyadic adjustment, and depressive symptoms of couples in the last trimester of pregnancy. Data analysis was conducted using SPSS. The findings supported that depression symptoms are linked to mother's and father's perceived stress and dyadic satisfaction (Mangialavori, Caccioppo, Terrone, & O'Hara, 2021).

Incorporating relationship discussions into prenatal care helps to identify those partners in need of assistance. Interventions at this stage may help improve marital satisfaction while reducing couple distress, especially for first-time fathers (Mangialavori, Caccioppo, Terrone, & O'Hara, 2021).

There are some clear similarities among these studies: research design, population, instrumentation, and dyadic relationships. The studies also measure areas of stress, anxiety, and depression. The noticeable differences occur when the inventories are administered, whether it is one time or multiple times, and the degree to which stress between partners are examined. The topics of stress, anxiety, and depression are similar to the subject study. Also, the pregnancy period overlaps with the prenatal study which coincides during the perinatal period. The type of study, methodological approach, in-depth nature, location, and population (significantly smaller, less homogenous) all differ in comparison to the focus of the subject research study and literature gaps attempting to address.

Recent Phenomenological Study

In this study conducted with fathers in southern Sweden, a phenomenological approach was used to examine the prenatal preparation experiences of first-time fathers in relation to early parenthood challenges (Palsson, Persson, Ekelin, Hallstrom, & Kvist, 2017). 15 fathers (representing seven countries, predominately Sweden) participated in the study that involved individuals interviews that occurred one month after childbirth. The beginning questions used focused on preparation for parenthood, which is slightly different than emphasizing stressors during the transition. A phenomenographical approach was used for analysis—this involved familiarization, compilation, condensation, grouping, comparison, naming, and contrastive comparison. The findings were summarized into three categories and 14 conceptions. The categories generated were: acquiring knowledge and forming realistic expectations; developing strategies; and, being facilitated and supported.

The findings showed that fathers had a strong need for information and guidance regarding their fatherhood identity and preparation for after birth of their child. Fathers desired for health professionals to be active guides for them and acknowledged they were unsure what to ask. Despite their presence, health professionals and midwives seemed to minimize the role of the fathers and not see them as equal parents (Palsson et al., 2017). Accurate depictions about what to expect with the arrival of the baby was a clear need articulated. This involved the importance of bonding early on as well as the challenges having a child would have on the couple. Expectations for parental preparation varied by groups; it was suggested this may be due to different personalities and climates in each group.

By comparison, the research conducted by Palsson, Persson, Ekelin, Hallstrom, & Kvist (2017) provides greater similarity in its research aims and parameters for this study. Similarly, a phenomenological study will be conducted involving a comparable number of participants. The focus is, however, on prenatal preparation and not on perinatal stress experiences—though they may overlap. Based on the categories of stressors, the questioning will focus on fatherhood identity, competing challenges to fatherhood, and emotions and fears about fatherhood. Nationality, biological relationship, and residential status in relationship to the child will be verified as these are all areas of related research interest.

Chapter Summary

Chapter Two has provided an overview of the relevant research that analyzes perinatal stress for parents. The chapter addresses both maternal and paternal perspectives before focusing more on related studies pertinent to exploring the experiences of transitioning first-time fathers. In review of the studies, there are both qualitative phenomenological studies and quantitative studies represented that provide overlapping examination of issues of stress, anxiety, and depression for parents. Also, some of the research aims for a closer understanding of the role of the dyadic relationship between parents. Given the limited literature that addresses the research topic, there is still a lack of in-depth understanding concerning the lived experiences of transitioning fathers regarding their perinatal stress, unique paternal perspectives, and how they are making meaning of these experiences. There is also a lack of American father representation, which gets to some cultural and diversity factors not represented. The studies provided are also not consistent in clarity of biological and residency status in relationship to the child.

This review further justifies the research gaps, rationale, and chosen methodology for conducting a study to explore the perinatal stress among first-time fathers. A detailed description of the study will be provided in Chapter Three, with results in Chapter Four. Chapter Five will be used to discuss those results.

CHAPTER THREE: RESEARCH DESIGN AND METHODOLOGY

Becoming a first-time parent is a stage in life that can be full of excitement but also trepidation. Whereas new parents may be filled with hope and joy, they may also feel anxious and fearful. Much common knowledge and research focuses on the experiences and perspectives of the mother. Though it can be argued for medical and health related reasons to support this emphasis in the literature, there is also solid justification to further explore a parallel yet different perspective on the experiences of fathers.

During the latter stages of pregnancy through the early stages after childbirth, new symptoms of stress, anxiety, and depression appear for many fathers. This stage is referred to as the perinatal period and is when fathers are most vulnerable to anxiety and depression (Baldwin, Malone, Sandall, & Bick, 2018). The lack of knowledge, screening, and treatment during this time negatively impacts paternal wellbeing while resulting in unhealthy coping (Letourneau, Dugget-Leger, Dennis, Stewart, & Tryphopoulos, 2010). In researching the experiences of men who were transitioning to fatherhood to better understand what is occurring during this period, the paucity of literature that examines their experiences is evident, particularly in the ethnic diversity represented and in the studies conducted in the United States (U.S.).

The aim for this research study was to understand the perinatal stress experiences of first-time fathers in the U.S. Researchers examined the perspectives of the participants,

how they act, are influenced, and make meaning of their transition to fatherhood. A qualitative phenomenological design study was conducted using semi-structured interviews regarding the fathers' lived experiences. Interview questions focused on the perinatal stage during pregnancy, providing investigation into the period roughly midway through a full-term pregnancy through one week after childbirth. The areas of the fatherhood experience that were explored are the new fatherhood identity; competing challenges of new fatherhood; and, negative feelings and fears related to the fatherhood role. These three areas are identified in an extensive systematic review as primary factors influencing fathers' mental health and wellbeing during this period (Baldwin, Malone, Sandall, & Bick, 2018).

This chapter consists of an overview of the research design; role of the researcher; context of the study; participants; and, data analysis. Each area provides rationale and guidance for conducting a qualitative phenomenological approach to examine the perinatal stress of transitioning first-time fathers residing in the U.S.

Design

To explore the perinatal stress experienced in the transition to fatherhood, the qualitative design selected covered participant experiences over time, unlike capturing a snapshot in an isolated moment which is the case with quantitative methods (Heppner, Wampold, Owen, Thompson, & Wang, 2016). Research conducted via a phenomenological approach is well-suited for this type of examination based on its emphasis on the lived experiences and unique perspectives. There are two major approaches to phenomenological studies: descriptive and interpretive (hermeneutic) (Sloane & Bowe, 2013). Both approaches were considered in formulating the design of this study.

Descriptive phenomenology aims to identify the essence of the experience, what occurs, and how it is experienced (Sloane & Bowe, 2013). By comparison, interpretive phenomenology focuses on the analysis of text in search of meaning of experience by identifying themes and interpreting the data; analysis is not formalized but the context of the phenomenon dictates how to analysis the data (Sloane & Bowe, 2013). Given that this study involves a transformative phenomenon (becoming a biological father for the first time) and research (Baldwin, Malone, Sandall, & Bick, 2018) indicates that not all fatherhood transitions are the same, these factors strongly suggest that each transitioning father has their own unique experience. Though common themes across fathers may exist, sharing of individual perspectives in interviews and interpreting data within the context provided from participants is key to in-depth understanding about individual participant perspectives. Consequently, for purposes of this study, utilization of an interpretive (hermeneutic) phenomenological approach will provide the type of analysis needed given the phenomenon and population being studied. This section provides an overview and rationale for the chosen research design, which will help provide context for the data collection and analysis.

Based on a review of the literature, 27 qualitative studies were identified between 1990 and 2020. Out of this number, six did not specify the type of qualitative design, five were hermeneutic/interpretive, four descriptive, three grounded theory, three phenomenological but did not specify, two discourse analysis, two qualitative longitudinal, one critical incident technique, and one mixed methods. The most prevalent type of approach used was phenomenological, using either descriptive or hermeneutic/interpretive. Two of the studies were conducted in the United States: one using grounded theory, and the other a descriptive phenomenological approach. The latter

study was conducted with Japanese men who became fathers in Hawaii. Therefore, none of the studies focused on American men's unique experiences and perceptions as they became fathers. The review of this literature underscores a gap in the involving the U.S., the native country of the Principal Investigator (PI). As a result, this study focused on the perinatal experiences of first-time fathers in the U.S.

Understanding individual relationships with a phenomenon is at the center of phenomenological research. Philosopher Merleau-Ponty wrote on the concept of embodied and one's relativistic perspective. A tenant of the phenomenological approach is that no two people experience the same phenomena in the same way (Glesne, 2016). Philosopher Sarte also believed that through phenomenology one could focus on perceptions of self and the world through the presence or absence of different entities in our world (Glesne, 2016). So, in this case, a phenomenological approach provided an understanding on the unique relationship each participant has with the presence of their biological child from the middle stages of the pregnancy through childbirth from their perspectives and concerning their context. The use of a phenomenological approach enabled the PI to interview participants to thoroughly understand the experiences and unique views of transitioning fathers within given contexts and what these phenomena mean to them (Heppner, Wampold, Owen, Thompson, & Wang, 2016). To help ensure objectivity in attaining and interpreting participant data, additional research team members were recruited, and subjectivity/positionality statements were gathered and discussed (Heppner, Wampold, Owen, Thompson, & Wang, 2016) to help account for individual biases and relationships with the given phenomena.

The decision to use a hermeneutic or interpretive phenomenological approach was consistent with the most prevalent approach chosen by researchers who have conducted

studies similar to the research topic. So, there are advantages to providing comparative analysis and filling a void in the current literature. As a PI who shares some of the same characteristics as the sample population being studied, when using hermeneutic (interpretive) phenomenology, researcher reflexivity was applied in interpreting meaning and adding value to the interpretations (Sloane & Bowe, 2013). Further, it was important to situate understanding within the context of how each subject views their transition to fatherhood and the related stressors experienced. Though descriptive phenomenology helps to identify what subjects experience and how they experience the phenomenon (Sloane & Bowe, 2013), opting to implement a hermeneutic (interpretive) approach provided deeper comprehension that can be ascertained from the individual subjects' perspective.

By adopting a phenomenological approach, researchers were able to provide voice and meaning to the participant perspectives. However, in doing so, researchers have knowledge and understanding that data analysis and interpretation was tedious, and that there is a lack of generalizability (Heppner, Wampold, Owen, Thompson, & Wang, 2016). Seeking comprehension of multiple experiences and interpreting contextualized perspectives was also a very time-consuming task (Heppner, Wampold, Owen, Thompson, & Wang, 2016). Whereas the findings provide insight into transitioning fathers' lived experiences, they do not help with understanding causality due to a phenomenon.

Role of the Researcher

In the role of Principal Investigator (PI), subjectivity and positionality were shared based on personal, professional, and academic relationship to the study. Documentation of the PI's subjectivity helped to provide transparency by articulating

personal biases as a researcher for this study and considering how they may shape researcher perspective and interpretations. Each research team member also provided documentation of their subjectivity and positionality, which were discussed as a group in advance of data analysis. Research team membership consisted of the PI and two Ph.D. students in the College of Education at the University of South Carolina Columbia. All three research team members have completed doctoral level coursework in Qualitative Inquiry and are parents of at least one child each; two are fathers and one is a mother.

Subjectivity Statement

The PI is the father of one child, a 16 year-old daughter (at time of interviewing). She is the PI's only biological child. The PI does not have any adopted or stepchildren. The PI has lived with the daughter and they have been a part of one another's life since her conception. The PI has been married to the daughter's mother, the PI's wife of over 21 years, during this entire time. Though most of the pregnancy was without any significant health issues, there was added stress brought on by new jobs for both parents, and relocation during the third trimester. During the actual pregnancy, the parents experienced birthing trauma, which resulted in an emergency c-section. The PI is very grateful both daughter and wife made it through the pregnancy healthy and with no further complications.

The PI has always loved being a Dad, though it has had its challenges. During the early years of fatherhood, the PI experienced natural stressors due to the lack of sleep, lifestyle changes, work demands, balancing parenthood responsibilities, and moving into a new house (same city) one year after childbirth. The PI struggled in communications with his partner, time invested in the relationship as a couple, and meeting individual, and interpersonal needs. As the stress and anxiety increased, the PI began experiencing panic

attacks over the magnitude and pressure of fathering and being a husband. The PI dealt with additional employment and financial stressors during this time. Based on the PI's own informal assessment, the PI did not feel depressed, nor was the PI diagnosed with depression. It was, however, one of the most stressful stages of the PI's life. He sought counseling services through an Employment Assistance Program (EAP) and remained active in sessions for several months. It was important for the PI to talk with someone (a male counselor) about his experiences. The PI felt reassured he was okay and began developing breathing and mindfulness techniques to cope. The PI was fortunate to have a couple of male friends (also fathers) and a grandfather who offered advice, recommended readings, and supported him while he transitioned to fatherhood. Though the PI has a loving relationship with his father, he was not part of his upbringing as he was raised by his mother. So, the PI's father's involvement was very limited for him as a fathering guide and role model.

Professionally, the PI has 24 years of experience as a student affairs administrator. The PI is accustomed to advising and facilitating learning and development for college students. The PI has served in multiple student affairs roles on college campuses in the Midwest, Mid-Atlantic, and Southern U.S. He relocated to South Carolina (SC) three-and-a-half years ago to support his wife's employment and seek new opportunities and a new life for their family in Rock Hill, SC (part of Charlotte, NC, metropolitan region). Since deciding to pursue a Ph.D. four years ago, the PI has served as an instructor at USC Columbia for courses in the Counseling Minor program, a Graduate Assistant for Mental Health Initiatives in University Health Services at USC Columbia, and an Adjunct Faculty Member at York Technical College.

The PI is a Doctoral Candidate in the Counselor Education program at the University of South Carolina (USC) Columbia. The PI holds a B.A. in Psychology, Minor in Human Services, from the University of North Carolina Charlotte, and an M.Ed. in Counseling Psychology, College Student Personnel Administration, from James Madison University. The PI focused his dissertation on the exploration of first-time fathers' perinatal stress in the U.S. The PI studied Qualitative Inquiry and Empirical Basis of Counseling in his doctoral program, both of which have aided in dissertation research development and design. The PI has engaged academically and professionally in the Preparing Future Faculty Program at USC, Teaching Towards Inclusive Excellence at USC, National Association of Student Personnel Administrators (NASPA), American College Health Association (ACHA), American Counseling Association (ACA), and multiple affiliated ACA divisions. He seeks out literature and involvement in opportunities that align with his research interest areas (i.e., fathering, males and mental health, college students, and BIPOC/underrepresented populations).

Positionality Statement

The PI's positionality statement was submitted to help articulate his relationship to the sample population. Since the PI did not personally know the subjects in advance of launching the study, the positionality statement was written about the targeted population.

It was anticipated that part of the PI's background would mirror some of the characteristics found in subjects who comprised this study. The PI is a black male, Christian, who grew up mostly in the southeastern U.S. He is a product of divorced parents and did not grow up with a male father figure in the home. He comes from a lower socioeconomic status background and is a first-generation college student. U.S.

Citizenship status, shared biology with the child, and shared residency with the child, are similarities anticipated between the PI and research participants.

Based on personal reading and life experiences, the PI suspected that his combination of race/ethnicity, education, middle-class socioeconomic status, and marriage length (over 21 years at time of interviewing) would be an anomaly. Given the PI's age (50) at the time of interviewing, he anticipated being older than the first-time fathers who participated in the study. He imagined his age would come with advantages (parenting and life experience/maturity) and disadvantages (relatability on some non-fathering matters). The PI did not assume that all or most participants would be married to their partners.

Implications of PI Positioning on the Study/Process

Implications for PI positioning depended on the location and background of the participants. Due to current COVID-19 public health restrictions and the lack of regionality required for the study, the PI conducted the study virtually (i.e., Zoom), though by phone was also presented as an option. The lack of in-person interviewing helped to result in a sample of participants from multiple regions across the country. Consequently, the sample consisted of greater heterogeneity for the study.

As a father, the PI believed he had a greater ability (compared to non-fathers) to relate to participant experiences. Thereby, a greater ease and capacity with establishing trust and rapport with participants was anticipated. The PI was able to connect with them on the pregnancy, childbirth, partner relationship, co-parenting, assuming their new fatherhood identity, and fears. The PI was also able to identify with some of the related stressors, what the signs of those stressors look and feel like, and how to cope. If

participants lacked familial paternal advice and reliance on personal dad examples, the PI was also able to relate to this perspective.

Challenges faced in conducting this study included the status of the COVID-19 restrictions. If unable or deemed unnecessary to connect with collaborators and participants face-to-face, then establishing trust may have been impeded and hindered the support and participant involvement needed. Men, in general, tend to be more guarded about emotional disclosure which compounds these challenges. Further, those participants from underrepresented backgrounds may have been less likely to seek help and trust mental health professionals and medical doctors due to stigma and histories involving diverse populations and the medical profession. Since the PI is a member of an underrepresented group, some participants (due to perceived similarities) may have been more likely to get involved in the study if able to see the PI and hear about his background. These barriers may have been of concern but were not impossible to navigate.

Subjective I's and their Impact

The PI anticipated there would be new stressors experienced during the perinatal period for all fathers in transition and that some of the stress and its impact on participants would be minimized or not disclosed. In the PI's experience, this is common due to male perceptions of masculinity.

Research participants may possess insecurities about becoming a father. Unfortunately, because fatherhood is not something for which many men are prepared, they frequently do not know what they do not know due to a lack of information and guidance. Many men also lack familial and other positive male role models to emulate or discuss their transition to fatherhood.

It is suspected by the PI that participants will likely have not sought professional help or assistance to address their stress. Consequently, they may not have spoken with anybody about their experience. They may not have thought much about their perspective, have the vocabulary to describe their emotions, or even know if what they were experiencing was normal or to be expected. Participants may have been relying on different coping mechanisms to deal with their related stressors. It is important to evaluate the health and legalities of these outlets.

Lastly, the PI anticipated that participants would have experienced impacts on their perceived personal health or wellbeing. This may have been due to several factors, including superseding their child's and partner's needs while neglecting their own. They may have gained weight, reduced exercising, limited personal recreational activities, or stopped spending as much social time with other male friends.

PI Subjectivity and Positionality as Strength and as Weakness

As a researcher and father who is very passionate about this study and can readily identify with the subject matter, the PI did not presume or speculate about participant experiences or their implications. The PI guarded against prematurely drawing conclusions about areas explored through this study such as insecurities, relational issues, anxieties/fears, and self-doubt of participants. The PI strived to be mindful of any personal countertransference so that their own emotions and thoughts from their experiences did not significantly bias how interviews were conducted, data interpreted, or perspectives of other research team members.

Monitoring Strategies

The PI facilitated a thorough reflection and documentation of researcher subjectivity and positionality (similar to this section of Ch. 3) on the research topic in

advance of conducting the study. Researchers utilized the recording of interviews (with subject permission) to gather data. After generating interview transcriptions, an initial review was conducted for accuracy and to insert pseudonyms to protect anonymity. Afterwards, participants engaged in member-checking before researchers began analysis.

Context for the Study

In preparation for this study, the PI made contact with colleagues who are in perinatal nursing and psychiatric mental health. Both areas are represented in the literature by their knowledge and involvement with women transitioning to motherhood. Specifically, these professionals are engaged in evaluation, treatment, and support for mothers (and sometimes couples) and any concerns they may face during or just after pregnancy. The current contacts are regional, in or affiliated with the state of South Carolina via the University of South Carolina Columbia and the Medical University of South Carolina. The PI worked with these colleagues, then researched online and networked via birthing centers, health and medical facilities, health professional associations (i.e., American Psychiatric Nurses Association, International Society of Psychiatric Mental Health Nurses), paternal social networks, family organizations, dad/fathers groups, and doulas. The complete list is provided in Appendix B. This approach utilized was very deliberate and involved both convenience and purposive sampling methodology to gain access and secure participants.

Based on research, perinatal nursing and psychiatric mental health professionals who work with parents who are in transition with a child are affiliated with Clinical Services or similar units for patients in Obstetrics and Gynecology departments. In addition to the University of South Carolina (USC) Columbia, in the Midlands region, these professionals are frequently staffed in hospitals throughout other regions and states.

There are also professionals responsible for similar work at the Medical University of South Carolina in Charleston, which is in the Lowcountry region of SC. Though there was benefit to networking with these professional groups, the greatest participant response came from social networking and online sources for dads/fathers' groups.

Participant Protections

Due to the utilization of human subjects in this project, all professional and ethical protocols as outlined by USC Columbia were adhered to in conducting this research study. Thereby, the Institution Review Board (IRB) at USC Columbia approved and endorsed this study before the research was initiated. Dissertation Chair and Committee Member consultation were sought for advising and guidance during this study.

Participants who responded to recruitment information regarding the study were sent a response that verified criteria for involvement and consisted of a formal invitation letter to participate (Appendix F), which included details about the study and participant protections.

After receipt of email verification that participants met all criteria, felt comfortable with the details of the study and explanation of how data and findings would be used, a participant information and scheduling form (Appendix H) was disseminated to use for data collection and to arrange interviews. Once interview times were scheduled, they were confirmed via email with Zoom link. At the beginning of each interview time, the PI verified participants were still able to participate during the scheduled time, shared information about his background, and inquired about any questions participants may have for him or the study before asking the first interview question.

Prior to the interview questions, participants were asked to not provide personally identifiable information; were informed that a pseudonym would be used for their name in the transcription; requested to submit information that is true and accurate; informed they could let the interviewer know if uncomfortable answering any questions; and, reminded they can withdraw their involvement at any time. Participant permission was requested for recording via Zoom and a digital voice recorder before the first interview question was asked. A detail of the interview protocol is provided in Appendix J. The protocol and protections help keep participant identities anonymous while verifying the accuracy of the interview responses. All records pertaining to the study have been kept confidential. At the conclusion of the study, all records with identifiable information will be destroyed. For reporting purposes, pseudonyms, aggregate data, and codes have been used to help protect identities of those participating in the study.

The risks associated with this study vary dependent on the participant. Introspection and examination of stressful experiences from harmful memories in a father's past may come back to the forefront. Difficult moments that may have created strain in personal relationships may have been confronted. In more severe and complicated cases, past traumas involving relationships may have been revisited. Given the thoughts and feelings stirred as a result of participating in the interview, subjects may have needed to speak with a mental health professional outside of the study to help them cope with their response. If participants are not seeing a therapist, lack the means for counseling, or are resistant to treatment, then they may struggle with the implications of their involvement. If the mental health support is already in place, it is important the professionals are well trained and equipped to help support the father and their needs. In either case if this became apparent, the PI was prepared to recommend that the participant

seek a licensed professional mental health provider for assistance outside of the interview and scope of the research study. In conducting the interviews, there were no obvious instances where a referral appeared vital due to past traumas or struggles experienced by participants.

Data Collection Methods

In this study, the PI conducted semi-structured individual interviews with participants via virtual platform (Zoom), though phone was also presented as an option. The type of technology selected was based on availability, reliability, and participant preference. Personal and demographic information, including verification of satisfying participant criteria, was gathered online prior to scheduling and were reviewed before the start of each interview. A list of semi-structured questions were asked (Appendix K) of participants during the study. The questions were developed from a combination of a pilot interview, fatherhood focus group, and synthesized findings identified in a systematic study on mental health and wellbeing during the transition to fatherhood (2018) by Baldwin, Malone, Sandall, and Bick. According to these authors, fatherhood experiences identified as stressors during this period fell into the following categories: new fatherhood identity; competing challenges of new fatherhood; and, negative feelings and fears related to the fatherhood role (Baldwin, Malone, Sandall, & Bick, 2018).

A new fatherhood identity was described as fulfilling their role as “men”, a change in priorities and responsibilities, in addition to worry about being a “good father” and “getting it right” (Baldwin, Malone, Sandall, & Bick, 2018). Competing challenges of new fatherhood encompassed competing demands as they transitioned into fatherhood, balancing work and child demands, deterioration of relationship with partner (inclusive of reduced sexual satisfaction with partner), their expectations compared with reality,

especially around breastfeeding and bonding challenges (Baldwin, Malone, Sandall, & Bick, 2018). Negative feelings and fears involve a range of fears and emotions in not knowing what to expect as they transitioned into fatherhood, experience the labor and birthing process, and struggle to find their role (Baldwin, Malone, Sandall, & Bick, 2018). Interview questions were shared during a focus group of fathers and in an individual pilot father interview to gain feedback to evaluate and revise the questions before administering the study interviews.

The primary research question that served as the focus for the semi-structured interviews was: *What are the perinatal stress experiences of first-time fathers in the U.S.?* In advance of the interviews, research team members documented and discussed their biases and subjectivity/positionality statements in relationship to the topic. The interviews were recorded via Zoom and use of a digital voice recorder (as back-up for audio); both were used with participant permission. Otter.ai, an online artificial intelligence product, was utilized to transcribe each interview. After each transcription was generated, the PI reviewed and edited each document for accuracy, and inserted a pseudonym to help protect participant anonymity. The edited transcription was then sent as a password-protected document via email to the participant for member-checking and submission verification. Transcriptions were then uploaded to a shared folder (Google) which had been created for research team members. A subfolder was created for each participant and included their respective interview audio recording, Zoom recording (audio and video), and transcription.

The recorded and transcribed interviews were stored in the subfolders for review and coding. Research team members utilized the contents of each participant's subfolder to begin individual analysis before meeting as a research team to discuss each participant

interview, individualized coding, personal reactions, findings, countertransference experienced, and any noted biases. The utilization of a research team and combination of data collection efforts, inclusive of member-checking, audio and video recordings, group notetaking, PI journaling, and notetaking, helped to establish triangulation of the data.

Participants

For purposes of this study, participants identified as biological fathers (first-time), residing with their pregnant partner, and claimed U.S. Citizenship. In any case where the PI was unable to affirm any of the desired characteristics, then the interested participant was prevented from participating as their involvement would be incongruent with the purpose of the study, thereby failing to address the literature gap and the postulated research question. Consequently, criterion sampling was identified as the most appropriate method of purposive sampling to conduct this study. This approach positioned the researcher to select from a larger pool of potential participants those fathers who satisfy all the desired characteristics.

Based on prior similar phenomenological research, 12 participants were targeted for the sample based on the median number of comparable studies. In recruiting efforts, the PI wanted to secure at least 20 participants, factoring in the likelihood of some attrition during the research study. Each participant was involved in a semi-structured individual interview that was recorded and secured on the PI's password-protected computer, an external hard-drive, a back-up external hard-drive, and cloud-based storage. The interview transcriptions and coding were secured in the same manner. Participant names were replaced with pseudonyms and any other identifiable information was redacted to protect the fathers' confidentiality and secure anonymity. During the analysis stage, NVIVO software was used and loaded onto the PI's computer. Final transcriptions

(edited and with pseudonyms) identified themes or nodes, synthesized research team coding, and selected participant data were stored in NVIVO.

Despite the consideration of alternate sampling methods involving randomization (i.e., simple random sample, stratified random and cluster samples), none of these methods would have provided the necessary certainty for participants to meet the desired profile. Other forms of purposive sampling methods could have been considered; however, the added heterogeneity to the population would have provided additional variables that could have been too limiting given the identified sample population criteria for conducting this study.

Data Analysis

The complexity of the research design and assurances for objectivity, accuracy, and enhanced trustworthiness strongly suggested the need for a research team as opposed to a single investigator. The research team members, as previously described earlier in this chapter, possess the academic acumen and professional ethical training desired to contribute as a competent and trusted team member for this research study. In addition, research team members committed to regular team meetings and efforts to fulfill research team member roles and responsibilities, inclusive of discussing personal biases, coding approaches, and analysis relevant to the study. The utilization of triangulation, and discussion of subjectivity/positionality statements, helped to strengthen the trustworthiness of this study (Heppner, Wampold, Owen, Thompson, & Wang, 2016).

Before conducting any data analysis, submitted positionality/subjectivity statements for each member was discussed along with their relationship to the topic, research problem, and methodology. Thereby, all research team members disclosed held biases and discussed these collectively to be acknowledged and accounted for as the data

was reviewed. In consideration of the data analysis, literature suggests that many strategies are often overlooked and that qualitative data analysis—which is oftentimes focused on coding—is a much more comprehensive process inclusive of reviewing transcripts, recorded interviews, observational notes, and related documentation (Maxwell, 2013). Given that, coding is still considered the main categorization strategy for qualitative analysis (Maxwell, 2013). Researchers generate constructs that symbolize or translate data for use in interpreting meaning (Maxwell, 2013). In so doing, researchers focus on using coding strategies to identify themes, patterns, processes, and categories (Saldana, 2016; Glesne, 2016). The coding process was discussed and determined in advance of this study for consistency among researchers. For purposes of this study, based on analysis of a prior focus group of fathers conducted by the PI, the coding approaches would include multiple cycles, minimally including of descriptive, emotional, in vivo, and versus coding methods for qualitative researchers. In effort to not limit our coding analysis, research team members were encouraged to apply all codes they found as suitable in accordance with Saldana’s Coding Manual for Qualitative Researcher (2016). The codes identified were utilized to comprise a dissertation codebook (Appendix N) with corresponding themes and their respective definitions.

The interviews were recorded (with the permission of participants), transcribed, edited for accuracy and anonymity, and member-checked in preparation for review by the research team. Each research team member conducted their own manual analysis via open coding for thematic analysis and saved their coding documents to the participant subfolder. The research team members met to discuss each interview with the PI taking notes of our findings (themes in common and unique factors identified), notable quotations, reactions, and salient insights. As needed, researchers discussed personal

biases and moments of countertransference experienced. After conducting, transcribing, and discussing all coded interviews, the PI selected NVIVO for qualitative software analysis based on his own research and colleague recommendations.

Given the volume of data accumulated, biases (disclosed, undisclosed), and any countertransference encountered, the software could help with greater comprehensiveness and depth of analysis. Additional benefits of NVIVO included the ability to conduct different queries and provide various visual representations of data analysis.

The set-up for NVIVO involved multiple steps. All coded transcriptions for each participant were synthesized into one document and then uploaded as a separate case in NVIVO. All themes or nodes were compiled with corresponding definitions to create a codebook which was uploaded into NVIVO. Regarding the participants, selected personal demographic information was entered in NVIVO for each father/expected father. Each interview question and their respective responses (from all participants) were compiled and utilized to create their own case in NVIVO. After this set-up was completed, the PI was able to run multiple queries or tests to analyze the data.

Trustworthiness

Several strategies were implemented to ensure the quality and rigor of this study, thus establishing criteria that enhances its trustworthiness (Glesne, 2016). The utilization of multiple data collection methods and researchers helped provide for triangulation of the data (Glesne, 2016). Already established in this chapter was the sharing and documentation of researcher assumptions, attitudes, and beliefs related to the phenomenon being studied; thereby, researcher subjectivity and positionality were discussed and recorded. After each interview, participants were asked to review their transcribed responses for member-checking of their transcribed interviews. Researchers

were charged with meticulous coding, involving several cycles, thereby helping to provide a thick description resulting in a very detailed account of each participant's responses and description of their unique lived experience.

Throughout this study, researchers were tasked with recording their thoughts and reactions to the research. Thoughts and reactions were solicited and documented by the PI during data analysis discussions about each interview. Also, the PI maintained a fieldwork notebook in which all research data and documents were saved and organized throughout the study. These items include planning documents, meeting and consultation notes, folders for each chapter of the study, NVIVO files, participant correspondence, interview materials, a reflexive journal, and analysis documents (Glesne, 2016).

Chapter Summary

In Chapter Three a detailed overview of how the study was conducted has been provided. This research project explores the perinatal stress among first-time fathers in the U.S. The PI has included: the research methodology, justification for its selection, description of the role of the researcher, participant protections, sample population description and recruitment, data collection procedures, a plan for analysis, and trustworthiness.

Chapter Four will focus on the results from the implemented study. It will begin with a study overview, providing a brief summary on the research topic, its rationale, and importance. In this manner, the introduction to Chapter Four will consist of highlighted background information on the topic, the research question, data collection overview, and a description of trustworthiness.

Central to Chapter Four is the analysis of the study. This section of the study begins with a data analysis overview, then covers the participants, and findings (i.e., core

categories, emerging themes, findings by question, coding themes by attributes, and participant observations). Chapter Four is enhanced by the presentation of participant personal information (no use of actual/real names or identifiable information), review of themes in order of prevalence, inclusion of participant quotations, and sharing of researcher perspectives. Towards the end the chapter concludes with a summary and preface for Chapter Five.

CHAPTER FOUR: RESULTS

The purpose of this study was to examine the perinatal stress and lived experiences of first-time fathers in the U.S. during their transition to fatherhood. The emphasis and significance of the perinatal period was selected because during the latter stages of pregnancy and early stages after childbirth fathers experience new symptoms of stress and related mental health symptomology. This time of the fatherhood transition is when researchers have determined that fathers are most vulnerable to anxiety and depression (Malone, Sandall, & Bick, 2018). Literature shows that the lack of knowledge, screening and treatment during this stage negatively impacts paternal wellbeing and results in unhealthy coping behaviors (Letourneau, Dugget-Leger, Dennis, Stewart, & Tryphopoulos, 2010). In researching this topic, the literature was limited, particularly in exploration of ethnically diverse populations and subjects in the U.S.

Research Question

In preparing for this study, there was one primary research question identified which was central to our purposes. The overarching research question for this study is: *What are the perinatal stress experiences of first-time fathers in the U.S.?* To investigate this topic, a qualitative methodological design was selected to capture participant experiences over time (Heppner, Wampold, Owen, Thompson, & Wang, 2016). More specifically, for the purposes of this study, an interpretive (hermeneutic)

phenomenological approach was implemented for analysis. Thereby, themes of text would be identified, interpreted, and studied for meaning (Sloane & Bowe, 2013).

Data Collection Overview

Data collection occurred by conducting semi-structured individualized interviews with 12 participants who satisfied the research criteria. All participants verified that they met the following conditions: Identify as a biological father, residing with a pregnant partner, and claim U.S. citizenship. Each participant confirmed this information via email and through the completion of a participant information and scheduling Google document. Given emphasis on the perinatal period, interviews were conducted with participants at least 22 weeks or further in the pregnancy.

The list of questions for the interviews were developed based on a pilot interview, focus group, and a systematic study (2018) by Baldwin, Malone, Sandall, and Bick focusing on mental health and wellbeing of transitioning fathers. Stressors identified by Baldwin, Malone, Sandall, and Bick formed the basis for the main categories which included: new fatherhood identity; competing challenges of new fatherhood; and negative feelings and fears related to the fatherhood role (Baldwin, Malone, Sandall, & Bick, 2018). The list of interview questions is included in Appendix K.

Purposive sampling was utilized to secure the participants needed. Initial recruitment included networking through colleagues at: University of South Carolina College of Nursing; Medical University of South Carolina; American Psychiatric Nurses Associations (APNA); and the International Society of Psychiatric Mental Health Nurses (ISPN). Due to both a limited and a slow response, the sampling sources were expanded via consultation with colleagues affiliated with these networks and through online research for expectant dads/fathers groups, inclusive of social media. The number of

targeted network groups and contacts grew to include 69 organizations and references, including three that were international organizations (outside of U.S.), to recruit participants. In addition to the aforementioned networks, a combination of organizations, groups, and social networks representing fathers, men, expectant dads/expectant fathers, birthing centers, doulas, and family organizations were identified and contacted regarding the study. The complete list of recruitment sources and contacts is included in Appendix B. The combined recruiting efforts yielded 118 potential participants.

Despite identifying a lofty number (118) relative to the target of 20 participants (12 being the eventual goal for full study participation), there were challenges early on in verifying and securing participants. An estimated 60 inquiries appeared fraudulent or questionable in their inquiry responses. These were identified as fraudulent or questionable based on: A large numbers of repeated same email responses from different sources, (i.e., BOTS); inconsistent information provided by interested participants during the verification of criteria; usage of peculiar email address formulas (i.e., John Doe, 12345); and, conversations with interested participants just prior to start of conducting the interview where their faces were concealed (i.e., masks) and/or the audio was obscured. These individuals were eliminated from further consideration as study participants.

Of the remaining potential participants, 22 appeared to meet criteria based on information shared in dad/expectant father social media groups. They did not respond to recruitment information shared directly with them about the study. Two prospective participants claimed citizenship outside of the U.S. (Australia, U.K.). One responded favorably to the inquiry, however, shortly after stated he and his partner had a miscarriage after initially disclosing their pregnancy. Another prospective participant

expressed it was not a good time and was unsure about engaging in the study. The estimated 20 individuals (remaining) did not meet the criteria, were unable to schedule during the perinatal period (i.e., already gave birth, just became pregnant), were delayed in responding, or responded after the interviews had been conducted.

Given the varied background of participants and that they were not concentrated locally or bound by any regionality (still claiming U.S. citizenship), interviews occurred via use of Zoom virtual platform after consulting with each participant. Each interview was recorded using Zoom virtual platform program and a digital voice recorder as a backup to capture audio. Otter.ai, which is an online artificial intelligence product, was used to generate transcriptions of each recorded interview. Once each transcription was produced, the PI reviewed and edited each for accuracy and pseudonym insertion. Participants were then sent their respective edited password-protected transcription for them to member-check by reviewing and verifying the submission. Final transcriptions and interview recordings were then uploaded to a shared folder and sorted via interview number and participant pseudonym name. All recordings and transcriptions in the shared folder were backed up and secured on the PI's computer and two external hard drives. All of these steps were completed for each interview before the start of data analysis.

Trustworthiness

The utilization of multiple methods for data collection (e.g., transcriptions, audio recordings, video recordings, note taking, journaling) by researchers enhanced the triangulation of data that was gathered. The varied data collection approaches, use of a research team (as opposed to a single researcher), review of researcher subjectivity and positionality, implementation of several cycles of coding, and member-checking were key to establishing trustworthiness in this study (Glesne, 2016). In addition to the manual

research processes administered, the PI used NVIVO software to store and analyze the nodes, interview transcriptions, researcher coding, and participant data. This thorough examination of all information gathered was critical towards creating thick descriptions that illuminate participant experiences as they transition into fatherhood.

Analysis

Data Analysis Overview

Manual researcher analysis, open coding, and software-supported processes were instrumental in conducting this study. The manual researcher analysis included: observing recorded interviews; reading transcriptions; and reviewing memos and notes. Open coding entailed independent research team member coding line-by-line for each transcription for all 12 interviews. Multiple cycles of coding were completed, starting with descriptive, emotional, in vivo, and versus coding, while maintaining openness to other applicable methods as well as categorization. After individual coding was completed, research team members met and reviewed each transcription and discussed our respective findings. Each research team member's coded document was uploaded to the shared folder and the PI recorded notes of the team's observations. The software-supported analysis process involved the utilization of NVIVO.

Utilization of NVIVO involved several steps for set-up before administering the analysis: Identifying and defining all nodes or themes that emerged during the interviews; creating a codebook; loading personal demographic information for each participant; sorting and loading all transcriptions per question in NVIVO as individual cases; and, coding each question in NVIVO based on a cumulative summary of research team coding. Afterwards, the queries were then run, which were different tests to analyze the data. The queries run for this study consisted of: a hierarchical chart for salient themes

across all questions; identification of salient themes based on responses per question; and themes according to attribute (focus on race or ethnicity; age and state/district yielded negligible results). The NVIVO analysis summaries provided include some quotations from participants to help illustrate or expand upon the identified themes. Researcher memos and reactions are inserted in the summaries to expand on context. Also, description of analysis findings is described in a manner to help identify points of data saturation based on prevalence across participants.

Participants

All participants completed a participant information and scheduling form via Google Docs. Information requested included: Email; verification that they meet all criteria (each requirement was identified and had to be answered in the affirmative to participate); interview preference (phone, Zoom/virtual); availability; age; racial/ethnic identification; weeks along in pregnancy; state/district of residency; and, how they became aware of study (referral source). All interviews occurred at pregnancy week 22 or after to ensure the interviews occurred during the corresponding perinatal period. Regarding the referral source for the study and those who responded "social media" (S.M.), all but one were through Facebook/Messenger; the one exception was via LinkedIn. There were 12 expectant fathers who participated in the research study. The age range of participants was from 28-41 years old. Participants represented nine states plus the District of Columbia. Table 4.1 provides an overview of the participants, inclusive of their name (pseudonym), age, race/ethnicity, weeks pregnant (at time of completing information and scheduling form), state or district, and source (referral).

Findings

Core Categories: Most Salient Themes in All Participants

In order to ascertain the most salient themes across all responses, a hierarchy chart query was run in NVIVO. In total, there were 125 nodes created based on the themes present upon review of all interview transcriptions. Each node, along with their respective definitions, comprised the codebook loaded in NVIVO. By using the qualitative software, the PI was able to identify the presence of each theme per participant and the number of times the theme was referenced during interviews. In this section, there is a description of super-ordinant or most salient themes that were present in all interviews.

Readiness. The most salient theme across all interview questions was *readiness*. To understand this theme in NVIVO, this node was defined as a sense of readiness or preparedness for parenthood, sometimes characterized by comments about family planning, financial preparedness, and getting the baby room or home ready (i.e., nesting). Participants spoke of *readiness* in regard to knowledge acquisition about fathering, parenting, or pregnancy. In some instances, *readiness* coincided with participants questioning their sense of stability, competence, or capability for fathering. The theme of *readiness* was present in all 12 participants and was referenced a total of 67 times during interviews. *Readiness* was most prevalent in responses to interview questions on how the pregnancy has been. Slightly more than half of the participants spoke of *readiness* in what they now worry about as an expectant father and what they and their partner have spoken about regarding caring for their newborn child. Half of the participants spoke about *readiness* in ways they feel they are on the same page with their partner. Similar responses surfaced when asked if they wished they would have known or done anything different in preparation for fatherhood.

Table 4.1: Participant Information

Name	Age	Race/Ethnicity	Weeks	State/District	Source
Stephen	28	Black or African American	30	New York	S.M.
Mario	29	White or Caucasian	35	North Carolina	Friend
Kendall	38	Black or African American	30	New York	S.M.
Xavier	34	White or Caucasian	35	Illinois	S.M.
Theo	38	White or Caucasian	21	District of Columbia	Family
Arthur	29	White or Caucasian	24	Pennsylvania	S.M.
Kenny	29	White or Caucasian	30	Maryland	S.M.
Juan	34	Black or African American	27	South Carolina	Family
Lucas	41	Black or African American	23	Illinois	S.M.
Sean	31	Black or African American	12	Connecticut	S.M.
Giovanni	30	Black or African American	31	Virginia	S.M.
John	28	White or Caucasian	26	West Virginia	S.M.

Stress. The second most salient theme identified in this study was *stress*. This theme was most present in participant responses to what they worry about now and in talking about challenges they have encountered since discovering they are going to be a father. To a slightly lesser degree *stress* was present in describing how their life is different and in describing their thoughts and feelings once being told they were going to be a father. *Stress* was characterized as experiencing emotions related to or having a sense of fear, anxiety, concern, tension, worry, trauma, or stress. Some participants spoke of *stress* as feeling nervous, frustrated, pressured, or scared. The theme of *stress* may have coincided with or been used in referenced by physiological changes such as increases in heart rate or blood pressure. This description overlaps with how “stress and coping” were identified as a synthesized finding in the systematic review cited in the literature review of this study. “Stress and coping” were described primarily by its manifestations such as tiredness, irritability, and frustration (Baldwin, Malone, Sandall, & Bick, 2018). These characteristics are also consistent with the operational definition of *stress* provided in Chapter 1 (from mayoclinic.org) which focuses on the psychological and physiological responses to life demands and their related physiological indicators. Another correlated finding identified in the same study by Baldwin, Malone, Sandall, and Bick (2018) was “negative feelings and fears”. Though the authors emphasized helplessness and dealing with the unknown in their description, they also discussed expectant father fear for their partner and the child’s wellbeing. The theme of *stress*, as identified for purposes of this study, was present in all 12 participants and was referenced a total of 42 times during interviews.

Raising a child. *Raising a child* was a broad and all-encompassing theme covering several paternal roles and responsibilities. This theme was predominately

present in responses to what it means to be a father, what participants and their partners have discussed on taking care of their newborn child, and what type of father they envision being for their child. *Raising a child* was defined as raising or caring for one's child; feeding, sleeping, and changing them. This reference to upbringing encompasses helping the child to develop holistically (e.g., spiritually, emotionally, mentally, socially, intellectually) and developing the child's sense of ethics, character, morals, integrity, and values. This theme is inclusive of teaching the child; instilling or teaching discipline; helping the child understand the consequences of their actions; determining things the child will be exposed to; mentoring the child; and serving as a role model for the child. This includes conscientiousness about decision-making, actions, and behaviors; setting a good example; how to treat women and others. The theme of *raising a child* was present in all 12 participants and was referenced a total of 37 times during interviews.

Responsibility. The theme of *responsibility* was next in order of saliency. It was prevalent predominantly in responses to the first question regarding what it means to be a father. *Responsibility* was also discussed by half the participants in sharing how their life is not different as an expectant father. For purposes of this study, in addition to direct references to responsibility for one's actions or behaviors, this theme encompasses providing for one's family and supporting their needs, basic necessities, and wellbeing. Some participants utilized this theme to communicate the expectation they have to take care of family and its related power or influence to impact your child's life and that of your family. The theme of *responsibility* was present in all 12 participants and was referenced a total of 36 times during interviews.

Relationship growth. *Relationship growth* was identified next in prevalence. This theme was used to describe maturation, development, or growth between the

participant and their partner. This may involve time spent, activities done together, or shared hobbies and interests. Some participants expressed the theme of *relationship growth* through providing service for their partner, deeds which created a stronger bond, and acts which clarified parental roles. *Relationship growth* was most prominent in responses to how the pregnancy has been for the participant and what thoughts they have related to the pregnancy and their child. *Relationship growth* was also discussed by just over half the participants when asked how their life is different now since discovery of the pregnancy. The theme of *relationship growth* was present in all 12 participants and was referenced a total of 34 times during interviews.

Personal impact. Baldwin, Malone, Sandall, and Bick (2018) shared that “competing challenges of new fatherhood” was a synthesized finding in review of experiences for first time fathers transitioning to fatherhood. In part, this finding was in reference to complicating and conflicting time demands that impacted transitioning father work schedules and time afforded to their partner and child (Baldwin, Malone, Sandall, & Bick, 2018). This synthesized finding is very similar to the theme of *personal impact* identified for the purposes of this study. *Personal impact* is the next theme in order of prevalence. It was described as the impact or effect that becoming a father will have on their priorities, lifestyle, personal habits, schedule, or patterns (i.e., disruption of sleep or schedule). *Personal impact* may include an acknowledgement of an adjustment, difference, personal sacrifice, or change that will occur because of this impact on their life. The theme of *personal impact* was present in all 12 participants and was referenced a total of 28 times during interviews. This theme was not predominant in the majority of responses to any particular question; however, it was prevalent throughout all interviews.

Empathy. *Empathy* was the next theme identified based on saliency and was described as attempting to identify with the experiences of participants' partners; showing or expressing a desire to support their partner, wishing to alleviate pain, discomfort, or responsibilities from their partner. Based on participant interview references to *empathy*, they expressed emotional concern and wanted to make things better, less stressful, or less difficult for their partner. *Empathy* was most prevalent in interview responses to how the pregnancy has been for them and surfaced in just over half of the responses to this question. Half of the references expressing *empathy* were in response to how life is different for them now. The theme of *empathy* was present in all 12 participants and was referenced a total of 26 times during interviews.

Support system. The theme of *support system* was identified next in order of prevalence. This area was targeted based on a specific line of questioning during the interviews. *Support system* was most prominent in a query to participants regarding who or what provides them support as they transition to fatherhood. So, its prevalence may seem slightly inflated and, therefore should be considered in this context. *Support system* had several sub-categories which were identified and tracked for analysis. The subcategories were: Friend(s), family members, father-in-law, father, in-laws, siblings, pastor (or religious leader), co-workers, parents, mother, father figure, grandfather, stepfather, uncle, wife, support system (general), doctor, girlfriend, godparents, other couples, counselor, neighbors, pet, other fathers via social media, cousins, friends' parents, and godfather. The theme of *support system* was present in all 12 participants and referenced a total of 25 times during interviews. Despite its prevalence in this study, a "lack of support" was identified as a synthesized finding in the systematic review conducted by Baldwin, Malone, Sandall, and Bick (2018). The "lack of support" in the

article these researchers produced specifically referenced male work colleagues and peers, so it did not reference family members, religious leaders, or social media groups as areas of support. Baldwin, Malone, Sandall, and Bick (2018) mentioned that expectant fathers were not treated as equal partners and that they lacked involvement and acknowledgement by health professionals.

There was a slight separation in prevalence between the most salient themes in all participants and the next grouping of themes identified for analysis. This next area that will be covered in this study has been identified as emerging themes.

Emerging Themes in Participants

There were 12 nodes that presented as emerging themes in this research study. Unlike the previous grouping, these themes were prevalent but not present in all participant interviews. In a review of the hierarchical chart, code presence, and code reference frequency, there was a noticeable separation between the most salient themes, emerging themes, and those less prevalent themes in their prominence. The emerging themes present below are in decreasing saliency with most salient to least salient within this data subset.

Happiness. The most prevalent of the emerging themes identified was *happiness*. This theme encompassed experiencing emotions of happiness, gratefulness, fulfillment, awe, or joy as a result of becoming a father. *Happiness* was sometimes characterized by enthusiasm, excitement, eagerness, tone in voice, a smile, or other non-verbal behavior. The theme of *happiness* was present in 11 out of the 12 participants and was referenced 27 times during interviews. *Happiness* appeared most frequently when participants were asked for their thoughts or feelings when discovering they were becoming a father.

Social impact. The theme of *social impact* was used to refer to changes in social sphere, social activity, social groups, networks, or friends. These changes may cover types of individuals in one's social sphere, frequency of contact, boundaries, and duration. *Social impact* was frequently referenced in relation to decision-making and acknowledged interpersonal impact experienced by participants since becoming an expectant father. The theme of *social impact* was present in 11 participants and was referenced a total of 25 times during interviews. It was prominent in half of participants in responses to how the pregnancy has been and in specific follow-up questions regarding what they do for fun and to relieve stress.

Values. The next theme which follows is that of *values*. This theme was reflected in most interviews, but particularly in responses to questions around perceptions of fatherhood, what you've learned from other men about fathering, and discussions with their partner regarding co-parenting plans. *Values* was defined as the identification of individual or shared attitudes, values, or beliefs. In reference to co-parenting, the emphasis was on "being on the same page" and cohesion between the participant and their partner. Examples in which *values* were at the center of a response included references to gender neutral attitudes, traditional versus non-traditional gender norms, worldview/global perspective, sustainability, economical, working hard, and one's work ethic. Almost all participants provided responses which focused on *values*. The theme of *values* was present in 11 participants and referenced 22 times during interviews.

Co-parenting. *Co-parenting* emerged next from participants, but it was not particularly prominent in response to any question. The *co-parenting* theme was described in reference to both partners planning for the care of their child, and in some cases, participants mentioned it in regard to care for a pet. In the majority of instances,

co-parenting was identified when clarifying or discussing division of roles (between partners) and management of responsibilities. The definition was also used to describe specific life activities such as plans for sleeping, feeding the child, and changing the child's diapers. In more isolated cases, references were made to comparisons of what their parents may have done. The theme of *co-parenting* was present in 10 participants and referenced 18 times during interviews.

Legacy. The theme of *legacy* presented as central to defining fatherhood for just over half of the participants when asked what it means for them to be a father. They spoke of related responsibilities to fatherhood and participant aspirations as they grow into their role as fathers. For purposes of this study, *legacy* was defined as carrying on the family name, and passing on specific traits or values to your child. *Legacy* was not particularly prominent in any other responses. The theme of *legacy* was present in 10 participants across all questions and was referenced 17 times during interviews.

New identity. The theme of establishing a *new identity* was next in order of saliency. This theme was most identified in participant explanations of what it means to be a father and ways their life is now different. To a much lesser degree, *new identity* appeared in responses that were used to characterize the pregnancy and that which is worried about since they are going to be a father. This theme was also concluded as a key synthesized finding in the systematic study by Baldwin, Malone, Sandall, and Bick (2018), but it was referred to as "new fatherhood identity". Fulfilling their role as "men", involved an acknowledgement of new priorities and responsibilities while also worrying about being a "good father" and "getting it right" (Baldwin, Malone, Sandall, & Bick, 2018). Given the context of this dissertation study, *new identity* was defined for participants as experiencing new, added, or change in one's identity. This may be related

to a specific role, tasks, position (may reference “head of household”), or functionality that comes with becoming a father. The theme of *new identity* was present in 10 participants and referenced 17 times during interviews.

Hopeful. Most of the participants exhibited a degree of confidence and promise about their ability to fulfill their role as a father. This was seen predominately in review of participant responses to the news of their expectant child and in sharing their aspirations about fatherhood. To a lesser degree, this theme of being *hopeful* was described in coping with challenges during the pregnancy and overall was well distributed throughout the interviews. *Hopeful* was characterized in this study as being hopeful or motivated for the future; having a positive outlook, being optimistic or confident. *Hopeful* was also seen in those responses expressing belief or faith. The theme of *hopeful* was present in 9 participants and was referenced 16 times during interviews.

Wellbeing. The theme of *wellbeing* was strategically targeted during interviews by asking questions about participant health and how they relieve stress. *Wellbeing* also surfaced to a lesser degree in response to a question concerning challenges experienced during the pregnancy. Therefore, it was not surprising to see *wellbeing* present in the majority of participants. The definition provided for *wellbeing* focused on the state, condition, or references to participant health, including realms of emotional, physical, mental, and spiritual health. In some cases, participants used this as an opportunity to discuss eating or drinking habits, self-care, and balance. The theme of *wellbeing* was present in 10 participants and was referenced 14 times during interviews.

Exercise. One area of interview questioning was designed to inquire of participants how they relieve stress. The theme of *exercise* was a common response, in many cases this was correlated with what they do for fun. In more isolated cases, *exercise*

was mentioned when talking about their health or coping with challenges. This theme was generally noted in descriptions about working out, personal fitness, or exercising. The theme of *exercise* was present in 8 participants and was referenced 13 times during interviews.

Family altruism. The next theme identified was *family altruism*, which was created through research efforts to provide an accurate node to describe participant comments of placing the needs of their partner and child above the needs of their own. *Family altruism* may involve participants compromising their own personal health or wellbeing needs for sake of family. This theme generally involved acts of unselfishness, selflessness, generosity, or kindness. *Family altruism* was most prevalent in responses to participants describing how they see themselves as a father. To a lesser degree, *family altruism* surfaced in responses about challenging aspects of the pregnancy and plans to care for their newborn. The theme of *family altruism* was present in 8 participants and referenced 12 times during interviews.

Sleep. The theme of *sleep* falls next in order of prevalence. It appeared to fall in two main areas of analysis—one being responses to targeted question about their *sleep*, and the theme of *personal impact* (in reference to interruption of their sleep schedule). There were also other factors aside from irregular sleeping that were related to sleep; discussion on how they will care for a newborn, snoring, and weight gain. This theme surfaced when specifically addressing hours of sleep, regularity/irregular sleep patterns, whether sleep has changed or been impacted since participant and partner became pregnant, and any other direct references to sleep. The theme of *sleep* was present in 11 participants and referenced 12 times during interviews.

Work impact. The last emerging theme identified was *work impact*. This theme surfaced primarily in response to a targeted question on how life is different now for participants and how work has changed; this overlapped with *personal impact* and was consistent with identified stressors on father wellbeing in the systematic study. Present, but to a lower level of prevalence was *work impact* in relationship to what participants worry about now (that they are an expectant father) that they did not worry about previously. Responses which signified *work impact* focused on reduction in time at the office; experiencing difficulty focusing at work; and, consideration of the impact of pregnancy or having a child on work. Some participants shared concerns and experiences with their employment leave policy. Some also discussed competing demands with work; considerations for time off, and adjusting their schedule or getting coverage. From a bigger picture perspective, some participants disclosed how they are reconsidering their perspective about work and career goals. *Work impact* was present in 11 participants and referenced 12 times during interviews.

After *work impact*, there was a very noticeable drop in prevalence which helps to signify the level of theoretical saturation. Thereby, there is no new information or additional data found from which additional properties can be developed in regard to this category (Saunders, Sim, Kingstone, Baker, Waterfield, Barlam, Burroughs, & Jinks, 2017) that captures the overall thematic saliency across all questions in this study. For a complete overview and visualization of all themes, see the inserted NVIVO hierarchical chart (Table 4.2). This is a coded visualization of all themes or nodes with corresponding size according to their prevalence throughout the study. The greatest, most salient themes are the largest, with decreasing themes in smaller size shapes (i.e., rectangles, squares). These are provided below in Table 4.2 and are followed by the findings per question.

Findings By Question

1. What does it mean for you to be a father?

The first question to participants opened the interview by attempting to understand their thoughts and feelings about becoming a father. Based on participant responses, the most salient theme identified was *responsibility*. All 12 participants mentioned responsibility in their response to what it means for them to be a father.

Responsibility was signified by participants referring to their personal responsibility in at least part of their response, referencing supporting the wellbeing needs of their family. To understand responsibility in this context, participants indicated they were expected to take care of family members and knew that their actions and behaviors correlated to their sense of responsibility for the livelihood of their child and family. Stephen succinctly stated it his sense of *responsibility* in this manner.

Stephen: Oh, well, it's been great. It is more of a responsibility.... Since my wife was pregnant, I know. I'm responsible for the pregnancy. And that makes me feel more like a father. Because I have to look after my wife or my unborn child. So, the definition of a father, to me seems like a kind of responsibility. (4/23/2022)

Arthur also provided insight on his *responsibility* perspective related to what it means to be a father.

Arthur: I think to me being a father...means really, to me a new sense of responsibility. It's...the opportunity to, to create life, but also to grow my own family, with my wife. So, it's just something that's something that I'm really excited about. And it's something that like, when I think about being, like what being a father means to me, I think about like my own dad, and like, how much of an influence he had on my life and kind of me having that opportunity to share

Table 4.2: NVIVO Hierarchical Themes Chart



that special bond and relationship with my future daughter to come. So, something that it's just like a, it's a bond that is like no other than I've had no experience that I've had in my life can kind of like, can really hit that point at this at this point in my life. (5/18/2022)

The second most salient theme in response to “what does it mean for you to be a father” was *raising a child*. This theme was mentioned by nine out of 12 participants. Participant responses focused on helping to facilitate meeting the basic provision needs for their child such as eating, sleeping, changing, and helping the child develop holistically (e.g., spiritually, emotionally, mentally, socially, and intellectually). In so doing, *raising a child* includes developing the child’s sense of ethics, teaching discipline, and, serving as a role model in how to treat others. During Giovanni’s interview, he provided a segment that helped to connect both *responsibility* and *raising a child* themes.

Giovanni: To be a father to me means that I am basically given the responsibility to build up and bring up another life. Leading and training and teaching a child the ways to go how to be, what to do. Even from childhood, you know, basically, the father's the example, in the household. And then, based on, you know, how I was raised, I was always taught that, you know, the man is the head of the household, and that he sets the example for the family. Not saying that the wife that the woman isn't or doesn't, but we have a big responsibility as fathers to basically show our children, the way to be. In our all of our decisions affect our kids, no matter what we do big little, you know, in between everything that we do, right or wrong, it affects it affects our children. So, to me, that's what being a father is. (7/6/2022)

In a somewhat similar fashion, Sean shared how being a father can be viewed in combination through the lens of *responsibility* while expressing the magnitude and sense of being slightly overwhelmed.

Sean: That's wide I mean, there's a lot of stuff, you know, umbrella under, like the name of Father to me. So, first of all, you know, you're just creating somebody new into this world, and you want to make sure you provide for them, you want to make sure you, somebody who you bring into the world, you know, is gonna have like, a change in some, in some way to the world. And also, it means setting up time for people, like your children, spending time for the family, and basically, just being a better person, you know, because you're gonna need to be a better person to your child. So eventually, it's going to mold you into somebody better. So, I mean, that's, that's what stands out for me. (6/15/2022)

Two of the participants specifically referenced “everything” in prefacing their responses to this question. The most comprehensive responses were provided by Juan and John who stated the following.

Juan: It's a great question. In its simplest form, everything. Like, I think fatherhood or, you know, having kids has been, for lack of a better word, I could go something I've always wanted to do, you know, a father is something I always aspired to be. Not really sure where it stems from, but, you know, I've always loved kids. I've always been a mentor to other kids. I've always enjoyed that relationship, that kind of Father, Son, Father, daughter relationship with anybody. So, like naturally having my own kid is second nature.... (6/1/2022)

John: I think that it means everything. Really, it solidifies for me personally the idea of why I'm living life to be able to carry a legacy throughout my family of

children and a lineage and to be able to provide and maintain a stable, loving household for children and just kind of be the best person that I can be. I think that having a child kind of brings out the best in so many people. And I think that being a father, or preparing to be a father is, you know, open my eyes to how I can be the best me, how I can improve, how I can be a better leader, better at setting examples to where I'm not only myself becoming better, but being a father can lead for my child to be as great as they can be. And live their life as happy as possible. (7/6/2022)

Legacy (7 out of 12) and *expanding family* (6 out of 12) were less common themes, but prevalent in at least half of the participants. Participant Lucas provided some insight into his thoughts about fatherhood as it was related to both themes.

Lucas: For me to be a father, I believe it's more than just like standard genetic reproduction, and, you know, impregnating a woman and then having a baby, it's about I guess building relationship, and then raising that person to, to be like a productive member of society, I guess to me. So, developing a strong relationship with that person is part of it. But also, I think it's a lot of teaching to me. So, it's like, it's teaching, building a relationship with the end goal being that that person is, you know, healthy, happy, and I guess, you know, productive. (6/13/2022)

2. Describe the first-time you found out you were going to be a father. What were your thoughts? How did it feel?

In the second question participants were asked about their thoughts and emotions experienced once they discovered they were going to be a father. Overwhelmingly, the most salient theme articulated in response to this question was that of *happiness*. This theme was prevalent in nine out of the 12 participants. Participants shared emotions of

happiness, gratefulness, fulfillment, awe, or joy as a result of becoming a father. They sometimes characterized their happiness by enthusiasm, excitement, eagerness, and non-verbal behaviors such as their tone in voice, and smiling. An example of *happiness* was shared by Giovanni who stated the following.

Giovanni: *I felt like, I have someone I have someone else that I can live for. I have a seed that I pretty much am I have a mantle in my life and that seed that that child that I, my wife and I are having, he gives me more, he basically adds value to my life. (7/6/2022)*

Stephen: *And I was like, oh, I'm going to be a father. No. It's really made me happy...It's more than being happy. It's kind of exciting, you know, just kind of expression in your face when she tells you you're gonna have a baby soon. So that's how I feel. I feel very, very good and very happy. (4/23/2022)*

Giovanni's comment also provided a sense of *added purpose* and *personal impact* felt by knowing he is going to be a father.

The next most salient theme was in response to participant thoughts and feelings after discovering they were going to be a father was *surprised*. This theme was articulated by half of the respondents (6 out of 12). For example, see the quotation below from Kendall.

Kendall: *I mean, we were expecting it, but it came as a surprise, you know, is at this stage is kind of like, wow, I'm gonna be a father. Like, it just kind of like sinks in that, like, you really got responsible for a young kid in a couple of weeks. And, you know, it was surprising at first, you know, I admit, I kind of like, didn't, you know, gather myself, you know, I couldn't process anything, I was just kind of like, I just drew a blank. You know, it was just like, I was in shock to get to get one. So,*

after a couple of minutes and stuff, my wife actually thought I was unhappy. She was like, what's wrong? Are you not happy, and I was like Oh, no, no. I'm just surprised. And I would say, shock. I was in shock, a little bit of shock, like, wow, I'm really going to have my own kid. So, I feel like I was just surprised.

(4/27/2022)

In addition to those who said they were *surprised*, this theme was also conveyed by those who commented it was unexpected, they were caught off guard, or in disbelief. Some participants talked about a state of shock or shared with dealing with the unknown or ambiguity. Passages of the transcriptions from Lucas and Juan are provided to help illustrate this theme.

Lucas: Shock. We, my partner and I, we, you know, did the test. With the, the urine, and everything and the little, the little tab, the one we had, it says, pregnant or not pregnant. And the first time we did it, it said, not pregnant. But I think we did it wrong. I'm a stickler for rules and reading directions and everything. So, I don't think we did this right, the directions say we're supposed to do this. So, we changed the way we did it. And then we were standing in the bathroom having a conversation, and all of a sudden we both looked down. And it said pregnant. And it was just shock. Shock, a lot of laughter. We've been trying for two, almost three years. I'm older. And my wife is a little bit older too than most people I think that have kids. So that was a worry of whether or not we would actually be able to do it. So, there was excitement, shock, and just a little disbelief, that we're actually doing it. And then we did we did the test three more, um two more times. Just to be to be sure. Yeah. shock, disbelief. Excitement. (6/13/2022)

Juan: Like, this is amazing, right? My baby like is about to have a baby. So, yeah, it was it was it was overwhelming. But good overwhelming. Like I said, I've always dreamed about being a parent. So, it was exciting. Shocking, definitely took a little moment. It was actually a few days just get like the surrealness of it. Like this is crazy. This is really happening. But definitely, like, overwhelmingly, like excited. (6/1/2022)

Researchers noted that during this question three of the participants (Xavier, Arthur, and John) disclosed they experienced prior miscarriages, which may help explain the reasoning for their sense of being surprised in addition to related anxiety, fear, and apprehensiveness regarding their *happiness*. The quotation from Arthur below helps capture these conflicting emotions that a few of the participants experienced.

Arthur: So for us, it would have been a bit of a, my wife has had a few miscarriages, so the process has been like a finding out that I was going to be a father, I was incredibly excited, like shocked kind of like, Oh, crap moment, even though it was something that we were looking forward to just kind of like seeing the positive pregnancy test, for the first time was something gave me the butterflies in my stomach, I'd say and just something really exciting. And then kind of going through that process. After the miscarriage is kind of like going through that process. It kind of every time I saw every time I saw the positive pregnancy tests, and like we had two miscarriages before where we are now. So, it kind of I don't want to say that miscarriages, ruins the that feeling. But, it definitely, like, made me feel a bit more skeptical or defensive. And now like, this time that everything is going well. It's something that I have, like, come back to

that sense of like excitement and comfortability knowing that it's happening.

(5/18/2022)

Related to these emotions and the third most prevalent theme was *stress* (5 out of 12).

Xavier and Sean had similar reactions in which they shared their responses that consisted of *stress* and *range of emotions*. Their responses are provided below.

Xavier: The ride the roller coaster of emotions was certainly unexplained, not necessarily unexpected, but definitely the peaks and the valleys were significantly higher and lower than I expected. (5/9/2022)

Sean: You know, so for me, I think this was a long time coming. You know, I mean, the day that we found out, I was I already had the instincts, but you know, just the confirmation was kinda I had mixed emotions. I was, I was happy. At the same time, I became kind of, you know, scared of you know, what, what to expect, you know, it's a great change in somebody's life. So, I was I was mixed. I was, I had this emotional, I was emotional, really, because I was happy. And the other side of me was kind of scared, you know, of what I'm going to face. (6/15/2022)

3. How has the pregnancy been for you?

The next question was intended for participants to share their experiences during the pregnancy thus far. In so doing, follow-up questions were asked regarding their mood during the pregnancy and specific thoughts in relationship to their pregnancy and child. Final questions in this section inquired about participant health, sleeping habits, stress relief, and what they do for fun.

There were two salient themes that were most common and that were present in 10 out of 12 participants. Those themes were *readiness* and *relationship growth*. The first theme, *readiness* dealt with participant preparedness to be a father and was frequently

characterized by comments concerning family planning, financial preparedness; and getting the baby room/space ready. These expectant fathers discussed reading or learning about fathering, parenting, or pregnancy, and some of their comments coincided with nesting, sense of stability, paternal competence and capability. Mario and Giovanni shared comments regarding his focus on *readiness* by articulating the following.

Mario: *It's really thinking about how we will manage our lives and what a new normal will look like once we have our little hobbit. (4/27/2022)*

Giovanni: *I'm learning that not only marriage is work, but marriage, you know, being an expectant father is work because you have to, you have to really prepare and you have to really take into consideration and take into account that you're bringing a life into the world. (7/6/2022)*

Regarding the other most salient theme of *relationship growth*, this was identified via comments centered on participant maturation, role clarification, and developing a closer relationship or bond with their partner (i.e., much though time spent, shared hobbies and interests, and acts of service for partner). Stephen provided the following quotation around how the pregnancy was impacting their *relationship growth* along with *empathy*.

Stephen: *So, instead of getting back from work around 6pm in the evening I reduced that to 4pm because I know there is no one with her at home. Now just to spend some time, especially during times like this, because right now our pregnancy is quite heavy and she couldn't do it all alone. (4/23/2022)*

Very close in prevalence was the theme of *wellbeing*, which was shared by nine out of 12 participants. *Wellbeing* was identified based references to health (e.g., emotional,

physical, mental, spiritual), personal balance, self-care, and nutrition. Xavier, Sean, and Arthur disclosed their thoughts around *wellbeing* with the following statement.

Xavier: That's an interesting question, because through pandemic life, it's definitely taken a toll on mental health. But I've made sure to, you know, address that that was early on in the pandemic, but definitely made sure to focus on my mental health and needs and then for physical health I've as I constantly go back and forth like you know, feeling like I didn't eat enough early in the pandemic and then now maybe eating a little too much as we go through this pregnancy because I got kind of used to anything she didn't eat or had an aversion to I would eat. Just you know, that was my upbringing. Waste not, you know? So how was my health? I'd say average. (5/9/2022)

Sean: I mean, I just learned meditation, so I do some of that. And then. I mean, I just go take walks. I mean, just strolling around, does a lot of stuff to me. And I mean, I don't know, just listening to music at some points. (6/15/2022)

Arthur: My health is a hit or miss. I, it's okay. I am like I'm overweight person in general. So, like, I have a long family history of health issues. So, I wouldn't say that my health is the best. But it's something that I'm kind of working on and I think that like having the kid coming is also something that like is extra motivation to kind of get myself exercising and eating right and that kind of stuff. (5/18/2022)

Next, in prevalence, was *empathy* (7 out of 12). *Empathy* was conveyed by participants in their attempts to identify with the experiences of their partner and care for them, make things better. These participants expressed a desire to support their partners,

wishing to alleviate their pain, discomfort, tasks or responsibilities, and stress. Giovanni and Theo summarized their thoughts on this matter.

Giovanni: Typically, for me, I like to fix things, I'm a solutionist. I like to find, okay, this is something's wrong, something's going on, what can I do to fix it? And when you see your wife go through the things that my wife went through in the beginning, and even now, you know it's almost disheartening, and you feel kind of like, ...there's a lack of power that you possess. But at the same time, you know, you give yourself grace, and know that, you know, this is just, it's normal, this goes with it. (7/6/2022)

Theo: I feel as if she has to do a lot more work. And I wish I could do more. (5/14/2022)

Other prevalent themes included: *hobbies and interests* (6 out of 12); *social impact* (6 out of 12); and, *sports* (6 out of 12). In the quotation from Stephen, in addition to sharing his thoughts around *sports* he also discussed the theme of *wellbeing*.

Stephen: Ah most times, though, All I do is watch football like I just said, you know, it's a guy thing. I watch football and sometimes I play football myself. So, I do all these to relive stress and sometimes I swim as well. (4/23/2022)

Kenny disclosed his thoughts more around the *hobbies and interests* and *social impact* he values that is impacted by his transition to fatherhood. He explains below effect becoming a dad is already having on his ability to interact with friends and to go out in public.

Kenny: Well, when I'm able to be active, I like to see friends as my main source for fun. I like to go out and find food that we haven't eaten before or walk around and people watch. (5/23/2022)

4. In what ways is your life different now?

Question four was asked to understand the impact becoming an expectant father was having on their life. After the initial inquiry was posed regarding how life was different now, participants were asked about targeted areas around work, home, with their partner, and with friends. Based on responses to this question, the most salient theme was *work impact* (8 out of 12). Specifically, participants spoke to competing work demands, impact on their schedule and time at the office. Participants referenced giving consideration of leave policies, their time off, career goals and perspective, work influence, and flexibility.

Stephen and Xavier provided quotations illustrating this theme. Stephen offered the following.

Stephen: It's been a lot harder to focus at work I think because we've got this life change coming up. (4/23/2022)

Stephen's comments are more in reference to his capacity for concentration on his employment and job responsibilities. This appears to speak to mental, intellectual, physical, and emotional demands. Xavier, on the other hand, was a bit more extensive on the matter yet just as profound.

Xavier: Pre pregnancy, I believe I would stretch myself a little thinner. Where I would like, say yes to everything. But now, with pregnancy, I've greatly reduced the amount of engagements and activities and things that I do outside the house, primarily to ensure that, you know, I'm here for my partner, but also we can accomplish tasks around the house that are very important to my wife as we prepare for the baby. (5/9/2022)

Theo talked about the *work impact*, but more specifically a change in his mindset about his current employment. He also described it as a calculated personal sacrifice, which lended itself to the theme of *responsibility* and possible *family altruism*.

Theo: *So, at work, it has shifted my perspective. So, I haven't been incredibly happy with my job. And there was a recent essentially promotion that I wasn't sure I wanted. And early on, I didn't want because it meant more responsibility and stress. But the fact that it has also meant more money ...and a lot longer hours than I wanted before. But these longer hours mean overtime. And it kind of helps to be like, this overtime has given us money that we will need this is good. So, it's kind of helped me switch my perspective to treat my job more as what I think is a healthier look at it not that the job is just a job. It's a source for money.*
(5/14/2022)

The next most salient themes were *relationship growth* (7 out of 12) and *empathy* (6 out of 12), which were both described in question three. Lucas explained how he had recently lost his job (but they are doing well financially) and decided not to re-enter the workforce right away to support his wife who is in a doctoral program and child. Part of his response, including a brief summary of the shared thought process between he and his wife, is provided below and captures the *relationship growth*, *work impact*, and *empathy* themes, while additional less prevalent themes are also encompassed (i.e., household responsibilities, new identity, co-partnering, responsibility).

Lucas: *But yeah, my wife and I, we decided, hey, you know, I think we'll both be happier. I think she's about to start her internship. So, she's starting her fifth year. And then she's got to do her dissertation. She's going to, she's going to have to take maternity leave right at the beginning of her dissertation, and she, she's*

limited in how much she can take so that she can finish on time and actually graduate. So, we decided that, hey, I'll stay home. You know, if I went to work right away I wouldn't be able to take time off to support her. I wouldn't, you know, half of my paycheck would probably be going to childcare anyway, because of the check price of childcare these days. So, we're like, you know, what's the point like, I can stay home, I will, like, support her. And I think she feels much more comfortable going back to her internship, you know, after only taking maybe five or six weeks, which, you know, of course, she would not want to take more than that. But she'll feel more comfortable going back with me knowing that I'm at home, you know, taking care of things. So that's kind of where I am in terms of home. (6/13/2022)

Somewhat similar in addressing many of these same themes, yet said very succinctly, was this quotation from Stephen. He shared the following in his interview, disclosing insight also into his own maturation and development as an expectant father.

Stephen: That has really changed my life from doing what I want to what I really needed to do. (4/23/2022)

Next in prevalence were *household responsibilities* (6 out of 12), *new identity* (6 out of 12), *responsibility* (6 out of 12), *stress* (5 out of 12), and *relationship impact* (4 out of 12). Household responsibilities were in reference to increased roles, projects, cleaning, or chores around the house. Arthur went in detail about *household responsibilities, new identity, and relationship impact* themes, as illustrated below. He even disclosed his experiences with the impact on physical, sexual intimacy between he and his partner. Though this latter thematic reference is covered in the systematic review, it was not mentioned by any other participants in this study.

Arthur: *Okay. So, at home, one thing that's different now, is the fact that we started discussing, like, we kind of have our like, set chores in my house, like, she cooks, and she vacuums and I kind of like clean the bathrooms and change the sheets, like we've got our kind of routine down of what we are going to do. And we've kind of been discussing the fact that like, certain things, we're going to have to change because she's not going to be sleeping, and this that the other. So, one of the big things at home, like one of the big changes that we've kind of discussed and started kind of changing is the fact that like, I'm gonna have to cook more. And that's something that like, I, not that I can't do, it's just more of a lazy thing, probably, but my wife enjoys cooking, and she's better at it than I am. So, I just kind of like, that's something I let her I let her do and I'm down to do other things. I know that that's something we've said is going to have to change. So, I've started kind of slowly doing that. And then with my partner, things that have changed? I don't know, I big things, I guess one big thing I can think of that's changed is definitely uh, I'm not getting laid (slang for sex) as regularly as previously to the pregnancy. That's like the biggest change I can think of. (5/18/2022)*

Regarding *new identity*, this theme was in reference to additions or changes to participant identity; specific roles, positions, or functionality that come with becoming a father.

Arthur provided several examples how his identity is being re-shaped or re-formed in his quotation. *Responsibility* was next in prevalence; this theme was described in review of responses to the first interview question.

Neither *stress* nor *relationship impact* have been discussed previously in response to specific interview questions. *Stress* was conveyed by participants in their experiencing fear, anxiety, concern, tension, worry, trauma, or directly stating they were stressed.

These comments may have been accompanied by their feeling nervous, frustrated, pressured, or scared; and may coincide with increases in heart rate or blood pressure. Lastly, regarding *relationship impact*, participants spoke to adjustments, arguments, contentious behavior, anger, negativity, concerns, or a decrease in sex life. A couple of quotes provided by Stephen illustrates these themes in the responses provided below.

Stephen: *This really kind of affected my relationship with her because I feel she always get angry and I didn't know why. (4/23/2022)*

Stephen: *We don't go out as much she has a lot less ability to I guess a lot less stamina she gets tired a lot more easily so we can't go out and do as many things as we used to. (4/23/2022)*

5. What have been the most challenges parts of transitioning to fatherhood?

The most challenging part of transitioning to fatherhood per research study participants was their level of *readiness*. This most salient theme was present in 10 out of 12 participants. *Readiness* was defined earlier in this chapter and primarily focuses on each participant's preparedness to be a father. Sean, Arthur, and Kenny shared their thoughts on *readiness* and the challenges of transitioning to fatherhood.

Sean: *Um, I mean, just getting to be more responsible, you know, I gotta, have like, I have a notebook, just to write what I need to prepare, you know? Because I think there's a lot of stuff right now. And, again, it's made me this. It's made me research a lot. So, I watch a lot of YouTube videos just to see what to expect. So yeah, and I read a lot of books now. (6/15/2022)*

Arthur: *I think I would have to say, being confident that, you know, I am good enough or I'm able enough. You know, it's that they don't really hand out this many guidebooks necessarily when there's books you can read, but like, every*

child is different. Every situation is different. And, you know, I think what I've come to realize is you know, you just have to do the best you can if you're if you're loving them and trying to provide the best you can for them, you're already you're already doing enough. (5/18/2022)

Kenny: I'm just making sure I'm prepared. I'd like to take a class when we have some time on whatever we can find classes offered on. I haven't had much time to read a book to prepare me. But I'd like to read the book "What to Expect in the First Year". That's really the big thing is learning what is going to happen and how to react to it. (5/23/2022)

In addition to his sense of *readiness*, Arthur provided insight into his own humility and transparency around his perceived capabilities and competence as a father. What follows are some of Xavier's insights in response to this question yet reiterating elements of the same theme.

Xavier: I think I would have to say, being confident that, you know, I am good enough or I'm able enough. You know, it's that they don't really hand out this many guidebooks necessarily when there's books you can read, but like, every child is different. Every situation is different. And, you know, I think what I've come to realize is you know, you just have to do the best you can if you're if you're loving them and trying to provide the best you can for them, you're already you're already doing enough. (5/9/2022)

There was a rather noticeable drop in saturation between the most salient theme and the second and third most salient themes, *stress* (6 out of 12) and *relationship growth* (4 out of 12).

A notable quotation highlighted by the research team which addresses *lack of control* and *wary* themes but appear to overlap with the theme of stress were provided by Mario.

Mario: *I want to have structure and predictability and it really annoys me when things are not predictable. Or don't go according to plan. And so, I know that'll be a big change, and things will. So as the first few weeks be very chaotic, but then especially after that, it's kind of like it's always, it'll never be like it is now.*
(4/27/2022)

6. For these challenging parts that you identified, how are you coping or dealing with these challenges?

In a review of the data around coping there was a noticeable lack of information provided by the transitioning first-time fathers. There were no salient themes that emerged in participant responses to this question. The most prevalent themes were present in four out of 12 participants and covered themes of *communication*, *empathy*, and *relationship growth*.

As a theme, *communication* has yet to be discussed previously in this chapter. This theme was characterized by talking with and confiding in others, gaining support, and networking with others. Mario summarized his thoughts in this manner, which covers *communication* and *relationship growth* themes.

Mario: *Just talking about our expectations, and what we think life will look like is helpful seeing kind of how other couples manage it. Whether that's videos online, or talking to other friends that I have, who also have little kids. That's been helpful.* (4/27/2022)

Though the other themes were less prevalent, there were additional quotations found notable by research team members. They are provided below.

(Themes: Acceptance, Patience) Kendall: *I just started just being patient and understanding because I know things will surely come around. (4/27/2022)*

(Theme: Calm) Kendall: *When we have a second kid) she would actually know how to deal with this (4/27/2022)*

(Theme: Acceptance) Kendall: *I know she is this happy person. She's very cheerful. She rarely gets mad or sad. She's just all positive, there is the is positive vibe around her like, the positive vibe is quite infectious. (4/27/2022)*

(Theme: Unaware) Kenny: *I haven't had too much time to dwell on worrying about them. So, I haven't spent much time coping in response. (5/23/2022)*

(Theme: Unaware) Giovanni: *To be honest, I probably don't cope enough. I never really thought about that coping with my challenges, so that's something that I could probably improve on. (7/6/2022)*

(Theme: Partner support) Lucas: *We lean on each other, and we prop each other up, we encourage each other, we know, you know, what we're capable of, and we remind each other, what the other is capable of. And I think that's like, our biggest strength, it's me and my wife, like, we're partners. (6/13/2022)*

(Theme: Partner support) Lucas: *Like the fact that I'm going to be staying home, like, my wife is just, she's grateful for that. And I'm grateful that I can provide that, you know, stability for her, that she can rely on me for that, you know, and like, you know. I'll get back to work later, and it doesn't bother me. (6/13/2022)*

7. Are there things you worry about now that you didn't before finding out you were going to be a father?

Regarding thematic areas identified in response to what participants are worrying about since discovering they were going to be a father, the most salient themes present were *readiness* and *stress* (both in 7 out of 12 participants). Concerning *readiness*, Xavier provided a brief quote which captures the theme in this context.

Xavier: *I just worry that, you know, I won't know what to do, you know, I won't.*
(5/9/2022)

Research team members observed a notable quotation from Giovanni whereby he may have been confronting *readiness* by focusing on optimism and being *hopeful*.

Giovanni: *Not really. Because I don't know I, I do. Like I said, I'm kind of challenging myself with optimism, and speaking positivity on our situation. And I don't know, I just to be honest, I really haven't been worrying about too much.*
(7/6/2022)

Many of the other study participants incorporated the stress theme along with other themes such as *work impact*, *readiness*, and *financial concerns*. Three examples that illustrate this type of thematic response follow.

Stephen: *Okay, all right. Well, the things I'm worried about her and I have this thing "will she be alright", I'm kind of scared because the process of giving birth is very stressful one. I'm very, very scared that it's gonna affect my work. Does that surprise you? Well, because one she, she goes into labor and she kind of give birth I know, that's it actually going to affect my work. Yeah. I'm worried about the too. (Stress, Work Impact) (4/23/2022)*

Sean: *Yeah, right now I'm concerned about like insurance stuff. I'm concerned about my job, you know. I really do have to stick to working because if I lose the job, then it's done for me. I'm also concerned about my relationship, you know, we gotta have like this strong relationship for us to be able to, like, raise the child in a perfect condition. And I'm also concerned about, like, my reputation right now. You know, I gotta have a kid who's got like, you know, we're a reputable father so. (Readiness, Stress, Work Impact) (6/15/2022)*

Arthur: *I think financially that's like, that's kind of like my, my biggest worry now, it would be time and money. That's those are the two big things that I worry about. Thankfully, my wife has a job, like she works for the government. And I mean, like, I'm a teacher. But like, I look at the cost of like daycare, and I look at the cost of a lot of these things that some of my friends who have kids are paying for, and I'm kind of wondering, like, okay, where am I gonna get an extra two grand a month to pay for this, this and this. So, the financial stress of it is definitely there in the back of my head. We also like we're renting right now, we don't own our house. So that's another big thing that like, I'm like, okay, like we're having, like, we're starting a family now. Like, we need to buy a house, like, or at least move closer to buying a house. Whereas, like, before, it wasn't as big of a deal was just the two of us. As long as we had a backyard for the dog. It's not that big of a deal. But now there's, there's that added aspect to it, too. So yeah, I'd say that's the those are the biggest things I think about. (Readiness and Stress related to Financial Concerns) (5/18/2022)*

The next most salient themes were: *Responsibility* (4 out of 12) and *raising a child* (3 out of 12). In the following passage from Juan, he not only covers these two

themes, but he provides insight into specific concerns he has related to modern day social and political concerns not just as a parent but as a black parent in the United States.

Thereby, he also adds themes of *navigating race* and *stress*.

Juan: 100%. It's just I worry for my kid. It's crazy he's not even here. But, when you see things happen, like you know, people walking into elementary schools and shooting at random just because you were bullied. That's scary. Like you have to go to school one day. And the thought of getting a phone call or going to pick your kid up and somebody shot him you know what I mean that's devastating. Obviously, I'm black, and I have a black girlfriend, then we're going to have a black son. So, there's a whole heap of you know, worries that comes with just being a black male in America. So, having to help my kid navigate through you know, this crazy world we live in is a little scary. Um, you know, that's probably one of my biggest worries. It's like I'm hoping that I'm hoping that I'm prepared to prepare him, you know what I mean? You know, of course with the help from his mom and our village, but you know, no matter what you do, you can never be to sure that you have done enough. But yeah, that's rough. It's tough, man. Black male in America, man, it's tough. It's tough. (6/1/2022)

In the response from Juan, he shared his worries and concerns as a parent on school violence and dealing with race in America.

Kendall, Xavier, and John provided some insight into themes of *stress*, with varying related themes such as *raising a child*, *changes in partner*, *responsibility*, and *readiness* in response to this question.

Kendall: Yeah, it actually boils down to her mental health because for me affects... the child also, you know. I mean, it could actually slow his development.

Or it could be, you could actually make it difficult if you're not in the right state of mind. (4/27/2022)

Xavier: Definitely think so. I mean, I guess I just worry that, you know, I won't know what to do, you know, I won't. At least you know, you're going to screw them up, like, you know. I know, we all figure it out as we go along. But like, I really try to I try, I try to achieve perfection, right. And I'm kind of a perfectionist. And I just know that perfection isn't possible. So, it's like, it feels like I'm being set up for failure no matter what I do, or how hard I try. Yeah, that's terrifying.

(5/9/2022)

John: Yes, a lot of things. Mainly concerns with am I, you know, I think it kind of punches a little bit when I became a stepfather with just am I an adequate parent, am I a good, positive role model? Am I a good support system? And then as I go into new infant birth baby father role it's been, are we providing for enough? Is there, do we have every possible thing that we could need? Do we have support for me and my family and everybody around us to give us what we need? And provide that support? Do we have, is there something that I need to be doing better with my time or where I invest my time that's going to positively help us in the long run? Things like that, things like, you know, again, it still goes back to for me and my personality am I going to be a good enough father? Am I going to set a good enough mindset? A good enough example? Am I going to raise my daughter how I want her to be raised? rather than how I was raised as a child? Or, you know, am I going to make sure that if I eat something unhealthy am I going to set that mindset into her mind to where she's eating something unhealthy? Or am I going to be that positive example of, we have to eat these

kinds of things to make, to build to grow to everything? Just, you know, for me, it's just making sure that I am enough and doing enough and adequate enough.

(7/6/2022)

8. What have you and your partner talked about regarding how you will take care of your newborn child together?

The most salient theme was *raising a child*, a theme that was present in eight out of 12 participants. Though the theme of *raising a child* has been present and discussed prior in chapter four analysis, this particular question introduces other themes of *co-parenting* and *navigating race*. Presented below is a quotation from Giovanni's transcription that illustrates this point.

Giovanni: A young African American man, coming up in today's society, you know, he's, he's going to be a target, and he's going to deal with a lot, and he's going to have to learn a lot and unlearn a lot coming up. (7/6/2022)

Both Giovanni and Juan discussed the role of race in modern society in the U.S. As black parents, they are concerned with how to guide and protect their respective children, and their disclosure prompted added emotion for the participants.

The next most salient themes are *readiness* (7 out of 12) and *co-parenting* (6 out of 12). Whereas *readiness* has been mentioned and described previously in the question analysis section, *co-parenting* has not. This theme helps to characterize planning for care of the child; division of parental roles and responsibilities; plans for sleeping, feeding, changing diapers; may be in reference to comparison of what his/their parents may have done. In cases where a pet is present in the household, co-parenting commentary may include responsibilities of caring for the pet. Both Theo and John describe their perspectives below.

Theo: *So the biggest thing that my wife is concerned about is sleep. She knows she does not function well. When she's tired, she gets angry. If she is not one of the people, these people and I'm not really either, but who can survive, like I only need four or five hours of sleep a night, I only need six hours of sleep a night. Now we need a good solid, at least for her like eight to 10 hours. I can survive on a little better, I can go to bed, like eight hours is fine. But you know, we're very much worried about, you know, everyone has told us about sleep, you're never going to sleep for the first couple of weeks. And so we're planning on basically taking shifts, so that, you know carving out time, and to be honest, mostly for her to be able, you know, the baby's not sleeping in our bedroom. Why? Because that's going to be the sleep zone for us. We have a bed in the nursery, that the on-duty parent will sleep in and monitor. But our big thing is making sure that both of us get enough sleep or not. But mostly he gets enough sleep so that it's not miserable, so that we're not basically hating life and hating is that because we can both handle a stressful new situation a million times better when well rested. So that's a big area of concern that we talk about. (5/14/2022)*

John: *We've discussed preparing for her to be both breastfed and bottle fed, and seeing how we could do with that. We've discussed, you know, planning and preparing meals for, for the rest of us that take less requirement in the moment, so that we can have more attention where it's needed to be. We've discussed how we're going to do balancing her when she does go back to work, and her being at work, her getting her kind of personal time, and her getting her time with our baby. And as well for me, you know how we're going to kind of rotate the clock to*

make sure there's always someone that's present and active and engaging. But we can also manage our time so that all of our obligations can be met. (7/6/2022)

Other slightly less prevalent themes in this part of the interview include *education* (4 out of 12), *empathy* (4 out of 12), *values* (4 out of 12), and *partner support* (3 out of 12).

Kenny focused his response heavily on *education* and *values*.

Kenny: We've talked about schools. And mostly we just discuss making sure that she's "into" school, enjoys going to school..... We've picked out a couple of high schools in the area that we like and that's to help us decide eventually where to move to. (5/23/2022)

Research team members noted Kendall's following comment regarding *partner support* in its relationship to taking care of their newborn child together.

Kendall: We should always be supportive. And we should never, you know, argue in his presence. (4/27/2022)

9. To what degree do you feel you and your partner on the same page regarding how you will raise your child?

Question nine was designed to facilitate information gathering about the degree to which the expectant fathers are in alignment with their partners concerning how they will raise their child. The nature of the question provides opportunity for reflection on those commonalities and that which has been identified as important between partners in relationship to their child's upbringing. The most salient theme identified for the responses to this question was *values* (9 out of 12 participants). For purposes of data analysis, *values* was identified via shared attitudes, values, or beliefs in which partners were believed to be on the same page or had a sense of cohesion. Examples that surfaced during interviews included gender neutral attitudes, traditional versus non-traditional

gender norms, worldview/global perspective, sustainability, economical, working hard, and work ethic. Arthur, Giovanni, and Xavier shared their thoughts and comments on how they are on the same page with their partners on most matters.

Arthur: Um, I think that we're on the same page, I think they we're on the same page for a lot of things, I think that like I feel like we like we have a lot of the same core values in terms of like religion and like kind of the way we the way that we want to raise a child in terms of like, respect and kind of you know, like those those core those core values so I think those are pretty similar. I think a lot of it though, will be kind of like discuss as we go kind of thing we haven't had like we haven't had a lot of those like big conversations about like about like about like school or this that the other yet. I think those will kind of come as we come as we go. (5/18/2022)

Giovanni: For the most part, I will give ...it about a if we were talking percentage wise maybe 90, 95, something like that. 90%. We kind of have different viewpoints on discipline. I believe in spankings. My wife kind of doesn't. Um, so you know, we don't really see eye to eye on that too much. But, everything else, um, you know, I think we pretty much that's based off of all the conversations we've had, I think we are, for the most part on the same page. (7/6/2022)

Xavier: I would say, you know, we definitely so one of the strongest things that we've developed over the past couple of years is our ability to communicate, I can't promise as we're sleep deprived, and, you know, world turned upside down that will be perfect, obviously, but I think we've gotten to a point where we know how to communicate well and efficiently such that anything that we're not on the same page about currently—which I imagine there's lots of things we are not—we

will be able to address and handle and discuss in a civil manner such that we can come to terms because we have a very similar philosophy on life in general.

(5/9/2022)

Lucas shared during the interview how he and his wife are on the same page, but also how they talk through areas where there may be disagreement and come to a common understand. The quotation from Lucas also helps describe the prior planning or *readiness* between partners as they look ahead on their family's future.

Lucas: I think we're on the same page. And, when we're not, I think we're pretty good at like discussing things discussing pros and cons. And then coming to a consensus. And then just going forward in agreement. I go back to talking about like, you know, spanking children versus, you know, not spanking them. I, I was kind of for spanking but at the same time, like I didn't really have you know, this overwhelming desire for it.... My wife, you know, she brought up the arguments, you know, that there's research done, you know, that says it's not good, and that you that there are much better ways to discipline children and to talk to them and, you know, reason with them and, you know, use their brain as opposed to just, you know, like capital punishment. So, she, she made that argument, and, you know, I agreed, and now we're moving forward with hey, you know, this is how we're going to try and do it. (6/13/2022)

The theme of *readiness* was present in six out of 12 participants. Afterwards, there was a separation between this theme and those lesser in order of prevalence.

10. Describe what type of father you see yourself being.

After asking participants to describe how they see themselves as a father, they were asked about the influences that help shape their perspectives on fatherhood and

what they learned from other men about fatherhood. Overwhelmingly, all participants (12 out of 12) identified members of their *support system*. Who comprised this *support system* varied. These individuals were inclusive of family members, friends, and individuals who were a part of their village or network.

Coding of responses to this question necessitated the creation of subcategories for greater accuracy and to address the comprehensive nature of individuals who comprise respective participant support systems. These sub-categories are listed in the comprehensive description of support system as a super-ordinant theme earlier in this chapter. Some of these responses which identify support system themes and related sub-categories are illustrated as follows.

Juan: Yeah, like I said, probably like the number one influence is my dad. Like, like he literally told me what not to do. He's my biggest influence, ironically, how that sounds. (6/1/2022)

Kendall: No, I wouldn't say that specific individuals, I'll just say, it has more to do with my upbringing. Because growing up with a single mother, my mom worked multiple jobs, you know, to make sure I was had everything I needed to make sure I got a good education. And that to never give up on things or feel bad for me. Like, not just about school, you know. So I will say, my mom is actually a big influence, because she was very, very supportive and understanding. (4/27/2022)

Xavier: Well, you know you get figures that exhibit characteristics that you choose not to replicate and then you know, there are other men that literally would you know, take the shirt off their back and give it to their children you know, literally give them everything. (5/9/2022)

Lucas: *My father, for sure, he's, uh, you know, I was raised my, my dad was always around, he was a 22 year, Army infantryman, officer. Like when he got out of the army he was a Lieutenant Colonel. So, he was like, very big on discipline. I'm a first generation American on from that side, he immigrated to the United States, from Panama. So, I always felt that he was one of the most disciplined, hardest working, serious people I've ever met. He was very big on teaching. You know, like, if I asked a question, it wasn't just a quick answer. It was, hey, let's go find out what we're going to look at in this book and we're going to, we're going to find out why the sky is blue. As you know, why the grass is green, my dad's gonna have a 10 minute long discussion about chlorophyll. (6/13/2022)*

Theo: *Father...not the best father, but he wasn't the worst. (5/14/2022)*

Despite some of the aforementioned similarities, it should be noted that Theo identified his father, but specifically pointed out flaws in his fathering. Research team members interpreted his comments in that he desired transgenerational change between his father's fathering and what he wishes for himself. These references suggested a desire to bring about generation changes or break transgenerational curses; stopping or interrupting a cycle, and not passing on different (negative) traits or characteristics (i.e. trauma, poverty, violence).

The next most salient theme was *role model*, which was present in nine out of 12 participants. Mario provided some insight in reference to this theme, along with related themes of *protective, fun, and supportive*.

Mario: *Protective playful. Hope I can inspire some curiosity to learning and if I can just be a good role model for what their priorities should be and how they should (Protective, fun, role model, inspirational/supportive) (4/27/2022)*

Juan talked in-depth about how he had a role model and learned many lessons and traits he intends to pass on to his child. Part of his response is provided below.

Juan: My father, for sure, he's, uh, you know, I was raised my, my dad was always around, he was a 22 year, Army infantryman, officer. Like when he got out of the army he was a Lieutenant Colonel. So, he was like, very big on discipline. I'm a first generation American on from that side, he immigrated to the United States, from Panama. So, I always felt that he was one of the most disciplined, hardest working, serious people I've ever met. He was very big on teaching. You know, like, if I asked a question, it wasn't just a quick answer. It was, hey, let's go find out what we're going to look at in this book and we're going to, we're going to find out why the sky is blue. As you know, why the grass is green, my dad's gonna have a 10 minute long discussion about chlorophyll. (6/1/2022)

Research team members identified additional noteworthy quotations in response to this question. Since many of the quotations cover various, less prevalent themes, they are provided below.

(Themes: Relationship growth, love) Stephen: *Just as I love my wife. (4/23/2022)*

(Themes: Hopeful, belief) Xavier: *I think I would have to say, being confident that, you know, I am good enough or I'm able enough. You know, it's that they don't really hand out this many guidebooks necessarily when there's books you can read, but like, every child is different. Every situation is different. And, you know, I think what I've come to realize is you know, you just have to do the best you can if you're if you're loving them and trying to provide the best you can for them, you're already you're already doing enough. (5/9/2022)*

(Theme: Exposure) Theo: *Introducing child to the things he likes. (5/14/2022)*

(Theme: Family altruism) Lucas: *Everyone says, like, hey, when you have children, it's like, it's not really about you anymore. You know, you'd have to really kind of take care of your children and things like that. And everybody says that, but I don't think everybody lives that. (6/13/2022)*

11. Who or what provides support to you as you transition to fatherhood?

The support received by participants as they transition to fatherhood is predominately from *family and friends* who are a part of their *support system*. Each theme was present in the response from eight out of 12 participants. John and Arthur share how they receive support from multiple sources.

John: *Everybody in my immediate family that I can think of, and my wife's family, you know, we have an unbeliever I mean a truly unbelievable support system around us and my wife's parents and step-parents and her grandparents are a great support system on my side with my parents and my grandmother, who are nearby and, you know, always checking in with us. How are you guys doing? Do you need anything? Do you have everything that you need? Is there anything we can do to help? So I'd say that those people that are close to us are always, you know, thankfully, we have very rarely ever needed them at a drop of a hat. But if we did, we know that all we needed to do was make one phone call and they're here ready to help us and give us support. (7/6/2022)*

Arthur: *I think I think I get support from a variety of different sources my wife definitely has provided me with support and my mom and sister like my, my family, my aunts. They've also provided me with support, both mentally and financially with various with various things to help us kind of get ready for this transition. As I mentioned before, like my friends have also played a monumental*

role in in my own ability to vent and to learn and to kind of talk things through I'd also I'll say I'll say the dog too, just because, you know, he's always there listens. He's the companion for the for those walks when I need to blow off steam and just kind of reset myself sometimes. So really all of those core people in my life have provided me with support. (5/18/2022)

In review of the data, there was a drop in prevalence to *mother-in-law and father-in-law* (4 out of 12). The next entity identified as providing support was *co-workers* (3 out of 12). Regarding any support received from health or medical professionals, *counselor* (1 out of 12) and *doctor* (1 out of 12) were mentioned. Giovanni, who receives support from his *family* (his mom, in particular) briefly shared his thoughts regarding receiving support from other dads via social media and his therapist.

Giovanni: Being on First Time Fathers on Facebook, I'm signing, I just filled out a form with 24/7 Dads this morning to, you know, get tapped into resources and stuff like that. So, you know, pretty much a number of things and what else. I have a counselor, you know, I see a therapist, he helps me out as well. He's supportive. (7/6/2022)

Regarding any support via spiritual connections, *pastor or religious leader* (1 out of 12) and *other couples* (1 out of 12) were mentioned and both via religious or church affiliations.

12. Is there anything you wish you would have known or done differently before starting this transition to fatherhood?

During the last question participants were presented with an opportunity to share anything they wish they had known or done differently before starting their transition to fatherhood. Given what they know at this stage in the pregnancy (and with the benefit of

some hindsight), participants could share some insight on most important lessons or knowledge from their own experience.

Half (6 out of 12) of the participants had *nothing* further to share in the way of insight on this question. This could be due to several reasons as some shared how they would not change or do anything different, had no regrets, and believed that things happened the way they were supposed to. The other half (6 out of 12) of the participants focused on the theme of *readiness*, which has been an incredibly prevalent (most salient) theme throughout this study. John summarized his sentiments in the following manner.

John: Just been more financially stable and strong. You know, I had a time period before I was dating my wife, before I was engaged to my wife, before I was married to my wife to where I could have built, you know, this big savings and built this foundation, or done some things like I'm doing now to help build financially sound and, you know, all those things to where now it wouldn't be it's not a concern. I have a consistent job. We have consistent money. We're not we're not scratching the barrel for anything, but just trying to have that savings and have that significant backup plan to where if things ever would come crashing down. we're still going to be okay. I wish I would have thought about that sooner rather than just kind of living my life as a young adult, just not thinking 2 3 4 5 years ahead, just thinking more in the moment. (7/6/2022)

In addition to enhancing financial *readiness*, as was stated earlier in the theme's description, *readiness* can show in multiple areas. Arthur and Mario focused more on his knowledge preparation. The explanation is as follows.

Arthur: One thing I can say that I would have done differently. My, my wife has been nagging me to read that like What to Expect When You're Expecting book,

like from the get go, I still haven't read it. And I said I was going to and she, she annoyed me left and right to do it. And I don't know why I never did it. Probably just because I'm, as a teacher, I find that like, now I don't like reading anymore, because I'm doing it constantly. With my profession. That's one thing now I would have, I wish I would have just done from the beginning and just kinda like that would have appeased her and made my life a little bit easier. One thing to think about other things I would have done differently. I think that like just kind of like doing more research at the beginning kind of would have been would have been helpful. I'm in a prenatal class now with my wife. And that has been something that I've learned a ton in that class like stuff that she knows more about than I do, because she's done her own research more than I have. So that has definitely, like, that has shown me that there is a ton of stuff that I don't know about giving birth and the whole process. So, I think that like just kind of doing more research in the beginning earlier on, maybe would have been able to kind of help my wife feel more supported from me as a as a partner. So that's something that I think I could have done better. (5/18/2022)

Mario: Guess I wish I hadn't procrastinated.... On some of the books and videos that I needed to read to get ready the only thing I could think of honestly maybe I wish my wife had spent more time together since now, that'll be a lot harder to do. (4/27/2022)

Given the participants were much closer to delivery than when they initially became pregnant, there is a realization quickly approaching and so some of the participants wanted to be as prepared, as knowledgeable about what to expect, as

financially well off, and as stable as possible in employment before the arrival of their newborn.

All Coding Themes by Attributes

Queries were run in NVIVO to help understand if any of the three demographic attributes (age, state or district, race or ethnicity) showed any trends, disparities, or highlighted particular themes. Given the wide disparity and variability in age, there were no discernible patterns or meaningful observations. Similar conclusions were made when examining the state or district of the participants. The state or district participant representation encompasses nine states and the District of Columbia. Upon studying queries involving race or ethnicity, on the other hand, there were several noticeable common thematic occurrences as well as areas of difference or deviation.

Several themes were identified as consistent across race or ethnicity and achieved consensus in prevalence across all participants. Of the 12 participants in this study, six participants identified as black or African American, and six participants who identified as white or Caucasian. The themes of *empathy*, *personal impact*, *raising a child*, *relationship growth*, *responsibility*, *stress*, and *support system* were present in all participants and therefore, there were no disparities based on these thematic findings that correlated based with race or ethnicity. In addition, there were several themes almost unanimous in their presence. These include: *Co-parenting* (black 5/6, white 5/6); *happiness* (black 5/6, white 6/6); *legacy* (black 5/6, white 5/6); *new identity* (black 6/6, white 4/6); *sleep* (black 5/6, white 6/6); *social impact* (black 5/6, white 6/6); and, *values* (black 6/6, white 5/6).

On the contrary, six areas were identified where themes were at least partially present in one race or ethnic group but were not present in the other. These areas were:

Challenging (black 4/6, white 0/6); *paternal motivation* (black 3/6, white 0/6); *providing guidance* (black 3/6, white 0/6); *guarded optimism* (black 0/6, white 3/6); *spend time with pet* (black 0/6, white 3/6); and, *support system – grandfather* (black 0/6, white 3/6).

There were four areas identified where the theme was present in both racial or ethnic groups, yet was much more salient in one group compared to the other. A *special bond* was prevalent in 5/6 black participants but were in 1/6 white participants. *Accomplishment* and *communication* were prevalent in 2/6 black participants but were in 5/6 white participants. Lastly, there was a noticeable difference involving *hobbies and interests*, where this theme was present in 1/6 black participants, but in 5/6 white participants.

Given the centralized focus on the *stress* of expectant fathers, it was essential to run a query focused on *stress* as a theme in connection to attributes. Regarding race or ethnicity, *stress* was much more prevalent in interviews across all questions with white or Caucasian participants than it was for black or African American participants. Specifically, *stress* appeared 41 times throughout all interviews and questions involving white or Caucasian participants. By comparison, *stress* appeared 22 times for black or African American participants. This study did not focus on causal relationships, however given the disparity between white (almost double in prevalence) and black participants on *stress*, this difference suggests an area that may warrant further examination.

Participant Observations

Each participant shared their own unique background and perspectives during the interview regarding their respective preparation, transition experiences, and approaches to fatherhood. In addition to reviewing the interview recordings and coding the transcriptions, research team members documented and shared observations and any

personal reactions they had in reviewing each interview. A summary of their memos and notes for each participant is provided below.

Participant 1: Stephen. Research team members observed a heavy emphasis on paternal responsibility for wife and child. Related to this area of focus was a worry about finances. Stephen anticipates becoming more of a caretaker and nurturer in the family unit, which is a slightly different (new) role for him. Some of his responses characterized a sense of feeling perplexed and overwhelmed. Researchers perceived Stephen as experiencing an identity transition related to gender roles and his prior socialization. Stephen also exhibited some countertransference based on mood swings and his wife's unpredictability.

Researchers perceived that Stephen may be a non-native English speaker based on his accent, short responses, and some difficulty in communication during the interview. Given this, research team members wondered about cultural influences on his interview responses.

Participant 2: Mario. Like the first participant (Stephen), Mario also strongly emphasized responsibility for his wife and child. It appeared to the researchers that he is concerned over his ability to bond with his child and that he appeared overwhelmed yet also optimistic. Becoming a father will affect many areas (spheres) of his life. He craves structure and predictability, while there is frustration and tension in changes in gender roles and social norms. Related to social norms, he also discussed a disconnection with a friendship group and how COVID has impacted his social life. Researchers also observed his comfort with their community and networking support. It appears he wants to find a way to be a more significant part of pregnancy and mentioned how he feels helpless but is eager to find ways to help. He is looking forward to his child's upbringing, maybe to

the point where he is rushing the child's early development, perhaps due to perceived immediate inconveniences on his life in the early years. Regarding relationship impact, he mentioned his wife thinks he overestimates how much time they will spend together. Researchers interpreted this as partner disagreement on the anticipated time required for childcare and the impact this will have on the quality time in their relationship.

There was limited eye contact and lots of pauses during the interview, which researchers wondered if this signified a sense of self-doubt or something else. Mario shared he and his partner had fertility issues the prior year. Researchers observed that Mario did not mention his biological father or parents (regarding influences or support) during the interview. However, he referenced how parents (in general) establish the child's moral campus during upbringing and questioned why they "do the things they do". Though he did not mention that he struggled with mental health, he disclosed that his father had mental health concerns.

Participant 3: Kendall. In interviewing Kendall there was a sense he may be experiencing disassociation in that there was little mention of himself as an expectant parent or its emotional impact on him. Kendall mainly focused on his partner and her experiences during the pregnancy. He spoke very little about his perspective and adjustments or changes as a transitioning father, particularly early in the interview. Regarding his experience, he did share how he focuses on what he can control and that his identity is evolving; he is maturing, noting changes in his thought process. He appears to take his lead from his partner (her maternal instincts) by adapting his identity to meet her needs. He has noticed mood swings in his partner and is anxious and fearful over their impact on her. He shared his friendship dynamics are changing. He focuses on what

he can control. He shared about parenting styles and ethics; and how you don't want to emulate everybody's parenting traits.

Kendall grew up without a father and was raised by a single mother. He equates the role of father with that of a protector and disciplinarian. He did mention he has had a pre-existing issue with migraines which he attributes to stress from work.

Participant 4: Xavier. During Xavier's interview, he focused much of his attention on his partner. He shared about experiencing lots of fear and anxiety, and talked about the roller coaster of emotions, peaks and valleys due to hormones experienced by his partner. Xavier expressed a lot of compassion for his partner and what she is experiencing during the pregnancy. He and his partner are very cohesive in their relationship; about 75% on the same page on caring their child based on conversations he and his partner have had. He wants to maintain his current identity despite the anticipated arrival of his child, and he is looking to keep some things in his life the same. Researchers sensed possible tension may exist for Xavier, and awareness that the baby likely changes a lot in his world. He shared he works remotely, so work may be less severely impacted than others.

Xavier disclosed that he and his partner have had a prior miscarriage. So, researchers wondered about the connection this may have to his fear and anxiety, along with a sense of responsibility and appreciation during the pregnancy. He also mentioned lacking biological support during the pregnancy, though he does not believe that shapes his views or perspectives.

Xavier stays very active, so this helps him maintain his health. He shared how the pandemic and pregnancy had coincided (based on timing), which may also have affected some of his thoughts and emotions. Xavier considers himself an "eternal optimist" and

"the rock" in the family. Though they did have one scare during the pregnancy, he stays level, positive and focuses on being excited, their relationship, being prepared (responsible), what is important (values) during the pregnancy.

Participant 5: Theo. In reviewing the transcription and recordings on Theo, he seemed very planned and controlled around the pregnancy and appears to be a person who strives for perfection. Theo is one of the participants who presented himself as disassociated in the pregnancy and as if he is a spectator ("spectator syndrome"). He talked about how he seeks to understand his new identity and role. Theo also shared that the transition feels right. He is very mindful about their finances, and how having a child will impact their work and life. He is motivated by projects to prepare the house (nesting).

Theo talked about communication in decision-making, values, and trust in co-parenting. Given the change in identity, he realizes his role is changing and his identity with friends. He works on being empathic and understanding his partner's point of view; he tries to make sure her needs are met.

In terms of wellbeing, he tries to make sure they are eating well, that he is involved, and religion is important. He discussed passing down traditions and transgenerational changes, while also breaking cycles. He and his partner have prioritized their values and beliefs. Though he struggles with his sleep, he does have good coping skills; exhibited by his exercising, journaling, and time with the dog. He also feels he has a great support system to help them during the pregnancy.

Participant 6: Arthur. Arthur is very excited about the pregnancy. Though he acknowledges that there are challenges, the positives outweigh them. He was raised with a strong family dynamic, and they instilled positive values and responsibilities as

part of his upbringing. He sees himself as being an involved and inspirational part of his child's life.

Arthur acknowledges stress during the pregnancy and the impact it is having on his relationship with his partner. Finances also surfaced as a constant theme in his interview. Dissimilar from the other participants, he mentioned experiencing a diminished sex life during the pregnancy. Regarding conflict, he prefers to address it directly, though he uses avoidance on occasion to help minimize the degree of stress experienced. Arthur also mentioned that he and his partner had experienced two prior miscarriages. Due to the previous fertility concerns, there is a bit of apprehensiveness about feeling happy or too excited about the current pregnancy. He shared having a pre-existing illness, irregular sleeping, and struggles with anxiety and stress. Most participants talked about struggles with their sleeping during the nesting period; so, this may be a correlation. He also alluded to when he can be more active, which appeared related to the pandemic and limitations in his area on being in public and socializing.

Researchers noted that he and his partner have a strong, mature relationship, but appear to lack a strong support network. There are some areas they are still figuring out how to manage, and they have discussed their roles and determined how they will manage their household.

Participant 7: Kenny. Initially, what struck researchers most about Kenny was his demeanor. He was very stoic and matter of fact. He appeared a bit closed off, indifferent, less active, and disassociated from the pregnancy. He primarily focused on himself and his perspective. He mentioned that he had pre-existing illnesses, so we did factor in his behavior may be connected to potential illness or medication side effects. At the same

time, researchers also felt he was in a fair mood and was very honest throughout the interview. In speaking with Kenny, the PI wondered if his responses and behavior were influenced by considering questions about areas he may have not thought about prior (i.e., questions on readiness that may have triggered thoughts about preparation). At one point during the interview Kenny reflected on his personal development and maturation as a result of becoming a father. He projected a strong interest in wondering the type of relationship he will develop with his child. He is preparing and planning for fatherhood, and he knows things in his life will change.

During Kenny's interview, it was apparent that he lacks a close connection with his family, as he did not mention his parents, partner's parents, relatives, or father figures. His support is primarily coming from co-workers who are also parents. Regarding his wellbeing, he did talk about changes in his sleep and that he had started snoring since his partner became pregnant.

Participant 8: Juan. Juan is very motivated, goal-oriented, ready to take on challenges of parenthood, and understands that things will change. He presented as very Zen-like (not stressed or worried) presence, displaying patience, peacefulness, and contentment. Researchers observed that Juan exuded a high degree of emotional intelligence. He anticipated a shift in perspective and identity change as an expectant father and talked about his prior identity as compared to his new dad identity. He sees himself as being the "breadwinner" and supporting his family. He believes in planning for the future strategically and wants his kid to have fewer struggles and more opportunities that he did, focusing on transgenerational changes. Socially, he talked about consciously distancing himself from a friend as he orders and is clear about his priorities. Juan was

also one of two participants who introduced the importance of talking with their child about race and how to navigate in society.

Juan appears to have had a strong relationship with his partner before getting pregnant and seems a bit surprised about having a baby. Regarding his wellbeing, he stays active and exercises. He has good coping skills to help him deal with stress.

Regarding his background, Juan shared that he did not have a good relationship with his dad and that he will learn what to do absent his father. He talked about learning a lot from his experiences and observing others' mistakes, successes, and good things about them.

Participant 9: Lucas. Lucas has a military background but is no longer in the military. This background impacts him in many ways, including instilling a sense of prestige about his accomplishments. Researchers also noted how his background and dealing with past trauma may have strengthened his resilience and survival skills. He had been working and recently lost his job but decided not to resume work immediately with the child on the way. Staying home, he sees this as an opportunity to help more and focus on getting ready and being prepared. He sees his role changing, becoming more nurturing and supportive as a partner. Compared to the other participants, Lucas presented as being in a more mature relationship with his partner; he talked about compromise in the relationship, and how their solidarity, and communication were areas of strength.

Lucas shared more of his humor during the interview. He has learned at times what not to do from watching others. He disclosed prior diagnoses for ADHD, stress and anxiety. He also shared that his father immigrated to the U.S. from Panama.

Participant 10: Sean. Sean emphasized expanded relationship responsibility and increased responsibility overall (especially in relationship to nesting) as an expectant

father. He appeared to have mixed emotions regarding the pregnancy. He spoke in terms of disassociation in terms of his relationship to the pregnancy, as if his journey to fatherhood had not yet started. He also used objectifying language in reference to sleep and his expectant partner.

The research team also noted that he does appear to have family and a network as part of his support system. However, his influences do not include his father. He is active, which helps him manage his stress levels.

Participant 11: Giovanni. Like Participant 10 (Sean), Giovanni presented in a manner of also being disassociated from the pregnancy, talking about feeling helpless, powerless, and depressed during this transition. Throughout the interview, Giovanni did not respond from the position of parent. Research team members interpreted that from his perspective fatherhood may not start until after birth. Researchers also observed a level of objectification by Giovanni regarding gender roles.

It was apparent to the researchers that Giovanni was experiencing a lot of stressors during the interview. He had a significant geographical move to be with his partner. In providing his responses he would phrase them in terms of pre-transition as compared to post-transition. In so doing, he has experienced a lot of work changes due to the transition and is lacking bonds/support system where he now lives and is now having to create them in his new home. He has also been dealing with a lot of health issues due to the pandemic, which he now feels are getting back under control. He mentioned having blood pressure challenges, sleep apnea, and a history of prior health concerns. At one point he sounded grateful simply to be alive. He acknowledged a lack of coping; hoping to do better. Despite the stressors mentioned above, he is very optimistic, and he does not

appear worried. His personal faith and religion influence his identity. He focused a lot on values throughout the interview, so he seems heavily driven by his principles.

As Giovanni prepares for the arrival of his child, he acknowledges his own ignorance and limitations about fatherhood. He focuses on being prepared for his child and to fulfill his role as a provider. He takes his decision-making, responsibility, emotionally availability, and role modeling seriously. He is one of two participants who inserted thoughts about race and having to anticipate helping his child navigate race/ethnicity in society; one of the researchers felt some countertransference during coding of this section. He acknowledges being wary of external influences and how they may influence or indoctrinate your child.

Giovanni's identity as a dad is shaped by his mother and what he did not have growing up. He doesn't have any in-person up close influences on fathering (though he mentioned having different networks and father figures he follows).

Participant 12: John. Somewhat like a few other participants, John and his partner had experienced a prior miscarriage. As a result, there was a degree of caution or guarded optimism exhibited in his transition to fatherhood. Something unique in John's background compared to other participants was that he and his partner have a blended family, which creates a unique dynamic compared to other participants. Though researchers were not informed how long he and his partner had been together, their relationship appeared rather young or new.

John anticipates changes and is focused on future planning. He was on his last day of work when he discovered they were pregnant. His current employer is understanding about his desire to support his partner. He displayed a high level of emotional intelligence

and seemed to relax easily. He also appeared to have many positive influences to help support the pregnancy and his transition to fatherhood.

Chapter Summary

This chapter provides detailed analysis of the results for a hermeneutic phenomenological study on the perinatal stress experiences of first-time fathers in the U.S. It is organized into multiple sections and categorized to provide data collection summary and study analysis, inclusive of overall thematic prevalence, findings by question, coding attributes, and participant observations. In total, there were 12 semi-structured interviews conducted with expectant first-time fathers, 136 single-spaced pages of transcriptions generated, and approximately 8.5 hours of audio and video recorded. Chapter Five will consist of an outline of results provided in Chapter Four, research implications, future studies, considerations, and limitations.

CHAPTER FIVE: DISCUSSION

This study aimed to examine first-time fathers' perinatal stress experiences as they transition into fatherhood. Due to the limited research on the topic, a qualitative approach was selected using an interpretive phenomenological methodology to explore the subject. The lack of research is particularly apparent in the U.S., and overall based on previous studies there is limited diversity represented in expectant fathers who have served as study participants.

Much of the literature on perinatal stress for expectant parents focuses on the maternal experience. The imbalance between perspectives is particularly notable in research on maternal depression, identity or roles, care during pregnancy, interpersonal relationships, and infant development. In research studies about expectant fathers during the perinatal stage, the increase in anxiety and depression rates more than double for comparative age groups of non-expectant fathers (Paulson & Bazemore, 2010). Hence, the sharp increase in data suggests something in their respective experiences during the perinatal stage is occurring that warrants further investigation to understand the increased stress-related responses better. Research by Baldwin, Malone, Sandall, and Bick (2018) aids in understanding perinatal health implications by identifying factors that impact paternal mental health and wellbeing during the transition to fatherhood. Baldwin, Malone, Sandall, and Bick (2018) categorized these factors into the following areas: new

fatherhood identity, competing challenges of new fatherhood, and negative feelings and fears related to the fatherhood role.

The primary research question for this study was: *What are the perinatal stress experiences of first-time fathers in the U.S.?* The PI conducted individual semi-structured interviews with 12 participants utilizing questions developed with the systematic study as a framework. To ensure all participants satisfied the same minimum set of criteria, each verified their statuses by email and a participant information and scheduling document for U.S. citizenship, biological fatherhood, and residency with their pregnant partner and child during the pregnancy. Each interview utilized a virtual platform (i.e., Zoom), which was recorded and transcribed using Otter.ai software. A voice recorder was also utilized as a back-up measure to capture audio. Each transcription was reviewed, and member checked with the participants for trustworthiness. Afterwards, the member checked transcription and interview recordings were uploaded to a shared folder for research team members to begin data analysis.

Each research team member performed multiple cycles of open coding on each transcription separately and provided memos and notes regarding their observations and personal reactions experienced during the coding process. After coding each transcription, research team members met and discussed their findings and reactions for each interview. Notes were generated for each meeting of the discussed analysis. All transcriptions and participant information were entered into NVIVO qualitative analysis software. A case was created for each question, providing all participant responses per case. Based on the definitions utilized per theme (node), a codebook was created in NVIVO of all themes experienced and identified during the interviews. The manual coding conducted by the research team members was then replicated as coding in

NVIVO. Each case was coded utilizing the identified themes associated with participant responses to each question. A benefit to utilizing NVIVO software is that the PI or administrator of the software could load attributes for each participant in NVIVO that correlated with their personal information disclosed during the verification and interview scheduling process. After coding and attribute generation were completed, queries were run to analyze the qualitative data using NVIVO software by individualized attributes. Queries that were run included: hierarchical data across all themes, identification of thematic salience per question, and a thematic analysis based on attributes.

In the remainder of this chapter, summary highlights of the research results are shared. Also, implications for this research, future studies, considerations and limitations, and a conclusion are provided.

Findings and Interpretations

Overall Themes

Eight core (super-ordinant) themes were identified as most salient throughout the study. These themes appeared most consistently across all participant interviews regardless of the question. The most accurate interpretation, for proper context, does not focus on frequency within interviews but on each theme's presence in each participant's collective responses to questions. The themes are presented here in decreasing order (most prevalent to least prevalent): *Readiness, stress, raising a child, responsibility, relationship growth, personal impact, empathy, and support system (inclusive of 26 subcategories)*.

Twelve emerging themes were identified which were distinguished by their salience throughout the study, even though they were not present in all participant interviews. These themes, in decreasing prevalence, were *happiness, social impact,*

values, co-parenting, legacy, new identity, hopeful, wellbeing, exercise, family altruism, sleep, and work impact. Beyond this point in overall analysis, saturation of data occurred.

Interview Questions

The questions developed which guided the interviews were developed from a combination of a fatherhood focus group conducted by the PI for a Qualitative Inquiry course project in Spring 2021 and synthesized findings identified in a systematic study conducted on mental health and wellbeing during the transition to fatherhood by Baldwin, Malone, Sandall, and Bick (2018).

According to the researchers of this systematic study, fatherhood experiences identified as factors during this period fell into the following categories: new fatherhood identity; competing challenges of new fatherhood; and negative feelings and fears related to the fatherhood role (Baldwin, Malone, Sandall, & Bick, 2018). A new fatherhood identity was described as fulfilling their role as "men", a change in priorities and responsibilities, in addition, to worry about being a "good father" and "getting it right" (Baldwin, Malone, Sandall, & Bick, 2018). Challenges of new fatherhood encompassed competing demands as they transitioned into fatherhood, balancing work and child demands, deterioration of relationship with partner (inclusive of reduced sexual satisfaction with partner), and their expectations compared with reality, especially around breastfeeding and bonding challenges (Baldwin, Malone, Sandall, & Bick, 2018). Negative feelings and fears involve a range of fears and emotions in not knowing what to expect as they transition into fatherhood, experience the labor and birthing process, and struggle to find their role (Baldwin, Malone, Sandall, & Bick, 2018).

The interview questions utilized for this study explored stress factors for transitioning to fatherhood while focusing on the perinatal stage. Based on the research

question central to this study and the related research results, there was overlap in re-occurring themes (consistency) as well as new themes (factors) that were identified.

Comparison to Similar Previous Studies

There were eight studies identified and reviewed as similar previous studies in the literature review that comprise a significant portion of chapter two. Though none of the prior studies involved duplicate or close approximate research efforts, there were similarities in topic and (in some cases) methodology.

The most similar study was conducted by Palsson, Persson, Ekelin, Hallstrom and Kyist (2017) and involved a phenomenological study one month after childbirth of 15 fathers (representing seven countries, mostly from Sweden) to examine prenatal preparation; slightly different in that interviews occurred a month after childbirth. Many of the findings focused on paternal need for information and guidance regarding their identity and preparation for life after the birth of their child. By comparison, the research compares favorably to the *new identity*, *readiness*, and *raising a child* themes salient in this dissertation study. Also, Palsson, Persson, Ekelin, Hallstrom and Kyist (2017) commented that health professionals and midwives appeared to minimize the role of fathers as equal parents. This is comparable to the theme of *healthcare concerns* mentioned in this study, though it was not very prevalent in our findings.

There were four other qualitative studies identified in chapter two which were conducted utilizing a phenomenological approach. Of these studies, only one occurred in the United States and it involved the lived experiences of transitioning Japanese fathers in Hawaii. The focus of this study was on cultural challenges, stressors, and adjustments as they transitioned to fatherhood away from their homeland. Researchers also examined this topic due to evolving parenting gender roles and comparisons to American fathers

who are expected to be more of an active participant in childbirth and future childcare (Genesoni & Tallandini, 2009). In review of the results, the three main categories of themes included: making active efforts for childbirth preparation in a foreign country; challenges in pregnancy; and, challenges in transition to parenthood. The first category compares to the *readiness* theme in this study, but also with specific cultural considerations. The latter two categories that involve challenges in pregnancy and in transition to parenthood are more broad in nature and could be argued that they overlap with several thematic areas (no specific nodes) in this study. This study was also unique in that seven of the nine pregnancies were unplanned and the fathers were characterized as being in mid-life and very career focused.

Regarding the other three studies, Dallos and Nokes (2011) researched first-time fathers' experiences who had psychological difficulties after childbirth; Iwata (2014) studied Japanese fathers' transitions to fatherhood and their related sensitivity and care; and, Kowlessar, Fox, and Witkowski (2014) examined the experiences of first-time fathers in the United Kingdom. In addition to being phenomenological, all three studies implemented hermeneutic/interpretive approaches. The findings by Dallos and Nokes showed themes of feeling loss in relationship to their partner and difficulties adjusting to fatherhood. Even though the focus of the study was after childbirth, there were thematic commonalities in *new identity, relationship impact, co-parenting, parenting style, and readiness*. Iwata's study resulted in thematic findings of feeling like a new father; realizing oneself as a husband; finding the wife's pregnancy and delivery to be an impressive experience; sharing time and space with one's child; being aware of a change and trying to adjust to a new life; and being aware of the difference between oneself and one's wife. The most salient overlapping themes between Iwata's research and this study

are *co-parenting* and *new identity*. This is then followed by *parenting style* and *relational unity*. The closest comparison between the thematic reference to the wife's pregnancy and delivery being an impressive experience is *surprised*, though the context varies. In review of the study by Kowlessar, Fox, and Witkowski (2014), their research overlapped with much of the perinatal period. This study identified themes of separation; and feeling physically and psychologically removed from their partners and the pregnancy. Both of these themes are similar to the node of *disassociation* in this dissertation study. Additional areas identified were helplessness or lack of prior knowledge and experience (referenced trial and error parenting); following the lead of their partner in parenting; working together as parents/co-parenting; and striving to gain confidence and control. These latter areas compare (in order) to themes of *useless*, *readiness*, *followed lead of partner*, *co-parenting*, and *lack of control*.

The balance of the comparative studies in chapter two includes three quantitative studies that were conducted in Italy involving mothers and fathers. Also similar in design, each study incorporated different instruments (i.e., Parenting Stress Index-Short Form, Stress Scale, Edinburgh Post-natal Depression Scale, State-Trait Anxiety Inventory, Dyadic Satisfaction/Dyadic Adjustment Scale, Center for Epidemiologic Studies Depression Scale) to measure levels of anxiety, stress, adjustment, or depression. Results showed mothers were more likely to experience anxiety and depression compared to their partners. Also, regarding the dyadic adjustment, mental health showed a mediating role between marital adjustment and parenting stress for both parents, at times having an inverse relationship (Rolle et al., 2017). Specific to research conducted by Mangialavori, Caccioppo, Terrone, and O'Hara (2021), depression symptoms were shown as linked to parental perceived stress and dyadic satisfaction. Incorporating relationship discussions in

prenatal care was shown to help identify partners in need of assistance; helping with marital satisfaction and reducing stress, especially for first time fathers (Mangialavori, Caccioppo, Terrone, & O’Hara, 2021). Upon reflection of the last three studies, there are similarities in providing insight into stress, anxiety, and depression of new and transitioning fathers while overlapping with the perinatal period. These studies focus more on partner relationships and testing levels on the targeted phenomenon. However, due to the type of study, research design, and methodology, the comparisons to findings in this dissertation study are very limited and do not present thematic representation by salience or prevalence.

Re-occurring Themes

Consistent thematically in the systematic review by Baldwin, Malone, Sandall, and Bick (2018) and in this study was *new fatherhood identity*. This theme correlated with *raising a child* and *responsibility*. A *new identity* was a node created during this study that also emerged and correlated with the Baldwin, Malone, Sandall, and Bick (2018) study. However, this theme was not defined as broadly by the research team as it was in the previous systemic review. This area of overlap was prevalent alongside *raising a child* and *responsibility* themes.

Based on the definitions provided by the authors, the theme of *stress* correlated with *negative feelings and fears*, as defined by Baldwin, Malone, Sandall, and Bick (2018). Therefore, its prevalence was identified in the systematic study and later also identified in this research project. Due to its saliency, it is included as a re-occurring theme. It is quite possible that other themes may contribute towards stress factors, yet may lack in presentation or description by participants as “stress”.

Identified in the systematic study and also present in this study was *the theme of competing challenges of new fatherhood*. The description of this theme is most congruent with the definitions for *relationship growth*, *personal impact*, and *social impact*. Thereby, through both studies, there are repeated findings on these factors as having affect on the transition to fatherhood.

New Themes

Upon review of the most salient themes, there were two additional areas not mentioned in the systematic study that appeared as factors in this study. They are themes of *readiness* and *empathy*. Though most participants did not typically use the term “readiness”, the research team thought it most appropriate to characterize a sense of preparedness one may experience in anticipation of being a father or parent. This may be signified by comments related to family planning, financial preparedness, getting the baby room/space ready, or nesting. Participants who referenced this theme shared interest or concern in reading and learning more about fathering, parenting, or pregnancy. Some participants also focused on *readiness* in comments about their sense of stability, competence, or capability as a father. *Readiness* was viewed as an active process (particularly in anticipation of childbirth) and considered the opposite of procrastinating.

The theme of *empathy* involved participants identifying (or attempting to identify) with their partner's experiences. In these cases, participants expressed a desire to support their partner, often wishing or offering to alleviate pain, discomfort, or tasks or responsibilities from their partner. Participants wanted to make things better, less stressful, or less difficult for their partner. They expressed a degree of emotional care and deep honesty that is not typically the subject of the expectant father experience.

Additional Factors

There were two prevalent themes presented in this research not addressed as factors in the systematic study, yet which are mitigating or countering factors for negative stressors influencing the mental health or wellbeing of transitioning fathers. These two themes were *support system* and *happiness*. The first of these themes, *support system*, refers to the participant's "network" or "village". The support system theme is frequently the family, friends, or other identified individuals who support the individual. These individuals may be accessed or depended on in times of need. The next theme is *happiness*, identified in reference to experiencing gratefulness, fulfillment, awe, or joy as a result of becoming a father. Participants may have commented explicitly on being or feeling "happy" in this context. Sometimes their happiness may be characterized by enthusiasm, excitement, eagerness, tone of voice, a smile, or other non-verbal behavior. The prevalence of *support system* and *happiness* in these interviews provides complimentary perspectives to participant experiences while also sharing some insight into their emotional state and ability to ameliorate some of the stress of transitioning to fatherhood.

Most Salient Themes By Category

There were 12 primary questions that served as the basis for the semi-structured interviews. The purpose for this study was to gauge participant perinatal stress experiences and perspectives transitioning to fatherhood. For purposes of chapter 5, the summary highlights of the study results are provided below. Chapter 4 consists of a more comprehensive overview.

Being a father. All participants in this study believe it is essential for a father to be *responsible*. In addition to being responsible, *raising a child*, *establishing a legacy*, and *expanding one's family* were important, according to most participants.

The first time that participants discovered they were going to be a father, the most overwhelming thought or sentiment they experienced was *happiness*. This theme was shared by most participants. Half of the participants shared that they were *surprised* when they discovered they were going to be a father.

Experiences during pregnancy. At the time of the interview, participants had overwhelmingly experienced *readiness* and *relationship growth*. The following themes, in decreasing order of prevalence, experienced by participants were *wellbeing*, then *empathy* (for their partner). Regarding how their life is most different now, *work impact* was most prevalent. The *work impact* theme was followed by *relationship growth*, and then there was equal representation amongst *empathy*, *household responsibilities*, *new identity*, and *responsibility*.

Transition challenges. The most challenging part of transitioning to fatherhood was *readiness* based on responses from the overwhelming majority of participants. Next was *stress* which was prevalent in half of the participants when asked about challenges in their transition to fatherhood. Regarding how they cope or deal with these challenges, there were no common themes identified amongst the majority or even half of the participants. The coping mechanisms shared were rather dispersed and uneven in representation.

New worries. Just over half of the participants commented they were worried about *readiness* and *stress* during their interviews. This was specifically in regard to what

they are concerned about now that they were not concerned about prior to discovering they were going to be a father.

Partner conversations. Participants and their partners mainly discussed *raising a child* together and what this might entail as they prepare for their child. Secondly, partners discussed their *readiness*; third, they disclosed plans and thoughts about *co-parenting*. Regarding alignment with how they will raise their child, most of the interviews centered around their *values*. Their sense of *readiness* then followed this theme as the thematic focus for being on the "same page" with their partner.

Depictions of fatherhood. When describing the type of father participants see themselves being, most participants shared themes of being a *role model*. Next, in succession, participants focused on what they saw as expected or required for *raising a child*. Themes in descending order included *involved*, *supportive*, *values*, and *attentiveness*. In response to the inquiry about individuals who have influenced their perspectives (on fatherhood) or whom they have learned from as to how to be a father, all participants could identify at least one person who is a part of their *support system*.

Paternal support. When asked who or what supports them as they transition to fatherhood, almost all participants mentioned someone in their *support system*. The individuals most identified as providing support were *family members* or *friends*, with no particular type of *family member* or *friend(s)* affiliation mentioned.

Known in hindsight. Lastly, when participants were asked if there is anything they wished they would have known or done differently before starting their transition to fatherhood, half of the participants said *no or nothing*. They seemed very content with the interview questions and what they had shared. The other half of the participants provided responses that emphasized *readiness*. Whether that is time, reading, projects, or other

things they hope to accomplish before the birth of their first child, half of the expectant fathers emphasized their planning or preparation as the area upon which they reflected and ruminated the most.

Implications

Maternal Perspective as Reference

To understand the implications of this study, a brief overview of current literature regarding maternal perinatal stress can serve as a basis and critical point of reference. The comparative literature regarding the maternal perspective of transitioning mothers highlights changes in personal identity, responsibilities, roles, and relationships (Nelson, 2003). Despite the many successful transitions navigated during pregnancy, many expectant mothers are especially overburdened and depressed during the perinatal period, resulting in negative effects on infant psychosocial development (Gauthier, Guay, Senecal, & Pierce, 2010; Ngai, Chan, & Holroyd, 2007; Pawlby, Sharp, Hay, & O'Keane, 2008). Regarding the impact of maternal mental health during this stage, depression is the most common global mental health condition for transitioning mothers during the perinatal period (Shidhaye & Giri 2014). Research also shows that mental illness is frequently underdiagnosed and untreated during perinatal (Beyondblue, 2011). Consequently, researchers urge long-term intergenerational approaches focusing on diagnosis, treatment, and increasing community awareness can help diminish the presence of perinatal mental illness (Anhalt, Telzrow, & Brown, 2007). The lack of treatment for anxiety and depression during the perinatal period is a significant public health concern (Shidhaye & Giri, 2014).

Pre-Study Anticipated Significance

Prior to this dissertation study, there were several targeted areas of potential significance. Based on the literature and research design, the PI anticipated that the results would be beneficial towards parental education, systematic stress assessment and treatment, health professional training, understanding risk factors for depression, healthy coping strategies, and increased perinatal stress education. Collectively, the advancements in these areas have the potential to make tremendous strides in individual paternal health. These primary implications are likely more immediate in nature and have been identified in the various recommendations that follow in this chapter.

Other areas that may be positively influenced, yet not as direct in relationship, include: healthy, more modern depictions of fathering and masculinity; a more comprehensive understanding of the transition to fatherhood; recommended ways to broaden paternal support; and, education on anxiety and depression warning signs for fathers/expectant fathers. Over time, it is the PI's hope that the enhanced knowledge gained through this research, related studies, and education, will help evolve societal and professional understanding, empathy, advocacy, and support regarding perinatal stress and fathering. To future fathers, there is the increased possibility of seeing or reading more accurate depictions of fatherhood, broader imagery of paternal roles in co-parenting, and clarifying identities around what to expect as they transition into fatherhood. Despite optimism in the impact of this study, a sustained, pervasive effort in collaboration with academic and professional partners will likely be needed in order to make strides in these related fathering matters.

Recommendation One: Focus on Fathering Wellbeing Support

Specific to maternal diagnosis and treatment, the primary purpose of the perinatal mental health field is to focus on the support and emotional wellbeing of mothers from conception through year one after the birth of their child (Austin & Priest, 2005). Efforts in this field involve preventative mental health services, case management, cognitive therapy, and exercise that promotes wellbeing (Field, Diego, Hernandez-Reif, Salman, Schanberg, Kuhn, Yando, & Bendell, 2002). This discipline also supports the needs of pregnant mothers and postpartum women experiencing symptoms of depression (Scholle, Haskett, Hanusa, Pincus, & Kupfer, 2003). Whereas coordinated care exists in hospitals and birthing centers for the needs of the pregnant mother, labor, delivery, and family support, focused attention to the father's needs is not as common. Based on the literature and findings of this study, expectant fathers could benefit significantly from a dedicated resource or unit that focuses on their wellbeing.

Practical application of recommendation one may include several strategies. Hospitals, birthing centers, and perinatal mental health service providers could be instrumental in providing and marketing expectant father individual counseling, group counseling, and psychoeducational classes. These same medical and health service providers could be utilized to help facilitate expectant father wellness groups, teaching healthy coping strategies for stress while also promoting paternal social interactions and recreational activities. Potential collaborative partners may involve Greek letter organizations, sports leagues, barbershops, and places of worship with an emphasis on areas of interest (i.e., gaming, basketball, running, walking, biking, outdoor recreation) and personal wellbeing (i.e., smoke cessation, breathing, yoga). In consideration of areas from which fathering wellbeing support might also be well-received, accessing the

wisdom and guidance from experienced fathers through a mentoring program could be beneficial. In the dissertation study, some participants commented they did not have biological fathers who they deemed as positive role models or good examples for fathering. These participants shared how they seek advice and guidance from external paternal figures. On more of a macro level, it is important to consider the unique role employers and governments play on this issue. Advocacy and lobbying for the establishment of laws, policies, and practices that systemically support FMLA policies for expectant fathers can go a long way towards supporting the quality of their personal health and overall wellbeing.

These strategies outlined for recommendation one correlate with multiple core themes: *Readiness*, *stress*, and *support system*. Likewise, efforts to implement these strategies possess the potential to minimize concerns in other identified thematic areas. Through the inclusion of these approaches, emerging themes of *wellbeing*, *exercise*, and *sleep* are also addressed.

Recommendation Two: Systemic Assessment, Diagnosis, and Treatment of Paternal Anxiety and Depression

Literature suggests there are many implications for the exploration of maternal perinatal mental health. These include: psychopharmacological treatment of maternal affective disorders (Austin & Priest, 2005; Oberlander, Grunau, Fitzgerald, Papsdorf, Rurak, & Riggs, 2005; Simon, Cunningham, & Davis, 2002); physiological development of maternal stress (Huizink, Mulder, & Buitelaar, 2004); central nervous system's development during the perinatal period (Townshend, Caltabiano, Powrie, & O'Grady, 2018); and, the negative social and emotional functioning of children as a result of parental stress (Lyons-Ruth, Wolfe, & Lyubchik, 2000; Scholle, Haskett, Hanusa, Pincus,

& Kupfer, 2003). Research also shows that women with high levels of depression in the later stages of pregnancy are more likely to have infants who are admitted to neonatal care units (Chung, Lau, Yip, Chiu, & Lee, 2001). Expectant mothers with increased levels of anxiety and depression in the second and third trimesters frequently have poor neonatal adaption and poor health (Misri, Oberlander, Fairbrother, Carter, Ryan, Kuan, & Reebye, 2004).

The use of Mindfulness-Based Programs have shown improvements in depression symptomology in cases involving prior diagnosis of depression and anxiety for at-risk clients, but not in cases involving healthy pregnant women (Matvienko-Sikar, Lee, Murphy, & Murphy, 2016). Research has also shown that by incorporating Caring for Body and Mind in Pregnancy (CBMP), there is potential in reducing perinatal depression, perinatal anxiety, and stress for at-risk pregnant women who possess a prior history of mental health issues (Townshend, Caltabiano, Powrie, & O'Grady, 2018).

Per the transformational theory of stress and coping (Lazarus & Folkman, 1984), maternal resourcefulness lessens the effect of perinatal depression (Ngai, Chan, & Holroyd, 2008). Maternal resourcefulness involves skill development around problem-solving and positive thinking, and it decreases depressive symptomology while enhancing one's abilities to handle stressful situations (Wong, Leung, Ko, & Lam, 2001). Another area that has shown promise in lessening disturbing emotions during the transition to motherhood is a high degree of social support (Lee, Yip, Chiu, Leung, & Chung, 2001; Giurdescu, Penckofer, Surkan, Peterson, Hughes, & Gottlieb, 2006).

Based on these findings, vigilant assessment, diagnosis, and treatment of anxiety and depression is an area that warrants further exploration in fathers. According to Section E of the *ACA Code of Ethics (2014)*, Counselors promote the well-being of

individuals clients or groups through the use of appropriate educational, mental health, psychological, and career assessments. For marriage and family counselors, the *IAMFC Code of Ethics (2017)* provides similar ethical guidance stipulating that couple and family counselors use assessment procedures for client well-being and that they only use assessments and evaluations that are scientifically sound and relevant to the client's goals.

Given the ACA and IAMFC professional and ethical responsibilities and the perinatal stress literature presented, there is strong justification for paternal assessment, diagnosis, and treatment. Consequently, successful treatment may lessen the many harmful effects on parental neonatal adaption and health, ultimately positively impacting paternal interpersonal relationships and the child's development.

Similar to some of the strategies suggested in recommendation one, hospitals, birthing centers, and perinatal mental health service providers can play a key role in the implementation of recommendation two. Health professional training on expectant fathering, consisting of risk factors for mental health concerns, ways to support, how to diagnose and treat paternal anxiety and depression, is important. Individual counselors, therapists, and mental health providers can serve in this capacity as well. Also, these services can be vital in the dissemination of educational literature about the prevalence of increased anxiety and depression for expectant fathers, explaining potential risk factors for related symptomology, and recommendations for testing and treatment. Given the effectiveness of Mindfulness-Based programs in minimizing the effects of anxiety and depression in maternal studies, this treatment option should also be offered for expectant fathers. These strategies outlined for recommendation two correlate with the core theme of *stress*, with the potential of indirectly impacting other areas.

Recommendation Three: Expand Health Professional Involvement in Fathering

Literature shows that the effects of stress on transitioning mothers and their children are complex and involve interaction with numerous etiological factors (Townshend, Caltabiano, Powrie, & O'Grady, 2018). The roles of health professionals are substantial in supporting women and their associated maternal stress as they transition into motherhood (Ngai, Chan, & Holroyd, 2012). Researchers assert the importance of interventions grounded in maternal experiences and supportive resources for coping and promoting positive adaptation (Ngai, Chan, & Holroyd, 2012).

Research on the lack of proper treatment for transitioning mothers and depression have shown associations with antenatal depression, stress, pre-eclampsia, preterm labor, low birth weight, shorter gestational age, and neonatal care unit admissions (Matvienko-Sikar, Lee, Murphy, & Murphy, 2016). Due to these widespread concerns, it is unsurprising that several scholars have identified the need for specialized perinatal mental health services (Anhalt, Telzrow, & Brown, 2007). Considering that the overwhelming majority of care focuses on the needs of the pregnant mother and the safe delivery of the baby, research suggests that dedicated care for the physical and mental health of the expectant father may also be in order. Given the physiological complexities and risks associated with childbirth, this is not to suggest that the care is to the same degree. However, considering the mental, emotional, interpersonal, psychological, and physical areas impacted, there is a strong argument for focused attention by health professionals. Anticipated by-products of targeted health professionals on fathering included: increased training and engagement to support fathers; proliferation of fathering psychoeducational parenting classes; routine, systemic mental health screenings,

especially for anxiety and depression; evidence-based best practices for treatment; and, training on coping strategies and mechanisms to deal with stressors.

Health field professional associations and academia, including nursing, obstetrics/gynecology, mental health, human services, marriage and family therapy, and counseling, are well-positioned to provide leadership in these areas. While these academic disciplines and professional fields offer dedicated support for the unique needs of mothers/expectant mothers, the findings in this study help to create an argument for similar scholarly endeavors for fathers/expectant fathers, inclusive of research, education, and training of health professionals. In investigating the topic for this study, like the pre-existing literature, much more of the attention and focus by associations and in academia is on the needs of the pregnant mother. There are many reasons why health professional focus on mothers is warranted, however, the related literature and findings in this study further highlight the gap that exists between dedicated work in professional fields and academics on the experiences, needs, treatment, and support of expectant mothers and fathers. This gap serves as a reminder of the need to study expectant fathers and examine the professional organizations and academic fields related to furthering this work through research, faculty preparation, and practitioner training.

As part of the preamble of the *ACA Code of Ethics (2014)*, there are five professional values prefaced for the counseling profession. Though an argument can be formulated that each value has relevancy for this study, the first two values provide for the most direct and logical correlation. One, *enhancing human development throughout the life span*; two, *honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts (ACA Code of Ethics, 2014)*. Dedication of counselors on fathering provides for

a commitment by skilled, trained professionals towards supporting the unique mental health and therapeutic needs of fathers during a critical time in which they are particularly vulnerable for anxiety and depression. The emphasis on the second value is important given the lack of diversity of subjects in the current literature review and responsibility to understand and help address the needs of underrepresented fathers' experiences.

There is limited documented professional research on the area of fathering and counseling or counselor education, especially when focusing searches on the transition to fatherhood in the U.S. This emphasis potentially creates a new specialty area of practice, which the guidelines in the *ACA Code of Ethics (2014)* state warrants appropriate education, training, and supervised experience. Thereby, it is important that those who endeavor to practice in this area are prepared accordingly and receive proper professional guidance.

In review of the literature on this dissertation topic, multiple health professionals in and outside of counseling, have been identified as vital towards the wellbeing and support of transitioning first-time fathers. As a result, collaborative, interdisciplinary relationships may naturally form and highly effective partnerships and communication may be needed to best serve clients. The *IAMFC Code of Ethics (2017)* provides for professional and ethical guidance (Section D) to support these clients, couples and family counselors in maintaining healthy boundaries, and thereby providing a supportive organizational climate, thus avoiding splitting, triangulation, gossip, and indirect communication that maybe harmful to colleagues or organizations (*IAMFC Code of Ethics, 2017*).

In order to actualize recommendation three, a concerted effort specifically focusing on paternal mental health may be needed by perinatal mental health organizations, nursing, medical fields, health professional associations, counseling and therapy associations. Grant-funding, professional incentives, and recognition for increased scholar and practitioner involvement can be utilized to promote interdisciplinary collaborations that focus on the needs, concerns, and treatment of expectant fathers. In addition, health professional teaching and training opportunities for perinatal mental health should be reviewed to ensure a balance of maternal and paternal literature for equitable knowledge and practical application with patients and clients. Implementation of these strategies assist in the thematic areas of *personal impact* and *relationship growth*, while also help fathers feel more prepared (*readiness*) and better equipped to minimize *stress*.

Recommendation Four: Increased Research and Education on Fathering

The lack of literature and common knowledge about the experiences of expectant fathers is a major factor in the lack of diagnosis and treatment for anxiety and depressive symptomology. Advances in perinatal stress of fathers include understanding of associated risk factors, coping strategies, recommendations to promote overall paternal health, and increased educational outreach. To help fill the current gap in understanding, an influx in information sharing seems a critical step. In addition to the education of health and mental health professionals, the field literature and this study suggest that the increased education reduces stigma, increases help-seeking behavior, enhances the likelihood of early mental health assessment and treatment, and improves fathers' physical and mental health (Baldwin, Malone, Sandall, & Bick, 2018; Wagner, Vaughn, & Tuazon, 2018).

Correspondingly, the research concerning an increase in the health and wellbeing of expectant fathers suggests improvements in fathering self-efficacy and co-parenting relationships. Additional areas where increased education can be beneficial based on areas identified in the literature and this study include: providing healthy examples of transitions to fatherhood; modeling positive imagery of paternal masculinity; identification of anxiety and depressive risk factors; diagnosis and treatment of mental health concerns; adoption of healthy coping strategies for stress; and, broadening paternal social support (Baldwin, Malone, Sandall, & Bick, 2018; Wagner, Vaughn, & Tuazon, 2018).

As is outlined in the *ACA Code of Ethics* (Section G), counselors who conduct research are encouraged to do so to help expand the knowledge base of the profession and to promote a better understanding of the conditions which provide for a healthy and more just society (*ACA Code of Ethics, 2014*). Consistent with the *IAMFC Code of Ethics* (2017), counseling research can advance the profession of couple and family counseling. In so doing, counselors are expected to solicit scholarly input for best research practices, and serve as role models for graduate students and future researchers, while preventing harm to participants *IAMFC Code of Ethics* (2017).

Prior recommendations detailed in this chapter begin to address the need for enhanced scholarship, academic, organizational, and professional involvement needed for paternal perinatal mental health. To focus more specifically on strategies for recommendation four, consideration should be given to public service announcements (PSA's) and educational literature dissemination about expectant fathers. One series can focus on anxiety and depression; addressing symptomology, stigma reduction, help seeking behaviors, and unique backgrounds and perspectives of these issues for BIPOC

populations. The other series can focus on positive depictions identifying what expectant fathers can anticipate and what they should seek prior to the birth of their first child.

The positive depictions can provide ideal images and insight into realistic expectations for transitioning into fatherhood. The PSA and educational literature strategies should include the following recommended applications: (1) Read about fathering and the pregnancy (helps with *readiness*); (2) become aware of warning signs of unhealthy stress, practice healthy coping strategies, and seek help if needed (helps with *stress*); (3) work to establish a relationship with a fathering role model to help understand how to teach, mentor, develop, and serve as a parental role model and integrate fathering into the expectant father's lifestyle (helps with *raising a child*); (4) see a financial analyst, have a plan for retirement, personal health care, budget management, medical and life insurance (helps with *responsibility*); (5) work to establish a relationship with a successful couple (who has a child) who is seen as a role model on how to grow and mature as a couple together as the expectant father transitions into parenthood (helps with *relationship growth*); (6) plan quality time in the expectant father's schedule with their partner and dedicate time to attend antenatal and postnatal appointments, manage household responsibilities, and support partner as needed (helps with *empathy*); and, (7) join and actively engage in an expectant father group, hear, inquire, and share in other expectant father experiences in-person, online, or virtually (helps with *support system* and may also assist with other core themes).

Recommendation Five: Promote Fathering Best Practices

According to the American Counseling Association (ACA) mission, its members are to enhance the quality of life in society by promoting the development of professional counselors, advancing the counseling profession, and using the profession and practice of

counseling to promote respect for human dignity and diversity (*ACA Code of Ethics, 2014*). As a parent organization for counseling and counselor education, this section in the mission would appear to serve as a driving force for the research, identification, training, and promotion of best practices that improve the wellbeing of fathers/expected fathers engaged in counseling or who may benefit from counseling related education and services.

To the IAMFC perspective, members are committed to advancing research, training, and practice for couple and family counseling (*IAMFC Code of Ethics, 2017*). In Section G. Research and Publication of the IAMFC Code of Ethics (2017), couple and family counselors are to adhere to and maintain best practices of research through consultation with peers, institutional review boards, and stakeholders (*IAMFC Code of Ethics, 2017*). Section H. Ethical Decision-Making and Resolution also stipulates accountability by couple and family counselors to other counselors so as to not do harm to clients (*IAMFC Code of Ethics, 2017*). More specifically, these sections in the IAMFC Code of Ethics (2017) call for research advancement, education/training, the adherence of best practices, and the accountability of couple and family counselors that would further their knowledge and enhance the effectiveness of services for the wellbeing of clients.

The implementation of recommendation five could include two primary practical applications. Professional organizations have the capacity and in recent history have shown that they can provide features or spotlights of certain scholarship on occasion. This feature can lend itself for utilization to highlight work on paternal perinatal mental health, with a particular emphasis on perinatal stress of expectant fathers through online website features, research articles, special edition publications, features at association conferences, and other professional development opportunities. Similarly, professional

associations, related academic disciplines, medical and health facilities are positioned to utilize their various resources to highlight best practices and provide platforms to recognize scholars and practitioners who are leading their respective fields in work on paternal perinatal stress and mental health. Though these strategies do not target a particular core or emerging area, an investment in promoting fathering best practices helps to further the scholarship and advance health practices which can improve the overall health and wellbeing of fathers currently and for future generations.

Future Studies

Given the lack of research on this topic, the possibilities for future studies are numerous. Future recommendations provided below are in two main categories. The first is grouped based on correlated research of expectant mothers, and the latter is based on findings in this dissertation study.

Based on Expectant Mother Research

It was noted in the literature (Dole, Savitz, Siega-Riz, Hertz-Picciotto, McMahon, & Buekens, 2004; Gurung, Dunkel-Schetter, Collins, Rini, & Hobel, 2005; Lobel, DeVincent, Kaminer, & Meyers, 2000) that if a mother experiences chronic stress, it can harm the baby, even more so than occasional or acute stressors. Though this does not focus solely on the perinatal period, it indicates that stress increases during this time. Given the literature shows harm to the baby based on maternal experiences, a logical parallel can be drawn that suggests merit in exploring the factors involved and effects to the baby based on chronic or acute paternal stress.

Based on research by Anhalt, Telzrow, & Brown (2007), the authors recommended long-term intergenerational approaches focusing on diagnosis, treatment, and increasing community awareness. It was determined this would help diminish the

presence of perinatal mental illness. Conducting longitudinal research on this topic, but centering paternal perspective could provide tremendous insight about the impact made on paternal diagnosis, treatment, and awareness.

Utilization of Mindfulness-Based Programs has resulted in improvement of depression symptomology in cases where there has been a previous diagnosis for depression and anxiety for at-risk clients. Researchers Matvienko-Sikar, Lee, Murphy, & Murphy, (2016) suggested that this treatment program can be used for healthy pregnant women. Similarly, based on this query, similarities or differences in efficacy could be examined based on parenting biological gender. This presents an opportunity to explore future research on those with a previous diagnosis of anxiety or depression and whether the outcomes are different. Somewhat related to this is the matter of risk factors. Implementations involving future studies would ideally provide greater insight into understanding risk factors for depression and increased education on perinatal stress.

Lastly, based on an extensive review of studies in Asian countries, there was a 20% prevalence rate of perinatal depression during pregnancy and 21.8% postnatal (Roomruangwong & Epperson, 2011). The consequences impacted the mother, infant, parenting relationship, and infant development (Pawlby, Sharp, Hay, & O'Keane, 2008), with most serious cases resulting in postnatal depression, maternal suicide or infanticide (Friedman & Resnick, 2009). Like these studies, there appears justification for exploration of perinatal depression in the father for its impact on the infant, parenting relationship, and infant development in short-term and longitudinal studies.

Based on Dissertation Study

Miscarriages. There were several areas identified by personal information sharing, background disclosure, or individual experience that prompted additional notes

or memos and curiosities with members of the research team. For example, some of the participants shared having experienced prior miscarriages. They all identified as first-time expectant fathers, so (by comparison) researchers wonder how their experiences with a miscarriage shaped their thoughts and influenced their responses in the interview.

Race/Ethnicity. The sampling efforts for this study resulted in six black/African American participants and six white/Caucasian participants. During the analysis a query was run based on race/ethnicity as an attribute to note areas of similarity as well as divergence. *Stress*, for example, was much more prevalent among white or Caucasian participants. Also, *navigating race* was a theme introduced by two black/African American participants. Though there were many areas thematically in common, these are two examples where responses varied greatly between the races/ethnicities of participants. Based on the remainder of the analysis by race/ethnicity, there were many other areas of commonality and those areas where responses varied.

Stress. The node of *stress* was a central theme studied in this research project. What was not investigated or explored were identifiers of contributors to stressors. Also, researchers did not examine interpretations of positive versus negative stressors by each respective participant. For example, a participant discovering they are becoming a father can be filled with positive verbiage and emotions (*happiness*), yet may experience *stress* as well even if the correlating words and non-verbal language do not accompany their response.

Disassociation. Another rather unique phenomenon that surfaced was that of *disassociation*. A few participants spoke and presented their perspectives from the point of view of someone observing the pregnancy and not as the expectant father. These individuals appeared to be searching for their role or new identity. Given that the research

premise involves the experiences of expectant first-time fathers, the researchers of this study did not assume that the participants would respond as more of an observer instead of providing a clear first-hand account. Though it is difficult to articulate in what manner it would be best to approach this topic, it was a phenomenon that surfaced and caused curious reactions and provocations for members of the research team.

Less Prevalent Themes. The findings documented in this study are the result of a meticulous qualitative analysis process. Each theme (or node) identified is based on its overall predominance by participant interview responses. The results presented are distinguished between most salient and emerging themes, with the knowledge of less prevalent themes identified through the analysis. This is based on a subjective process and is distinguishable due to saturation of the data. There were several themes identified overall and per question that were much less prevalent and may be considered outliers in comparison to the most salient findings already discussed in chapter 4. Tables have been provided in the appendix that outline less prevalent themes by question (Appendix O) and overall thematic prevalence (Appendix P). Thematic inclusion in this section is to present as an opportunity for further research that focuses on providing depth into understanding the respective area of questioning or for further exploration into the overall thematic prevalence related to the central subject of perinatal stress among first-time transitioning fathers in the U.S.

Miscellaneous. There were other areas that surfaced and prompted intrigue during interviews that result in a separate note or memo for consideration of future study. One of the participants shared that he is part of a *blended family*. So, even though he and his partner were pregnant with their first child, she has a child from a previous relationship whom he is helping to raise. Discovery of this fact about the participant's

background generated curiosity regarding how this may impact his experiences and interview responses compared to other participants. One of the participants identified *having a counselor/therapist* as part of his support system. He did not go into depth or provide examples of how he has utilized his counselor/therapist during his transition to fatherhood. However, given this study's potential significance and nature, exploring these areas further would be recommended. Other examples disclosed but not prevalent included: dealing with past trauma (i.e., in the military) and the effect on a participant's ability to cope with pregnancy; breaking generational/transgenerational curses; and, exploring close relationships with fathers (biological) versus father figures, and their impact on fathering.

Considerations and Limitations

Participant Disclosure. There was anticipation that new stressors would be experienced (and shared) during the perinatal period beyond those already identified in the systematic review. This speculation was primarily due to the types and breadth of questions asked during the interviews. In review of the results, there were many new stressors introduced. In part, it is believed this was due to the comprehensiveness of the coding, specificity of nodes, and definitions of factors and themes. Regarding theme identification, some of the literature already discussed surrounding help-seeking behavior (Chatmon, 2020) suggests some aspects of participant experiences may be minimized or not disclosed. One example shared by a participant that may illustrate this point was his commenting on how the pregnancy had impacted their sex life, which had since become nonexistent. Though the literature (Baldwin, Malone, Sandall, & Bick, 2018) suggests this may be much more common than that which was prevalent in this study, the fact that this aspect (which can be very private and deeply personal) of one's relationship was not

shared or addressed by most participants is unsurprising. Research from Wagner, Vaughn, and Tuazon (2018) shows that perceptions of masculinity and stigma may inhibit help-seeking behavior by men which may provide explanation in this context.

Participant Comfort. Overall, participants appeared to share freely, comfortably, and presented as thoughtful and honest during their interviews. The PI (also the interviewer) wondered about research participant insecurities and competence about becoming a father. Unfortunately, because fatherhood is not a role for which many men feel prepared, they frequently lack knowledge about what they do not know due to a lack of information and guidance. Many men also lack familial and other positive male role models to emulate or discuss their transition to fatherhood, some of which was discovered in this study. During a couple of interviews, there were delays and pauses before responses. There could be a variety of reasons for this, including thinking of what to say before responding and contemplating items introduced or questioned that they had not considered previously. This admission and sign of vulnerability was shared by one of the participants; sharing a level of humility and honest about their insecurities (i.e., anxieties, fears, challenges, and concerns).

Help-seeking. Males tend to seek help for mental health concerns to a lesser degree than females (Chatmon, 2020). Consequently, the lack of help-seeking admission by participants regarding their transition to fatherhood was not surprising. It is possible the participants may not have thought much about their perspective, have the vocabulary to describe their emotions, or even know if what they are experiencing is normal or to be expected. Participants may rely on different coping strategies to deal with their related stressors; the nature of these may vary in their health benefits or whether they are legal (Letourneau, Dugget-Leger, Dennis, Stewart, & Tryphopoulos, 2010).

Only one participant shared having a counselor (or helping professional) to talk with to help them cope. Many participants identified having healthy coping mechanisms for their stress; exercise, working out, and sports (playing and watching) were the most common. If participants utilized unhealthy or illegal coping mechanisms, these were not shared. Unhealthy and illegal coping strategies for transitioning fathers were mentioned in the literature (Letourneau, Dugget-Leger, Dennis, Stewart, & Tryphopoulos, 2010), but they were not disclosed by any of the participants in this study.

Wellbeing impact. Varying degrees of personal health care and wellbeing are to be expected given interviews with 12 expectant fathers. This may be due to several factors, including prioritizing their child's and partner's needs while neglecting their own. They may have gained weight, reduced exercising, limited personal recreational activities, or stopped spending as much social time with other male friends. Sleeping was impacted by almost all participants. Related to this, as articulated by a couple of fathers, was the occurrence of snoring and weight gain. Socially, most participants felt they were impacted as expectant fathers. Specific examples mentioned included: Wanting to spend more time with their partner and expectant child; consciously not putting themselves in compromising social positions; making cognizant choices in favor of healthy social influences; and, limiting time away from their partner for fear of something bad happening. The needs of one's partner and expectant child superseded their own in many cases. Also, though not mentioned frequently, the pandemic impacted the social interactions of a few participants who were in areas with public gathering restrictions or who were in areas just coming out of restrictions.

Countertransference. An area where researchers were admittedly leery throughout was is monitoring their own personal triggers for reactions to different

experiences of the participants. Since no members of the research team were privy to any of the responses in advance, there was no way to prepare for personal reactions to the participants. All recordings (i.e., the transcriptions, audio, video) were "live", and so the PI (and interviewer) had to monitor and be mindful of his reactions to what was being communicated by the participants at all times. There were several areas of vulnerability that presented themselves: transitioning just prior to childbirth; starting a new job just prior to childbirth; navigating race as a black person (with a black child) growing up in the U.S.; establishing a new support system; being raised by a single parent in a female-headed household; and, experiencing a miscarriage. All of these areas were potential triggers introduced by participants during interviews in which the PI had personally experienced and needed to keep his focus on the script, conducting the interview, and helping to process the subsequent analysis. In hearing some of the participants share prior miscarriages, it did raise the question for the research team whether this experience influenced the prevalence of particular themes—such as *stress* and *guarded optimism*—or may have minimized others, such as *happiness*.

PI Subjectivity and Positionality. As a researcher, father, and someone who is very passionate about this study, the PI had to guard against presumption and speculation about participant experiences or their implications. It was essential for the PI to not draw conclusions prematurely about areas explored based on personal familiarity and through hearing about participant insecurities, relational issues, anxieties/fears, and self-doubt.

All research team members were challenged to possess a heightened awareness of their thoughts, emotions, and personal biases. As any of these surfaced, they needed to consider how they may influence the interviews, interpretation of information, and data analysis. Despite occasional identification with the participants and their perspectives, the

PI guarded against being too comfortable as there was a connection, relatability, respect, and appreciation for these men, their thoughts and hopes as expectant fathers.

Though there was no moment in which any countertransference was experienced by the PI, there was concern over the questionable and suspected fraudulent inquiries to the study (which were discussed in Ch. 4). The PI acknowledged an element of being protective, wary, and vigilant in screening participants and in discussions prior to beginning interview questions. There was a strong desire to safeguard the credibility of the data and the study. The PI felt as though the integrity of the study was being challenged.

One member of the research team did share having some countertransference. This was not, however, in relation to the suspected fraudulent inquiries for study participation. The reactions were in response to hearing and reviewing one of the interviews where an expectant father discussed contemplations on how he will prepare his child to navigate race in America as being black/African American. This moment of countertransference was shared by a black/African American mother who is a part of the research team and could relate to his experience.

Inherent limitations. Due to the literature existing on the dissertation topic, it was apparent that some of the research studies on experiences and transitions to fatherhood did not specify the stage or period of the pregnancy being observed. Also, in review of the related literature, the biological relationship and residential status between the father and child were frequently not specified. Thereby, in these areas mentioned related to literary context, the references that frame our understanding may not be as clear as the reader or researcher may desire.

Lastly, given the methodological design selected for this research project, it is important to remember that this type of study does not offer itself to helping with causality in understanding the phenomenon central to this dissertation topic. In addition, there is a lack of generalizability concerning the results. The findings are unique to the experiences and population studied. Though there may be similarities with other expectant fathers, the results solely represent the perspectives of the 12 expectant fathers who participated in this study.

Conclusion

The aim of this study was to explore perinatal stress experiences of expectant first-time fathers. This topic was particularly of interest due to the literature gaps on the topic and the elevated rates of anxiety and depression for fathers during this period. As a father, the PI has personally reflected upon his own experiences during the later stages of pregnancy and early stages after childbirth, and he can recall this time being full of meaningful impact, developmental opportunities, and stress.

It was an honor and a privilege to have 12 expectant first-time fathers take part in this interpretive phenomenological study by providing insight into their lived experiences. Throughout, these fathers provided humility and transparency in sharing their stories and perspectives with the research team for purposes of this study. In addition to attempting to capture the unique experiences of the participants, this study endeavors to provide voice to their perspectives, provide insight into their implications, and illuminate opportunities for further study.

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APPENDIX A: IRB APPROVAL LETTER



OFFICE OF RESEARCH COMPLIANCE

INSTITUTIONAL REVIEW BOARD FOR HUMAN RESEARCH APPROVAL LETTER for EXEMPT REVIEW

Timothy Burkhalter
534 Smoke House Ln.
Rock Hill, SC 29732

Re: **Pro00119172**

Dear Timothy Burkhalter:

This is to certify that the research study ***AN EXPLORATION OF PERINATAL STRESS AND ASSOCIATED MENTAL HEALTH OF TRANSITIONING FIRST-TIME FATHERS*** was reviewed in accordance with 45 CFR 46.104(d)(2) and 45 CFR 46.111(a)(7), the study received an exemption from Human Research Subject Regulations on **3/24/2022**. No further action or Institutional Review Board (IRB) oversight is required, as long as the study remains the same. However, the Principal Investigator must inform the Office of Research Compliance of any changes in procedures involving human subjects. Changes to the current research study could result in a reclassification of the study and further review by the IRB.

Because this study was determined to be exempt from further IRB oversight, consent document(s), if applicable, are not stamped with an expiration date.

All research related records are to be retained for at least three (3) years after termination of the study.

The Office of Research Compliance is an administrative office that supports the University of South Carolina Institutional Review Board (USC IRB). If you have questions, contact Lisa Johnson at lisaj@mailbox.sc.edu or (803) 777-6670.

Sincerely,




Lisa M. Johnson
ORC Associate Director and IRB Manager

APPENDIX B: RECRUITMENT SOURCES AND CONTACTS LIST

1. Postpartum Support International (PSI)
2. International Fathers Mental Health Day
3. Charleston Birth Place
4. Professional Doulas of Charles
5. PSI Help for Dads
6. Men's Mental Health
7. Marce' of North America (MONA)
8. American Psychiatric Nurses Association (APNA)
9. International Society of Psychiatric Mental Health Nurses (ISPN)
10. Boot Camp for New Dads (Dad social networks)
11. (SC) Midlands Fatherhood Coalition - Aiken
12. (SC) Father to Father, Inc. - North Charleston
13. (SC) Man 2 Man - Florence
14. (SC) Lancaster Father Project (now called "A Father's Way")
15. (SC) Upstate Fatherhood Coalition - Greenville
16. (NC) Atrium Health Cleveland - Shelby
17. (NC) Atrium Health Cabarrus - Concord
18. (NC) Atrium Health University City - Charlotte
19. (NC) Carolinas Medical Center - Charlotte
20. (NC) Atrium Health Pineville - Charlotte
21. (NC) North Carolina Women's Hospital - Chapel Hill
22. (AZ) Northern Arizona Healthcare
23. (CA) Valley Oak Children's Services
24. (CA) Brighter Beginnings - Oakland
25. (CA) The Mom and Dad Project - Big Bear Lake
26. (CO) Avista Adventist - Louisville
27. (CO) Yampa Valley Medical Center
28. (CO) Castle Rock Adventist Hospital
29. (CO) Boulder Community Hospital
30. (FL) Fatherhood P.R.I.D.E. - Jacksonville
31. (FL) Wellington Regional Medical Center
32. (FL) St. Mary's Medical Center - West Palm Beach
33. (FL) Jupiter Medical Center
34. (FL) Good Samaritan Medical Center - West Palm Beach
35. (FL) Bethesda Hospital East
36. (GA) Floyd Medical Center - Rome

37. (MI) Jbabydetroit! - JCC of Metro Detroit
38. (MI) LifeCare Medical Center
39. (NV) St. Rose Dominican Hospital - Henderson
40. (NY) NYC Dads Group with City Births
41. (OH) Mansfield Area YMCA Daycare
42. (NY) Wadsworth Salvation Army
43. (OR) Women's Health Center - Grants Pass
44. (WI) American Family Children's Hospital - Madison
45. (WI) St. Mary's Hospital - Madison
46. The Good Men Project
47. Children's Institute
48. SC Center for Fathers and Families
49. Fathers and Families Coalition of America
50. Global Partners for Fathers and Families
51. National Fatherhood Initiative
52. Fathers.com
53. FB - Dads with Daughters by Fathering Together
54. Urban Institute for Strengthening Families
55. Dr. Christie Furr Trenery
56. Dr. Phyllis Raynor
57. Dr. Constance (Connie) Guille
58. Facebook - Black Fathers
59. Facebook - Black Fathers & Co.
60. Facebook - What to Expect
61. Facebook - Dads Only - Current & Expectant Fathers (2021, 2022)
62. Facebook - New Dads and Expectant Fathers
63. Facebook - Becoming Dad
64. Facebook - New & Expecting Dad Support Group - Dads Only
65. Facebook - First Time Fathers
66. Facebook - Pregnant, Expecting & New Moms and Dads (2022/2023)
67. Facebook - A Father's Love
68. Facebook - Dads Life
69. Company of Dads

APPENDIX C: DISSERTATION STUDY RECRUITMENT FLYER



SHARE YOUR STORY!

CONFIDENTIAL

\$25 AMAZON GIFT CARD TO EACH FULL PARTICIPANT

***FIRST TIME BIOLOGICAL FATHER**

***LIVING WITH PREGNANT/EXPECTANT PARTNER**

***U.S. CITIZEN**

**FATHER FOR THE FIRST TIME?
WHAT'S IT LIKE?**

**Research Study: AN EXPLORATION OF PERINATAL
STRESS AND ASSOCIATED MENTAL HEALTH OF
TRANSITIONING FIRST-TIME FATHERS**

**CONTACT: TIMOTHY BURKHALTER, BURKHAT@EMAIL.SC.EDU
COLLEGE OF EDUCATION, UNIVERSITY OF SOUTH CAROLINA COLUMBIA**

APPENDIX D: PARTICIPANT INQUIRY EMAIL RESPONSE

Hello,

Thank you for your interest in participating in my dissertation study (Pro00119172) which has been approved by the University of South Carolina Institutional Review Board (IRB).

Attached to this email is an invitation letter that provides more detail about the study and participant protections. Please know that in order to participate in the study, participants must meet all of the following criteria:

- Participants must identify as a first-time biological father with a pregnant/expectant partner.
- Participants must identify as living with a pregnant partner.
- Participants must claim U.S. Citizenship status.

If you meet all the requirements and still wish to be involved in the study after reviewing the invitation letter, please notify me by email at burkhat@email.sc.edu or phone at 240-583-9386. Information will then be sent to you to schedule your interview.

If there are any questions, feel free to contact me. I appreciate your time and hope to speak with you soon.

With kind regards,

Timothy R. Burkhalter
Doctoral Candidate, Counselor Education
University of South Carolina Columbia

APPENDIX E: ORGANIZATION OR GROUP RECRUITMENT EMAIL

Hello:

I am a PhD candidate at the University of South Carolina, and I am studying the experiences and perinatal stress of transitioning first-time fathers. I came across (organization or group URL) in online research for social networks/groups for expectant dads.

I would appreciate any assistance you can provide in connecting me with expectant fathers whose partners are currently pregnant. I estimate speaking with them will only take about 60 minutes. Participant identity is kept anonymous. A \$25 Amazon gift card is given to each full participant.

Please feel free to share this flyer, forward this message, and/or chat with colleagues, acquaintances, and friends who might be interested. If there are any questions, feel free to contact me at burkhat@email.sc.edu.

Thank you,

Tim Burkhalter

Timothy R. Burkhalter
Doctoral Candidate, Counselor Education
University of South Carolina Columbia

APPENDIX F: DISSERTATION STUDY PARTICIPANT INVITATION LETTER

Hello,

My name is Timothy R. Burkhalter. I am a doctoral candidate in the Counselor Education Department at the University of South Carolina. I am conducting a research study as part of the requirements of my degree in Counselor Education, and I would like to invite you to participate.

I am studying the perinatal stress and associated mental health of transitioning first-time fathers. If you decide to participate, you will be asked to meet with me for an interview about your experience as an expectant father.

In particular, you will be asked questions about *changes in your identity, competing demands with your new role, and fears of being a father*. You may feel uncomfortable answering some of the questions. You do not have to answer any questions that you do not wish to answer. The meeting will take place either virtually (i.e., Zoom) or phone and should last about 60 minutes. The interview will be recorded (audio and/or video) so that I can accurately transcribe what is discussed. The recording will only be reviewed by members of the research team and destroyed upon completion of the study.

Participation is confidential. Study information will be kept on a password protected device, password protected network storage, and a voice recorder kept in a private home office. The results of the study may be published or presented at professional meetings, but your identity will not be revealed. So, please do not write your name or provide other identifying information on any of the study materials.

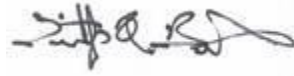
You will receive a \$25 Amazon gift card for your participation in the study.

If you are a University of South Carolina student, your participation, non-participation or withdrawal will not affect your grades in any way.

We will be happy to answer any questions you have about the study. You may contact me at 240-583-9386, burkhat@email.sc.edu or my faculty advisor, Joshua M. Gold, Ph.D., 803-777-1936, josgold@mailbox.sc.edu.

Thank you for your consideration. If you would like to participate, please contact me at 240-583-9386, burkhat@email.sc.edu to discuss participating.

With kind regards,

A handwritten signature in black ink, appearing to read 'Timothy R. Burkhalter', with a stylized flourish at the end.

Timothy R. Burkhalter
534 Smoke House Ln., Rock Hill, SC 29732
240-583-9386
burkhat@email.sc.edu

APPENDIX G: EMAIL CONFIRMATION OF PARTICIPANT INTEREST

Hello,

Thank you again for the interest in my study. If you have not seen the Participant Information and Scheduling document, please check your spam or junk folder for the Google form.

If you cannot locate it or have questions, please let me know.

Thanks,

Tim

Timothy R. Burkhalter (He/Him/His)
Doctoral Candidate, Counselor Education
University of South Carolina Columbia

APPENDIX H: PARTICIPANT INFORMATION AND SCHEDULING FORM

Participant Information and Scheduling

Thank you for your interest in participating in this dissertation study. It is requested that you complete this brief form over the next 72 hours to assist in information gathering and scheduling. Feel free to contact me at burkhat@email.sc.edu if you have any questions.

Email: _____

I identify as a first-time biological father with a pregnant/expectant partner.

Yes No

I identify as living with a pregnant partner.

Yes No

I claim U.S. Citizenship status.

Yes No

Please indicate your interview preference.

Phone Zoom (virtual)

What times are you available? All times are EST. (Note: A follow-up message will be sent with a proposed date and time for confirmation)

Please select all that apply

	Morning 9am – 12pm	Early Afternoon 12pm – 3pm	Late Afternoon 3pm – 6pm	Evening 6pm – 9pm
Monday				
Wednesday				
Saturday				

What is your age? _____

Which of the following best describes you?

Asian or Pacific Islander	Native American or Alaskan Native	A race/ethnicity not listed here
Black or African American	White or Caucasian	
Hispanic or Latino	Multiracial or Biracial	

How many weeks along is the pregnancy? _____

In what state or district do you reside? _____

How did you become aware of the study _____

APPENDIX I: EMAIL CONFIRMATION OF PARTICIPANT INTEREST

Hello,

Thank you again for the interest in my study. If you have not seen the Participant Information and Scheduling document, please check your spam or junk folder for the Google form.

If you cannot locate it or have questions, please let me know.

Thanks,

Tim

Timothy R. Burkhalter (He/Him/His)
Doctoral Candidate, Counselor Education
University of South Carolina Columbia

APPENDIX J: INTERVIEW PROTOCOL

Hello, how are you?

Is this still a good time to conduct the interview?

If not, then reschedule

I've shared a brief description with you about the study. Are there any questions you have about the study before we begin?

This is our first-time meeting.

- I've already shared that I am a doctoral candidate at the University of South Carolina Columbia. I'm in the dissertation stage of my program; last major component of my PhD program in Counselor Education. In my program, I've served as an instructor, done mental health education and outreach for our campus, counseled adolescent males in a local children's home, and served on a research team among other roles.
- Prior to starting my program full-time, I worked in student affairs administration at different colleges and universities for about 24 years.
- I have been married for 21 years and my wife and I have one child, a daughter who is 16.
- That's a little bit about me. Are there any questions you have before we begin?

I have 12 questions I wish to ask you about your transition to fatherhood. 3 of them have related follow up questions.

- As best you can please try not to provide any personally identifiable information.
- Know that a pseudonym (alias/alternate name) for your name will be used in the transcription
- Just to confirm, you've only submit your information to participate in the study once and the information provided is true and accurate—correct?
- If at any point you do not feel comfortable answering a question or proceeding with the interview, please let me know.
- As a reminder, as a participant you have the right to withdraw your involvement at any time.

With your permission, I would like to record the interview via Zoom and a digital voice recorder as backup.

- This will help in the accuracy of my notes and transcription. Do I have your permission to record the interview?

Ready To Begin?

Dissertation Study Interview

Time: Date:

1. What does it mean for you to be a father?

2. Describe the first-time you found out you were going to be a father. What were your thoughts? How did it feel?

3. How has the pregnancy been for you?
 - 3a. How would you describe your mood?

 - 3b. What do you think about in relation to the pregnancy and your child? (what comes to mind when you think about you and your partner and having a child)?

 - 3c. How would you describe your health?

 - 3d. How would you describe your sleeping?

 - 3e. What do you do to relieve stress?

 - 3f. What do you do for fun?

4. In what ways is your life different now?
 - 4a. At work?

 - 4b. At home?

 - 4c. With your partner?

 - 4d. With friends?

5. What have been the most challenges parts of transitioning to fatherhood?

6. For these challenging parts that you identified, how are you coping or dealing with these challenges?

7. Are there things you worry about now that you didn't before finding out you were going to be a father?

8. What have you and your partner talked about regarding how you will take care of your newborn child together?

9. To what degree do you feel you and your partner on the same page regarding how you will raise your child?

10. Describe what type of father you see yourself being.

10a. Are there specific individuals who influenced your perspectives on fatherhood? If so, who?

10b. What have you learned from other men about how to be a father?

11. Who or what provides support to you as you transition to fatherhood?

12. Is there anything you wish you would have known or done differently before starting this transition to fatherhood?

That is the last question. I thank you for your time and contributions today.

At this point I will stop the recording.

I will submit the recording for a transcription to be generated. Once received, I will share the transcription with you to verify the information from the interview before we begin analysis. After receiving your verified review of the transcription, I will then send out the Amazon gift card via email (should I use the one you've already provided?). At that time our collaboration for the study will be concluded.

Are there any questions at this time?

Thank you again. I will be in touch. Have a good rest of your day.

APPENDIX K: INTERVIEW QUESTIONS

1. What does it mean for you to be a father?
2. Describe the first-time you found out you were going to be a father. What were your thoughts? How did it feel?
3. How has the pregnancy been for you?
 - 3a. How would you describe your mood?
 - 3b. What do you think about in relation to the pregnancy and your child?
 - 3c. How would you describe your health?
 - 3d. How would you describe your sleeping?
 - 3e. What do you do to relieve stress?
 - 3f. What do you do for fun?
4. In what ways is your life different now?
 - 4a. At work?
 - 4b. At home?
 - 4c. With your partner?
 - 4d. With friends?
5. What have been the most challenges parts of transitioning to fatherhood?
6. For these challenging parts that you identified, how are you coping or dealing with these challenges?
7. Are there things you worry about now that you didn't before finding out you were going to be a father?
8. What have you and your partner talked about regarding how you will take care of your newborn child together?
9. To what degree do you feel you and your partner on the same page regarding how you will raise your child?
10. Describe what type of father you see yourself being.
 - 10a. Are there specific individuals who influenced your perspectives on fatherhood? If so, who?
 - 10b. What have you learned from other men about how to be a father?
11. Who or what provides support to you as you transition to fatherhood?

12. Is there anything you wish you would have known or done differently before starting this transition to fatherhood?

APPENDIX L: EMAIL FOR MEMBER CHECKING

Hello,

Thank you again for participating in my study.

Please see the attached document for a copy of the transcription from your interview. I will need for you to review the document and edit using the "track changes" feature to make sure that your text reads accurately to what you said or intended to say.

I ask that you send your edited version back to me at burkhat@email.sc.edu, ideally within a few days and no longer than 7 days of your receipt of this email. I will then review for coherence and may contact you if I am unclear. If you have any questions, please let me know.

With kind regards,

Tim

Timothy R. Burkhalter (He/Him/His)
Doctoral Candidate, Counselor Education
University of South Carolina Columbia

APPENDIX M: PARTICIPANT THANK YOU EMAIL

Hello:

I've reviewed your email and initial transcription and included any edits that I could deduce based on the audio and video. Thank you for taking the time to review. I have forwarded the document to the research team for analysis.

I sincerely appreciate your involvement in the study. I could not do this without you and the other participants, so I am very grateful. Please let me know what email you would like for me to use for your \$25 Amazon gift card so I can issue that to you as a small token of my appreciation for your time and investment.

If you have any questions, feel free to contact me. Otherwise, I wish you and your family good health, much happiness, and success in all that lies ahead.

With kind regards,

Tim

Timothy R. Burkhalter (He/Him/His)
Doctoral Candidate, Counselor Education
University of South Carolina Columbia

APPENDIX N: DISSERTATION CODEBOOK

Dissertation Codebook

Node	Definition
Acceptance	Acceptance, recognition, realization/reality, understanding, tolerate, or acknowledgement
Accomplishment	Accomplishing or achieving a goal; new step in relationship; realization of something aspired or hoped for, to do (or experience)
Adaptability	Being adaptable, flexible, or versatile; dealing with change; resilient; persistent
Added purpose	Providing added purpose or meaning to one's life; increase in significance, prestige, or esteem; something/someone to live for; added value; enhanced reputation or stature
Art	Art; drawing; listening to music; appreciating or going to a play, museum, musical, concert, ballet, or some other artistic performance or expression
A special bond	A special relationship that occurs between father and child; a unique connection or bond that exists or develops over time
Attentiveness	To be present; to be there (physically, in person); to be present; attentive/attentiveness; to be available; not be absentee; may be in reference to being their for your child or being intentional
Avoidance	Staying away from partner; avoiding partner (to decrease or minimize stress); placing blame on partner or other; not taking or assuming responsibility
Being steady	Being steady; rock; foundation; reliable; dependable; a provider
Belief	Belief; confident; faith; self-confidence
Calm	Peaceful, relaxed, at ease, calm manner, demeanor, or behavior; no issues or problems
Challenging	Experiencing a challenging, difficult, or rough time
Changes in partner (also see partner changes)	Partner changes; unexpected changes in wife/partner; acknowledging differences in partner before pregnancy compared to during pregnancy; references to personality, identity, behavioral, and/or temperamental changes; inconsistent or unpredictable display of emotion; this may coincide with partner mood swings, mood changes, or cravings

Communication	Communication, talking with/about, gaining/getting support, confiding in, or networking with others
Co-parenting	Co-parenting; planning for care of child; division of roles and management of responsibilities; plans for sleeping, feeding, changing diapers; may be in reference to comparison of what his/their parents may have done; may be in reference to care for a dog or other pet
Curious	To be curious, have questions about, or to wonder about; to be intrigued
Disassociation	Disassociated; like a spectator (in reference to pregnancy)
Education	Education; schooling; school attending/selected; educational experience, planning
Empathy	Attempting to identify with what partner is experiencing; showing or expressing a desire to support partner; wishing or offering to alleviate pain, discomfort, or tasks/responsibilities from partner; make things better, less stressful, or less difficult for partner; caring emotionally
Exercise	Working out; personal fitness; exercising
Expanding family	Growing or expanding family; having a child; size of family; procreation
Exposure	Introduce child to things he likes; expose/exposure; new things; awareness; enriching
Family altruism	Placing wife's and/or child's needs over your own; may involve compromising personal health needs or wellbeing for that of family; doing for the sake of family; caring for the family; unselfishness; selfless; generous; kind
Family pressure	External pressures of family members and their values, beliefs, interests, and involvement on the pregnancy or raising of the child; may be accompanied by stress
Father figure	Father figure; like a father/dad; role model; mentor
Financial concerns	Worry, stress, or concern about money, finances; thinking or wondering about affordability
Followed lead of partner	Followed lead of partner/wife; partner/wife had a plan or timeline; doing what partner wanted
Fun	Fun, funny, enjoying/enjoyable; having a good time; entertaining; playful
Gaming	Playing video games; gaming
Guarded optimism	Cautious; skeptical; hesitant; guarded optimism; apprehensive behavior; pessimism; cynicism; careful to get hopes up (may be connected to previous fertility concerns or miscarriage); defensive nature or posture
Happiness	Experiencing emotions of happiness, gratefulness, fulfillment, awe, or joy as a result of becoming a father; sometimes characterized by enthusiasm, excitement,

	eagerness, tone in voice, a smile, or other non-verbal behavior
Hard to believe	Surreal; hard to believe or imagine; like a dream; felt strange, weird, or bizarre; may be difficult for participant to comprehend
Healthcare concerns	Anger, frustration, concerns regarding healthcare challenges (i.e., provider, doctors, nurses, facilities) for partner or pregnancy
Healthy eating	Healthy eating; nutrition; diet; good eating habits
Hobbies and Interests	Hobbies, interests; activities done during one's down or leisure time (i.e., reading, beer collecting, coin collecting, eating different foods, going for a drive, traveling)
Hopeful	Hopeful or motivated for future; overcoming adversity; positivity/positive outlook; optimistic; confident; belief; faith
Household responsibilities	Increased role or chores at home; separation of responsibilities; helping out more around the house; working on house projects; cleaning; transporting responsibilities; pet care/care for dog or other pet
Improve society	Improve society; make the world a better place; make society better
Increase in eating	Increase in eating; eating more; more meals; may be connected to weight gain
Involved	Involved; present; participate/participating; may include references to coaching teams, being there/present for activities and events; being involved, interactive, engaged, or a part of their child's life
Journal	Journal or journaling; use a diary; write out thoughts
Lack of control	Lack of control, structure, and/or predictability; not having a clear plan; life being chaotic
Legacy	Carrying on the family name; passing on specific traits or values to your child
Less activity	Doing less; less activity; not doing as much; at home more; sedentary
Love	Love; showing affection, that you care; experiencing love; emotional expressions that show you care, you love; valued
Masculinity	How to be a man; raise a young man; example of a man; maleness; masculinity
Maturation	Comparing pre-pregnant self (old me) to pregnant self (new me); single mindset versus family mindset; change in relationship focus; change in priorities; change in perspective; personal growth; maturity
Meant to be	Something that is destined to happen or meant to be; may involve good fortune or luck, things coming together, divine intervention, a miracle, spirituality, blessed, or serendipity

Name importance	Importance of your name; naming their child; selecting a name; name matters
Navigating race	Navigating race (or their ethnicity); navigating or dealing with racism; what it means to be black/African American in America; being black in school, in society, in this world; raising a black boy (child, girl); references to deferential treatment due to their race/ethnicity; being a minority, only, or different; being a target; things he'll have to deal with; things he'll have to learn/unlearn
Neighborhood	Where we live; our surroundings; area or neighborhood
New Identity	New, added, or change in identity; specific role, tasks, position (may reference head of household), and functionality that comes with becoming a father
No or Nothing	No regrets; no changes; nothing different; things happened the way they were supposed to
Overwhelmed	Overwhelmed or consumed emotionally due to the magnitude of what it means to become a father; causing humility; humbling
Parenting style	Parenting style; way or manner in which one chooses to parent; may be compared to partner, how father or mother did it; how they choose to raise their child
Partner changes (also see changes in partner)	Partner changes; unexpected changes in wife/partner; acknowledging differences in partner before pregnancy compared to during pregnancy; references to personality, identity, behavioral, and/or temperamental changes; inconsistent or unpredictable display of emotion; this may coincide with partner mood swings, mood changes, or cravings
Partner support	Partner support; relational support; support from wife/partner; lean on each other; prop each other up; encourage each other; doing for each/one another; relying on each/one another
Paternal motivation	Desire for fatherhood; anticipation of new identity; looking forward to becoming a father, becoming a dad, having a child, having a son, having a daughter; may be accompanied by emotions of eagerness, excitement, happiness, anxiousness, or fear; effort
Patient	Being patient; tolerant; understanding; accommodating
Personal impact	Impact or effect that becoming a father will have on their priorities, lifestyle, personal habits, schedule, or patterns (i.e., disruption of sleep or schedule); acknowledging that there is an adjustment, difference, personal sacrifice, or change that will occur because of this impact on their life
Prayer	To pray; done in prayer; pray about something; ask for or seek spiritual guidance; divine revelation
Pre-pregnancy versus during pregnancy	Comparisons made before pregnancy to or versus during pregnancy

Protective	Defending one's partner; not wanting partner left alone; protective of partner; care or concern for partner's health and/or wellbeing
Provider	Be a provider; responsible for family; reliable; dependable
Providing guidance	Providing guidance; leadership; being followed; serious, respected; be a provider
Proximity to family	Proximity or closeness to family or relatives; to live or reside close to home; near our village
Raising a child	Raising or caring for your child; feeding, sleeping, changing; helping the child develop holistically (e.g., spiritually, emotionally, mentally, socially, intellectually); develop the child's sense of ethics, character, morals, integrity, and values; teaching the child; instilling or teaching discipline; help understand consequences of actions (i.e., his, children's, child's, one's); things child will be exposed to; mentoring the child; serving as a role model for the child; conscientious about decision-making, actions, and behaviors; setting a good example; how to treat women; how to treat others
Range of emotions	Experiencing a range or mix of emotions; "roller coaster"; ups and downs; highs and lows
Readiness	Sense of readiness or preparedness to be a father or be a parent; may be characterized by comments about planning for a family; financial preparedness; getting the baby room/space or home ready; reading or learning more about fathering, parenting, or pregnancy; nesting; may coincide with participants questioning their sense of stability, competence, or capability for fathering; process is opposite of procrastinating
Recite	Say things outloud; speak; recite; rehearse; practice (outloud)
Relational unity	Solidarity and support in the relationship; valuing one another's opinion; being equal; a partnership; solidarity; consensus
Relationship growth	Maturation, development, or growth; closer in relationship with partner; may involve time spent, activities done together, shared hobbies and interests; doing things or acts of service for partner; clarifying roles; stronger bond
Relationship impact	References to relationship adjustments, arguments, contentiousness, anger, negativity, concerns, or decrease in sex life
Residence	Where we live; place of residence; home or hometown
Responsibility	Responsibility; supporting the needs and basic necessities of, and/or providing for the wellbeing of his family; power or influence over the lives of family you're

	expected to take care of; impacting your child's life/your family; responsible for your actions or behavior
Role model	Being a role model; model or show the way; a good role model; be or serve as an example; setting the standard; setting expectations
Sadness	Experiencing episodes or a continuous state of depression, sadness, unhappiness, or despair
Safety	Feeling safe; feeling secure; personal safety; low or minimal crime; safety
Self-management	Self-management; emotional intelligence; anger management; emotional management; self control
Single-family home	Product of a single-family home; raised by a single parent or mom; raised by my mom/dad; female headed household; grew up without a father
Sleep	State of being asleep or sleeping
Social impact	Changes in social sphere, social activity, social groups, networks, or friends; changes may cover types of individuals in social sphere, frequency of contact, boundaries, and duration (amount of time)
Spanking	Spank/spanking; whippings; whoopings; corporal punishment
Spend time with pet	Time with a pet, such as a walk/walking, playing, or feeding
Sports	Playing, participating in, or watching a sport (i.e., basketball, golfing, swimming, football, football)
Stress	Experiencing emotions or having a sense of fear, anxiety, concern, tension, worry, trauma, or stress; feeling nervous, frustrated, pressured, or scared; may coincide with or be referenced by increases in heart rate or blood pressure
Supportive	Be inspiring/inspirational; motivating; encouraging; empowering; supportive; support child's individuality
Support system	Family support; support system; family; friends/friendships; references to my/our village; references to my/our network Subcategories: Friend(s), family members, father-in-law, father, in-laws, siblings, pastor (or religious leader), co-workers, parents, mother, father figure, grandfather, stepfather, uncle, wife, support system (general), doctor, girlfriend, godparents, other couples, counselor, neighbors, pet, other fathers via social media, cousins, friends' parents, godfather
Surprised	Unexpected; unknowing/dealing with the unknown or ambiguity; surprised; caught off guard; shocked/in a state of shock; disbelief
Transgenerational changes	Breaking generational/transgenerational changes or curses; stopping or interrupting a cycle; not passing on

	different traits or characteristics (i.e., trauma, poverty, violence)
Unaware	Unaware; oblivious; not knowing; haven't communicated or talked about; not much time thinking, dwelling, or worrying about something
Uncertainty	Confusion; being perplexed; unsure; uncertain; doubtful
Useless	Useless/not feeling useful; helpless/unable to help or to do; Incompetent/uncapable; lacking in ability or power to do something
Values	Identification of individual or shared attitudes, values, or beliefs; being on the same page; cohesion; examples shared include gender neutral attitudes, traditional versus non-traditional gender norms, worldview/global perspective, sustainability, economical, working hard, work ethic
Wary	Knowing or anticipating change; doubtful; concern; worry; apprehension; anxious; fearful about what the future may hold; knowing things will change or will never be like it is
Weight	Weight; pounds; referring to one's personal size
Wellbeing	State or condition of health (e.g., emotional, physical, mental, spiritual); not doing a good job of eating or drinking or taking care of self; balance
Work impact	Reduction in time at office; difficulty focusing at work; consideration of the impact of pregnancy or having a child on work; leave policy; competing demands with work; time off work; adjusting schedule; coverage at work; work perspective; career goals; work influence; work flexibility

APPENDIX O: LESS PREVALENT THEMES

Question	Themes
1. What does it mean for you to be a father?	<i>A special bond, accomplishment, happiness, new identity, readiness, added purpose, maturation, meant to be, stress, family altruism, and overwhelmed</i>
2. Describe the first-time you found out you were going to be a father. What were your thoughts? How did it feel?	<i>Guarded optimism, legacy, responsibility, added purpose, a special bond, hard to believe, overwhelmed, personal impact, range of emotions, relationship growth, acceptance, accomplishment, calm, hopeful, meant to be, and raising a child.</i>
3. How has the pregnancy been for you?	<i>Self-management, art, hopeful, raising a child, range of emotions, responsibility, surprised, calm, challenging, expanding family, meant to be, new identity, spend time with pet, accomplishment, changes in partner, curious, disassociation, gaming, sadness, useless, weight, being steady, legacy, and partner changes.</i>
4. In what ways is your life different now?	<i>Co-parenting, maturation, avoidance, changes in partner, exercise, hopeful, increase in eating, legacy, less activity, meant to be, partner changes, pre-pregnancy versus during pregnancy, protective, and, uncertainty.</i>
5. What have been the most challenges parts of transitioning to fatherhood?	<i>Co-parenting, empathy, personal impact, social impact, uncertainty, wellbeing, acceptance, changes in</i>

partner, family altruism, family pressure, healthcare concerns, maturation, new identity, protective, responsibility, values, wary, calm, challenging, happiness, hobbies and interests, hopeful, lack of control, legacy, name importance, paternal motivation, raising a child, and support system.

6. For these challenging parts that you identified, how are your coping or dealing with these challenges?

Readiness, stress, acceptance, adaptability, calm, hopeful, personal impact, unaware, avoidance; co-parenting; exercise; family altruism; family pressure; gaming; hobbies and interests; journal; maturation; overwhelmed; partner support; patient; prayer; recite; relationship impact; responsibility; support system; and, wary.

7. Are there things you worry about now that you didn't before finding out your were going to be a father?

Involved, personal impact, relationship uncertainty, wary, work impact, acceptance, adaptability, added purpose, attentiveness, changes in partner, co-parenting, education, hopeful, lack of control, legacy, neighborhood, new identity, overwhelmed, protective, proximity to family, relationship growth, residence, safety, and wellbeing.

8. What have you and your partner talked about regarding how you will take care of your newborn child together?

Family altruism, household responsibilities, social impact, social impact, support system/ support system – family members, acceptance, attentiveness, expanding family, financial concerns, hobbies and interests, involved, loved, maturation, navigating race, parenting style, personal impact, protective, relationship growth, residence, safety, sleep, stress, transgenerational change, unaware, wellbeing, and work impact.

9. To what degree do you feel you and your

Relational unity, communication,

partner on the same page regarding how you raise your child?

co-parenting, raising a child, will hopeful, partner support, education, family altruism, love, parenting style, and relationship growth.

10. Describe what type of father you see yourself being.

Adaptability, communication, parenting, education, empathy, financial concerns, new identity, parenting style, paternal motivation, patient, protective, readiness, support system – mother, support system – pastor or religious leader, acceptance, exposure, father figure, happiness, healthy eating, hobbies and interests, improve society, masculinity, maturation, navigating race, overwhelmed, partner support, provider, relational unity, relationship impact, self-management, single-family home, spanking, support system – friends' parents /godfather/parents/siblings/ stepfather/uncle, transgenerational change, unaware, wary, and work impact.

11. Who or what provides support to you as you transition to fatherhood?

Parents, wife, readiness, cousins, father-in-law, girlfriend, godparents, mother, neighbors, other fathers via social media, pet, stepfather, and uncle. Single-family home was mentioned during this question as part of the background and upbringing of one of the participants.

12. Is there anything you wish you would have known or done differently before starting this transition to fatherhood?

Happiness, acceptance, followed lead of partner, meant to be, paternal motivation, relationship growth, and stress.

APPENDIX P: OVERALL THEMATIC PREVALENCE

Thematic Code/Node	Files	Ref.	Thematic Code/Node	Files	Ref.
Readiness	12	67	Maturation	4	9
Stress	12	42	Role model	9	9
Raising a child	12	37	Attentiveness	6	8
Responsibility	12	36	Education	6	8
Relationship growth	12	34	Household responsibilities	6	8
Personal impact	12	28	Meant to be	5	8
Happiness	11	27	Relationship impact	7	8
Empathy	12	26	Accomplishment	7	7
Social impact	11	25	Calm	6	7
Support system	12	25	Love	5	7
Values	11	22	Partner support	6	7
Co-parenting	10	18	Protective	6	7
Legacy	10	17	Supportive	7	7
New Identity	10	17	A special bond	6	6
Hopeful	9	16	Changes in partner	4	6
Wellbeing	10	14	No or Nothing	6	6
Exercise	8	13	Overwhelmed	5	6
Family altruism	8	12	Range of emotions	4	6
Sleep	11	12	Self-management	5	6
Expanding family	7	10	Sports	6	6
Hobbies and interests	6	10	Uncertainty	5	6
Involved	7	10	Wary	4	6

Surprised	8	10	Adaptability	4	5
Acceptance	7	9	Added purpose	3	5
Communication	7	9	Relational unity	4	5
Art	4	4	Useless	2	2
Being steady	4	4	Weight	2	2
Challenging	4	4	Exposure	1	1
Parenting style	4	4	Father figure	1	1
Paternal motivation	3	4	Followed lead of partner	1	1
Unaware of	4	4	Healthy eating	1	1
Belief	3	3	Improve society	1	1
Family pressure	2	3	Increase in eating	1	1
Financial concerns	3	3	Journal	1	1
Fun	3	3	Less activity	1	1
Gaming	2	3	Masculinity	1	1
Guarded optimism	3	3	Name importance	1	1
Patient	3	3	Neighborhood	1	1
Providing guidance	3	3	Prayer	1	1
Spend time with pet	3	3	Pre-pregnancy v Pregnancy	1	1
Avoidance	2	2	Provider	1	1
Curious	2	2	Proximity to family	1	1
Disassociation	2	2	Recite	1	1
Hard to believe	2	2	Spanking	1	1
Healthcare concerns	2	2			
Lack of control	1	2			
Navigating race	2	2			
Partner changes	2	2			
Residence	2	2			
Sadness	2	2			
Safety	2	2			

Single-fame home	2	2
Transgenerational changes	2	2